



OPERATION UPDATE

Lebanon, MENA | Beirut Port Explosions¹
August 2020 – July 2021

Appeal No: MDRLB009

To be assisted: 105,600 people

Appeal launched: 09/08/2020

Glide No: [OT-2020-000177-LBN](#)

DREF allocated: 750,000 CHF

Date published: 22/12/2021



© Lebanese Red Cross

Editorial use only. Additional permissions are required for commercial use.

Lebanese Red Cross providing unconditional cash assistance to households affected by Beirut Port Explosions. Photo courtesy of Lebanese Red Cross.

IFRC Funding requirement: **20 million CHF**

To assist: **105,600 people**

¹ Following this reporting period, a new, expanded Emergency Appeal was issued for Lebanon Complex Humanitarian Crisis, integrating this Emergency Appeal. Future operations updates will be issued under the umbrella of Lebanon Complex Humanitarian Crisis. See <https://www.ifrc.org/emergency/lebanon-complex-emergency>

SITUATION UPDATE

Humanitarian conditions

The humanitarian impact of the August 2020 explosion at the Port of Beirut has been immense, and the wider context of the complex crisis in which it takes place has made the road to recovery and resilience a challenging one.

The double explosion, caused by the detonation of hundreds of tons of highly explosive fertilizer stored at the port, took over 200 lives, left over 6,000 people with physical injuries and unidentified number of others with psychological distress, and displaced over 300,000 people whose homes were damaged or destroyed. According to the World Bank, the blast caused \$3.8-4.6 billion in material damages. Half of the capital's healthcare centers were left inoperable. Almost 56% of private businesses were also impacted.² This has a direct impact on the livelihoods of those employed by affected businesses in Beirut, a group that includes many people residing outside of Beirut and commuting to work as well as those living and working in the capital. 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 aftermath of this disaster has unfolded in conditions of compounded crisis that Lebanon has experienced, before and after the blast. These include an unprecedented economic crisis, civil unrest, COVID-19 pandemic, and long-term implications of hosting one of the largest refugee populations per capita in the world.

Lebanon's economic crisis, which began in October 2019, now ranks among the top three most severe crises the world has experienced since the 1850s, according to the World Bank.³ As of 2021, over 80% of people in Lebanon are living in multidimensional poverty, which reflects deprivation across areas such as healthcare, electricity, water, sanitation, transportation, connectivity, and means of income. This represents a doubling of the multidimensional poverty rate from 42% in 2019.⁴

These conditions have also led to a crisis in the quality and accessibility of healthcare. Medicines previously subsidized are unavailable and services became less available, as hospitals and healthcare centers have had to reduce operational hours or operational capacity due to reduced fuel and supplies. Meanwhile, the World Health Organization estimated in September that 40% of medical doctors and 15-17% of nurses have left the country.⁵

COVID-19 continued to affect health and economic recovery as the country experienced a wave of cases in late 2020 and early 2021. Vaccine rollout began in February 2021 but with fewer than one in five vaccinated as of the end of the reporting period, Lebanon remains vulnerable to continued transmission including of variants.

Lebanon was also impacted by civil unrest and uncertainty in the governance environment. Following the resignation of the government in August 2020, the government was in a caretaker capacity for the entire reporting period, followed by forming a new government in September 2021.

The current conditions pose risks for those already vulnerable including migrant and refugee populations, who make up a quarter of people in Lebanon. Most Syrian and Palestinian refugees were living in poverty prior to 2019 and have experienced increasingly dire circumstances.

² <https://www.worldbank.org/en/country/lebanon/publication/beirut-rapid-damage-and-needs-assessment-rdna---august-2020>

³ <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2021-lebanon-sinking-to-the-top-3>

⁴ See <https://www.unescwa.org/sites/default/files/news/docs/21-00634- multidimensional poverty in lebanon -policy brief - en.pdf>

⁵ <http://www.emro.who.int/lbn/lebanon-news/remarks-by-whos-representative-in-lebanon-at-whos-press-briefing-on-lebanon-and-afghanistan.html>

Summary of Response

1. Progress of National Society response

After the massive explosion, the Lebanese Red Cross (LRC) immediately mobilized to provide lifesaving assistance and relief. Within one day of the disaster, LRC launched an emergency appeal and a 3-month plan. Following that, LRC prepared a one-year plan incorporating the blast recovery phase, COVID-19 pandemic, and the socio-economic crisis. This one-year plan encompassed the full range of LRC's response and sought to support the continuity of its existing services in emergency health, blood services, primary health, disaster management, and disaster risk reduction.

In the aftermath of the Beirut port explosion, needs were identified and prioritized through the Damage and Needs Assessment (DANA) and Multi-Sectoral Needs Assessment (MSNA). LRC took a leading role in the MSNA in coordination with UNHCR and OCHA, and with the participation of other shelter sector partners. Prioritized needs related to the explosions included basic needs (food and basic assistance), cash, shelter repair assistance, and related WASH services, as well as medical care (including psychosocial support) and access to medication. More info on the MSNA and response of LRC during the immediate relief phase can be found in previous operational updates.⁶

In line with its mandate, LRC has also continued to provide vital emergency and primary health services across the country. This included serving as the primary first responder in Lebanon, mandated to transport suspected and confirmed COVID-19 patients, the largest provider of blood transfusion services in Lebanon, and primary healthcare services.

In parallel with the increased demand on LRC health and disaster response services, LRC has suffered from the loss of all local funding, including support from the Ministry of Public Health for ambulance, blood, and primary health services interrupted since 2019, and local fundraising revenue which has been impacted by the economic crisis.

During the reporting period, LRC was in the process of revising its long-term response plan for 2022-2024 to follow its initial One-Year Plan. LRC's revised plan addresses the impacts of not only the Beirut port explosions but also the COVID-19 pandemic and protracted economic crisis, considering their significant impact on humanitarian needs and Lebanon's pathway to recovery and resilience with regards to the specific impacts of the port explosion.

