



OPERATION UPDATE

Lebanon | Beirut Port Explosions

(Part of: [Lebanon Complex Humanitarian Crisis](#))

August 2020-December 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: 11/03/2022



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Lebanese Red Cross EMTs wearing advanced personal protective equipment (PPE) transporting a patient. **Photo courtesy of Lebanese Red Cross.**

IFRC Funding requirement: **20 million CHF** (integrated under 37 million CHF Emergency Appeal for Lebanon Complex Humanitarian Crisis)

To assist: **105,600 people** (Beirut Port Explosion Component)

SITUATION UPDATE

Humanitarian conditions

The double explosion at the port of Beirut on 4 August 2020, 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 others with psychological distress, and displaced over 300,000 people whose homes were damaged or destroyed.

Recovery from the impacts of this event has been complicated by the deterioration of the broader crisis which began in late 2019. Lebanon's socioeconomic collapse has spiraled into one of the top three most severe economic crises the world has seen since the 1850s, according to the World Bank¹. Lebanon is also impacted by civil unrest and uncertainty in the governance environment.

The complex crisis in the country has severe impacts on access to basic necessities. As of 2021, over 80% of people in Lebanon are living in multidimensional poverty², 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.

Since 2019, food prices have soared by 998%³ leaving food out of reach for growing numbers. World Food Programme surveys⁴ found that 34% of Lebanese, 50% of Syrian refugees, and 33% of refugees of other nationalities are food insecure.

The situation has also led to a crisis in the quality and accessibility of healthcare. Medicines previously subsidized have become difficult to source and providers have had to cut hours or operational capacity due to reduced fuel and supplies. WHO estimated in September 2021 that 40% of doctors and 15-17% of nurses have left the country⁵. COVID-19 continues to affect health and economic recovery. With less than half of the population vaccinated as of early 2022, Lebanon remains vulnerable to continued transmission of COVID-19 including of variants.

Current conditions pose risks for those already vulnerable including people who are migrants and refugees, a group that comprises more than one in four in the country. Most Syrian and Palestinian refugees were living in poverty before 2019 and have experienced increasingly dire circumstances. The 2020 Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) revealed that 88% of Syrian refugees in Lebanon were living below the extreme poverty line. While poverty among Palestinian refugees in Lebanon has not been measured systematically since 2015, the rate at that time was 65%⁶ while 2020 UNRWA post-distribution surveys found that 87% of Palestinian refugees from Syria were impoverished⁷.

Summary of Response

A new [Emergency Appeal for Lebanon Complex Humanitarian Crisis](#) was launched in November 2021 incorporating the Beirut Port Explosions Appeal. Operations updates for the 2022-2023 reporting period will be issued under the umbrella of the Lebanon Complex Humanitarian Crisis.

The response of the Lebanese Red Cross (LRC) in the first year after the blast, with support from partners, can be reviewed in the previous [Operation Update](#).

¹ <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2021-lebanon-sinking-to-the-top-3>

² https://www.unescwa.org/sites/default/files/news/docs/21-00634-multidimensional_poverty_in_lebanon_policy_brief_en.pdf

³ <https://twitter.com/WFPLebanon/status/1484546687536439298?cxt=HHwWhiC9sZnWIZopAAAA>

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/2021_12_Lebanon_Country_Brief.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>

⁶ https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_816649.pdf

⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/FINAL-Slipping Through The Cracks-LHIF Briefing Paper-June 2021.pdf>

During the reporting period, the LRC issued an updated strategy and plan of action to guide its efforts for 2022-2024. The revised strategy focuses on key operational priorities around health, disaster management, and disaster risk reduction, as well as National Society Development (NSD) objectives. The strategy aims to mainstream the cross-cutting themes of community engagement and accountability (CEA), protection, gender and inclusion (PGI), as well as environmental and social impact.

The LRC continued to be supported by the IFRC, ICRC, and numerous Participating National Societies (PNSes). In agreement with the LRC, the Palestine Red Crescent Society – Lebanon Branch is also providing health services to the Palestinian diaspora and other vulnerable populations in Lebanon. An up-to-date picture of self-reported engagement by PNSes can be viewed on the IFRC [3W dashboard for MENA](#).



