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Emergency Plan of Action Final Report

Lebanon /MENA: Civil Unrest



DREF operation	Operation n° MDRLB008
Date of Issue: 09 July 2021	Glide number: OT-2019-000144-LBN
Operation start date: 05 November 2019	Operation end date: 05 March 2020
National Societies: Lebanese Red Cross & Palestinian Red Crescent Society-Lebanon Branch	Operation budget: CHF 986,501
Number of people affected: Nationwide	Number of people assisted: 75,174 (60,260 + 14,500) through the Lebanese Red Cross (LRC) + (414) through Palestine Red Crescent Society- Lebanon branch (PRCS/L)
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), German Red Cross (GRC), The Netherlands Red Cross, Norwegian Red Cross (NorCross), Danish Red Cross (DRC).	
Other partner organizations actively involved in the operation: Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Ministry of Social Affairs (MoSA)	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors.

The IFRC, on behalf of the national society, would like to extend thanks to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 17 October 2019 -Thursday evening, nationwide protests began, and thousands of protesters filled the streets of major cities across Lebanon as part of nationwide demonstrations over deteriorating economic conditions and new austerity measures. The call to protest came through various social media platforms as the government discussed hiking taxes and introducing new fees, including a 0.20 levy per day for WhatsApp calls. Protesters quickly responded to the requests as activists called for gatherings at Beirut Downtown and other major cities.) In the beginning, protests paralyzed movement by blocking major roads across the country. The protests began peacefully then shortly deteriorated on 21 October, following the announcement of the Prime Minister on a package of reforms to tackle the crisis. The announcement did not meet the protesters' demands causing a spike in mass protests and nationwide strikes. Army troops and security forces deployed across the country and protesters clashed with the Internal Security Forces (ISF) and the Lebanese Armed Forces (LAF) while trying to reach the Council of Ministers. ISF used tear gas and rubber bullets to push back demonstrators away from the area. This resulted in many injuries among all parties involved. On 29 October, the clashes escalated, leading to a scale-up in security measures taken by the ISF and LAF. Shortly, the Prime Minister announced his resignation which eased the tensions for a while but then scaled up again later in the evening, leading to further intense clashes. The protests in the country continued until February calling for the resignation of the entire class, yet with less intensity and only in specific locations.

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

Furthermore, global credit rating agencies have been downgrading Lebanon’s rating to alarming levels. Leading credit rating agency Fitch cut Lebanon’s rating on 12 December to ‘CC’ from ‘CCC’¹ which reflected its view that a debt restructuring or default was now “probable owing to acute political uncertainty, de facto capital controls, and damaged confidence in the banking sector.” This rating reflects a probability of a collapse in Lebanon’s economy if no significant efforts were made to manage the situation.

Summary of response

Overview of Host National Society

Lebanese Red Cross (LRC)

The Lebanese Red Cross is the most recognized and respected emergency health entity all over Lebanon, leading in Emergency Medical Services (EMS), Blood Transfusion Services (BTS), adding to that Primary Health Care and Disaster Management. LRC provides services to more than a million people every year. Services are delivered through a network of around 12,000 volunteers and 368 staff working from 47 EMS permanent stations, three temporary stations and four dispatch centers, 32 local branches, 36 primary health care centers, eight mobile clinics, 13 blood banks, 31 youth centers, and 14 disaster management unit teams, one orthopedic workshop, one national training center, one nursing faculty, and three nursing institutes in addition to the LRC headquarters.



Figure 1: EMS Team providing services to the people in need. Credit: LRC

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

The LRC treated 3,940 cases on-site and transported 1,389 cases to the hospitals. Yet it is important to highlight and note that most of the cases transported and treated during the protests are not related to the clashes or confrontations. Most of these cases were people suffering from dyspnea, dizziness, unconsciousness, hypotension, hypertension, etc. while few had physical trauma.

Also, the LRC collected throughout the operation a total of 11,571 blood units and distributed 16,093 units. Blood stocks and medical consumables were purchased (including bags and other reagents) to make sure that all requests received are fulfilled within the blood availability in the BTS Centers. The Blood-drive Teams are also handling blood drives to support and try to fill the need.