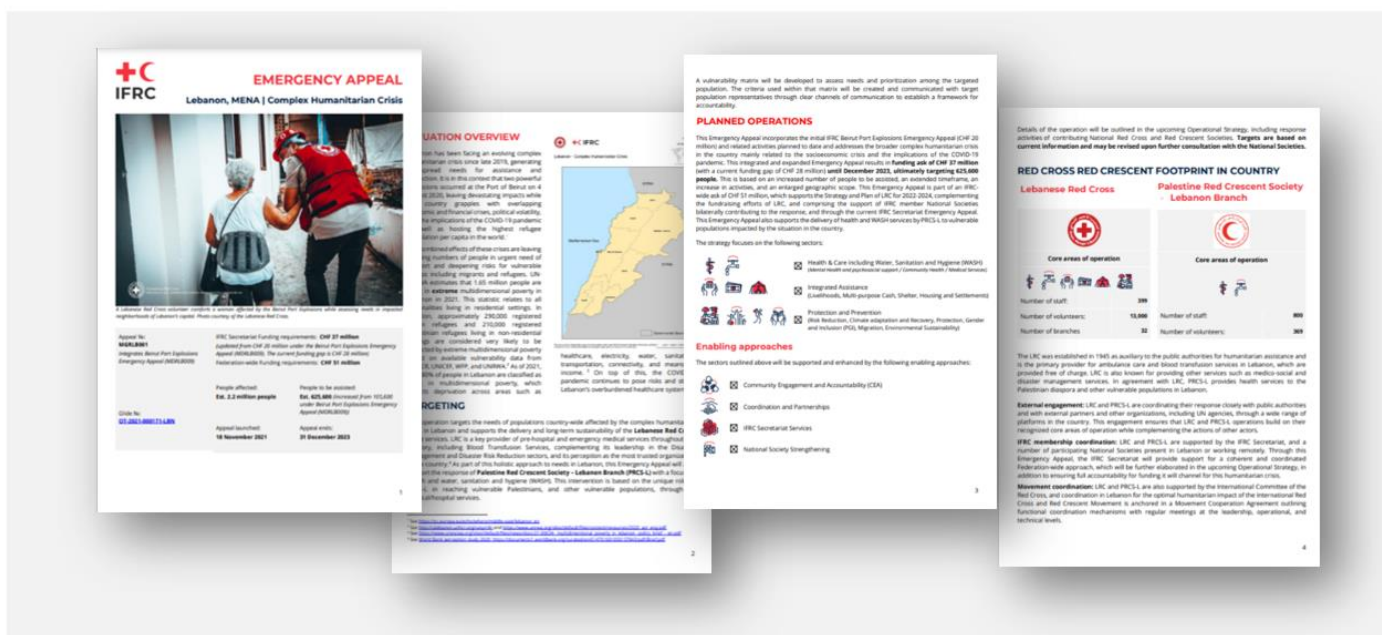
2. Summary of IFRC response

On 5 August 2020, the IFRC immediately released 750,000 CHF allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support LRC's response to Beirut port explosions. On 9 August, an Emergency Appeal (EA) was launched for 20 million CHF with a duration of 24 months.⁷ This appeal supported the LRC appeal first issued on 5 August. The IFRC appeal provides an alternative funding channel for partners and donors wishing to use the multilateral mechanism to support LRC response efforts. IFRC also mobilized technical support to cash and voucher assistance, livelihoods, and shelter in addition to the country and regional delegations' support.

⁶ See <https://adore.ifrc.org/Download.aspx?FileId=403046>

⁷ <https://adore.ifrc.org/Download.aspx?FileId=337496>

Following the release of the revised LRC plan, the IFRC will mobilize support to the National Society's objectives through a new appeal for the Complex Humanitarian Crisis, integrating the appeal for the Beirut Port Explosions.⁸



It can be noted that IFRC planning, and implementation is shifting to a more sustaining role with more focus on National Society Development (NSD) and supporting LRC's implementing structure. The new, expanded Emergency Appeal also supports the delivery of health and WASH services by Palestine Red Crescent Society – Lebanon Branch (PRCS-L) to vulnerable populations impacted by the situation in the country. This appeal will be issued through a Federation-wide approach.

3. Movement Coordination

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

LRC is supported by IFRC, ICRC, and numerous Participating National Societies (PNSes) – an up-to-date picture of self-reported engagement by PNSes can be viewed on the IFRC 3W dashboard for MENA.⁹ In agreement with LRC, PRCS-L is also providing health services to the Palestinian diaspora and other vulnerable populations in Lebanon.

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

⁸ Link to new, expanded Emergency Appeal, which launched following this reporting period in November 2021: <https://www.ifrc.org/emergency/lebanon-complex-emergency>

⁹ Via PowerBi at <https://app.powerbi.com/view?r=eyJrIjoiaM2I4ZmI5ZWVtYzgzYi00NGZkLTg1MjktNGQ4MTE1YXExN2YlwiidClGlmEYyUjZmYU1LTczNGUtNGUyYy1hYjBkLWQxODRmNjBmZDdkNyIsImMiOiIh9&pageName=ReportSectionf22185a9d09dbdc652f>

4. Progress of national response

Most aid to local institutions has been channelled through numerous local NGOs and civil society organizations active after the blast amid ongoing discussions on aid flows. Another key nexus has been the Lebanon Reform, Recovery and Reconstruction Framework (3RF) in coordination with the World Bank, EU, UN, and representatives of Lebanese government institutions.¹⁰ Plans are in place to upscale the Government of Lebanon's National Poverty Targeting Program by providing cash transfers and access to social services to the most vulnerable through the Lebanon Emergency Crisis and COVID-19 Response Social Safety Net Project. However, this initiative faced delays throughout the reporting period.

Mandated by the government to act as auxiliary to public authorities in the humanitarian field and being the major provider of emergency medical services in the country, LRC works closely with the authorities to ensure plans and reports on implementation are shared and coordinated. LRC also works closely with municipalities and relevant authorities regarding its Medico-Social Services (MSS) and Disaster Risk Reduction (DRR) services. Financial challenges and the impasse over the formation of a new government stretched the government's ability to provide usual support to LRC for continuity of its emergency and primary healthcare services.

5. Progress of international response

The humanitarian sector activated existing sector-specific working groups (clusters) and inter-agency coordination for coordinated assessments (including MSNA and DANA mentioned above), effective management, and standardization of approaches.

LRC and IFRC have actively engaged in inter-agency coordination mechanisms such as OCHA coordination and cluster working groups for Basic Assistance, WASH, Shelter, Logistics, Cash, etc. During the reporting period, LRC participated in the Inter-Agency Shelter Working Group (SWG) co-led by UNHCR and UN-Habitat, where a sectoral emergency and recovery strategy was drafted, and Temporary Technical Committees set up to develop technical guidance for prioritized early recovery shelter interventions.

Long-term interagency coordination in Lebanon is anchored by the Humanitarian Country Team led by UN OCHA.

6. Continuing gaps in the response

IFRC planning takes into consideration the critical nature of services delivered by LRC in several sectors and the need for an integrated approach to support their response to the multifaceted crises facing the country

It has become clear through ongoing program and context monitoring that increased vulnerability for many households is leading to an increase in unmet humanitarian needs. Between 2019 and 2021, the food component of the **survival minimum expenditure basket (SMEB) has soared by 628%** leaving food out of reach for growing numbers.¹¹ World Food Programme (WFP) surveys found that 22% of Lebanese, 50% of Syrian refugees, and 33% of refugees of other nationalities are food insecure.¹² Growing gaps in healthcare are a particular concern. The World Health Organization (WHO) estimated in September 2021 that 70% of people require government support to cover healthcare costs compared to 48% prior to the current crisis, at the same time healthcare systems are straining to sustain services. Ensuring the continuity of LRC's emergency and primary healthcare services will be critical, and there is a need to ensure accessibility to vulnerable Lebanese and refugee populations, including Palestinian and Syrian refugees.

¹⁰<https://www.worldbank.org/en/news/press-release/2020/12/04/eu-un-and-wbg-launch-an-18-month-reform-recovery-and-reconstruction-framework-in-response-to-beirut-port-explosion>

¹¹<https://reliefweb.int/sites/reliefweb.int/files/resources/Q3%20dashboard%20-%20Food%20Security.pdf>;
https://fscluster.org/sites/default/files/documents/lcrp_fsswg_meeting_wfp_ram_presentation_8_june_2021.pdf;
<https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000120754.pdf>

¹²https://docs.wfp.org/api/documents/WFP-0000132702/download/?_ga=2.106348355.1710823951.1638101278-1620528578.1634212140

Future reporting will capture the transition to the new, expanded Lebanon Complex Emergency Crisis Appeal¹³ which integrates the Beirut Port Explosion appeal and addresses gaps in the current response.

Operational Constraints

Barriers to implementing effective emergency operations included fluctuations in currency and supply chain disruptions, as well as disruptions to public services such as power supply. The lifting of subsidies for medicines and fuel resulted in shortages for both, as consumers rushed to buy goods at subsidized prices, while importers struggle to secure new stocks. These have impacted the operating environment for the Lebanese Red Cross including difficulties in sourcing and contracting local and international suppliers, as well as increasing demands from local suppliers for immediate cash payments in full.

