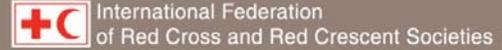


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Operation Update Report

Lebanon/MENA : Beirut-Port Explosions



Emergency appeal n° MDRLB009	GLIDE n° OT-2020-000177-LBN
Operation update n° 4; date of issue; 01 April 2021	Timeframe covered by this update: August 2020 – January 2021
Operation start date: 09/08/2020	Operation timeframe: 24 months End date: 30 August 2022
Funding requirements (CHF): 20,000,000	DREF amount initially allocated: CHF 750,000
N° of people being assisted: 105,600 people	
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), 21 Partner National Societies: German RC, Danish RC, Norwegian RC, Icelandic RC, British RC, Swiss RC, Netherlands RC, Finnish RC, French RC, Swedish RC, Austrian RC, Spanish RC, Canadian RC, Japanese RC, Qatari Red Crescent, Kuwait RC, United Emirates RC, Iraqi RC, Iranian RC, and in coordination with PRCS-Lebanon Branch.	
Other partner organizations actively involved in the operation: Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Civil Defense, Ministry of Health (MoH) and all governmental national bodies, local authorities, UN agencies, INGOs and local NGOs.	

Summary of major revisions made to emergency plan of action: There is no major revision required at this stage; only minor changes from EA are indicated in the EPoA and budget. In the case of modifications, these will be highlighted throughout the document. It can be noted here however that the planning and implementation, as per the EPoA is shifting to a more sustaining role with more focus to National Society Development (NSD) and supporting the Lebanese Red Cross (LRC) implementing structure.

A. SITUATION ANALYSIS

Description of the disaster

On Tuesday 4 August 2020 at around 6pm, two explosions occurred at the Port of Beirut. The cause remains unclear, however initial reports have claimed it started with a fire in a firework storage area, which extended to highly flammable and explosive material stored in one of the many port warehouses causing two explosions, the second was massive. This led to an enormous shock wave that rippled through greater Beirut and surrounding areas, extending up to Bekaa area. The sound of the explosion could be heard as far away as the island of Cyprus, located in the Mediterranean Sea 240 km away. The blast flattened the city's port, surrounding structures and infrastructure. Many buildings collapsed or are risk of collapsing, roads were blocked due to the fallen debris and open cracks in the ground, mass destruction of vehicles all over the city, shattered glass has been reported miles away from the port. It is reported that around 200 people lost their lives, more than 6,000 injured and around six (6) people are still reported as missing, it is estimated that around 300,000 people have damaged households (HHs).



Figure 1 Beirut Port damages, Source : LRC

The impact of the explosions extended out to six (6) kilometers from the epicenter, causing what can be categorized as 'severe damage'; 10 kilometers with 'moderate' damage; and up to 20 kilometers with 'light' damage. According to different UN and government sources, more than 50,000 houses have been impacted with minor, moderate, or major damage (OCHA; UNDP, Lebanese Republic Presidency of the Council of Ministers, DRM Unit). Beirut establishments, especially small and medium businesses in the wholesale, retail, and hospitality e.g., food and beverages, tourism, lodging and recreation sectors have been heavily affected, in the scale of 15,000 units which are closed due to the damages reported. This has a direct effect on the lives and livelihoods of those employed whether residing inside or outside Beirut. Those living in low-income and underserved parts of Beirut are among the most vulnerable as they may have lost both their houses and source of income. The damage extends to the health sector, whereby multiple centrally located public and private hospitals reported extensive damage and were not able to welcome patients after the explosion.

The implications of this disaster are further exacerbated by the multiple crises the country is currently witnessing starting with the ongoing refugee crisis since 2011 and most recently the economic crisis, COVID-19 pandemic, civil unrest, and daily security incidents. Most importantly these are exacerbated by the increasing economic crisis, rising inflation whereby Vulnerable Lebanese and other at-risk groups, such as refugees and migrant workers, are increasingly unable to meet their basic needs.

Annual inflation was 84.9% in 2020, compared to just 2.9% a year earlier, according to data released by the government's Central Administration of Statistics. It's the highest since 2013, when the current readings began. Consumer prices jumped 145.8% in December versus the same month of 2019¹.

Breakdown of December 2020 price increases from a year earlier:

- Food and non-alcoholic beverages rose 402.3%
- Alcoholic beverages, tobacco up 392.5%
- Clothing and footwear increased 559.8%
- Restaurants and hotels rose 609%
- Furnishings, HH equipment and routine maintenance up 655.1%

Lebanon's currency collapsed after political and financial crises escalated in 2019, with foreign currency inflows and the central bank's reserves dwindling.

¹ <https://www.bloomberg.com/news/articles/2021-02-11/lebanese-inflation-hits-record-high-as-food-prices-soar-400>

The official peg of 1,507.5 pounds per dollar only applies to imports of fuel and pharmaceuticals, with essential food items bought at a central bank-supported rate of 3,900 pounds. The Lebanese currency has reached 8,800 per dollar on the black market.

Aid talks with the International Monetary Fund have stalled after disputes with commercial lenders and the central bank, the country's largest debt holders.

The government resigned in the aftermath of a massive explosion in Beirut in August 2020 and has been running the country in a caretaker capacity as efforts to form a new administration have stalled. There has been little stimulus to save an economy that's also been battered by a raft of measures to control a spike of coronavirus cases.

The rate of Covid-19 infection cases has been rising consistently till January 2021 reaching a maximum of over 6,000 cases daily were reported. The government has issued several memorandums isolating villages and cities with high caseload; however, these measures were not adhered to due to the growing mistrust in the government and the deteriorating economic situation in the country. In January, a complete lockdown of the country was imposed to reduce the number of daily cases and ease pressure on an already overwhelmed health sector.

Summary of current response

Overview of Host National Society

The Lebanese Red Cross (LRC) was established in 1945 as auxiliary to the government and is the primary provider for ambulance care and blood transfusion services in Lebanon (free of charge services). LRC is also known for providing other deliveries like medico-social, disaster management, youth, and disaster reduction services as well as psychosocial support. The number of individuals supported is around 1 million annually through the existing network of over 12,000 employees and volunteers.