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.

Public institutions have limited ability to cover the needs of the emergency. 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. Funding shortages across the humanitarian sector risk shortfalls in critical areas as needs continue to grow.

Operational Constraints

ACAPS ranks Lebanon as facing “high constraints” to humanitarian access, particularly with regards to access of people in need to aid and physical, environmental, and security constraints⁸. Operational constraints are factored into the analysis of the risk management section of this document, but some key constraints include:


- Disruptions in public services
- Lockdowns related to COVID-19 or security risks
- Fluctuations in local currency
- Resource acquisition – appeal underfunded

⁸ https://www.acaps.org/sites/acaps/files/products/files/acaps_humanitarian_access_overview_december_2021.pdf

IMPLEMENTATION OF THE OPERATIONAL STRATEGY

Progress of operations

Narrative reporting highlights the achievements of the LRC with support from all partners, noting the contributions made through the IFRC multilateral appeal.

	Shelter	People Reached: 841 households (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 ⁹
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:

The shelter repair program related to Beirut Port Explosions concluded prior to the reporting period (see previous [Operation Update](#) for details).

In September 2021, a two-week online training of participatory approach to safe shelter awareness (PASSA) facilitators took place with Lebanese Red Cross, Habitat for Humanity, and six other partner organizations working to promote urban resilience in Lebanon, including the Municipality of Burj Hammoud technical service. The training was facilitated by the IFRC Secretariat shelter team and reached 18 Arabic-speaking PASSA facilitators, including eight LRC team members representing Disaster Management Services (DMS) and Disaster Risk Reduction (DRR) teams.




In addition, IFRC commissioned the translation of key shelter technical resources from English to Arabic including the [step-by-step guide for implementing rental assistance programs to people impacted by crisis](#) and

⁹ Calculated using household multiplier of 5 for group including non-Lebanese and Lebanese households as activity targeted multiple nationalities.

accompanying [tip sheet](#). These resources are now available on the IFRC website for other Arabic-speaking National Societies and stakeholders.



 Livelihoods and basic needs	People Reached: 14,196 HHs (Approx. 68,807 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	
% of targeted population whose livelihoods are <restored to, improved from> pre-disaster level	TBD	27.9% ¹⁰	
Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to the target population (off-farm livelihoods).			
Indicators:	Target	Actual	
# of people trained in vocational skills trainings to increase income sources	N/A	N/A	
# of people supported with in-kind assets or cash or vouchers for recovering or starting/strengthening economic activities	200	608 ¹¹	
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities.			
Indicators:	Target	Actual	
# of people reached with food assistance for basic needs	TBD	68,807 (14,196 HH) ¹²	
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	11,535	

¹⁰ Proxy indicator measured included percentage of businesses who reported in post-distribution monitoring that businesses were fully operational following assistance.

¹¹ 50 MSME owners through IFRC Appeal and 102 through bilateral Qatari Red Crescent support. Calculated using standard LRC HH multiplier of 4 for Lebanese households as activity targeted Lebanese nationals.

¹² Calculated using household multiplier of 5 for first 11,956 HHs which included non-Lebanese and Lebanese households and 4 for second round of 2,240 HHs which targeted mostly Lebanese households.

Progress towards outcomes:

Unconditional cash assistance: Results from the unconditional cash assistance program in the first 12 months after the Beirut Port Explosions can be seen in the previous [Operation Update](#).

During the latest reporting period, LRC continued to provide multipurpose cash with support from various partners. An additional 375 HHs were reached in the reporting period with seven monthly payments of USD 300 with funds from the French Red Cross and Austrian Red Cross, bringing the total number of households reached through the Beirut Port Explosions operation to 11,535. The additional families were selected through the multisector needs assessment (MSNA) mechanism wherein severely vulnerable households were additionally identified from the scored assessments.