IFRC exercised caution in managing the expenditure of the Emergency Appeal at a rate that is commensurate with Lebanese Red Cross's absorption capacity – bearing in mind the significant contributions from the international community to LRC for the Beirut Port Explosions both within and beyond the multilateral appeal. IFRC also had the responsibility of ensuring that appeal funds were spent in a way that supports the leadership direction of the Lebanese Red Cross in the Beirut Port Explosion response and recovery, whilst balancing this with donor interests and compliance.

At the same time, overall appeal remained underfunded at 46.87%. This led to gaps in multilateral funding to shelter repairs, hygiene promotion activities, and resourcing of cross-cutting themes including protection, gender and inclusion (PGI), and community engagement and accountability (CEA). IFRC aimed to focus on areas where there were critical gaps in support, and LRC advanced several of these areas with financial support from other partners. Cross-cutting themes are prioritized in the revised Emergency Appeal.

COVID-19, civil unrest, and the economic crisis led to practical constraints to work including a shift to remote work during a period when electricity and fuel crises limited access to Internet or steady power in team members' homes. IFRC took steps to mitigate through revising business continuity planning for the operation, including provision of remote work equipment.

Furthermore, there were delays in hiring planned long-term IFRC positions in Finance and Admin, PMER, and NSD which impacted the operation. Finance and Admin, PMER positions were filled and NSD is under recruitment.

IMPLEMENTATION OF THE OPERATIONAL STRATEGY


The overall operational objective:

The immediate needs of the affected population of the Beirut explosion are addressed and the National Society is supported in recovery planning and long-term sustainability of its services.

Reporting highlights achievements of LRC with support from all partners, noting the contributions made through the IFRC appeal. Through the new EA indicators will be revised to align to updated National Society strategy and Federation-wide approach.

¹³ Link to new Emergency Appeal, which launched following this reporting period in November 2021:
<https://www.ifrc.org/emergency/lebanon-complex-emergency>

Progress of operations

 Shelter	People Reached: 841 HHs (approx. 4,205 people)	Female: N/A – data collected at HH level	Male: N/A – data collected at HH level
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	4,205 ¹⁴
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	841
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	841

Progress towards outcomes:

Shelter Repairs

The objective of the LRC shelter repair intervention was 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.

A target of 1,000 HHs was set based on the IFRC fundraising target. In the end, LRC secured funding support from multiple partners to provide shelter assistance while an IFRC shelter delegate was deployed to provide technical support to the Lebanese Red Cross between August 2020 and May 2021 with subsequent support from the IFRC secretariat shelter team.

In total, LRC reached 841 unique households with safe, adequate, and durable recovery shelter and settlement assistance over three phases with financial and technical support from multiple partners. Of the households reached by LRC, 204 households received contractor-based shelter repairs with support from Kuwaiti Red Crescent, 275 received restricted cash-based shelter repairs with support from Swedish Red Cross, and an additional 362 households received shelter repair assistance with support from Qatari Red Crescent. An IFRC shelter delegate (via German Red Cross) was deployed to provide technical support to the Lebanese Red Cross between August 2020 and May 2021.

Monitoring and evaluation of shelter repairs: Quality assurance for the above services was ensured through a Post-Distribution Monitoring (PDM) survey in August 2021 that reached individuals from households benefiting from contractor-based repairs as well as cash-based repairs. 85% of assisted beneficiaries (for the restricted cash for the shelter and contractor-based support) reported feeling safer - meaning the house was restored to its


¹⁴ Calculated using household multiplier of 5 for group including non-Lebanese and Lebanese households as activity targeted multiple nationalities.

original (pre-disaster) condition. The remaining 15% reported needing further repairs to their homes to restore to their pre-disaster condition. (As per the strategy agreed in coordination with other shelter actors, LRC targeted homes with light and moderate damage, or Levels 1 and 2 per categorization of Inter-Agency Shelter Working Group). 90.5% of beneficiaries supported through contractor-based modality reported feeling more comfortable in their houses. Regarding privacy, 100% reported better privacy because of the intervention. In contractor-based modality, 94.6% were satisfied with the quality of the service.

As for the cash-based modality, 86% reported being satisfied with the cash modality. Those who reported being partially satisfied or unsatisfied said they required more money because of economic price hikes, and competing priorities such as basic needs.

Shelter Training

Technical support from IFRC shelter delegate and IFRC Secretariat shelter team included the development of training material for LRC's shelter track, and development of material for training of facilitators of PASSA for Lebanese Red Cross, Habitat for Humanity, and six other partner organizations working to promote urban resilience in Lebanon, which took place following this reporting period in September 2021.

	Livelihoods and basic needs	People Reached: 11,956 HHs (Approx. 59,780 people)	Female: N/A – data collected at HH level	Male: N/A – data collected at HH level
Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods.				
Indicators:		Target	Actual	
<i>% of targeted population whose livelihoods are <restored to, improved from> pre-disaster level</i>		TBD	27.9% ¹⁵	
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	
<i># of people trained in vocational skills trainings to increase income sources</i>		N/A	N/A 608	
<i># of people supported with in-kind assets or cash or vouchers for recovering or starting / strengthening economic activities</i>		200	(50 MSME owners through IFRC Appeal and 102 through bilateral Qatari Red Crescent support) ¹⁶	
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities.				
Indicators:		Target	Actual	
<i># of people reached with food assistance for basic needs</i>		TBD	59,780 (11,956 HHs) ¹⁷	

¹⁵ Proxy indicator measured included percentage of businesses who reported in post-distribution monitoring that businesses were fully operational following assistance.

¹⁶ Calculated using standard LRC HH multiplier of 4 for Lebanese households as activity targeted Lebanese nationals.

¹⁷ Calculated using household multiplier of 5 for group including non-Lebanese and Lebanese households as activity targeted multiple nationalities.

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	11,160

Progress towards outcomes:

Unconditional cash assistance

Based on early MSNA results, LRC identified cash assistance as a priority modality to cover the basic needs and livelihoods of affected families. LRC response was therefore designed to cover multiple, cross-sectoral needs for socio-economically vulnerable families in Beirut, using multi-purpose cash assistance. LRC was the first organization to distribute cash assistance in U.S. dollars rather than Lebanese pounds.

The first disbursements occurred on 12 September 2020. The emergency cash assistance consisted of Phase 1, targeting 10,000 households with an initial grant of 300 USD, followed by Phase 2. LRC considered Phase 2 as the recovery phase, where 10,000 households were targeted to receive 300 USD per month, for six months targeting in Phase 2 relied on a verification exercise which led to the inclusion of new households.

In total, 11,160 households were reached with assistance over a total period of 7 months each. 55% of households receiving unconditional cash were female-headed, and 45% were male-headed. 90% of households consisted of Lebanese nationals, while 8% were Syrian nationals and 2% members of other nationalities.

The LRC has secured the financial resources for its cash response with contributions from different Movement partners and public funds. The IFRC contributed to LRC cash response with financial support for 1,100 HHs. IFRC also deployed two specialists in cash and voucher assistance, through the IFRC Secretariat and then the Danish Red Cross to provide technical support to LRC. The two delegates covered a cumulative timeframe between September 2020 and May 2021. In addition, additional support was allocated from the IFRC MENA Regional Delegation via the Turkish Red Crescent from May to August 2021.

Monitoring and evaluation of unconditional cash assistance

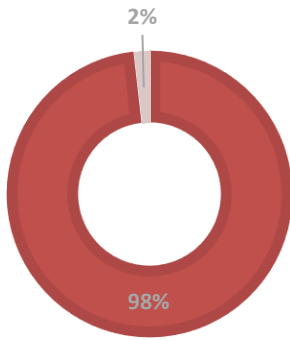
Quality assurance included Post-Distribution Monitoring (PDM) and a real-time review conducted between December 2020 and April 2021.

