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Emergency Plan of Action (EPoA)

Lebanon: Beirut-Port Explosions

International Federation of Red Cross and Red Crescent Societies

Emergency Appeal n°	**MDRLB009**	**Glide n°:**	**OT-2020-000177-LBN**
Date of launch:	**09/08/2020**	**Expected timeframe:**	**24 months**
		Expected end date:	**30/08/2022**
Category allocated to the of the disaster or crisis: **Orange**			
EPoA Funding Requirements: CHF 20,000,000			
DREF allocated: CHF 750,000			
Total number of people affected:	**300,000 households**	**Number of people to be assisted:**	**105,600 people**
Provinces affected:	**Greater Beirut and surrounding areas**	**Regions targeted:**	**Nation-wide**
Host National Society: Lebanese Red Cross (LRC) including: 12,000 volunteers, 379 staff, 46 EMS stations, 32 local branches, 36 primary health centres, 8 mobile clinics, 13 blood banks, 31 youth centres, 14 disaster management unit, and central HQ.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), 21 Partner National Societies: German RC, Danish RC, Norwegian RC, Icelandic RC, British RC, Swiss RC, Netherlands RC, Finnish RC, French RC, Swedish RC, Austrian RC, Spanish RC, Canadian RC, Japanese RC, Qatari Red Crescent, Kuwait RC, United Emirates RC, Iraqi RC, Iranian RC, and in coordination with PRCS-Lebanon Branch.			
Other partner organizations actively involved in the operation: Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Civil Defence, Ministry of Health (MoH) and all governmental national bodies, local authorities, UN agencies, INGOs and local NGOs.			

A. Situation analysis

Description of the disaster

On Tuesday 4 August 2020 at around 6pm, two explosions occurred at the Port of Beirut. The cause remains unclear, but initial reports claim it started with a fire in a firework storage, which extended to highly-flammable and explosive material stored in one of the many port warehouses causing two explosions, the second being massive. This led to an enormous shock wave that rippled through greater Beirut and surrounding areas, extending up to Bekaa area. The sound of the explosion could be heard as far away as the island of Cyprus, located in the Mediterranean Sea 240 km away. According to the Jordanian Seismological Observatory, the explosion was equivalent to a 4.5 magnitude earthquake.

Figure 1. Beirut Port Explosion.
Source : Business Insider

The blast flattened the city's port, surrounding structures and infrastructure have been heavily damaged. Many buildings have collapsed or at risk of collapsing, roads blocked due to fallen debris and open cracks in the ground, mass destruction of vehicles all over the city, shattered glass has been reported miles away from the port. The impact of the explosions extended 6 kilometers from the epicenter, causing what can be

categorized as 'severe damage'; 10 kilometers with 'moderate' damage; and up to 20 kilometers with 'light' damage. According to different UN and government sources, more than 50,000 houses have been impacted with minor, moderate or major damage (OCHA; UNDP, Lebanese Republic Presidency of the Council of Ministers, DRM Unit). Beirut establishments, especially small and medium businesses in the wholesale, retail and hospitality sectors have been heavily affected, in the scale of 15,000 units which are closed due to the damages reported. The damage extends to health sector, whereby multiple centrally located public and private hospitals reported extensive damage and were not able to welcome patients after the explosion and until today. As for the environmental impact, experts warned of chemical contamination resulting from the hazardous chemical particles scattered by the explosion, construction and demolition waste which might contain industrial waste, lead from vehicles and other heavy metals. Limited data is available on the level of air pollution and more monitoring and investigation is required to identify the exposure risks and impact on health.

As of 30th of August, it is reported that 190 people lost their lives, more than 6,000 people are injured and around 7 people are still missing, it is estimated that around 300,000 people have damaged households. The level of destruction that extends to businesses and the hospitality sector will have a direct effect on the lives and livelihoods of those employed whether residing inside or outside Beirut. Those living in low-income and underserved parts of Beirut are among the most vulnerable as they may have lost both their houses and source of income. Moreover, an initial assessment undertaken by ACTED showed that women, the elderly and chronically ill people, persons with disability are identified as the most in need of protection in the assessed areas. Children are also among the vulnerable group as UNICEF estimates around 100,000 children who now have a destroyed or heavily damaged house.