Food assistance: In October and November 2021, LRC distributed 2,240 food parcels to households in Beirut in areas that were impacted by the Beirut Port Explosions (Karantina, Achrafieh, and Mar Mikhael neighborhoods). These food parcels were procured with support from an Irish Red Cross pledge to the multilateral IFRC appeal. Of the households reached, 67 were Syrian and the remainder were of Lebanese nationality.

The same households also received hygiene kits (see WASH section). This brings the total number of food parcels distributed since the launch of the operation to 14,196.



LRC volunteer carries a package consisting of food parcel and hygiene kit to the doorstep of households impacted by Beirut Port Explosion, November 2021. Credit: Lebanese Red Cross

Support to MSMEs: The program supporting small and medium-sized businesses impacted by the Beirut Port Explosion through cash assistance concluded prior to this reporting period. See previous [Operation Update](#) for details.



Health

People Reached: 157,907 Female: 95,479 Male: 62,428

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> ¹³	105,600	210,774

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

Indicators:	Target	Actual
# of people receiving emergency medical services ¹⁴	N/A	3,741
# of blood units collected	N/A	53,783

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	157,907 ¹⁵

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

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 ¹⁶

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

Indicators:	Target	Actual
% of beneficiaries satisfied with the psychosocial support interventions	75%	N/A ¹⁷

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	49,442

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 ¹⁸

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

¹³ 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 utilize ambulance service more than once.

¹⁴ This indicator measures EMS services in the immediate aftermath of Beirut Port Explosions.

¹⁵ Note: Figure represents unique beneficiary count following data cleaning and validation by MSS.

¹⁶ Activity not supported through operation.

¹⁷ Satisfaction surveys are being developed with the MSS sector to measure patient experience for services provided.

¹⁸ 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.

Progress towards outcomes:

The critical importance of sustaining access to quality healthcare amid Lebanon’s complex humanitarian crisis is reflected in LRC’s strategy 2022-2024, in which the top three priorities are all related to the continuity and strengthening of LRC’s health services. Under the new Emergency Appeal, many indicators related to health will transition to capture LRC’s plan of action for 2022-2024. During the reporting period, LRC maintained the continuity of emergency medical services, blood transfusion services, and primary health services with the support of multiple partners.

Emergency Medical Services (EMS): LRC completed 63,178 missions between 1 August and 31 December 2021, bringing the total number of missions since the start of the Emergency Appeal to 210,774. Through the multilateral appeal, EMS was supported with funding to the day-shift teams, medicines, medical consumables, ambulance running costs, ambulance equipment, and fuel. EMS was also supported with personal protective equipment (PPE).

Blood Transfusion Services (BTS): Between August and December 2021, LRC collected 19,333 blood units and distributed 24,612 blood components (as one collected unit can supply blood components for up to three patients). This brings the total number of blood units collected since the blast to 53,783 and the total number distributed to 69,087 units. Through the appeal, BTS was provided with medical reagents for blood testing, blood bags for transportation, and medical consumables.

Psychosocial Support (PSS): A total number of 15,914 people received PSS during the reporting period, including remote messages and on-site support. This included 9,120 Lebanese, 6,639 Syrians, and 155 members of other nationalities. In total, 49,442 people were reached with psychosocial support since the time of the Beirut Port Explosions. Satisfaction of those reached with PSS services was not systematically measured during the reporting period, but this has been integrated into the M&E plan for the new appeal.