Results from the PDM are summarized below.

PDM Findings - Unconditional cash assistance in response to Beirut port explosions

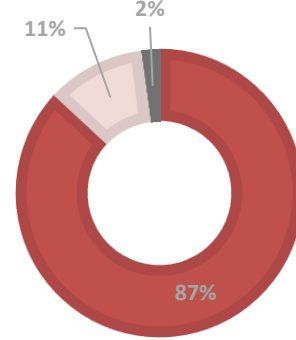
SATISFACTION WITH CASH MODALITY

■ Satisfied ■ Partially Satisfied



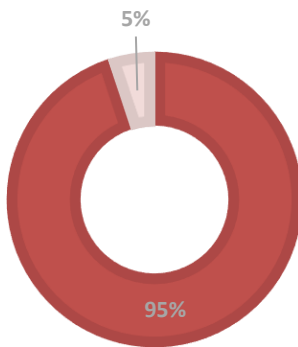
SUFFICIENCY OF CASH AMOUNT TO COVER PRIORITY NEEDS*

■ Sufficient ■ Partially Sufficient ■ Insufficient



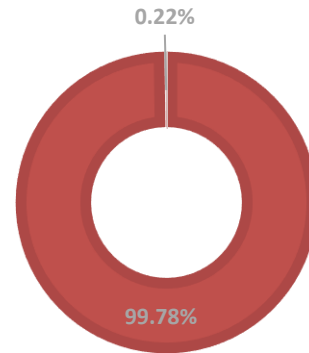
CHALLENGES FACED DURING ATM WITHDRAWAL**

■ No ■ Yes



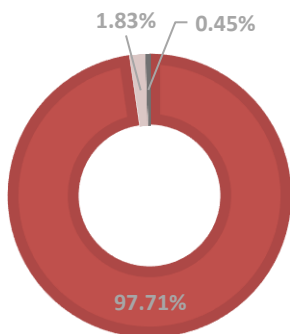
SAFETY ISSUES FACED DURING CASH WITHDRAWAL

■ No ■ Yes



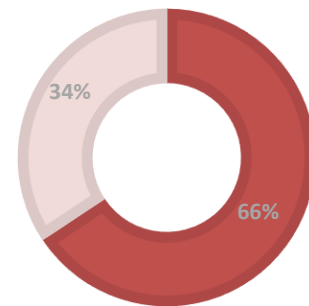
SUFFICIENCY OF INFORMATION PROVIDED***

■ Sufficient ■ Partially Sufficient ■ Insufficient



AWARENESS OF LRC HOTLINE

■ Yes, aware ■ No, not aware



As shown above, 86.36% stated the amount of cash provided was sufficient to cover their basic needs while 10.91% said it was partially sufficient and 2.05% stated the amount was insufficient. Among those who said the amount provided was “partially sufficient” or “insufficient,” reasons cited included increased costs of food and non-food items due to market inflation and currency devaluation, expensive home repairs needed after the blasts,

the presence of one or more members of the household with a chronic illness requiring continuous medical attention or medication, cancer patients having monthly treatments, the presence of one or more household members with a disability requiring medical care, expenses related to caring for an infant; households composed of elderly persons without other means of income.

The real-time review focused on the relevance and appropriateness, effectiveness, and efficiency of the program. The resulting report was published on the LRC public website at: <https://www.redcross.org.lb/wp-content/uploads/2021/09/LRC-BPE-CVA-response-External-Evaluation-report-Sep-2021.pdf>

Livelihoods support to Micro, Small, and Medium Enterprises (MSMEs)

According to the MSNA and DANA, 40% of respondents mentioned that they lost their income generation sources after the explosion and would prefer cash in U.S. dollars to restore and resume operations.

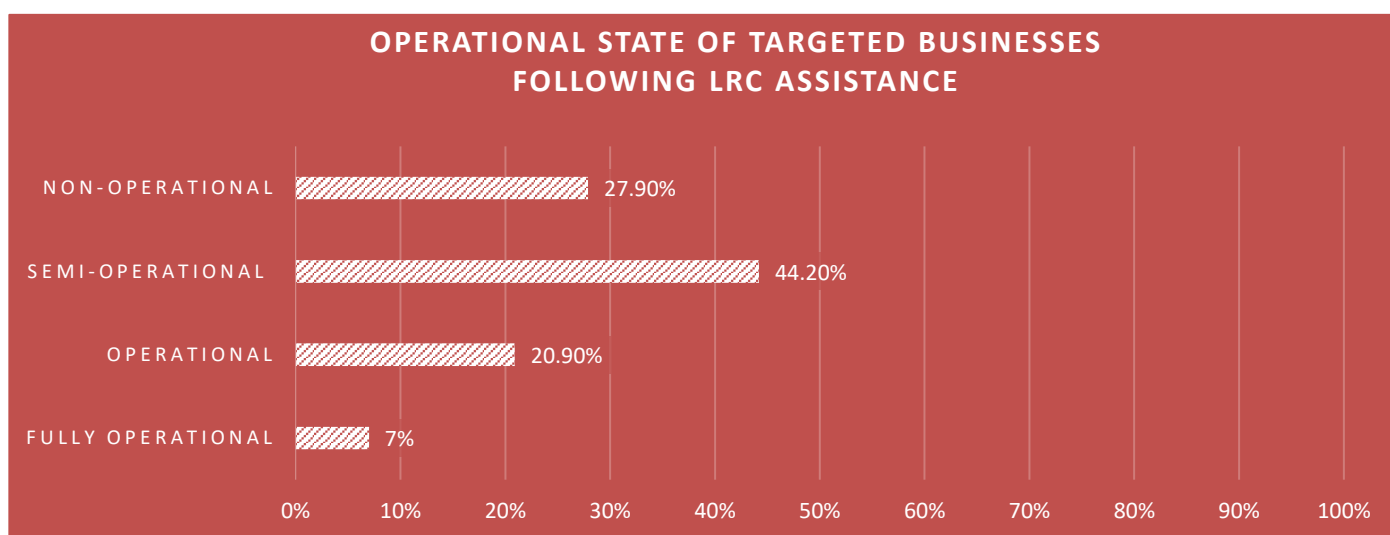
As such, LRC provided financial assistance to 50 Micro, Small, and Medium Enterprises (MSMEs) with funding support from the multilateral appeal to serve as an early recovery step for businesses to restore lost equipment, inventory, or other physical damage. This also ensured that the businesses were able to sustain their activities for up to six months through covering rent and employees’ salaries. Assistance amount was up to 8,000 USD and was decided on a case-by-case basis depending on factors such as physical rehabilitation, equipment, and inventory replacement, rent, employees’ salaries, and marketing needed for each operation.

IFRC deployed two delegates, via the global Livelihoods Resource Center hosted by Spanish Red Cross, to support LRC in the design of its livelihoods approach.¹⁸

In addition to the above, 102 businesses were reached with livelihoods assistance provided bilaterally through the support of the Qatari Red Crescent.

Monitoring and evaluation of livelihoods support

Quality assurance steps for the above services included a Post-Distribution Monitoring (PDM) survey in August 2021 that reached 43 MSME owners out of the 50 MSME owners assisted through the multilateral appeal. All businesses were in the Beirut area damaged zone.