To better understand the implications of the explosion, it is important to highlight the context and the multiple crises the country is currently witnessing in parallel with this recent disaster. Since 2011, Lebanon has been hosting the highest number of displaced persons per capita. It is estimated that around 1 million Syrian refugees are currently present in Lebanon (879,598 are currently registered with UNHCR[1]) in addition to the existing 180,000 Palestinian refugees. The Syria Crisis and the influx of refugees led to increased pressure on existing resources and exacerbated development constraints in the country in addition to social tension between refugees and host communities.

The economic crisis has been further exacerbated since the last months in 2019. In the past months, inflation had been rising sharply (currency lost 80% of its value) with commodity prices consistently increasing. Vulnerable Lebanese and other at-risk groups, such as refugees and migrant workers, are increasingly unable to meet their basic needs. According to recent estimates by the World Bank that include the impact of the COVID-19 crisis, poverty would rise from 30% in 2019 to 45% or more of the population by the end of 2020[2], while extreme (food) poverty would more than double to 22%. This is coupled with insecurity and civil unrest which began in October 2019, whereby many demonstrations took place calling for reforms and a change in the governance system. After the explosion, on 5 August 2020, the Government of Lebanon declared a two-week state of emergency in Beirut. During that week, several protests and demonstrations took place in the capital and the Cabinet announced its resignation on August 10.

Finally, when it comes to COVID-19 pandemic, the rate of Covid-19 infection cases has been rising over the last 30 days, with an average of 900 cases reported daily in various clusters in the country compared to a daily average of 100 cases in July; the highest reported number is 1,027 cases on September 24. The emergency in Beirut as well as the protests following the explosions have caused many COVID-19 precautionary measures to be relaxed, raising the prospect of even higher transmission rates and a larger caseload in the coming weeks. This comes at a time when Lebanon can least cope, given reduced hospital bed and ICU capacity and increased demand because of the explosion.

Summary of the current response

Overview of Host National Society Response Action

The Lebanese Red Cross (LRC) was established in 1945 as auxiliary to the government and is the primary provider for ambulance care and blood transfusion services in Lebanon (free of charge services). LRC is also known for providing other services like medico-social and disaster management services. The number of individuals supported is around 800,000 annually through the existing network of over 6,000 employees and volunteers.

After the massive explosion, LRC was immediately mobilized, and 75 ambulance teams were active on the ground in the rescue operation. Several triage and treatment centers were set up as it was difficult for ambulances to access all areas; Red Cross also led the evacuation of two major hospitals that were destroyed by the explosion. In addition, LRC called for blood donations; blood centers were opened, and 450 blood units were collected between the moment of the blast and the second morning at 10:00 a.m. Provision of primary healthcare needs to those affected by the blast was also among the priorities in the direct response; this was done through 4 Health Centers (HCs) and up to 5 Medical Mobile Units (MMUs) in Beirut area. This included medical services (treatment of wounds and so on), as well as primary

[1] UNHCR Lebanon Factsheet (September 2020) - https://www.unhcr.org/lb/wp-content/uploads/sites/16/2020/09/UNHCR-Lebanon-Operational-Fact-Sheet-Sep-2020.pdf
[2] World Bank "Updated Poverty Numbers in Lebanon," March 15, 2020

health services such as distribution of paramedical items and medication based on need. In addition, psycho-social support services were provided to those affected by the blast to address the traumatic psychological effects (grief, panic attacks or even suicidal ideation).

In terms of basic assistance, LRC provided temporary shelter for 1,000 families and organized distributions of hygiene kits, personal protective equipment, ready meals, and food parcels. The number of supported households is expected to be scaled up to 10,000 within 3 months.