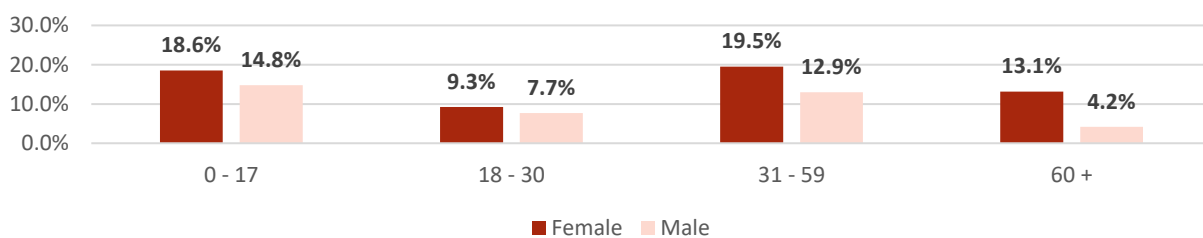
Medico-Social Services (MSS): LRC has also continued and expanded its efforts to improve access to quality primary healthcare services through the MSS sector in Beirut and other vulnerable areas throughout the country that are impacted by the economic crisis and COVID-19 pandemic. MSS operates a network of 36 Primary Healthcare Centers, as well as eight Mobile Medical Units that prioritize remote and hard-to-reach populations.

MSS receives funding support from multiple partners. Through the multilateral appeal, MSS was supported with medicines and medical consumables, medical equipment, and HR costs for healthcare centers.

Between August 2020 and 31 December 2021, LRC reached 157,907 persons with primary healthcare services through its Medico-Social Services Sector, of whom 8,254 were identified as persons with disabilities using Washington Group Questions. Primary Healthcare Centers (PHCs or HCs) and Mobile Medical Units (MMUs) continued being the main modalities of delivery for Medico-Social Services, reaching 95,323 and 62,584 persons respectively.

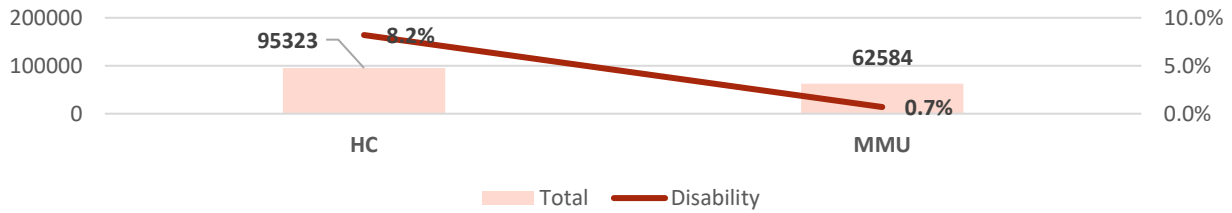
As shown in Chart 1 below, LRC continued its commitment to inclusivity, being able to reach vulnerable portions of the population, including women, children, and older persons. Female patients outnumbered male patients in all age groups, and the difference in gender reach was most pronounced for elderly patients.

Chart 1: People Reached by MSS by Gender and Age



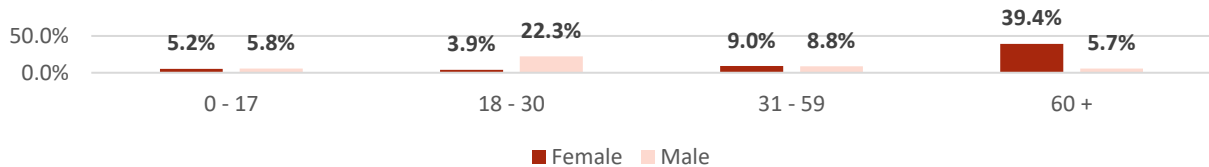
As shown in Chart 2 below, Primary Healthcare Centers had an 8.2% disability rate in patients, while Mobile Medical Units had a rate of 0.7%. Overall, Primary Healthcare Centers were responsible for 95% of all disability identification in patients. 66% of all identified individuals with disabilities were Lebanese.

Chart 2: Percentage of People Reached by MSS with Disabilities by Type of Facility



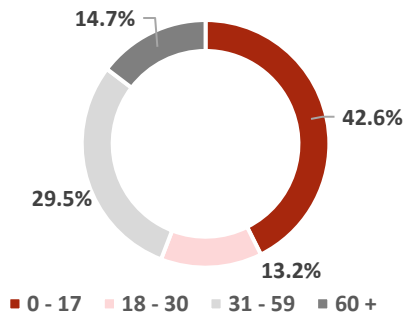
When looking at age and gender disaggregation for people reached with disabilities, it can be noted that the two groups with the highest percentage of reported disability were male patients between 18 and 30 years old, and female patients above 60 years old as displayed in Chart 3 below.