Palestine Red Crescent Society – Lebanon branch (PRCS/L):

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

Since its presence in Lebanon and due to the specific and unique situation of the Palestinian refugees in Lebanon, PRCS/L mandated itself to provide health and social services to Palestinian refugees living in refugee camps in Lebanon. All PRCS/Lebanon facilities are in or around these camps, serving UN-registered and unregistered refugees as well as needy Lebanese citizens through eight Primary Health Care Centres. Moreover, PRCS provides health services through five hospitals operating across Lebanon. The economic situation in Lebanon has affected the population served by PRCS/L requiring additional services and expenses, as explained in the section below.

Overview of Red Cross Red Crescent Movement in-country

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

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

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

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

Overview of non-RCRC actors in the country

The main actors in this operation were the Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Ministry of Social Affairs (MoSA). The non-governmental organizations (NGOs) that operate in Lebanon, some of which work closely with LRC and PRCS/L on specific projects.

Needs analysis and scenario planning

Needs analysis

The widespread protests and occasional high-level violence initiated LRC high-alert; thus, the National Society stretched its services to the limit and immediately intervened through its EMS and Medico-Social Sector (MSS) teams along with BTS branches to provide first aid and pre-hospital care, as well as primary health services through the LRC health centers and distribute more blood units to hospitals scaling up the response. Expansion of the operational capacities of the National Society is now necessary to maintain continuity of its services as the leading humanitarian service provider, auxiliary to the public authorities.

At all levels, the identified priorities are to support the LRC through maintaining the response to the regular ambulance and COVID-19 missions, replacing damaged ambulances and equipment, repairing destroyed EMS stations and BTS centers, and providing peer support to affected volunteers. In addition, aid comes in the form of providing medication, medical consumables, personal protective equipment (PPE), as well as additional HR.

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

At the time of writing the report, people living in the country are facing difficulties in meeting their basic needs due to rising unemployment and increase in the cost of goods coupled with the COVID-19 restrictions that were introduced in March; thus, many Lebanese and non-Lebanese communities are living under vulnerable conditions. Based on multiple Focused Group Discussions (FGDs) findings, the top 3 priority expenditures/needs in winter listed by Lebanese families are food, health/ medical, fuel. International support was provided to multiple agencies on the ground – such as the Lebanese Red Cross, in order to alleviate the situation of severely vulnerable communities, through the distribution of Food and Non-Food items, as well as Cash, WASH, winterization, health, and shelter services.

PRCS/L needs to support:

Two-thirds of the Palestinian refugees in Lebanon suffer from poverty, while 7.9 percent of them suffer from extreme poverty, meaning that their daily income is less than two and a half dollars per day. According to UNRWA, two-thirds of the Palestinians in Lebanon are poor, meaning that the labor market was almost closed to them before the outbreak of the Lebanese popular movement. Therefore, the unemployment rate among the Palestinian labor force during the past

years reached about 65 percent, which increases the burdens and exacerbates the problems on families and the absence of sources of livelihood and decent living.

The crisis before the outbreak of the popular movement on 17 October has also reflected on the conditions of the Palestinian refugees more than others, due to the fragility of their conditions in the first place, and the loss of hundreds of Palestinian workers and employees in their jobs and jobs due to the closure of institutions, workshops, and factories, as they are daily workers and craftsmen, and these have joined to the ranks of the unemployed, or they have lost more than half of their salaries under the weight of the crisis, which leads to the inability of more families even to provide their daily bread, in addition to the inability of the heads of families to meet the requirements to pay fees and installments for their children in schools and private universities, and the impossibility of contributing to fold chronic and incurable costs of diseases, treatments, and other urgent health requirements. Many Palestinian tenants also lost the ability to pay their home rents, putting them at risk of displacement.