Community Engagement and accountability was at the core of the response as LRC network of volunteers are actively working on the ground, completing needs assessment and setting up a call center and leaving information stickers to inform HH's where and how they can be contacted for assistance. LRC has initiated Multi-Sectoral Needs Assessment (MSNA) targeting initially 14,000 households so far to inform its interventions and begin the selection process. In parallel, hotlines were set up for the purpose of information provision, requests for assistance and follow up on cases. LRC hotlines received 7,153 calls on Disaster Management hotline and 1,110 calls on hotline dedicated for restoring family links and reporting missing people (as of September 9). These hotlines were considered as an effective communication channel with affected communities as it allows reporting specific cases, acquiring needed information and referrals to specific services as per the need. It is important to note that hotline staff and all front-line responders/volunteers are trained on protection standards and Psychological First Aid (PFA); they are trained in the identification and referral of protection concerns to relevant services and agencies, ensuring the application of Do No Harm approach and safeguarding.

LRC has initially launched its emergency appeal and a 3-month plan on August 5 with a funding requirement of 19,142,842 USD. Following that, LRC has prepared a longer-term plan for 1 year incorporating the blast recovery phase, COVID-19, and the economic crisis in the country. The plan is considered as One Plan for the Movement as it is comprehensive and integrates all the support from the Movement partners mainly IFRC, ICRC, and Partner National Societies. The One-year plan of the NS is an operational plan that encompasses all of its current responses and seeks support to existing service provision such as EMS, BSS and MSS. The critical nature of these services and the expected time-frame for the blast implications are taken into consideration in IFRC planning, balanced with its technical inputs into CVA, Shelter, Livelihoods and Logistics where we are also aligning to the longer-term strategies of the LRC, hence the 2-year planning in this EPoA.

Overview of Red Cross Red Crescent Movement Actions in country

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

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

More specifically on IFRC support, on 5th of August the IFRC immediately released 750,000 CHF allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support LRC's response. Later, on the 9th of August a preliminary Emergency Appeal was launched for 20 million CHF. This appeal is in support of the LRC appeal first issued on the 5th of August. The IFRC appeal provides an alternative funding channel for partners and donors who want to use the multilateral channel to support LRC response efforts. It is important to note that to date, LRC has been receiving strong bilateral support and contributions from national and international donors, governments and Movement and non-Movement partners.

Overview of other actions in country

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

The humanitarian sector has activated existing sector specific working groups (clusters) and inter-agency coordination for coordinated assessments, effective management, and standardization of approaches. LRC has taken up a central role in the assessment phase (Damage and Needs Assessment – DANA and Multi Sectoral Needs Assessment - MSNA). The MSNA is ongoing and LRC is leading on the rollout through their volunteers trained in door to door survey

data collection. The MSNA is performed in coordination with UNHCR and OCHA, and with the participation of other shelter sector partners. The MSNA findings are shared on weekly basis, with GIS mapping of primary assessment of needs and housing damage. As of 9 September 2020, 18,289 assessments have been conducted. More details about the results of the assessment are included in the following section. LRC has a target of 35,000 households (HH) to be assessed.

LRC and IFRC are also actively engaging in inter-agency coordination mechanisms (like OCHA coordination and cluster working groups such as Basic Assistance working group, WASH, Shelter, Logistics, CASH etc.). Specifically, for shelter, which is one of the pressing priorities, LRC is part of the Inter-Agency Shelter Working Group (SWG) co-led by UNHCR and UN-Habitat, where a sectoral emergency and recovery strategy has been drafted and Temporary Technical Committees have been set up to develop technical guidance for prioritised early recovery shelter interventions (Cash for Rent; Repairs and Rehabilitation of residential shelters; Housing, land and Property rights). Also noteworthy, UN agencies particularly UNHCR and UNOCHA can be found working daily in the LRC operations centre in IM, other agencies are also regular visitors to LRC as they are the lead agency in assessment (MSNA).

Needs analysis, targeting, scenario planning and risk assessment

After the explosion, several humanitarian agencies among which the Lebanese Red Cross initiated rapid assessments to identify the key priorities and quantify the needs and existing vulnerabilities. One secondary review published by ACAPS[3] (Assessment Capacities Project) on August 12, highlights the profiles of the affected areas in Greater Beirut where there is a mix of poor underserved and densely populated neighbourhoods (e.g. Karantina, Karm el Zeitoun), other higher-class modern areas (e.g. Saifi, Down Town) in addition to residential and commercial hubs with restaurants, cafes, art galleries etc. (e.g. Mar Mkhayel, Gemmayzeh). The affected area includes people from all socio-economic backgrounds who were affected in the same way and lost their properties, households, and source of income in many cases. The emerging needs according to ACAPS which triangulates data from different NGOs, UN agencies and Lebanese Red Cross, are shelter (rehabilitation), capacity and access to health services and livelihoods (including access to food). These prioritized needs are also confirmed by the results of the Multi-sectoral assessment[4] conducted by the Lebanese Red Cross where 96% of the assessed households prioritized Shelter Repairs, Medical Care, Medication, Cash and Food.