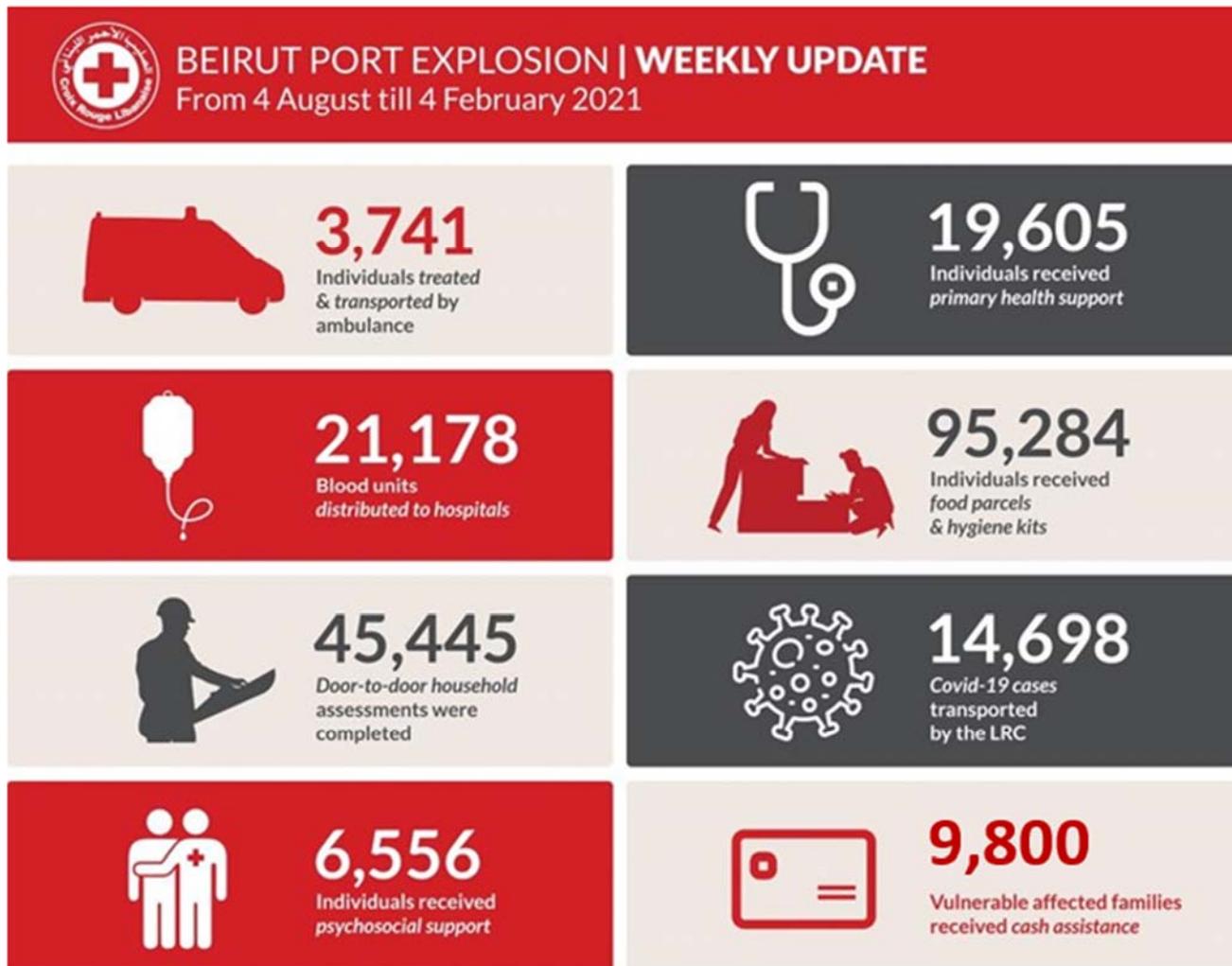


Figure 2 LRC EMT response to the Beirut port explosions. Source: LRC

After the massive explosion, LRC was immediately mobilized, and 75 ambulance teams were active on the ground in the rescue operation and supported by 50 teams from Emergency Medical Service (EMS) stations outside Beirut. LRC led the evacuation of two major hospitals that were destroyed by the explosion; several triage and treatment locations were set up as it was difficult for ambulances to access all areas. More than 2,600 wounded were treated on spot or transported to hospitals during the first 48 hours. In addition, LRC called for blood donations; blood transfusion centers were opened, and 450 blood units were collected between the moment of the blast and the second morning at 10:00 a.m. reaching up to 1,500 in the first two (2) days. As a priority in the direct response, four (4) LRC Health Centers

(HCs) and five (5) Medical Mobile Units (MMUs) located in Beirut area provided those affected by the blast with primary healthcare (PHC) services, including treatment of wounds and distribution of paramedical items as well as medication based on needs. In addition, psychosocial support (PSS) services were provided to address the traumatic psychological effects such as grief, panic attacks or even suicidal ideation, and two (2) hotlines for basic assistance and restoring family links were set up.

In terms of basic assistance, during the first 72 hours of the response, LRC provided temporary shelter for 1,000 families and organized distributions of hygiene kits, baby kits, Personal Protective Equipment (PPE), ready meals and food parcels. Rapid assessment of the basic needs of 1,440 families was conducted as well. In addition, LRC initiated emergency cash assistance in September 2020 to support up to 10,000 HHs over a period of seven (7) months with 300 USD/month. A summary of the services provided by LRC made in the past six months is presented below:



Additional updated information supporting the above infographic. 1) Individuals treated is only from blasts and ceased shortly after. 2) Assessments undertaken in the infographic does not include the phone assessments (additional 10,000) conducted. 3) PSS relates only to those impacted and not staff and volunteers.

Community Engagement and Accountability (CEA) was at the core of the response; LRC volunteers actively worked on the ground, completing needs assessment, and leaving information stickers to inform HHs where and how they can be contacted for assistance. LRC, through the Multi-Sectoral Needs Assessment (MSNA)-phase 1 reached out to 45,445 HHs during the reporting period and to 10,220 HHs via MSNA-phase 2, which is a more in-depth assessment of these HHs. In parallel, beneficiaries were calling LRC hotlines asking for more information related to the provided services, requesting assistance, and following up on cases; around 73,000 calls were received through the “non-emergency” hotline, and more than 1,600 calls received through the “restoring family links” hotline. It is important to note that hotline staff and all front-line responders/volunteers are trained on protection standards and Psychological First Aid (PFA); they are trained in the identification and referral of protection concerns to relevant services and agencies, ensuring the application of Do-No-Harm approach and safeguarding.

With the increase in COVID-19 cases in Lebanon after the blast, reaching their peak in December – January, the Lebanese Government imposed a complete lockdown and more restrictions on the COVID-19 preventive measures. Accordingly, much of LRC activities were suspended to protect staff, volunteers, and beneficiaries. For instance, only 23 blood drives were conducted over the past 6 months, no voluntary blood donors were recruited in January and February 2021, Mobile Medical Teams (MMTs) visits were suspended, PSS services were provided remotely and phase 2 MSNA was conducted over the phone rather than door-to-door. In addition, much of the Disaster Risk Reduction (DRR) unit's day-to-day activities were delayed and set back.

LRC has initially launched its emergency appeal and a 3-month plan on 5 August with a funding requirement of 19,142,842 USD. Following that, LRC prepared a longer-term plan for 1 year (The One Year Appeal) incorporating the blast recovery phase, COVID-19, and the economic crisis in the country with a budget of 125 million USD. This plan is considered as One Plan for the Movement; it integrates all the support from the IFRC, ICRC, and Partner National Societies. The One-year plan of the NS is an operational plan that encompasses all its current responses and seeks support to existing service provision such as EMS, Blood Transfusion Services (BTS), Disaster Management Services (DMS) and Medico-Social Services (MSS). The critical nature of these services and the expected timeframe for the blast implications are taken into consideration in IFRC planning, balanced with its technical inputs into Cash and Voucher Assistance (CVA), Shelter, Livelihoods (LLH) and Logistics (including procurement) where we are also aligning to the longer-term strategies of the LRC, hence the 2-year planning in this appeal and the EPoA.

Overview of Red Cross Red Crescent Movement in country

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.

The LRC jointly with IFRC, ICRC, and Partner National Societies have regular meetings to ensure coordination and to keep Movement partners updated and informed about the situation and LRC operations. At this moment Movement partners are mobilizing funds to provide multilaterally funding through this Emergency Appeal, as well as to channel bilateral funding in support of the LRC One Response Plan.

More specifically on IFRC support, on 5 August the IFRC immediately released 750,000 CHF allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support LRC's response. Later, on 9 August an Emergency Appeal was launched for 20 million CHF. This appeal is in support of the LRC appeal first issued on 5 August.

The IFRC appeal provides an alternative funding channel for partners and donors who want to use the multilateral channel to support LRC response efforts. It is important to note that to date, LRC has been receiving strong bilateral support and contributions from national and international donors, governments and Movement and non-Movement partners.

Overview of non-RCRC actors in country

Multiple international and national actors are working in country and are actively involved in the response. These actors are mainly governmental disaster management bodies, the Lebanese military, United Nations (UN) agencies, International Non-Governmental Organizations (INGOs) and local NGOs. The latter were significantly active on the ground with youth groups and volunteers who were mobilized for clean-up and relief efforts.