Chart 3: People with Disabilities Reached by MSS by Gender and Age

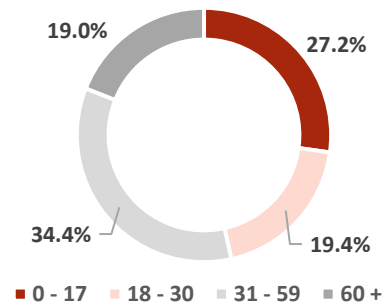


When comparing between fixed Primary Healthcare Centers and Mobile Medical Units as modalities of delivery, it can be noted that the former served primarily Lebanese nationals while the latter served a relatively greater proportion of non-Lebanese patients. This reflects MMUs' ability to reach remote and often inaccessible locations. Primary Healthcare Centers reported serving more patients over the age of 60 while Mobile Medical Units had more patients under the age of 18. Both modalities were equally inclusive in terms of gender with higher rates of utilization by female patients in all age groups as displayed in Chart 1.

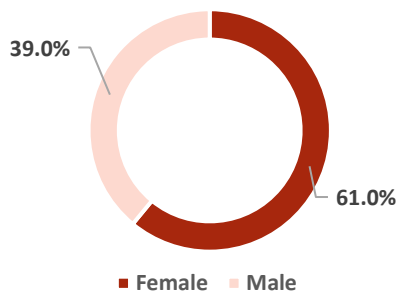
People Reached via Mobile Medical Units by Age



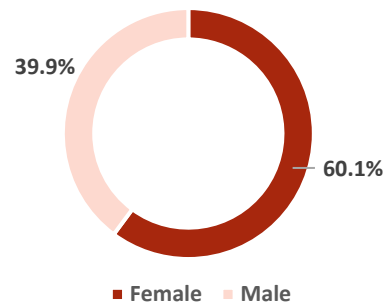
People Reached via Primary Healthcare Centers by Age



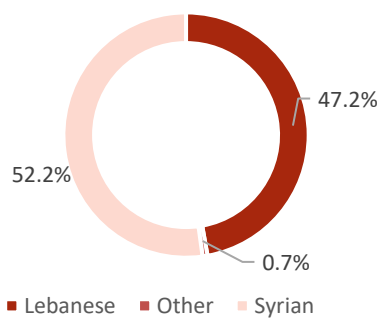
People Reached via Mobile Medical Units by Gender



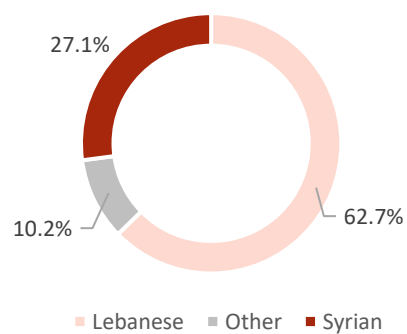
People Reached via Primary Healthcare Centers by Gender



People Reached via Mobile Medical Units by Nationality



People Reached via Primary Healthcare Centers by Nationality





Water, sanitation, and hygiene

People Reached: 17,785 HH
(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.

	Target	Actual
% of communities who are satisfied with improved living conditions	N/A	N/A ¹⁹

Output 1.1: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to the target population.

Indicators:	Target	Actual
# of volunteers involved in hygiene promotion activities	TBD	30
# of hygiene promotion sessions	N/A	N/A ²⁰
# of people reached by hygiene promotion activities	10,000	N/A ²¹

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	17,785
# of quarantine centers supplied with essential hygiene items	4	4

Progress towards outcomes:

In October and November 2021, LRC distributed 2,240 hygiene kits to households in Beirut in areas that were impacted by the Beirut Port Explosions (Karantina, Achrafieh, and Mar Mikhael neighborhoods). This was done with support from an Irish Red Cross pledge to the appeal. The same households also received food parcels (see Livelihoods section). This distribution brings the total number of hygiene kits distributed to 17,785.