The demographics and existing vulnerabilities of the population are presented, according to LRC assessment results. Age distribution of respondents: 57% of people surveyed were aged between 18-60 years old, 24% were over 60 years old, and the remaining 19% were under 18 years old. The nationalities residing in the affected area are mainly Lebanese (85%) in addition to Syrians (10%) and the remaining 5% are from 27 different nationalities like Ethiopian, Bangladeshi, Sudanese etc.

The socio-economic status of the surveyed households was captured through the questions on income and savings. 40% of the households assessed mentioned that they did not generate any income in the last 2 weeks. Only 13% of the assessed households reported have savings and are able to access them. This is a snapshot of the reality, noting that after the explosion many people have lost possessions, business premises both large and small, and hence their livelihoods, at a moment when the economic situation for the majority of Lebanese, as well as for Palestine and Syrian refugees in Lebanon, is desperate. Few people have access to an adequate social safety net and as the situation worsens, many will be unable to afford the cost of even basic healthcare.

Vulnerabilities identified through this assessment are the following:

- 5% of the assessed households have pregnant or lactating women
- 8% of the assessed households have physical or mental disability
- 3% of the assessed households have disaster-caused disability
- 52% were reported as female-headed household

The health status is highlighted through identifying the existing health conditions and access to services. The majority reported access to healthcare services: 54% reported access, 16% reported partial access and 30% reported no access to healthcare. To better understand the reasons behind the lack of access to health care, respondents were asked about these factors. Out of those who reported no or partial access, 65% responded not being able to afford these services financially while 19% stated that the family does not need any healthcare, other reasons included lack of healthcare centres (7%) and lack of transportation (3%).

As for prevalence of chronic illness, 57% (n=3,456) of households reported having a chronic illness within the family. In relation to medications, 50% (n=3,023) of surveyed households reported the need for medications, specifically 6,961 individuals are in current need for medications. According to another assessment by HelpAge International, that was conducted in a number of neighbourhoods close to the explosion site, major health concerns reported by households

[3] Assessment Capacity Project (ACAPS), August 12, 2020, Emergency Operations Centre Beirut Assessment & Analysis cell, Analysis of Affected areas in Greater Beirut.
[4] The Lebanese Red Cross, August 24, 020, Beirut Explosion Response Assessment Results.

included mental health (26%), respiratory problems (11%) and chronic diseases (30%) chronic diseases are a particular concern for older people (36%). Furthermore, 54% head of households self-reported chronic diseases such as diabetes, hypertension, heart disease, etc. 45% also stated difficulties in accessing medication. Looking ahead, the initial analysis indicates that interrupted access to essential health services and supplies of medicines are and will remain critical needs. Several hospitals are damaged and/or inaccessible and were already stretched due to the ongoing COVID-19 pandemic.

When it comes to the physical damage in the households, results from LRC assessment show that 19.5% of the assessed households have collapsed or damaged balconies, 28.6% have minor damage, closable and repairable, and 42.1% have broken and shattered glass. Moreover, 11% of households so far have reported having unacceptable toilet conditions (unfunctional). The figure (1) below shows the reported damage in assessed households. It is also important to note that household damages especially unsealed windows and doors also pause protection risks and were concerning for 90% of women and 87% of older people as it affected their sense of safety in their homes, according to HelpAge assessment.