The humanitarian sector has activated existing sector specific working groups (clusters) and inter-agency coordination mechanisms for coordinated assessments, effective management, and standardization of approaches. LRC has taken up a central role in the assessment phase through the Damage and Needs Assessment – DANA and MSNA. Both are quantitative tools that were merged into one survey completed with affected HHs in Beirut. The MSNA was designed to collect information from affected HHs on the following aspects: Demographics, Location, Disability, Health related questions, Damage of the shelter, Water Sanitation and Hygiene (WASH) related questions, Economic status related questions, as well as services received from August 4 until the day of the assessments. LRC is the largest contributor to the multi-partners MSNA leading on the rollout through the volunteers who are trained on door-to-door survey data collection. The MSNA is performed in coordination with UNHCR and OCHA, and with the participation of other shelter sector partners. During the reporting period, 55,665 MSNAs (door-to-door and over the phone) were conducted. during lock-down due to Covid-19 restrictions.

LRC and IFRC are also actively engaging in inter-agency coordination mechanisms (like OCHA coordination and cluster working groups such as Basic Assistance working group, WASH, Shelter, Logistics, CASH etc.). Specifically, for shelter, which is one of the pressing priorities, LRC is part of the Inter-Agency Shelter Working Group (SWG) co-led by UNHCR and UN-Habitat, where a sectoral emergency and recovery strategy has been drafted and Temporary Technical Committees have been set up to develop technical guidance for prioritized early recovery shelter

interventions (Cash for Rent; Repairs and Rehabilitation of residential shelters; Housing, land, and Property rights). Also, noteworthy, UN agencies particularly UNHCR and UNOCHA can be found working in the LRC operations center in Information management (IM), other agencies are also regular visitors to LRC as they are the lead agency in assessment (MSNA).

Needs analysis and scenario planning

Needs analysis

After the explosion, the LRC initiated (in conjunction with several humanitarian agencies) rapid assessments to identify the key priorities and quantify the needs and vulnerabilities.

A secondary review published by ACAPS2 (Assessment Capacities Project) on August 12, highlights the profiles of the affected areas in Greater Beirut where there is a mix of poor underserved and densely populated neighborhoods (e.g., Karantina, Karm el Zeitoun), other higher-class modern areas (e.g., Saifi, Downtown) in addition to residential and commercial hubs with restaurants, cafes, art galleries etc. (e.g., Mar Mkhayel, Gemmayzeh). The affected area includes people from all socio-economic backgrounds who were affected in the same way and lost their properties, HHs, and source of income in many cases. The emerging needs according to ACAPS which triangulates data from different NGOs, UN agencies and LRC, are shelter (rehabilitation), capacity and access to health services and LLH (including access to food). These prioritized needs are also confirmed by the results of the MSNA, conducted by LRC where 80% of the assessed HHs prioritized Shelter Repairs, Medical Care, Medication, Cash and Food.

LRC has initiated since 6 August the MSNA covering until 4 February, 2021 45,445 HHs through phase 1 and 10,220 through phase 2, a more detailed assessment capturing the exact vulnerabilities and socio-economic status of HHs needed for targeting purposes in the next phase of cash distributions. The tool has been piloted in the last week of October and is being used to collect the detailed information about the affected HHs. Since the COVID-19 cases are increasing in Lebanon, the surveys are carried out over the phone.

Results of the phase 1 MSNA were collected and presented in a report, while the results of phase 2 have not yet been analyzed. A compiled report is expected in April.

Main results based on analysis of 29,560 assessments (up to Oct. 27) are presented below:

- 78% of the assessed HHs are of Lebanese nationality, 13% Syrian, and 9% other nationalities (Palestinian, Ethiopian, Sudanese, etc.)

Vulnerabilities identified through this assessment are the following (as per the most updated results covering 29,560 assessments till Oct.27):

- 4.4% of the assessed HHs have pregnant or lactating women
- 11% of the assessed HHs have physical or mental disability
- 10% of the assessed HHs have disaster-caused disability
- 54% of the assessed HHs are female-headed

As for prevalence of chronic illness, 58% of households reported having at least one member with chronic illness. According to another assessment by HelpAge International, that was conducted in several neighborhoods close to the explosion site, major health concerns reported by households included mental health (26%), respiratory problems (11%) and chronic diseases (30%) chronic diseases are a particular concern for older people (36%). Furthermore, 54% head of households self-reported chronic diseases such as diabetes, hypertension, heart disease, etc. 45% also stated difficulties in accessing medication.

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.

When it comes to the physical damage in the HHs, results from LRC assessment show that 28% of the assessed HHs have collapsed or damaged balconies, 48% have minor damage, closable and repairable, and 64% have broken and shattered glass. Moreover, 8% of HHs so far have reported having unacceptable toilet conditions (un-functional). It is also important to note that HH damages, especially unsealed windows and doors also constitute protection risks and were concerning for 90% of women and 87% of older people as it affected their sense of safety in their homes, according to HelpAge assessment.

Finally, the socio-economic status of the surveyed HHs was captured through the questions on income and savings. 37% of the assessed HHs mentioned that they had no source of income and 80% have exhausted their savings (as stated in OCHA Flash Appeal). This is a snapshot of the reality, noting that after the explosion many people have lost possessions, business premises both large and small, and hence their livelihoods, at a moment when the economic situation for most 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 and other essentials.

Operation Risk Assessment

With the increase in COVID-19 cases in Lebanon after the blast, reaching their peak in December – January, the Lebanese Government imposed a complete lockdown and more restrictions on the COVID-19 preventive measures. Accordingly, LRC's COVID-19 missions, and hence the need for more advanced and intermediate PPEs drastically increased, whereby EMTs transported more than 15,000 confirmed/suspected COVID-19 case during the reporting period. On the other hand, much of LRC activities were suspended to protect staff, volunteers, and beneficiaries. For instance, only 23 blood drives were conducted over the past 6 months, no voluntary blood donors were recruited in January and February 2021, Mobile Medical Teams (MMTs) visits were suspended, PSS services were provided remotely and phase 2 MSNA was conducted over the phone rather than door-to-door. In addition, much of the Disaster Risk Reduction (DRR) unit's day-to-day activities were delayed and set back.

The devaluation of the Local currency and the inflation of services and goods is one factor affecting the implementation and the purchasing power of affected population. There are 3 different currency conversion rates i.e., official rate, bank rate and unofficial rate. The official rate of LBP against USD is 1,510, while the bank rate is 3,900 however the commodities in market are sold at unofficial rate which has fluctuated between 6,500 to 9,200 LBP. In order to keep cash assistance relevant and to maintain the value of money, the LRC decided to deliver cash assistance in USDs through Banque Libano-Française.

In addition, many organizations as well as the general population have been restricted in accessing their money, present in local bank accounts, allowing only small amounts to be withdrawn. This negatively impacts operations and payments to suppliers and their staff. The general population also suffers because of this challenge. LRC has actively engaged banks, seeking a viable solution for this issue especially after the blast and to ensure the availability of funds (USD) for the successful implementation of cash-based assistance. A thorough risk assessment has been carried out and the appropriate mitigation measures were put in place for the successful implementation of interventions. Strong monitoring mechanisms are put in place for regular monitoring of cash interventions.

The ability to sustain services to communities all over Lebanon is also considered a risk especially if the scenario of having multiple crisis takes place (insecurity, covid-19, and economic crisis). This might lead to further expansion of the response with the possibility of fatigue and burn out at the level of staff and volunteers. As a mitigation, IFRC will support LRC to be able to effectively respond to additional disasters by deploying additional surge positions, will support existing services and strengthen coordination mechanisms within the Movement.

Increased protection risks among vulnerable population, especially with the deteriorating economic situation which might increase rates of child labor, gender-based violence, and sexual exploitation in the affected communities. Therefore, there is a need for strong emphasis on Protection, Gender and Inclusion (PGI) in the response to ensure it is mainstreamed across the sectors at LRC in addition to effective coordination mechanism with all humanitarian actors and functioning protection referral pathways. Additional training and sensitization of staff might be required. IFRC Regional Office will follow up with LRC on any needed technical support for PGI training and mainstreaming process.