As a direct effect, the flow of patients increased after the starting of the situation. Below are figures showing the flow of patients to the five hospitals during the first and the second half of October 2019:

Hospital	Type	From 1 - 16/10/2019	From 17 - 31/10/2019	% of increase per Dept.	Overall % of increase per hospital
Hamshary	Admission	354	405	14%	30%
	ER	523	691	32%	
	OPD	499	695	39%	
Nasra	Admission	24	43	79%	38%
	ER	374	485	30%	
	OPD	419	601	43%	
Balsam	Admission	50	61	22%	17%
	ER	363	400	10%	
	OPD	28	57	104%	
Haifa	Admission	52	85	63%	45%
	ER	342	580	70%	
	OPD	467	587	26%	
Safad	Admission	90	112	24%	46%
	ER	430	732	70%	
	OPD	295	346	17%	

The flow of patients is continuing to increase following the trend in the second half of October 2019. Many items in the stocks of medicines and medical supplies are scarce, even prices have gotten higher (at least a 30% increase). In light of the current situation, Palestinian refugees, as well as other vulnerable people served by PRCS/L such as Syrians, poor Lebanese, and other nationalities are not able to cover the costs of their treatments. PRCS/L has no financial capacity to cover the treatment of those patients and at the same time not being able to not accept incoming patients.

Targeting

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

LRC targeted 2,900 households (HHs) from the most vulnerable areas in Lebanon which are Bekaa Valley (Hermel, and West Bekaa), and the North (Tripoli, T5², and Akkar). In coordination with key official personnel in the area and community representatives such as the presidents of the municipalities, regional surrogate, community leaders, and local representatives from the Ministry of Social Affairs (MoSA), a list of Names of the most vulnerable Lebanese families in the concerned areas will be collected. These families were contacted and visited to collect data on their socio-economic status, which will be later reviewed and analyzed.

Based on the analysis, those who were eligible for assistance were targeted in the project.

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

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

Each family received one Food parcel (equivalent to 27USD), and 100USD for fuel via a booklet of paper vouchers which has ten papers of 10USD each. Distributions took place in February and March 2020.

The plan was to review the collected assessment data at the end of the project to look for further opportunities to support specific families to strengthen their income-generating activities, provide technical support, or link them to the market where possible to increase their opportunities for employment or sales. However, this could not be completed due to the focus on COVID-19 response in addition to the fact that the livelihoods component was put on hold.

At the end of the project, the field data collection team conducted monitoring survey(s) to measure the impact of the project, and the report was shared with all PNSs who funded the project.

As for PRCS/L activities, this DREF targeted around 500 patients in five hospitals run by PRCS in Lebanon:

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

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

Scenario planning

Lebanon's current situation remains highly unpredictable and can get violent again in the coming days. The worst-case scenario would be events of extreme violence extending for a prolonged period. Such a situation would lead to days, weeks, or even months of intense insecurity and dire humanitarian needs. This DREF operation covers the duration of an initial two months extending with an additional two months. Given the recent developments in the context and the explosion in Beirut Port, another appeal was produced addressing the short-term and long-term implications of the explosion coupled with the economic crisis.

Risk Analysis

The LRC is highly recognized and well-accepted all over the country. Hence, in response to the violent incidents and disasters, the LRC applied operational safety and security measures during its operations to ensure maintaining access to the affected population, as far as possible, without undue risk to its personnel.

B. OPERATIONAL STRATEGY

Proposed strategy

Lebanese Red Cross:

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

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

The DMU focused on providing support for vulnerable Lebanese families to meet two of their basic needs (Food and heating fuel) during the winter period from December 2019 till February 2020. As mentioned above, currently Lebanon is facing liquidity and inflation challenges –with a risk of banks seizing operation- therefore, the LRC has decided to shift from cash modality to In-kind for this project, taking into consideration LRC's experience in utilizing the fuel vouchers and food parcels for its ongoing relief and winterization projects. Below is a summary of the approach:

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


The below table shows the list of food parcels distributed


Item N°	Material/ service description	Unit	Estimated Quantity
1	Rice (polished)	1 Kg / Pack	5
2	Pasta (Spaghetti)	500g / pack	3
3	Rice Vermicelli	500g / pack	1
4	Canned Tuna in oil	185g	4
5	Fine White Sugar	1 Kg / pack	3
6	Canned Beans (Ready to Eat)	400g	3
7	Lentils (red) Peeled	1 Kg / pack	3
8	Sunflower oil	1L/ bottle	3
9	Concentrated Tomato Paste (24% concentration)	400g	4
10	Black Tea (Pekoe/ Ceylon)	160g / pack	1
11	Vegetable Ghee	500g	1
12	Sesame paste (tahini)	908g / pack	1
13	Dry iodized Salt	450g / pack	1
14	Brown Lentils - unpeeled	1Kg	1
15	Dried Chickpeas	1kg	1
16	Canned chickpeas (ready to eat)	400g	2
17	Bulgur (not grinded)	1Kg	1
18	Bulgur (grinded)	1Kg	1

Palestine Red Crescent Society (Lebanon Branch):

The extended DREF operation aimed to support PRCS/L in their hospitals through partial coverage of patients' bills deficit. The selection criteria and the sealing of the financial support has been set out in the ToR ([PRCS patient financial coverage_ToR.docx](#))

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 14,500 Male: NA Female: NA</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions			
Indicators:		Target	Actual
# of targeted people with safe and adequate shelter and settlement		7,250	14,500
Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households			
Indicators:		Target	Actual
# of affected households provided with short, medium, and long-term shelter and settlement assistance		1,450	2,900
Narrative Description of achievements			
<ul style="list-style-type: none"> - The LRC has revised their EPoA to include the distribution of fuel vouchers to 2,000 most vulnerable families for heating. - The LRC was able to reach 2,900 HHs from the most vulnerable areas in Lebanon which are Bekaa Valley (Hermeil, and West Bekaa), and the North (Tripoli, T5³, and Akkar). Due to the volatile situation at the time of distribution considering security measures, the distribution first took place in distribution site and afterward were shifted to door to door or divided over small group (20 HHs) distributions. This required an added number of volunteers for intervention and transport ranging between 20 to 35 volunteers per day. The volunteer's incentives were covered for the two months under this DREF. - 2,900 HHs were reached with Fuel vouchers (2,000 in February 2020 and 900 in March 2020). 			
Challenges			
One of the challenges is during the distribution of fuel and food parcels, due to the volatile context and continuous demonstrations the modality shifted from site distribution to house-to-house distribution which added time and costs			
Lessons Learned			
Not applicable			

	<p>Livelihoods and basic needs</p> <p>People reached: 14,500 Male: NA Female: NA</p>		
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods			
Indicators:		Target	Actual
# of targeted households that have enough <food, cash, incomes> to meet their survival threshold		1,450	2,900
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities			
Indicators:		Target	Actual
# of people reached with food assistance or cash for basic needs		7,250	14,500
Narrative Description of achievements			

³ Batroun, Bcharre, Koura, Minnieh-Dennieh and Zgharta

The DREF supported 2,900 HHs with food parcels in addition to the Fuel vouchers mentioned above (2,000 in February 2020 and 900 in March 2020).

Challenges

Challenges highlighted in the shelter section above (as the same distribution process is applicable).

Lessons Learned

Not applicable



Health

People reached: 60,260

Male: 31,747

Female: 28,513

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

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	7,900	60,260 (total) 5,329 (civil unrest specific)

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

Indicators:	Target	Actual
# of people reached by First Aid services	7,900	5,329

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

Indicators:	Target	Actual
# of people reached by NS health services	500	414

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

Indicators:	Target	Actual
# patients treated in PRCS/L health facilities	500	414

Narrative Description of achievements

Lebanese Red Cross (outcome 1)

- Since 17 October, there were an additional number of **Emergency Medical Services (EMS)** teams deployed to respond to the crisis. There was an increasing number of calls (40% increase in the number of calls on days when there were roadblocks) and missions (3,179 additional missions from 17 October to 31 December 2019) because ambulances were being used by patients who generally go in taxis or regular cars. Ambulances had significant difficulties with the traffic which was much heavier than usual due to the roadblocks.
- The DREF funds helped EMS maintain services during this period by funding medical consumables and fleet running costs (fuel, maintenance, and tires). The funding was also used to increase the presence of volunteers in stations by providing food and diesel for heating in the stations. In addition to that, flags with the LRC logo were purchased for all stations and ambulances, to endure the visibility, and therefore, the safety of volunteers and access during missions was ensured.
- EMS teams managed to serve 60,260 patients during the reporting period that includes its daily operations in addition to the protests. For the protests specifically, 3,940 patients were treated on-site, and 1,389 patients were transported to hospitals. The rest of the patients are divided into emergencies and transports from hospitals.
- Also, the LRC collected during the reporting period a total of 11,571 blood units and distributed 16,093 (through **Blood Transfer Services (BTS)**). When it comes to blood drives, the number of drives organized were 49 and 1,672 blood unit were collected. It is important to note that the number of blood drives decreased during the protest period compared to the normal situation. Blood stocks and medical consumables were purchased (including bags and other reagents) to make sure that all requests received are fulfilled within the blood availability in the BTS Centres.