Left: LRC volunteer hands hygiene kit to household impacted by Beirut Port Explosion in Beirut, November 2021. **Right:** LRC DMS staff and IFRC Procurement Delegate discuss inspection of food parcels and hygiene kits prior to distribution in Beirut, November 2021. **Credit: Lebanese Red Cross**

¹⁹ Not measured as activities limited to hygiene kit distribution.

²⁰ Activity not supported through operation.

²¹ Activity not supported through operation.



Protection, Gender and Inclusion

People Reached:
224,137

Female:
136,732

Male :
87,405

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	480

Progress towards outcomes:

During the reporting period, 132 people were trained on PGI minimum standards, bringing the total number trained since August 2020 to 480. Disaggregated data for sex, age, disability, and/or nationality were collected according to the specifications of each program. As of the reporting period, the least commonly collected disaggregated data are for disability, which is collected primarily by MSS using Washington Group Questions.

LRC has made PGI a cross-cutting theme in its strategy 2022-2024 and mainstreaming will be tracked through the Operational Strategy for 2022-2023.

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.

Indicators:	Target	Actual
<i># of volunteers who are adequately trained and insured</i>	1,000	6,794 ²²

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place.

Indicators:	Target	Actual
<i># laws prepared</i>	3	3
<i># internal regulations approved</i>	3	0

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened.

Indicators:	Target	Actual
<i>Plan of Action is developed</i>	1	2
<i>Contingency Plan is updated</i>	TBD	2

²² It is worthy of note that this is the number of active LRC volunteers – total number including inactive volunteers is approximately 13,000.

Progress towards outcomes:

Volunteer management: Volunteers continued to be supported with insurance and personal protective equipment through the multilateral appeal.

Internal regulations: Internal regulations remain with LRC Board for approval. Red Cross Law, Emblem Law, and Disaster Management Law remain with relevant government authorities for approval.

Planning: During the reporting period, LRC's Plan of Action was updated for the 2022-2024 period to operationalize the LRC strategy for the same time period.

Terms of Reference were developed for a consultant to support the National Society Development (NSD) objectives of LRC including a customized leadership and management development plan; review of Branch Development Framework; and assistance developing and disseminating priority policies and procedures including prevention of fraud/corruption and SEA. This position will report jointly to the LRC Secretary General and IFRC Head of Delegation.

PMER Delegate supported mapping of PMER/PMEAL tools in use by LRC in order to develop PMEAL toolkit and manual for LRC.

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.

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	18

Progress towards outcomes:

During the reporting period, LRC continued to lead regular Movement coordination meetings and participate in relevant external coordination mechanisms. In line with the Agenda for Renewal, the IFRC Secretariat has

strengthened its focus on coordination of the IFRC membership (ONS and PNS) in the new, expanded appeal for Lebanon's Complex Humanitarian Crisis. Two Membership meetings (including ONS and PNS) were convened in October 2021, and a [3W dashboard](#) reflecting self-reporting by PNS was produced and shared by the IFRC MENA regional team in December 2021.

In terms of planning mechanisms, IFRC determined to operate under the Emergency Appeal mechanism for the 2022-2023 period in place of a separate country Operational Plan for Lebanon. The rationale is that to split elements of IFRC support into a separate Operational Plan would move the IFRC farther away from the aim of a unified planning framework, monitoring, and reporting framework led by the National Society as envisioned in the IFRC Plan and Budget 2021-2025.

Warehousing: With continuous support from the IFRC and Participating National Societies, the LRC logistics team is developing its plans and modernization of its systems – systems that will take time to embed into daily operations. LRC has been proactive and ambitious in goal setting, reaching many of its goals as of the end of 2021 and continuously improving the capacity to support operational requirements, increase accountability, and centralize service delivery. Key accomplishments for the year include:

- Optimization of the warehousing needs and continuation of the centralization of core logistics services
- Acquisition of land for new warehouse facilities
- Leading the coordination of the logistics/warehousing sector meetings
- Roll-out of first phase of an Enterprise Resource Planning (ERP) tool
- Continued improvement to Fleet management



Lebanese Red Cross Logistics team organizing stocks including personal protective equipment, medical consumables, and non-food items in Lebanese Red Cross Roumieh I warehouse. Credit: Lebanese Red Cross

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:

IFRC and National Societies participate in local, national and international dialogues/meetings.