In October, the Lebanese Army Forces (LAF) announced the launch of their cash assistance in the form of a one-off payment in local currency LBP by the LAF to HHs, based on the assessed damage (only) by the LAF. This cash assistance is considered compensation for shelter damages according to the degree of damage, the total amount of HH's assisted and the CASH payment is not known at the time writing. We are anticipating some confusion among families as many may prefer receiving one installment from the LAF directly instead of the already planned support of organizations who are offering different modalities of support, such as a staggered payment approach or lesser overall amounts. At risk of data duplication, the LRC has been sharing during this period the list of beneficiaries with LAF regularly to ensure that the need is being met. Yet, the two entities have different purposes in their support to the HHs in need. Nevertheless, this was an ongoing operation until LRC reached its target in the support in response to the blast.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective: The immediate needs of the affected population of the Beirut explosions are addressed, and the National Society is supported in recovery planning and long-term sustainability of its services.

Since the beginning, LRC's response to the Port explosions has been a coordinated response integrating all sectors and programs, each providing the needed relief services. EMS provided first aid and transported people to hospitals, DMS distributed ready meals, food parcels, hygiene kits and ATM cards as well provided temporary shelter and conducted MSNA and LLH assessments. MSS, through the nurses, doctors, and social workers, treated those affected

by the blast at the LRC-PHCs, MMUs and MMTs. Youth as well as DRR unit and PSS program also played a major role in LRC's response to the blast by supporting other sectors in the day-to-day activities, supporting the Beirut Forward Emergency Room (BFER) in GIS and data management and other activities, and providing those affected by the blast with PSS. The planning process for developing the one-year plan follows the same approach and aims at integrating all sectors in one comprehensive response strategy addressing implications caused by the explosions, economic crisis and the COVID-19 response. The one-year plan is also developed in coordination with all Movement partners who will provide input and identify specific areas of support.

Overall, IFRC aims to support LRC in the response to the Beirut Port Explosions through two modalities: deployment of specialized staff complementing and supporting Country Office efforts, whilst also supporting the LRC daily operations and business as usual in providing services to vulnerable people.

The modalities are outlined below.

1. Technical support and deployment of experts in the field of Shelter, Cash and Voucher Assistance (CVA), Logistics (Coordination and Procurement), LLH and National Society Development (NSD).

In terms of human resources, LRC's requested additional technical support from IFRC and IFRC have deployed several technical experts to support the operations.

Technical surge personal (Shelter, CVA, LLH and Logistics) have been embedded into the NS's DMS services and Logistics teams working directly with counterparts to assist, support and facilitate planning for the operation. They also have an inherent role to support the strategic longer-term needs of the NS and support external coordination. In this, they support the strategy of the DMS, building the capacity to further enhance the response mechanisms and capacity. These positions are adding response capacity where it was not feasible prior to the response. However, this is not new to LRC, for example Cash and LLH are previous areas of interest, and LRC has been undertaking smaller scale projects with ICRC and partners. This operation seeks to build on that previous experience and harmonize our efforts with those who are engaged in these areas of focus.

Through recent evolving discussions, a request to support the logistics of the operation emerged, and a plan is in development to support the NS to centralize its warehousing capacity, currently this is spread over eight locations. IFRC has also supported LRC with systems for warehouse management (LOGIC) whilst looking to integrate with existing systems and services. IFRC will seek to support a small team of staff and volunteers and provide financial support to the running and management of a facility and its human resources. Procurement support is also recently requested, and we are actively seeking to fill this position.

Two new Delegate positions will be integrated into the planning, those being an NSD delegate to support the NS strengthening activities planned within the EPoA. As mentioned, the Procurement position is also planned; both positions are considered for 2021, and several partners have expressed interest to support these.

LRC NS staff positions will also be directly supported; up to 25 persons for up to 20 months of the operation. These positions include PMER, Finance, Call center staff, Logistics staff and additional DMS capacity.

All the surge team members have now completed their assignments, and we are now working through the HR planning and recruiting, looking to primarily recruit through the Partner NS's engaged in this operation and in Lebanon more generally.

2. Logistics and Supply Chain support

LRC have been looking to centralize their warehousing for some time and this operation brings about that opportunity. The operation has surged a Supply Chain Coordinator to work with a small team (5 persons) to achieve this. The goal of the IFRC support in logistics and supply chain is to improve, support and grow the capacity of the logistics team with a focus on warehousing services to support the Beirut Port explosion as a first step.

The team is working hard to follow all requests and have been very influential and pragmatic in finding solutions to meet the operation's needs. A Logistics Working Group (LWG) has been set up and discusses all operational needs and challenges, including ways forward, which is harmonized to past interventions by partners and aligned to the strategies and vision of the NS.

An assessment of all existing warehouses in Beirut is completed; accordingly, a warehouse meeting the NS needs has been selected. The areas where the LRC can be supported have been broadly identified, and partners are engaged; with all technical input from the IFRC, they will support the strategic planning, coordination, and the development of the team they will be embedded into.

Future needs will be justified to inform a specific design of an LRC warehouse that meets the needs and requirements of an expanding organization. This should include/encompass quantifying the scope for future needs, centralization of warehousing, medical cold chain needs, software support using logic, vehicle needs, site layout, staffing etc.

IFRC will support operational running costs, some staff and volunteer costs, partial construction and warehouse tools and equipment costs through a project agreement, against the Emergency Plan of Action (EPoA). Actual support will be dependent on the support to the Emergency Appeal (EA) and the outputs of the LWG priorities to the operation.

3. Mobilizing donations and funding

Active resource mobilization efforts have been undertaken by IFRC at the Regional Office (RO) and in Geneva. IFRC MENA works in support of the LRC as presented in the IFRC Preliminary Emergency Appeal, by providing funding received through its multilateral channel and technical expertise according to the priority thematic areas identified by LRC. A Movement narrative document was produced within the first 10 days of the incident to clarify the roles and responsibilities of the Movement components.

The IFRC RO initiated quick connection and coordination with LRC especially in relationship management of donors, with the longer-term aim to also support LRC in expanding its local network via the global/regional IFRC established partnerships.

Coordination and representation in external fora:

- Joint representation of IFRC + LRC in UN briefing of States in NY,
- Coordinated participation to the RCRC briefing of Permanent Missions in Geneva,
- LRC representing the Movement in briefing the Australian Parliament.

A funding tracker was also created to track the potential funding, the commitment, and the confirmed funding. IFRC MENA is coordinating the donor's communication between the RO, PRD Geneva, Country office and the National Society. Negotiation with the potential donors is ongoing, close communication & coordination with movement partners, governments, corporate, and other potential donors to materialize the commitments and the soft pledges to hard pledges. Active fundraising and support to Gulf Cooperation Council Country cluster Support Team (GCC CCST) to promote the EA by drafting materials to support the GCC country office in marketing the Beirut Explosion appeal. IFRC is also working on creating a one pager marketing document for the IFRC Appeal.

4. National Society Strengthening

A considerable amount of resources will continue to be dedicated to the National Society strengthening, ensuring that LRC continues to be a well-functioning and strong NS. The IFRC support abides by the LRC and the Federation's plans of action, in addition to the IFRC's Strategy 2030 and LRC Strategy 2019-2023. After discussion with the LRC and following existing IFRC MENA Operational Plan, the EPoA will focus on the following areas:

Legal base: Provision of technical support to the NS in the finalization of the Red Cross Law, Emblem Law, International Disaster Response law and in internal regulations.

Finance and Audit:

- Technical support in the review of the fraud and corruption policy and as well training, dissemination, and implementation.
- Technical support for external audit for the Cash Program.