Palestinian Red Crescent-Lebanon Branch (outcome 2)

- The revision of the DREF included support provided to PRCS/L through their five hospitals to cover partially patients' costs for two months.
- Palestinian refugees are falling under the responsibility of the United Nations Relief and Work Agency for Palestinian refugees in the near east (UNRWA). They are supporting in covering primary healthcare services in their clinics in Lebanon and providing Maternity Health Care. UNRWA contracts hospitals to refer patients to and pays against services. PRCS/L hospitals are the contracted hospitals with UNRWA to receive patients. Unfortunately, the reimbursement from UNRWA to PRCS/L is below the actual cost price which increases the burden on the PRCS/L shoulders.
- That is why this project's support has been with added value on two sides. First, to support patients in need to be able to access needed treatment, and support PRCS/L to be able to provide its medical services with the humanitarian spirit. This project covered the deficit left between UNRWA referral cost and the actual cost of PRCS/L.
- PRCS/L and due to the increasing vulnerability for Palestinians and other groups of vulnerable continues to provide vital health services when possible, for all the people in need inside the Palestinian camps or approaching PRCS/L from outside the camps.

Challenges

For EMS, the challenges are:

- Increased call volume during the start of the protests increased the load on the dispatch centres.
- Additional dayshifts teams needed to cover the increased demand for the ambulance services.
- Increased demand on non-urgent transports as dialysis patients due to blocked roads.
- Blocked roads increased the mission time of daily routine operations.

For BTS, the challenges were the following:

- When the protests started, the LRC BTS faced major challenge in organizing mobile blood drives during the protests and roadblocks that took place during October and November 2019. Whereas, the LRC BTS had to cancel blood drives that were already booked because of roadblocks that obliged institutions to close. BTS did their best to postpone rather than cancelling but the situation sometimes did not help. It was hard to plan and organize mobile blood drives in the same day.
Moreover, planning blood drives in LRC BTS Centres is another challenge that also needs road access for blood donors to reach LRC BTS Centres. Yet, the conversion rate was low 8/60 in BTS Spears after calling blood donors from our database in Beirut region.
- Starting December 2019 extended to the first quarter of 2020, hospitals started going out of stock in medical consumables especially blood bags. By that, hospitals started redirecting blood donors (family replacement) to LRC BTS Centres to donate blood and then take them back to hospitals after preparation and testing. Some other hospitals were doing so to save their cost of blood collection.

The main challenge for the **PRCS/L** during the timeframe of the DREF operation was the fact that needs of beneficiaries are high and available resources are limited. Especially, in as aforementioned in this report, the vulnerability of Palestinian refugees in Lebanon in increasing every day and availability of resources are limited.

Lessons Learned

In general, one important lesson and privilege for the LRC is the ability to preserving the Movement principles especially Neutrality which has given LRC a unique respect from the population and our ambulances were able to access to all areas in Lebanon and all protests site and this has become a part of safer access course showing real life examples.

For EMS, GPS tracking for EMS fleet should be deployed to provide better management tools for the dispatch centre

For BTS and in reference to the above-mentioned challenges, the LRC BTS learned that in order to cope with such challenges it needs to implement and make available:

- Donor Management program with the basic available resources (HR, database, basic donors call center, online appointment webpage...etc.) to call up donors for blood donation in all LRC BTS Centers. Yet, the conversion rate was very low because the Donors are afraid of going out and donating blood.
- Activate LRC BTS Website for online appointment of blood donation at the first stage and then update the other website sections.
- Increase the LRC BTS contingency stock of blood bags, reagents, and other medical consumables to respond to the increase of blood donors coming to donate at BTS Centers and blood units request by patients in hospitals.