Target

Yes

Actual

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	3
<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:		

IFRC contributed to an advocacy and fundraising event in October 2021 for the presentation of LRC's strategy attended by UN OCHA, European Union, as well as ICRC and PNS. It also helped facilitate a speaking engagement for LRC Secretary General at the independent research center Center for Strategic and International Studies in November 2021 alongside speakers from the World Bank and Oxfam International. The video is available online [here](#). No lessons learned workshops or new evaluations were produced related to this appeal.

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

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
<i># of audits implemented</i>	4	2
<i># people trained in fraud and corruption policy</i>	200	135

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

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

Progress towards outcomes:

IFRC personnel: No new IFRC staff was recruited during the reporting period. Performance reviews for the 2021 period are to take place by 31 March 2022.

Finance and audit: In addition to the financial audit completed in December 2020, a financial audit was completed in June 2021, and a third has been booked for the timeframe between July and December 2021. A total of 135 LRC staff and volunteers completed the online IFRC training in corruption prevention as of the end of 2021.

Security: Security assessments were carried out and the delegation proceeded with business continuity planning.

Risk management

A summary of the risk analysis for the operation, updated quarterly, can be seen below.

Risk	Likelihood	Impact	Impact Description	Mitigating steps
Temporary closures of public bodies and private institutions due to proliferation of infectious diseases including COVID-19.	Med	High	<ul style="list-style-type: none"> Delays to processes in the public and private sector Increased demand for healthcare-related and unrelated to infectious disease transmission due to stretched health sector capacity Increased difficulties in access to reach targeted affected population Delays to implementation as a result of the above impacts 	<ul style="list-style-type: none"> Maintain and update business continuity plans Encourage flexible funding and earmarking in order to mobilize funds in the most efficient and effective manner Community-level interventions to spread awareness of behaviours to mitigate COVID-19 transmission and information on vaccination Use of remote outreach and monitoring modalities Proactively communicate to back donors in event of any delays or changes to the implementation plan
Personnel contract COVID-19 either from their exposure inside or outside of work setting.	Med	High	<ul style="list-style-type: none"> Possibility of outbreak inside NS or IFRC offices Understaffing causing added pressure on non-exposed team members Delays to implementation as a result of the above impacts 	<ul style="list-style-type: none"> Continue to implement rigorous safety, quarantine, and self-isolation protocols Continue to make vaccination highly accessible to staff and volunteers
Supply chains and essential services are disrupted.	High	High	<ul style="list-style-type: none"> Shortages and increased prices of imported goods including medicines Increased multi-dimensional poverty of the population Prices and timelines for procurement are less predictable Demand for humanitarian services likely to increase Increased challenges to localization agenda in terms of procurement 	<ul style="list-style-type: none"> Ongoing context monitoring Increase coordination to more efficiently secure, stockpile, and distribute resources Output-based budget revisions Proactively communicate to back donors in event of any delays or changes to the implementation plan Encourage flexible funding and earmarking in order to mobilize funds in most efficient and effective manner
Provision of cash assistance increases protection risks for recipients at the individual level or through heightened intra and inter-communal tension.	Med	High	<ul style="list-style-type: none"> Increased safety risks for cash recipients Possibility of GBV Increased reputational risks for Red Cross and Red Crescent actors 	<ul style="list-style-type: none"> The provision of CVA is done in consultation with recipients and per risk analysis and context monitoring Adaptations are used for persons with specific safety or mobility constraints In the event that CVA could cause safety concerns, the LRC may deliver in-kind assistance instead LRC provides CVA in line with harmonized national level guidelines to mitigate risk of communal tension