Technical implementation: Shelter, Cash, LLH, PMER, Finance, NSD and Logistics (including procurement) providing necessary technical support and operational support resources to strengthen the capacity of the LRC.

Volunteers: Duty of care of the volunteers is a priority as well the provision of relevant trainings and capacity building activities.

National Society Preparedness: In partnership with the RCRC partners in country, the EPoA will invest in resourcing the outcomes of the Preparedness Effective Response (PER) using the Real Time Evaluation (RTE)/Operational assessment to identify immediate and long-term priorities of the NS. The RTE was conducted in January with results being shared in March.

5. Other support functions

1. Planning, monitoring, evaluation and reporting (PMER)

The EPoA performance and M&E framework together with the LRC is under development, including baseline and definition of quality and quantitative indicators to allow sound monitoring, tracking and reporting of activities implemented and evaluate effect and impact of programs. Monitoring includes on-site monitoring, post distribution monitoring (PDM), end-line evaluation and pre and post-tests as found relevant. The captured feedback will mainly highlight the satisfaction of assisted households regarding quality of services, identify challenges, and measure outcome level change. LRC has initiated a Real Time Evaluation (RTE) for the response and IFRC Country Office has provided technical support in the development of the Terms of Reference, planning process and template. A launching meeting was organized on October 16 by LRC with all relevant stakeholders participating in this exercise, due to start in December, drafting on the RTE report is ongoing.

Specific for the CVA / basic assistance intervention a real time review was scheduled to be launched in January as the ToR and PoA in terms of interviews was prepared in December. However due to the lock down in January some delay is expected

2. Community Engagement and accountability (CEA)

LRC has initiated MSNA targeting 45,445 HHs so far via phase 1 MSNA and 10,220 HHs via phase 2 MSNA (until 4 February) to inform its interventions and begin the selection process. In parallel, hotlines were set up for the purpose of information provision, requests for assistance and follow up on cases. Until February 4, 2021, LRC has received 74,607 calls through its hotlines segregated as such: 73,000 call through “non-emergency” hotline and 1,607 through “restoring family links” hotline. These hotlines were considered as an effective communication channel with affected communities as it allows reporting specific cases, acquiring needed information and referrals to specific services as per the need. The number of hotlines increased from 1 to 14 from August to February and there is a plan in place to establish a call center for LRC at national level covering all programs and not only the blast response. It is important to note that hotline staff and all front-line responders/volunteers are trained on protection standards and PFA; they are trained in the identification and referral of protection concerns to relevant services and agencies, ensuring the application of Do No Harm approach and safeguarding.

3. Administration & Finance

The Administration department continues to assist the team by providing effective and timely services and professional advice to the team under the current working modalities and living conditions. The financing needs will continue to ensure an efficient, effective, and timely project financial management support that will contribute to demonstrate value for money in the different activities, operational cash-flows are forecasted adequately and arrive timely for the implementation of the activities, maintain and improve the accounting and financial systems to ensure transparency and accountability to the different stakeholders, as well as the sound financial management and adequate financial performance of the operation. The Finance Department will implement a risk management approach through all the planned activities of the operation to minimize the associated risks. An Admin and Finance officer joined the team in January and is being trained and inducted into the organization.

4. Security

Security Officer is already in the country, supported by the MENA security coordinator and the Security unit in Geneva providing permanent information to the colleagues, ensuring that security briefings, protocols are in place and up to date, enforcing the security rules amongst staff, checking the security of all IFRC facilities and vehicles and assisting in security drills.

C. DETAILED OPERATIONAL PLAN



Shelter

People reached: 202 Households (approx. 1,010 people)

Male: 505

Female: 505

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 people provided with safe, adequate and durable recovery shelter and settlement assistance	5,000	1,010

Output 1.1: Shelter and settlements assistance is provided to the affected families.

Indicators:	Target	Actual
# of households provided with longer-term shelter and settlement assistance	1,000	202

Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

Indicators:	Target	Actual
# of households provided with technical support and guidance, appropriate to the type of support they receive	1,000	202

Progress towards outcomes

The objective of the LRC shelter repair intervention is two-fold:

1. To **contribute to the long-term recovery** of lightly and moderately damaged houses by re-establishing safety and security, protection from the elements, privacy and dignity.
2. To **improve pre-existing living conditions** by following a Build Back Safer (BBS) approach and upgrading housing units to comply with minimum housing standards regarding the quality and safety of the living environment wherever possible.

The selection of beneficiaries for house repair assistance is based on the level of housing damage and specific socio-economic vulnerabilities identified during the technical assessment:

1. **Level of housing damage** – level 1 and 2 damage (non-structural) was addressed while level 3 damage (structurally compromised buildings) was referred to the SWG partners implicated in retrofit work and/or permanent relocation.
2. **Scoring system applied to socio-economic vulnerabilities** – Scoring was applied based on a 'yes' 'no' system whereby a score of 1 is given for yes and a score of 0 for no to pre-identified vulnerability criteria.

In line with the Shelter Working Group's guidance and SOPs on technical assessments for repair and rehabilitation, a 0 - 9 scoring range was applied for each HHs, with the most vulnerable ones scoring the highest. No specific threshold was stated for shelter repair eligibility; however, scoring was used to determine the assistance modality, whether as direct implementation of the works by a contractor for the most vulnerable caseload or (restricted and conditional) cash given to the owner/tenant of the housing unit, paired with the technical assistance provided by the shelter team.

At the time of reporting, the activity status is the following:

- Five field teams (10 LRC volunteers, 1 shelter engineer) mobilized to 13 zones (6-15-16-20-21-41-32-33-52-53-56-63-64) conducted 626 door-to-door housing damage assessments.
- Contractor-based repair works completed in 202 units and 1,010 individuals reached.
- Shelter technical assessment for cash-based repair assistance is ongoing in 680 units.



Livelihoods and basic needs

People reached: Basic Needs 11,956 Households (approx. 59,000 people). Livelihoods restoration 200 Households (approx. 1,000 people)
 Male: 2,850
 Female: 2,850

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
% of targeted population whose livelihoods are <restored to, improved from> pre-disaster level	TBD	NA (Not applicable for the reporting period)

Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).

Indicators:	Target	Actual
# of people trained in vocational skills trainings to increase income sources	TBD	NA (Not applicable for the reporting period)
# of people supported with in-kind assets or cash or vouchers for recovering or starting / strengthening economic activities	TBD	106 individuals (28 MSMEs owners)

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 for basic needs	TBD	11,956

Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
# of households are reached with multipurpose CVA to meet their basic needs	1,100	9,671

Progress towards outcomes

As per the title, this section includes both the livelihoods and basic assistance component. Therefore, first the livelihoods progress is presented referring to the first output and then the basic assistance component through multipurpose CVA modality.

Livelihoods:

At the end of September, a Livelihood delegate was deployed for one month and a half, and since mid-October there has been a livelihood focal point at LRC carrying out the planned activities. Given that livelihoods is a relatively new sector for LRC, the first phase was focused on context analysis, secondary review of existing assessments after the explosion and coordination with different technical focal points under DMS to develop the most appropriate approach moving forward. After the explosion, 15,000 businesses in the services sector were damaged and at least 70,000 people have lost their jobs since then. The ongoing economic crisis and COVID-19 outbreak in Lebanon increase the vulnerability of the families and might push even more people below the poverty line. On one hand, business owners have depleted or severely decreased their savings after months of economic crisis. As such, they might be unable to either loan or invest money in repairing and reopening of shops or in employing the same pre-disaster number of people. On another hand, the financial crisis is restricting businesses from accessing their savings and limiting their capacity to fix the damages and get the businesses up and running in a timely manner. Moreover, A significant proportion of businesses in Lebanon are part of the informal

economy; not registered with government authorities, not covered or protected by the law or any form of public support structures, and typically low-income generating.