Strengthen National Society

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

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

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

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

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

Indicators:	Target	Actuals
DREF review and lessons learned reports produced and shared	Yes	No

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards

Indicators:	Target	Actuals
# mobilized NS vehicles and ambulances	150	150

Narrative Description of achievements

- All activities related to the visibility, safety, and well-being of the volunteers have been carried out including procurement of visibility items.
- As for the DREF revision and the lessons learned report, this could not be completed due to an additional emergency of the COVID-19 response which required a lot of effort and coordination affecting the schedule of other planned activities.

Challenges

No further challenges to add.

Lessons Learned

Not carried out, due to COVID-19 response which required a lot of effort and coordination affecting the schedule of other planned activities.

D. Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 02/Feb/2022
All figures are in Swiss Francs (CHF)

MDRLB008 - Lebanon - Civil Unrest

Operating Timeframe: 05 Nov 2019 to 05 Mar 2020

I. Summary

Opening Balance	0
Funds & Other Income	986,501
DREF Allocations	986,501
Expenditure	-943,605
Closing Balance	42,896

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF2 - Shelter	302,920		302,920
AOF3 - Livelihoods and basic needs	81,351		81,351
AOF4 - Health	467,303		467,303
Area of focus Total	851,574		851,574
SFI1 - Strengthen National Societies	44,290	943,605	- 899,316
SFI2 - Effective international disaster management	50,415		50,415
SFI3 - Influence others as leading strategic partners	17,828		17,828
SFI4 - Ensure a strong IFRC	22,394		22,394
Strategy for implementation Total	134,927	943,605	- 808,678
Grand Total	986,501	943,605	42,896

III. Expenditure by budget category & group

	Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies		584,200		584,200
	Food	76,386		76,386
	Medical & First Aid	217,497		217,497
	Other Supplies & Services	290,317		290,317
Land, vehicles & equipment		34,980		34,980
	Others Machinery & Equipment	34,980		34,980
Logistics, Transport & Storage		87,358		87,358
	Transport & Vehicles Costs	87,358		87,358
Personnel		181,411		181,411
	National Society Staff	4,825		4,825
	Volunteers	176,586		176,586
Workshops & Training		10,000		10,000
	Workshops & Training	10,000		10,000
General Expenditure		28,343		28,343
	Office Costs	3,000		3,000
	Communications	4,316		4,316
	Other General Expenses	21,027		21,027
Contributions & Transfers			886,014	-886,014
	Cash Transfers National Societies		886,014	-886,014
Indirect Costs		60,209	57,591	2,618
	Programme & Services Support Recover	60,209	57,591	2,618
	Grand Total	986,501	943,605	42,896

Reference documents



Click here for:

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

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

In the Lebanese Red Cross

- George Kettaneh, Secretary General; email: georgekettaneh@redcross.org.lb, georgeskettaneh@yahoo.com

In the Palestinian Red Crescent/ Lebanon Branch

- **Director General PRCS - Lebanon Branch**, Dr Samer Chehade, phone: +9613493466; email: samerch@palestinercs.org

In the IFRC

- **IFRC Regional Office for MENA:** Dr Hosam Faysal, Head of Climate and Crisis (Prevention, Response and Recovery) – MENA; phone: +961 71 802 916; email: hosam.faysal@ifrc.org
- **IFRC Country Office:** Cristhian Cortez, Head of Country Office, Lebanon; phone: +961 71 802 926; email: cristhian.cortez@ifrc.org

In IFRC Geneva

- **Eszter Matyeka;** DREF Senior Officer; phone: +41 754198604; e-mail: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for MENA:** Anca Zaharia, Regional Head of Partnerships and Resource Development; phone: +961 81311918; e-mail: anca.zaharia@ifrc.org

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, Beirut:** Nadine Haddad, Regional PMER manager, phone: +961 71 802 775; email: 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**.