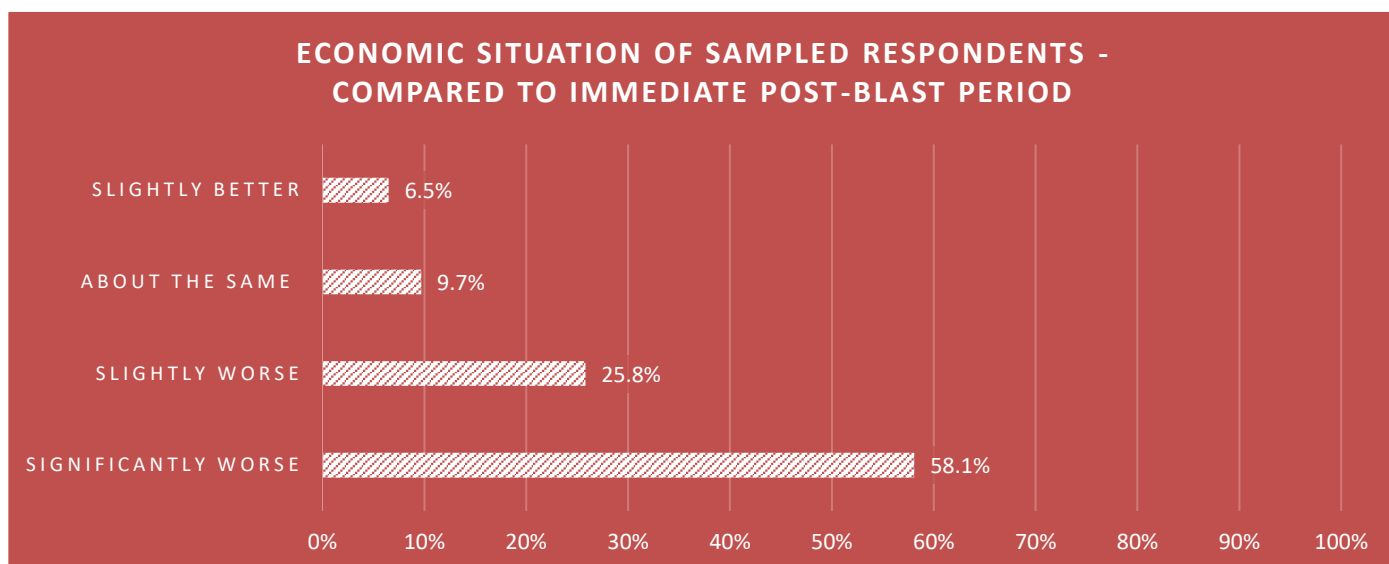


Among businesses who were semi-operational or non-operational, reasons cited included lack of sufficient capital, lack of inventory, damaged assets, and recurrent lockdowns. However, 53.5% of beneficiaries reported that they can cover their business needs independently from LRC support.

¹⁸ To learn more about the Livelihoods Resource Centre: <https://www.livelihoodscentre.org/about>

Satisfaction was high with the delivery mechanism, with 83.7% reporting that they had no issue receiving assistance through ATM withdrawals. Reasons for dissatisfaction with the delivery mechanism included lack of dollars available in the ATM, unfunctional facilities, etc.

On a holistic scale, 58.1% reported that their current economic situation is much worse than directly after the Beirut port explosions, and 25.8% reported it was slightly worse, citing reasons such as electricity shortages and deterioration of the wider economic crisis.



Health

People Reached: 104,650 Female: 63,273 Male : 41,377

Outcome 1: Vulnerable people's health is improved through increased access to quality health services.

Indicators:	Target	Actual
# of missions serving people through LRC emergency health management programs (<i>updated indicator</i>) ¹⁹	105,600	147,596

Output 1.1: Improved access to emergency medical services for the targeted population and communities.

Indicators:	Target	Actual
# of people receiving emergency medical services ²⁰	N/A	3,741
# of blood units collected	N/A	34,450

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 all HCs (health centers), MMUs, and MMTs) (<i>updated indicator</i>)	N/A	104,650 ²¹

Outcome 2: Vulnerable population in affected area have improved community-based disease and health promotion.

¹⁹ This indicator measures emergency medical services through regular EMS service delivery over the course of the reporting period. Unique beneficiary counts not currently available as patients may be served by ambulance service more than once.

²⁰ This indicator measures EMS services in the immediate aftermath of Beirut port explosions.

²¹ Note: Figure represents unique beneficiary count following data cleaning.

Indicators:	Target	Actual
# of LRC volunteers mobilized 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	N/A	N/A (Activity not supported through operation)

Outcome 3: The psychosocial impacts of the emergency are lessened.

Indicators:	Target	Actual
% of beneficiaries satisfied with the psychosocial support interventions	75%	N/A ²²

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	N/A	33,528

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%	N/A ²³

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

Progress towards outcomes:

Health services were among the fastest means of response to the Beirut port explosions, as described in previous reports. Moreover, continuity of regular emergency and primary healthcare programming represented one of the main goals for LRC in the reporting period in order to continue to fulfill its mandate.

The IFRC Emergency Appeal contributed to the continuity of LRC services nationwide through support to the running costs, personnel, supplies, and equipment needed to deliver emergency and primary healthcare services. LRC secured financial and technical support from various partners contributing to the overall results described in this report.

Emergency Medical Services

During the reporting period, LRC conducted 147,596 missions in response to emergencies. This included 26,898 missions related to suspected and/or confirmed COVID-19 cases between the time of the Beirut port explosions and the end of the reporting period. The load of COVID-19 cases on EMS increased significantly in late 2020 and early 2021; and as a result, the percentage of all EMS missions which were COVID-19 related rose from 15% in October 2020 to nearly 40% in January 2021, before falling to 7% in May 2021. Starting in March 2021, as vaccine rollout was launched in the country, EMS began offering transportation to vaccination centers for individuals with mobility issues to ensure accessibility to vaccination. By the end of July 3032, 3,191 individuals were transported.

²² Satisfaction surveys are being developed with the MSS sector to measure patient experience for services provided.

²³ This indicator will be revised in the new, expanded Emergency Appeal as LRC is now pursuing improvements to access and quality of MSS services through a dedicated scale-up program with specialized indicators developed.

EMS response also included 814 missions in response to incidents of protests, primarily in August 2020, January 2021, and July 2021.

Importantly, EMS increased the number of day shift teams from 80 to 100 to meet increased demand, with the support needed to continue maintaining the level of service delivery.

Through the multilateral appeal, EMS was supported with funding to day-shift teams, medicines, medical consumables, ambulance running costs, ambulance equipment, and fuel. EMS was also supported with personal protective equipment (PPE), which helped to minimize the number of EMS personnel exposed to COVID-19 in the course of executing their duties – a total of 4 during the reporting period, among an EMT force of nearly 4,500 individuals active in 2020.

Blood Transfusion Services

BTS collected 34,450 blood units during the reporting period, an increase of 15% over the same period from August 2019-July 2020. During the reporting period, BTS distributed 44,475 blood components to patients and hospitals, an increase of 10% from the equivalent period in 2019-2020. Blood collection decreased in late 2020 and early 2021 as blood drives were suspended during the COVID-19 related lockdowns in late 2020 and early 2021, however, this was partially offset by the increase in donors to LRC in the mid-2021 as hospitals redirected potential donors due to a lack of consumables and reagents in light of the deteriorating economic crisis.

Of those receiving blood components in the reporting period, 49.9% were male and 50.1% were female.

Through the appeal, BTS was provided with medical reagents for blood testing, blood bags for transportation, and medical consumables.

Medico-Social Services

MSS was supported to reach 104,650 people with primary healthcare services through its network of 36 healthcare centers, 8 Mobile Medical Units (MMUs), and several Mobile Medical Teams (MMTs). Through the multilateral appeal, MSS was supported with medicines and medical consumables, medical equipment, and HR costs for healthcare centers.