An initial needs assessment was conducted by Mercy Corps and eight partners (ACF, ACTED, CARE, DRC, IRC, AI Majmoua, Oxfam, and Save the Children) assessing micro, small, and medium-sized enterprises (MSMEs) across the blast affected areas of Beirut. 1,164 business owners across 21 neighborhoods were assessed. The main recommendations were included in our intervention:

- Consider assisting smaller (less than 10 employees) and/or younger businesses (less than five years old) which are close to the blast. Support not to be linked to business registration status.
- Cash assistance should be unconditional and in USD will be crucial to ensure more rapid reconstruction and resumption of business operations
- Employee salaries rent and debt to repair premises should be considered when calculating assistance amounts.
- Business development support and technical assistance (in addition to cash assistance) should be consider for smaller and younger businesses struggle more to re-open

Livelihoods intervention will be divided into two phases: early recovery and long-term resilience phase. The first phase will focus on supporting businesses affected by the blast to recover the pre-blast source of income of business owners, employees, and their families. Whereas the second phase will focus on supporting and building the capacities of people in need to recover their employment and/or self-employment situation.

Target criteria for Early recovery livelihoods intervention: 50 Owners and employees from the affected business. Some of the beneficiaries were referrals from ICRC and were assessed by LRC by the following criteria

The selection of beneficiaries will be made considering the following eligibility criteria:

- Enterprise existed prior to the explosion
- Between one to ten employees
- Business is significantly damaged
- Business is the primary source of income for the owner's households
- Essential restoration work to resume business activities would not exceed 8,000 USD
- Annual turnover is between 100,000,000 LBP and 200,000,000 LBP
- Business who did not receive a similar assistance package from other actors.

This part of the program targets MSMEs (Micro, Small and Medium Enterprises) and will support them with financial support up to 8000\$ and technical assistance over at least 12 months to resume their income generation activities. The financial instalments were through distributed ATM cards that will be loaded through a maximum of 3 transfers. The provision of financial and technical assistance will serve as an early recovery step for businesses to restore lost equipment, inventory, or other physical damage. It will also ensure that the business is able to sustain its activities for up to 6 months through covering rent and employees' salaries if needed. All the intervention is being coordinated with the rest of the NGOs in the area to avoid duplication and create synergies.

At the time of reporting, 28 MSMEs have already received cards loaded with different amounts each based on need to resume operations. The average amount per beneficiary is \$2,925, maximum allocated amount per beneficiary is up to \$8,000 regarding MSMEs support; the major challenge is related to the lockdown measures whereby businesses are closed. This is affecting the implementation of different levels. First, finding new affected businesses to assess is becoming difficult. Second, identified and supported businesses are not able to rehabilitate their premises nor restock or open to resume their income generating activities. Third, the massive spread of COVID-19 at a national level, affected the number of staff and volunteers available, almost at any given time during this response, and limited the contact between staff/volunteers and beneficiaries. These challenges were addressed by recording assessment referrals through the LRC's 24/7 hotline and through extending the timeline for which business owners are expected to re-stock and resume operations.

Basic Assistance:

The LRC started its first cash disbursements on 12 September 2020. The LRC has plans to reach out 10,000 HHs with one off cash assistance for emergency phase. Among those, the economically vulnerable families will continue receiving cash assistance (recovery cash) for additional 6 more months. As of now, more than 97% of the target for phase 1 has been achieved. (9,664 HH received emergency cash. In parallel, the phase 2 started also since the beginning of November. Details of cash distributions are given below. By the end of January, round 3 loadings have been completed for 9,671 cards and round 4 is initiated during February. Round 4 loadings have been completed for 4,995 cards on the 2nd of February. The target for phase 2 is expected to be increased with 1,200-1,400 during February.

	Target Phase 1 (one-off payment)	Achieved Phase 1	Target Phase 2 (6 months)	Achieved Phase 2
Caseload (HHs)	10,000	9664	10,000	9,671
Disbursements (USD)	3,000,000	2,989,800	18,000,000	10,202,400
Total cash disbursed (USD)				13,192,200

The LRC has secured the financial resources for its cash response with the contributions from different Movement Partners and public funds. The IFRC will contribute to LRC cash response with financial support for 1,100 HHs.

In terms of monitoring and evaluation, LRC has completed Post Distribution Monitoring exercise in addition to preparing for market monitoring.

The post distribution monitoring (PDM) of first batch (5,000 HHs) for phase 1 was carried out during last week of November. The results were positive showing a high level of satisfaction from the distribution process and modality as a whole. It is also important to note the potential biases affecting the results which are the currency of cash (in dollars vs Lebanese Liras) in addition to the huge needs of the community members who aim at continuing to receive services from LRC., therefore are more prone to give high rating. The highlights from PDM are presented below

% of beneficiaries satisfied with the appropriateness of the cash modality	100%
% of beneficiaries who faced challenge withdrawing the assistance	1%
% of beneficiaries satisfied with the delivery mechanism implemented (reaching their assistance through ATM)	99%
% of beneficiaries mentioning that the assistance received by the LRC is relevant to their most important needs	63%
% of beneficiaries satisfied with the communication done by the LRC	99%
% of beneficiaries satisfied with the delivery mechanism (door to door distributions)	95%

In parallel, the tool for market monitoring has been developed and it aims at monitoring prices in the market. The market monitoring is planned and was to be carried out v-e before the year end, however due to covid-19 restrictions this has been postponed.

Another PDM round was scheduled in February but the COVID-19 situation and the ongoing lock down, caused a delay and the monitoring is expected to be initiated in March.

In terms of human resources, the LRC has also increased its HR for successful implementation of cash assistance. There are some 50 volunteers supporting the data collection, ATM cards distributions and monitoring, Currently, there are 3 temporary positions filled while the recruitment is on-going for longer term positions.

The LRC has observed extreme load on its hotline mainly for the requests for cash assistance. Due to this increased pressure, the LRC has also increased its capacity with 8 additional telephone lines with necessary HR in place. The hotline operates at 24/7 basis with at least 10 operators during peak hours.

IFRC deployed Cash Surge to support LRC in cash distributions on 5 September 2020 for a period of three months. The technical support to LRC was continued for additional two months (until mid of January) as a replacement arrived in third week of November. A technical consultant is expected to be contracted early March for two months.



Health

People reached: 105,600

Male: 39,960

Female: 68,640

Outcome 1: Vulnerable people's health is improved through increased access to quality health services		
Indicators:	Target	Actual
# of people reached through LRC emergency health management programs	105,600	61,307
Output 1.1: Improved access to emergency medical services for the targeted population and communities.		
Indicators:	Target	Actual
# of people receiving emergency medical services.	TBD	3,741
# of blood units collected	TBD	16,668
Output 1.2: Improved access to primary health care for the targeted population and communities.		
Indicators:	Target	Actual
# of people receiving primary healthcare services (through 22 HCs, BeirutMMUs, and 2 Medical Mobile Teams).	TBD	19,747
Outcome 2: Vulnerable population in affected area have improved community-based disease and health promotion		
Indicators:	Target	Actual
# of LRC volunteers mobilised for health activities	44	1,158
Output 2.1: Communities are provided with health services to identify and reduce health risks		
Indicators:	Target	Actual
# of LRC volunteers trained on ECV	TBD	NA
Outcome 3: The psychosocial impacts of the emergency are lessened		
Indicators:	Target	Actual
% of beneficiaries satisfied with the psychosocial support interventions	75%	NA
Output 3.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency		
Indicators:	Target	Actual
# of unique beneficiaries receiving psychosocial services by the MSS	TBD	16,793
Outcome 4: National Society has increased capacity to manage and respond to health risks		
Indicators:	Target	Actual
% improvement noted in applying the MoPH standards against baseline assessment within the LRC health centers.	30%	NA
Output 4.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services		
Indicators:	Target	Actual
# of SoPs, strategies/guidelines revised/developed and implemented at health centers level	30%	5

In addition to EMS and BTS support provided on the ground at the time of the explosion; during the past 6 months, 3,741 patients were treated on spot and transported to hospitals in addition to 23 dead bodies that were moved from port to hospitals too. Nonetheless, LRC, through the EMS sector, still managed to respond to the COVID-19 crisis that the country is going through and succeeded in transporting 14,698 COVID-19 patients to and from hospitals. Also, during

the past 6 months, the EMS teams responded to the protests; 135 patients were transported to hospitals and 609 were treated on spot.