Security situation in country deteriorates.	High	High	<ul style="list-style-type: none"> • Safety risks for personnel and communities • Closure of hospitals and public bodies may compound vulnerabilities • Increased difficulties in access to reach targeted affected population • Security conditions may cause delay to the implementation 	<ul style="list-style-type: none"> • Both IFRC and NS have strong security procedures and SOPs in place and maintain strong relationships with local authorities and community leaders. • IFRC's Security Team continuously monitors the situation and provides guidance and directives to maintain safety. • Work as a Movement to improve access of NS through Safer Access framework
Attrition of national staff due to social and economic pressures.	High	High	<ul style="list-style-type: none"> • Lack of qualified candidates for national positions within IFRC and National Societies 	<ul style="list-style-type: none"> • Support personnel costs in U.S. dollars for key positions • Support facility improvements • Facilitate PSS for staff and volunteers

Quality and accountability

Efforts to ensure quality and accountability in this operation encompass a broad spectrum. Specific actions taken in the reporting period include:

- On-site monitoring including inspection visit by IFRC Procurement Delegate for distribution of food parcels and hygiene kits
- IFRC Secretariat financial audit booked for the July-December 2021 period
- Complaint and feedback mechanisms including disaster management hotline and call center
- Alignment of program design to relevant Sphere standards, government regulations, and technical working group guidance

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

FINANCIAL REPORT

The financial report is annexed to this narrative report.

Financial reporting reflects contributions made through the multilateral appeal only and excludes contributions made bilaterally through LRC.

Emergency Appeal

Selected Parameters			
Reporting Timeframe	2020/8-2021/12	Operation	MDRLB009
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 03 Mar 2022

All figures are in Swiss Francs (CHF)

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 03 Mar 2022	9,375,911
Appeal Coverage	46.88%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	10	-10
AOF2 - Shelter	1,470,879	1,335,744	135,135
AOF3 - Livelihoods and basic needs	769,979	514,824	255,154
AOF4 - Health	3,535,863	2,725,757	810,107
AOF5 - Water, sanitation and hygiene	326,990	274,916	52,075
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SF11 - Strengthen National Societies	2,119,278	499,238	1,620,040
SF12 - Effective international disaster management	229,081	126,383	102,699
SF13 - Influence others as leading strategic partners	225,110	62,896	162,213
SF14 - Ensure a strong IFRC	664,673	397,747	266,926
Grand Total	9,341,852	5,937,514	3,404,338

III. Operating Movement & Closing Balance per 2021/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	9,490,948
Expenditure	-5,937,514
Closing Balance	3,553,434
Deferred Income	0
Funds Available	3,553,434

IV. DREF Loan

* not included in Donor Response	Loan: 750,000	Reimbursed: 750,000	Outstanding: 0
Total Income and Deferred Income	9,490,948		

V. Contributions by Donor and Other Income

Opening Balance 0

MDRLB009 - Lebanon - Beirut-Port Explosions

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

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	881,446				881,446	
Andorran Red Cross	7,754				7,754	
Apollo Global Management LLP	226				226	
AT&T	133				133	
Australian Red Cross	389,033		91,200		480,233	
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	9,326				9,326	
Booz Allen Hamilton	43				43	
Boston Scientific	17,625				17,625	
British Red Cross	16,389	1,082,997			1,099,386	
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	
Google	631				631	
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	7,184				7,184	
Luxembourg Government	107,441				107,441	
Mexican Government	90,919				90,919	
Microsoft	856				856	
Monaco Government	53,848				53,848	
Nestle	103,750				103,750	
NetApp	174				174	
Netflix	1,505				1,505	
Norwegian Red Cross	899,029				899,029	
Norwegian Red Cross (from Norwegian Government*)	391,336				391,336	
On Line donations	13,941				13,941	
Other			60,800		60,800	
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
Total Contributions and Other Income	8,224,079	1,114,868	152,000	0	9,490,948	0

Contact information

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

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Reference documents

Click here for:

- [Previous Appeals and updates](#)