Services provided by MSS include:

- Preventative/curative medical consultations
- Sexual and reproductive health services
- Provision of acute and chronic medications
- Screening
- Diagnostics and lab services
- Orientation and referrals
- Provision of paramedical items
- Immunization
- Minor trauma treatment
- Psychosocial support activities
- Other specialties include dentistry, psychology, physiotherapy, etc.


The nationalities of people served included 64.2% Lebanese nationals, 34.5% Syrian nationals, 0.5% Palestinian nationals, and 0.8% people of other nationalities. It is noteworthy that Syrians comprised 51% of people reached through Mobile Medical Units, which aimed to increase the accessibility of primary healthcare to populations unable to reach Health Centers.

34% of people reached were under the age of 18; 12% were between the ages of 18-30, 30% were between the ages 31-59, and 24% were aged 60 or older. 5% of people served identified as having a disability.

Psychosocial Support

During the reporting period, 33,528 people received psychosocial support (PSS) through MSS including on-site and remote services.

LRC staff and volunteers also received psychosocial support, including 1,255 EMTs, and 54 MSS team members receiving staff care sessions during the reporting period. In addition, 567 PSS kits were delivered to adults quarantining in LRC shelters due to exposure to COVID-19.

	Water, sanitation, and hygiene	People Reached: 15,545 HHs (Approx. 77,725 people)	Female: N/A – data collected at HH level	Male: N/A – data collected at HH level
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		N/A	N/A (Not measured as activities limited to hygiene kit distribution)	
Output 1.1: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.				
Indicators:		Target	Actual	
# of volunteers involved in hygiene promotion activities		TBD	30	
# of hygiene promotion sessions		N/A	N/A (Activity not supported through operation)	
# of people reached by hygiene promotion activities		10,000	N/A (Activity not supported through operation)	
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	15,545	
# of quarantine centers supplied with essential hygiene items		4	4	


Progress towards outcomes

One of the main priorities of LRC's Disaster Management Services (DMS) sector is to address the water, sanitation, and hygiene (WASH) needs of vulnerable populations. WASH activities related to Beirut Port Explosions response were at the level of distribution of hygiene items and personal protective equipment (PPE).

As part of the above-mentioned LRC response plan, LRC distributed hygiene kits to 10,045 kits to households in the three months following the blasts. In addition, LRC distributed 5,550 hygiene kits through the support of the IFRC Emergency Appeal to address WASH needs related to the mitigation of COVID-19 risks.

Hygiene items were also provided to four quarantine centres activated to care for exposed LRC staff and volunteers. These were located in Broumana, Lancaster, Mansourieh, and Dmeet.

Outcome measurement was not applicable due to the supported intervention being limited to hygiene kit distribution.

 Protection, Gender and Inclusion		People Reached: 104,650	Female: 63,273	Male: 41,377
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	
<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	348	
<i># of beneficiaries linked to adequate PSS services (updated indicator)²⁴</i>		TBD	133	

Progress towards outcomes:

Data disaggregation

Disaggregated data is collected by various LRC operational sectors for sex, age, disability as well as nationality depending on the sector and specific program.

Training on minimum standards

LRC 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 in engagement with communities.

In addition to the 222 staff and volunteers reported trained in the previous operational update, team members trained in this reporting period include 29 DMS team members; 21 MSS staff and 59 MSS community volunteers; 15 Youth volunteers, and two Youth team staff.

LRC has made PGI a cross-cutting theme in its strategy 2022-2024.

Strengthen National Societies

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%	100%

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

²⁴ This indicator has been updated from # of referral made to specialized psychological services. This reflects the fact that LRC provides linkages to specialized PSS services but not referrals.

Indicators:	Target	Actual
# of volunteers who are adequately trained and insured	1,000	6,794 ²⁵
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.		
Indicators:	Target	Actual
# laws prepared	3	3
# internal regulations approved	3	0
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	2

Progress towards outcomes:

Volunteer training and insurance

All LRC volunteers are covered by insurance while performing their duties, and volunteer training pathways vary by sector, including testing relevant knowledge and competencies for specialized roles in areas such as Disaster Management Services and Emergency Medical Services.

Corporate infrastructure and systems

During the reporting period, the legal base supported included the preparation of the Red Cross Law, Emblem Law, and Disaster Management Law which were submitted to the appropriate governmental bodies. LRC is currently awaiting the review of these bodies to finalize and approve the above.

Support to internal regulations was planned for EMS, DMS, and Youth sectors. EMS and DMS regulations have been drafted and await LRC Board approval.

Planning and preparedness

The IFRC 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. During the early recovery phase, the IFRC shifted to a more sustaining role with more emphasis on National Society Development (NSD) and supporting LRC's implementing structures.

With regards to contingency planning, LRC sectors were consulted to review and update contingency plans, along with the specific sectoral SOPs, based on their roles in times of disasters and national operations. The need to add an earthquake contingency plan was identified and will be executed in the coming year. An update to LRC's national Crisis Response Plan is scheduled for 2022 considering the Real-Time Evaluation of the Beirut Port Explosions operation. Based on the plan revision, LRC will update its Crisis Preparedness and Response Framework.

Effective International Disaster Management

Outcome S2.1: Effective and coordinated international disaster response is ensured.

Indicators:	Target	Actual
# of NS coordinated international disaster response effectively	Yes	Yes
Output S2.1.1: Effective and respected surge capacity mechanism is maintained.		

²⁵ It is worthy of note that this is the number of active LRC volunteers – total number including inactive volunteers is approximately 13,000.

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
# staff and volunteer trained	25	0
% of target population who agree their priority needs are being met	85%	63%
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards.		
Indicators:	Target	Actual
Standardized warehousing system is in place	1	0%
Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced.		
Indicators:	Target	Actual
Active participation in the cluster and coordination mechanism	100%	100%
Outcome S2.2: The complementarity and strengths of the Movement are enhanced.		
Indicators:	Target	Actual
% of RC/RC actors reporting improved Movement coordination	85%	N/A
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
# of Movement coordination meetings	24	12

Progress towards outcomes:

Surge capacity

Since the previous operational update, all IFRC surge assignments have been completed. During the reporting period focus shifted to long-term positions as detailed in the report section on "Effective, credible and accountable IFRC."

Principles and Rules for Humanitarian Assistance

No formal trainings were held during the reporting period on Principles and Rules for Humanitarian Assistance. Nonetheless, the IFRC is continuously working on ensuring that the Principles and Rules, Emergency Response Framework, and Emergency Appeal and DREF procedures are well understood and applied. In addition, continuous advocacy was undertaken for engagement with participating and operating National Societies on the promotion and use of the Principles and Rules. These are shared along with each agreement with partners.

Perceptions of the relevance of the main forms of assistance provided during the initial relief phase were assessed through post-distribution monitoring (PDM) questionnaire conducted in October 2020. This PDM surveyed recipients of DMS services in the initial months after the Beirut port explosions and posed the question, "Have the services you received from the Lebanese Red Cross been relevant to your most important needs?" 63% of respondents responded "completely" or "mostly yes." The PDM addressed the relevance of the following: ready-to-eat meals, food parcels, hygiene kits, temporary shelter, shelter kits for minor repairs, and unconditional cash support. It did not cover the period of livelihoods assistance to MSMEs or technical assistance for shelter repairs, and also did not cover continuous health services. Among those who said assistance was not relevant to their most important needs, most stated that they would have preferred to receive cash, or secondarily medication.