LRC also leveraged its social media channels to call for blood donations, collecting 16,668 blood units between the moment of the blast and the 4th of February 2021 and distributing 21,469 to help the hospitals with the treatment of severe cases. In addition, 23 blood drives were conducted in several locations such as UN HQ Nakkoura, UN Italy Chamaa, UN Irish Tirri, USA Embassy, and others during which over 630 blood units were donated. When it comes to medical and psychological services, LRC treated 4,534 and 15,102 individuals at the 5 deployed MMUs and 4 HCs respectively in addition to 111 individuals by its MMTs providing them with medical consultations and medications.

Psychological services were also provided to support to 16,793 individuals (6,566 directly and 10,227 remotely).

Replenishment of damaged LRC EMS and BTS centers and branches in Spears, Gemmayze and Jal el Dib was immediately initiated; damaged ambulances, equipment, blood storage devices, medical consumables, reagents and others were replaced by new ones.

As part of the MSS response at LRC, the sector launched a new initiative under the title “Mobile Medical Teams (MMTs)”. The MMTs are linked to LRC-HCs, with the aim to target the most vulnerable groups of people at household level, with medical and psycho-social services. Each MMT is composed of at least 3 members: 1 doctor, 1 nurse and 1 social worker. This set-up can be adjusted according to the needs (e.g., midwife, physical therapist and a volunteer who accompanies the team or replaces other members of the team whenever needed). The teams were deployed, with minimal diagnostic equipment and medicines, from the HC to the houses of beneficiaries within the neighborhoods of HCs, providing primary health and psychosocial services at the HH level. The first team was deployed on the 4th of November, and a total of 111 beneficiaries were served in Achrafieh until February 4.

Like any other response, major obstacles were faced, yet those did not hinder the LRC teams from responding to the blast and providing the beneficiaries with the needed health services. The economic crisis the country is going through shaped a challenge in buying PPEs with the optimal required quality. Also, the provision of medicines was affected given that the prices were drastically increasing within days and the supply was minimal. However, the RCRC movement, IFRC and all other LRC partners supported the society in this matter and helped in providing PPEs to be used by volunteers and staff, as well as medications to be donated to beneficiaries.

At the field level, the number of beneficiaries and affected individuals exceeded LRC’s expectations and capacity; as such, LRC has and is still working on supporting the people in need and optimizing the work and donations. In addition, the pressure and emotional stress the LRC volunteers and staff went through had a major role in the scope of the National Society’s response; accordingly, more volunteers were deployed to support the teams and shifts were divided among them.



Water, sanitation and hygiene

People reached: 10,000

Male: 5,000

Female: 5,000

Outcome 1: Reduction in risk of waterborne and water related diseases in addition to COVID-19 in targeted communities

Indicators:	Target	Actual
% of communities who are satisfied with improved living conditions	TBD	NA
Output 1.1:		
Indicators:	Target	Actual
# of volunteers involved in hygiene promotion activities	TBD	30
# of hygiene promotion sessions	TBD	0
# of people reached by hygiene promotion activities	10,000	0
Output 1.2: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual
# of households provided with a set of essential hygiene	1,000	10.045
# of quarantine centers supplied with essential hygiene items	TBD	4
Progress towards outcomes		

During the past three months, WASH activities (hygiene promotion) took place only in Informal Tended Settlements (ITS) hosting Syrian refugees. DM centers conducted soft WASH activities “PHAST” in ITSs and started looking for potential ITSs to conduct exit strategy. WASH activities related to Beirut response were at the level of distribution of hygiene items and PPEs. During August, September, October and November 10,045 hygiene sets were distributed.

The Staff of LRC, IFRC and partners have all been impacted by the transmission of COVID-19, several positive cases were identified in LRC national office and branches. As such, the protocols were followed, and individuals who were identified as contacts were quarantined and many of those who tested negative.

LRC Staff and volunteers were quarantined in the following centers: Grand Hills Broumana, Lancaster, Mansourieh, and Dmeet. Individuals were supplied with personal hygiene kits. In October 142 individuals were quarantined in August and in September 184 individuals were quarantined (almost 60% quarantined in September) so the total number of personal hygiene kits provided for individuals quarantined is almost 326 kit.



Protection, Gender and Inclusion

People reached: 105,600

Male:

Female:

Outcome 1: Communities become safer and more inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
<i>PGI standards are included in all stages of NS operations</i>	Yes	Yes

Output 1.1: Programs and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
<i># of assessments including PGI standards</i>	TBD	5 (on-going)
<i>Sex, age and disability disaggregated data is collected.</i>	Yes	Yes

Output 1.2: Programs and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

Indicators:	Target	Actual
<i># of staff and volunteers trained on minimum standards</i>	TBD	222
<i># of referral made to specialized psychological services</i>	TBD	6

Progress towards outcomes

During this reporting period, PGI was mainstreamed across the response stages starting with the integration of protection questions in the MSNA. Moreover, to ensure the integration of PSS in the response, 166 front-liners have been trained on PSS (refresher trainings) and 30 operators for CFM, 26 Refresher for MSS social workers.

There was no other training completed in this time specifically on PGI, as these are already integrated in the different sectors.

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
<i>% volunteers well trained and insured</i>	100%	

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

Indicators:	Target	Actual
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# of volunteers who are adequately trained and insured	1,000	
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
# laws prepared	3	NA
# internal regulations approved	3	NA
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
Plan of Action is developed	1	1
Contingency Plan is updated	TBD	
Progress towards outcomes		
<p>Technical support to LRC remains a high priority in this phase of the operation and we have been actively aligning the surge needs with those of the NS to ensure we are supporting the needs within the operation. Surge team was actively involved in the development of the plan of action for the relevant technical sector contributing to the one plan published by LRC.</p> <p>As for the legal infrastructure and systems, these plans will be implemented throughout the year 2021 in alignment with the country office operational plan for 2021.</p> <p>IFRC support abides by the Lebanese Red Cross and the Federation's plans of action, in addition to the IFRC's Strategy 2030 and LRC Strategy 2019-2023. After discussion with the LRC and following existing IFRC MENA Operational Plan, the EPoA will focus on the following areas:</p> <p>Legal base: Provision of technical support to the National Society in the finalization of the Red Cross Law, Emblem Law, International Disaster Response law and in internal regulations.</p> <p>Finance and Audit:</p> <ul style="list-style-type: none"> - Technical support in the review of the fraud and corruption policy and as well training, dissemination and implementation. - Technical support for external audit for the Cash Program. <p>Technical implementation: Shelter, Cash, Livelihood, PMER, Finance, NSD and Logistics (including procurement) providing necessary technical support and operational support resources to strengthen the capacity of the LRC.</p> <p>Volunteers: Duty of care of the volunteers is a priority as well the provision of relevant trainings and capacity building activities.</p> <p>National Society Preparedness: In partnership with the RCRC partners in country, the EPoA will invest in resourcing the outcomes of the Preparedness Effective Response (PER) using the Real Time Evaluation/Operational assessment to identify immediate and long-term priorities of the NS.</p>		