Warehousing

Several plans have been developed with LRC and IFRC through the deployment of two IFRC Logistics delegates over a nine-month period. These plans are being continually upgraded and refined to suit the needs of LRC strategy and planning. They support the development of LRC to centralize its warehousing capacity and are contextualized to previous plans and those of other sectors. A central warehouse has been defined and the Logistics team is established. Many of the original ad hoc warehouses that were previously operational have been

closed, reducing the locations from 12 to 5; this number is being further reduced as the central warehouse (supported by IFRC and Participating National Societies) is being configured and equipped. IFRC will continue to support a small team of staff and volunteers and provide financial support to the running and management of these facilities and its human resources. A Logistics working group has been operational from the onset of the operation and continues to be, this is well attended by the movement and membership of the Movement.

IFRC has also supported LRC with systems for warehouse management (LOGIC) whilst looking to integrate with existing systems and services. Since then, LRC has discontinued the use of LOGIC, instead opting for an Enterprise Resource Planning tool (ERP) that will be integrated across the National Society.

Ongoing support will be ensured through the support to the Emergency Appeal and the outputs of the logistics working group priorities to the operation.

Coordination

LRC is continuing to chair monthly Movement meetings and participating in coordination mechanisms. During the reporting period, LRC led internal technical working group meetings on cash and voucher assistance, food security and livelihoods, WASH, etc, and participated in external working groups such as Shelter, Livelihoods, cash, and voucher assistance, and Logistics. As of mid-2021, as some technical working groups have closed, UN OCHA is anchoring ongoing coordination through Humanitarian Country Team meetings where LRC represents the Red Cross Red Crescent Movement.

Red Cross and Red Crescent actors' perceptions of improvements to Movement coordination were not measured in the reporting period. However, IFRC has since started convening Membership meetings and will use this forum to gather feedback in the coming period.

Influence Each Other as Leading Strategic Partners

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	1
<i># of communications materials produced/published</i>	TBD	9

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

Indicators:	Target	Actual
<i># of published research/evaluation supported by IFRC</i>	1	2
<i># of Lessons learned workshops conducted</i>	1	0

Progress towards outcomes:

Communication and advocacy

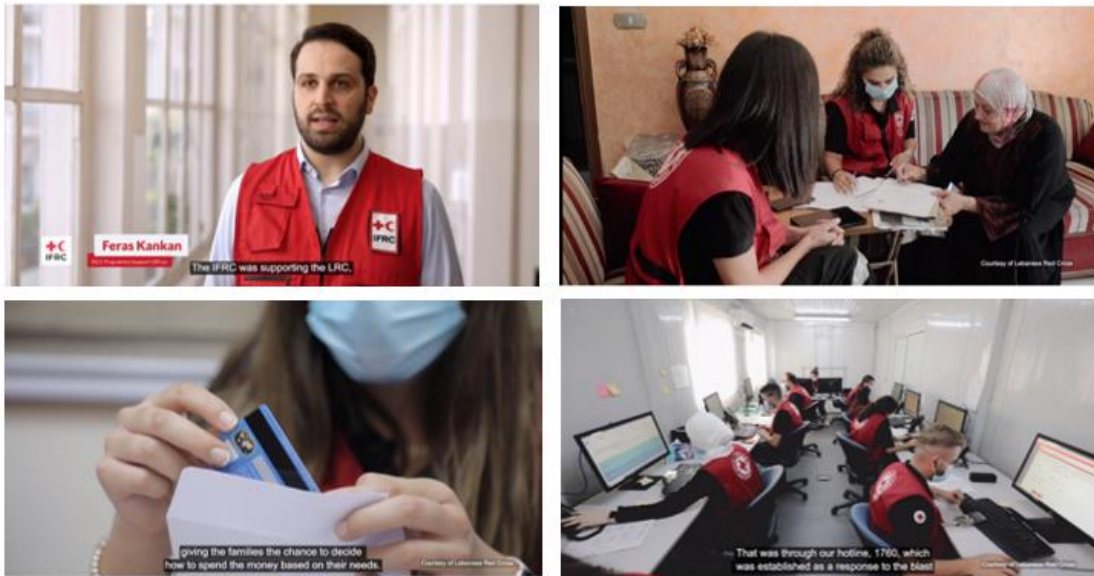
In addition to the five videos reported in a previous operational update, IFRC issued two press releases highlighting collaboration with LRC, and an interview with LRC Secretary General:

- <https://www.ifrc.org/article/4-months-beirut-explosion-lebanese-red-cross-secretary-general-explains-situation-now>
- <https://www.ifrc.org/press-release/six-months-after-beirut-blast-deteriorating-humanitarian-situation-needs-global-solidarity>

- <https://www.ifrc.org/press-release/red-cross-extends-aid-lebanon-respond-severe-economic-crisis>

Furthermore, IFRC commissioned a video with LRC highlighting a case study from the unconditional cash program, illustrated below and accessible via Twitter:

- https://twitter.com/IFRC_MENA/status/1427944850217836547



Research and evaluation

IFRC team contributed to the Terms of Reference for a real-time evaluation of LRC’s response to the Beirut Port Explosions, which was commissioned by LRC and conducted in December 2020 with a mixed team of external and internal evaluators. The final report was shared with relevant stakeholders.

IFRC also contributed to the Terms of Reference for a real-time review of the LRC cash program which was conducted by external consultancy Key Aid between December 2020 and April 2021. This review focused on the relevance and appropriateness, effectiveness, and efficiency of the program. The resulting report was published on the LRC public website at: <https://www.redcross.org.lb/wp-content/uploads/2021/09/LRC-BPE-CVA-response-External-Evaluation-report-Sep-2021.pdf>

IFRC did not participate in lessons learned workshops within the reporting period.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability.

Indicators:	Target	Actual
<i>Staff is recruited at time</i>	Yes	No

Output 4.1.2: IFRC staff shows good level of engagement and performance.

Indicators:	Target	Actual
<i># staff recruited</i>	3	4
<i>performance appraisals conducted</i>	3	0 ²⁶

²⁶ Performance appraisals for staff recruited in 2021 will be completed per standard IFRC calendar.

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	1
# people trained in fraud and corruption policy	200	90

Output 4.1.4: Staff security is prioritized in all IFRC activities.

Indicators:	Target	Actual
% of security assessments carried out and updated.	100% (number=4)	100% (number=4)
% security Plans updated in all operational areas	100%	100%

Achievements:

Personnel

During the first year, staff members were recruited to the long-term IFRC positions of PMER Delegate, PMER Senior Officer, Procurement Delegate, and Finance and Administration Officer. Delays were experienced in recruitment with long-term positions in PMER (both PMER Delegate and PMER Senior Officer) and Procurement (a delegate position). This suggests a need for further HR support to both national and international recruitment in a protracted crisis context.

Financial management

One financial audit was completed by IFRC Secretariat in December 2020.

In addition, 90 LRC staff and volunteers completed the online training in fraud and corruption prevention through the IFRC online learning platform.

Security

Security assessments were updated on a quarterly basis in addition to weekly reporting and daily updates through WhatsApp for all IFRC staff. All staff are required to attend security briefings and inductions.

Minimum security requirements were updated shortly after the August 2020 blasts, and another round of revision was finalized in early 2021. Security drills and individual testing were increased in the past year and DHF repeaters for radio communication were installed on office grounds.

Risk management

Several risks to the operation were identified at the planning stage related to the security, socio-economic, and public health situation in the country.

The devaluation of the local currency and the inflation of services and goods is one factor affecting the implementation and the purchasing power of the affected population. There are three different currency conversion rates i.e., official rate, bank rate, and unofficial rate. The official rate of the Lebanese Pound (LBP) against the U.S. dollar (USD) is 1,510, while the bank rate is 3,900. However, commodities in the market are sold at an unofficial rate which went as high as 18,000 during the reporting period and has climbed further since. The economic situation generates risks related to procurement – including medicine, PPEs, equipment, and supplies. Local procurement may face instability in prices or unavailability from suppliers. LRC is managing this ongoing risk by engaging additional suppliers with the ability to import and engage Red Cross and Red Crescent Movement partners to support and coordinate procurement as needed.

Furthermore, a related risk is that many organizations - as well as the general population - have been restricted in accessing their money, present in local bank accounts, permitted to withdraw only small amounts. This

negatively impacts operations and payments to suppliers and their staff. LRC has actively engaged banks, seeking a viable solution for this issue especially after the blast, and to ensure the availability of funds 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.

COVID-19 lockdowns presented a temporary risk to the continuity of programming, which LRC mitigated by adopting remote modalities wherever possible including pivoting from in-person assessments to phone assessments for the completion of the MSNA. Outside of the lockdown period, the continuation of operations amidst COVID-19 has presented an additional risk to the safety and health of the frontline workers, healthcare staff, and beneficiaries. To mitigate risks, these PPE has been procured for LRC teams, and strict protocols developed and rolled out to relevant staff and volunteers through training.

The ability to sustain services to communities all over Lebanon is also considered a risk especially in a scenario where Lebanon continues to experience multiple extended crises (insecurity, COVID-19, and economic crisis). This might lead to further expansion of the response with the possibility of fatigue and burnout at the level of staff and volunteers, many of whom are coping with the impacts of Lebanon's multiple crises at a personal level. To mitigate this risk, LRC has mobilized additional volunteers to support teams and divided shifts among them, while IFRC will support LRC's ability to effectively respond to additional disasters by deploying additional surge positions, by supporting existing services, and by strengthening coordination mechanisms within the Movement.

Furthermore, Lebanon's current context has elevated protection risks among vulnerable populations. In particular, the economic crisis poses risks of rising rates of child labor, gender-based violence, and sexual exploitation in the affected communities. This calls for continued attention to Protection, Gender and Inclusion (PGI) considerations in the response to ensure PGI approaches are mainstreamed across LRC sectors, that coordination mechanisms with all humanitarian actors are effective in this regard, and that protection referral pathways are well functioning. In response to this risk, LRC has undertaken additional training and sensitization of staff and volunteers in PGI and IFRC Regional Delegation will follow up with LRC on any needed technical support for PGI training and mainstreaming process.

Quality and accountability

Quality and accountability assurance steps taken for this operation during the reporting period, most of which are described in previous sections, are summarized below:

- Initiating rapid multisector needs assessment (MSNA) to identify priority needs,
- Alignment of program design to relevant Sphere standards, government regulations, and technical working group guidance,
- On-site monitoring,
- Post-distribution monitoring for distributions of relief items, unconditional cash assistance, shelter repairs, and livelihoods support to MSMEs,
- Complaint and feedback mechanisms including disaster management hotline and call center,
- Training of LRC hotline staff and all front-line responders/volunteers on protection standards and Psychological First Aid,
- Real-Time Evaluation on initial relief phase commissioned by LRC,
- Real-time review of unconditional cash assistance program, and
- Financial audit by IFRC Secretariat.

Additional info to be shared on quality and accountability under the new Emergency Appeal through the forthcoming Operational Strategy.

FINANCIAL REPORT

Emergency Appeal FINAL FINANCIAL REPORT

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

Prepared on 15 Dec 2021

All figures are in Swiss Francs (CHF)

MDRLB009 - Lebanon - Beirut-Port Explosions

Operating Timeframe: 05 Aug 2020 to 31 Dec 2023; 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
SF11 - Strengthen National Societies	4,830,000
SF12 - Effective international disaster management	63,000
SF13 - Influence others as leading strategic partners	20,000
SF14 - Ensure a strong IFRC	736,000
Total Funding Requirements	20,000,000
Donor Response* as per 15 Dec 2021	9,374,475
Appeal Coverage	46.87%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	10	-10
AOF2 - Shelter	1,470,602	1,271,353	199,250
AOF3 - Livelihoods and basic needs	776,432	287,850	488,582
AOF4 - Health	3,359,272	1,224,262	2,135,011
AOF5 - Water, sanitation and hygiene	328,334	176,629	151,706
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SF11 - Strengthen National Societies	2,074,325	26,149	2,048,176
SF12 - Effective international disaster management	110,939	104,225	6,714
SF13 - Influence others as leading strategic partners	175,079	4,505	170,573
SF14 - Ensure a strong IFRC	646,762	87,581	559,181
Grand Total	8,941,746	3,182,564	5,759,182

Emergency Appeal

FINAL FINANCIAL REPORT

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

Prepared on 15 Dec 2021

All figures are in Swiss Francs (CHF)

MDRLB009 - Lebanon - Beirut-Port Explosions

Operating Timeframe: 05 Aug 2020 to 31 Dec 2023; appeal launch date: 09 Aug 2020

III. Operating Movement & Closing Balance per 2021/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,175,911
Expenditure	-3,182,564
Closing Balance	5,993,347
Deferred Income	0
Funds Available	5,993,347

IV. DREF Loan

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

V. Contributions by Donor and Other Income

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Opening Balance					0	
American Red Cross	692,437				692,437	
Andorran Red Cross	7,754				7,754	
AT&T	133				133	
Australian Red Cross	389,033		22,800		411,833	
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	
British Red Cross	16,650	1,082,997			1,099,647	
Canadian Government	2,072	31,871			33,943	
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	178,173				178,173	
Japanese Red Cross Society	267,881				267,881	
KPMG Disaster Relief Fund	131,714				131,714	
Lithuania Government	54,086				54,086	
Lithuanian Red Cross Society	14,473				14,473	

Emergency Appeal

FINAL FINANCIAL REPORT

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

Prepared on 15 Dec 2021

All figures are in Swiss Francs (CHF)

MDRLB009 - Lebanon - Beirut-Port Explosions

Operating Timeframe: 05 Aug 2020 to 31 Dec 2023; appeal launch date: 09 Aug 2020

Luxembourg Government	107,441	107,441
Mexican Government	90,919	90,919
Monaco Government	53,848	53,848
Nestle	103,750	103,750
Netflix	200	200
Norwegian Red Cross	899,029	899,029
Norwegian Red Cross (from Norwegian Government*)	391,336	391,336
On Line donations	13,941	13,941
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	180,764	180,764
Triatum 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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Total Contributions and Other Income	8,038,243	1,114,868	22,800	0	9,175,911	0
Total Income and Deferred Income					9,175,911	0

Contact information

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

In the Lebanese Red Cross:

- Secretary General: Georges Kettaneh, Secretary General; phone: +961 79 100 269, email: Georges.Kettaneh@redcross.org.lb

In the IFRC Lebanon Country Delegation:

- Cristhian Cortez Cardoza, Head of Country Delegation for Lebanon; phone: +961 1 372 805; email: Cristhian.CORTEZ@ifrc.org
- IFRC Country Delegation for Lebanon: Paul Grierson, Operations Manager for Lebanon, phone: +961 81 305 390, email: paul.grierson@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Rania Ahmed, Acting MENA Regional Head of Partnership and Resource Development; phone: +961 71 802 791, email: rania.ahmed@ifrc.org

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

- Margo Balboni, PMER Delegate Lebanon Country Delegation; phone +961 70 1544 79, email: margo.balboni@ifrc.org
- Nadine Haddad, PMER Regional Manager; phone: +961 71 802 775, email: nadine.haddad@ifrc.org

For In-Kind donations and Mobilization table support:

- IFRC MENA Regional Delegation: Goran Boljanovic, Head of Supply Chain Management, phone: +36 204 536 960, email: goran.boljanovic@ifrc.org

Reference documents

Click here for:

- Previous [Appeals](#) and [updates](#)