International Disaster Response		
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
# of NS coordinated international disaster response effectively	yes	
Output S2.1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators:	Target	Actual
# of surge capacity deployed	8	7

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
<i># staff and volunteer trained</i>	25	
<i>% of target population who agree their priority needs are being met</i>	85%	
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
<i>Standardized warehousing system is in place</i>	1	50%
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators:	Target	Actual
<i>Active participation in the cluster and coordination mechanism</i>	100%	100%
Outcome S2.2: The complementarity and strengths of the Movement are enhanced		
Indicators:	Target	Actual
<i>% of RC/RC actors reporting improved Movement coordination</i>	85%	
Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators:	Target	Actual
<i># of Movement coordination meetings.</i>	TBD	6
Progress towards outcomes		
<p>Movement coordination meetings are led by LRC SG and continue on a monthly basis, these are against the One plan of the NS that also incorporate the Beirut Port Blasts (BPE) operation.</p> <p>It is becoming more and more apparent that the working group meetings of the BPE will need to expand to country wide focus as the needs across country become more focused on the economic vulnerabilities, future planned responses and ongoing COVID 19 response. This is an area of focus for IFRC and will inform our future planning within the BPE and furthermore how we integrate our team to the greater working groups scope.</p> <p>For the cash component (CVA) an internal taskforce was set up in October and meetings are ongoing. The members so far are LRC, ICRC, IFRC and main focus is technicalities-related to the basic assistance and LLH interventions.</p> <p>Externally we are maintaining our presence in the working groups where we have technical representation, e.g., Shelter, LLH, CVA and Logistics.</p>		

Influence others as leading strategic partner		
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Indicators:	Target	Actual
<i>IFRC and National Societies participate in local, national and international dialogues/meetings.</i>	Yes	Yes
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators:	Target	Actual
<i># of advocacy and fundraising events</i>	TBD	
<i># of communications materials produced/published</i>	TBD	

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
# of published research/evaluation supported by IFRC	1	0
# of Lessons learned workshops conducted	1	0
Progress towards outcomes		
On research and evaluation, preparatory work has been undertaken by LRC and IFRC to determine the RTE (internally led) working modalities and it is ready to roll out, pending a start date		
Another external evaluation is planned for the cash component separately, Through the process of tender, LRC was able to identify a suitable consultant to start the work in the Real Time Review (RTR) of the CASH component (phase 1) and expect to commence this work in mid-November.		

Effective, credible and accountable IFRC		
Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability		
Indicators:	Target	Actual
Staff is recruited at time	Yes	
Output 4.1.2: IFRC staff shows good level of engagement and performance		
Indicators:	Target	Actual
# staff recruited	3	
performance appraisals conducted	3	
Output 4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders		
Indicators:	Target	Actual
# of audits implemented	4	
# people trained in fraud and corruption policy	200	
Output 4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Actual
% of security assessments carried out and updated.	100% (number=4)	50% (Number=2)
% security Plans updated in all operational areas	100%	100%
Progress towards outcomes		
Security plans since August: <ul style="list-style-type: none"> Beirut security assessment conducted every month since August (including Health, Security, politics, economy and services). Updating the MSR twice since august. Improve the security plans and equipment available at IFRC RO/country Office. Build the capacity of the staff and drivers (VHF training, First Aid training...) Conducting drills and simulations to identify IFRC weakness and strengths. 		

D. Financial Report

The interim financial report is annexed to this report.

Contact information

For further information, specifically related to this operation please contact:

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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For In-Kind donations and Mobilization table support

- Goran Boljanovic, Regional Head of Supply Chain- MENA; phone: +961 5 428 505; email: goran.boljanovic@ifrc.org

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

- **IFRC MENA Regional Office:** Nadine Haddad, Regional PMER manager, phone: +961 71 802 775; e-mail: nadine.haddad@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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/8-2021/2	Operation	MDRLB009
Budget Timeframe	*	Budget	APPROVED

Prepared on 06 Apr 2021

All figures are in Swiss Francs (CHF)

MDRLB009 - Lebanon - Beirut-Port Explosions

Operating Timeframe: 05 Aug 2020 to 30 Aug 2022; appeal launch date: 09 Aug 2020

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	3,247,000
AOF3 - Livelihoods and basic needs	2,489,000
AOF4 - Health	7,864,000
AOF5 - Water, sanitation and hygiene	751,000
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	4,830,000
SFI2 - Effective international disaster management	63,000
SFI3 - Influence others as leading strategic partners	20,000
SFI4 - Ensure a strong IFRC	736,000
Total Funding Requirements	20,000,000
Donor Response* as per 06 Apr 2021	9,165,226
Appeal Coverage	45.83%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	10	-10
AOF2 - Shelter	371,962	0	371,962
AOF3 - Livelihoods and basic needs	879,840	254,087	625,753
AOF4 - Health	3,373,372	516,991	2,856,382
AOF5 - Water, sanitation and hygiene	182,105	0	182,105
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	1,950,026	25,658	1,924,368
SFI2 - Effective international disaster management	225,005	76,802	148,203
SFI3 - Influence others as leading strategic partners	183,443	2,564	180,879
SFI4 - Ensure a strong IFRC	661,502	14,255	647,246
Grand Total	7,827,255	890,366	6,936,889

III. Operating Movement & Closing Balance per 2021/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	7,886,656
Expenditure	-890,366
Closing Balance	6,996,290
Deferred Income	0
Funds Available	6,996,290

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

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V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	692,437				692,437		
Australian Red Cross	318,811		15,200		334,011		
Australian Red Cross (from Australian Government*)	1,282,608				1,282,608		
Austrian Red Cross (from Austrian Government*)	526,637				526,637		
Bahrain Red Crescent Society	45,128				45,128		
Bloomberg	8,184				8,184		
Boston Scientific	17,625				17,625		
China Red Cross, Hong Kong branch	23,487				23,487		
Croatian Red Cross	5,000				5,000		
Cyprus Red Cross (from Cyprus - Private Donors*)	21,546				21,546		
Electrolux Food Foundation	2,115				2,115		
Ericsson	73,087				73,087		
Estonia Government	53,789				53,789		
Estonia Red Cross	2,063				2,063		
European Commission - DG ECHO	215,366				215,366		
Finnish Red Cross	108,171				108,171		
Irish Red Cross Society	108,321				108,321		
Japanese Red Cross Society	267,627				267,627		
KPMG Disaster Relief Fund	131,714				131,714		
Lithuania Government	54,086				54,086		
Lithuanian Red Cross Society	14,635				14,635		
Luxembourg Government	107,441				107,441		
Mexican Government	90,919				90,919		
Monaco Government	53,848				53,848		
Nestle	103,750				103,750		
Norwegian Red Cross	899,029				899,029		
Norwegian Red Cross (from Norwegian Government*)	391,336				391,336		
On Line donations	12,855				12,855		
Portuguese Red Cross	5,411				5,411		
Red Cross of Monaco	53,876				53,876		
Republic of Korea Government	455,582				455,582		
Slovenia Government	107,577				107,577		
Spanish Government	53,890				53,890		
Swedish Red Cross	643,040				643,040		
Swiss Government	500,000				500,000		
Taiwan Red Cross Organisation	18,313				18,313		
The Bloomberg Family Foundation Inc	212				212		
The Netherlands Red Cross	38,953				38,953		
The OPEC Fund for International Development	182,037				182,037		
Triatlum Advisors	25,000				25,000		
Turkish Red Crescent Society	125,000				125,000		
United States - Private Donors	70				70		
UPS foundation	21,791				21,791		
White and Case, LLP	9,092				9,092		
Total Contributions and Other Income	7,871,456	0	15,200	0	7,886,656	0	

Emergency Appeal

INTERIM FINANCIAL REPORT

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MDRLB009 - Lebanon - Beirut-Port Explosions

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Total Income and Deferred Income	7,886,656	0
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