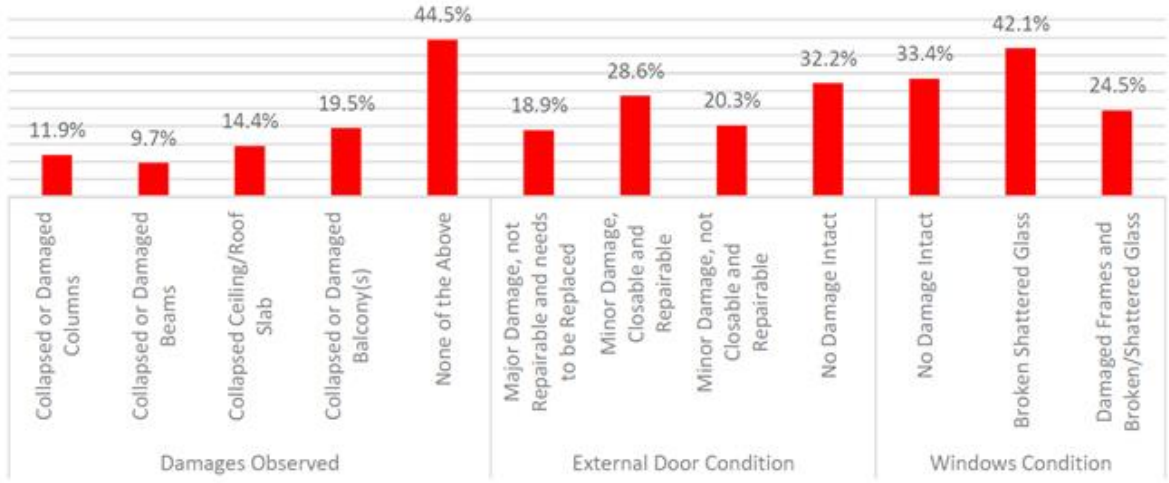


Figure 2. Types and percentage of reported structural damage

Targeting

In the first phase, LRC operation focused on providing shelter for 1,000 families. Phase two included distribution of relief items (food parcels, hygiene kits, and shelter tool kits). In the third phase, the operation targets 10,000 households residing within 3 km radius of the explosion as this is the most affected area and the level of damage is more severe. The operation within this radius will focus on shelter (1,000 households/IFRC target), basic needs assistance (1,100 households/IFRC target), livelihoods (200 households/IFRC target) and provision of emergency aid and health care services (105,000 individuals). Targeting scope might widen to include other vulnerable areas affected by the blast.

Targeting is based on a multisectoral assessment that LRC has initiated since the second day of the explosion and will reach around 30,000 households and more. Targeting criteria has been identified for emergency cash distribution and shelter assistance; criteria are mainly related to level of damage, protection and health vulnerabilities, and socio-economic status of the family. Households might receive multiple assistance depending on the severity of the needs (more details on the targeting methodology are explained in the relevant sections in part C). Selection criteria will be communicated with the affected population and channels of communication and accountability will be in place to follow up on any challenge, investigate complaints, and monitor progress.

Given the complexity of the context and the implications of the disaster in the whole country, targeting will also include areas outside Beirut especially when it comes to health services (emergency medical services, blood transfusion services, primary health care centres and protection), who are supported to reach the wider population. It is also important to note that the potential scaling up of cash-based assistance by increasing the caseload to assist more people as the economic situation deteriorates.

Estimated disaggregated data for population targeted, according to the latest data from the assessment including 14,500 households.

Category	Estimated % of target group
Young Children (0-12 months)	24% (out of households reporting having children)
Children (1-17yrs)	19%
Adults (18-59 yrs)	57%
Elderly (>60 yrs)	24%
People with disabilities	10.4%

Note: *Female vs male disaggregation is not available as gender information was only collected for the Head of Household/respondent and not all household members.*

Scenario planning

The situation in Lebanon is currently unstable at the political, social, and economic levels in addition to COVID-19 pandemic which further increases the consequences of any possible scenario. The potential scenarios are summarized in the table below:

Scenario	Humanitarian consequence	Potential Response
Increasing deterioration of the economic situation (e.g., increase of inflation, devaluation of the currency with a material impact of the loss of purchasing power, decrease of economic activity which will translate in higher unemployment rate, and reduction of income in the employed population translated in pushing more people into poverty)	• Expensive local commodities prices • Limited access of items in the local market • Reduction of the purchasing power of the population • Increase of social unrest • Limited access to health facilities and medical services • Reduction of the income of the households • Deterioration of the social conditions and weak sentiment • Increase in shelter needs • Psychosocial impact among the population • Increase in COVID-19 patients	• Conduct market assessment to identify the best sources of items at reasonable prices • Boost the local economy through local procurements or cash-based initiatives • Delivery of medical items and strengthen the hospital network • Allocation of financial resources to support livelihoods activities • Psychosocial support • Delivery of items (PPE) to mitigate the spread of the virus among the population
COVID-19 transmission increases exceeding the capacity of the health system.	• Health system is overburdened, COVID-19 patients cannot be all hospitalized thus an increase in mortality rate.	• Close coordination, communication and information sharing between the Regional Office Country office and affected National Society (LRC). LRC support risk communication, community engagement and stigma prevention; carry out contingency and business continuity planning; and support people affected by containment measures to ensure people under quarantine or other measures are able to meet their basic needs with dignity; LRC provide other auxiliary support to their respective governments to support containment efforts, as appropriate.
Security situation deteriorates in the country resulting in	• Security incident related injuries.	• Additional operations are activated by LRC to manage security incidents and consequences in terms of medical services and disaster

security incidents and civil unrest.	• Lack of access to affected areas due to security situation.	management depending on the nature of the incident. • Working as a Movement to improve access of NS through Safer Access framework and better communication of what RCRC does; ensure there are sufficient resources to provide adequate footprint to enter country and collaborate with ICRC.
Security situation is stable, however there is a deterioration of the economic crisis.	• Poverty levels increase, as predicted by the World bank latest data. • Vulnerable population across the country (beyond Beirut) cannot cover their basic needs and food security.	• A revision of the EPoA is required to increase Cash based assistance and FSLLH inputs to cover the changing needs across the operation with the support of the Movement actors. • In collaboration with LRC, surge support (remote) provided by RO as well as on the ground support by IFRC CO/CC to support the NS.

Operation Risk Assessment
*Given the security and economic situation in the country impose **several risks on the operations**:*
The devaluation of the Local Currency and the inflation of services and goods is one factor affecting the implementation and the purchasing power of affected population.

In addition, the organizations as well as the population have restricted access to their money present in local bank accounts, allowing only small amounts to be withdrawn. This seriously hampers operations and payments of suppliers and own staff. The general population also suffers because of this challenge. LRC is actively engaged in seeking a viable solution for this issue with Local and International Banks especially after the blast and to ensure the availability of funds for the successful implementation of cash-based assistance. A thorough risk assessment will be carried out and the appropriate mitigation measures will be taken for the successful implementation of interventions. Strong monitoring mechanisms will be put in place for regular monitoring of interventions, vendors and the markets

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

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

B. Operational strategy

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

LRC's response to the explosion has been since the beginning a coordinated response integrating all departments and sectors: Emergency Medical services (EMS), Medico-social services (MSS), Blood Transfusion services (BTS), and Disaster management (DM), each providing the needed relief services: first aid, primary health care and medication, PSS, temporary shelter, and food and non-food items (food parcels, hygiene kits). The planning process for developing the one-year plan follows the same approach and aims at integrating all sectors in one comprehensive response strategy addressing explosion implications, economic crisis and COVID-19 on-going response. The plan is also developed in coordination with all Movement partners who will provide input and identify specific areas of support.

Overall, IFRC aims to support LRC in the response to Beirut Explosion through two modalities: deployment of specialized staff and Regional Office/Geneva staff complementing and supporting Country Office efforts. The modalities are outlined below

1. **Technical support and deployment of experts in the field of shelter, CVA and Livelihoods.**

In terms of human resources, LRC requested additional technical support, IFRC has deployed a number of technical experts based on this request of LRC to support in the operations. Rapid Response personnel (surge) role profiles are deployed for 3 months. The roles are:

- Operations Manager
- Shelter Coordinator
- Logistics Coordinator (Emerging priority)
- Cash and Voucher Assistance (CVA) Coordinator
- Livelihoods and Basic Needs Coordinator – interim regional support
- PMER Coordinator
- Admin & Finance Officer
- Health Coordinator

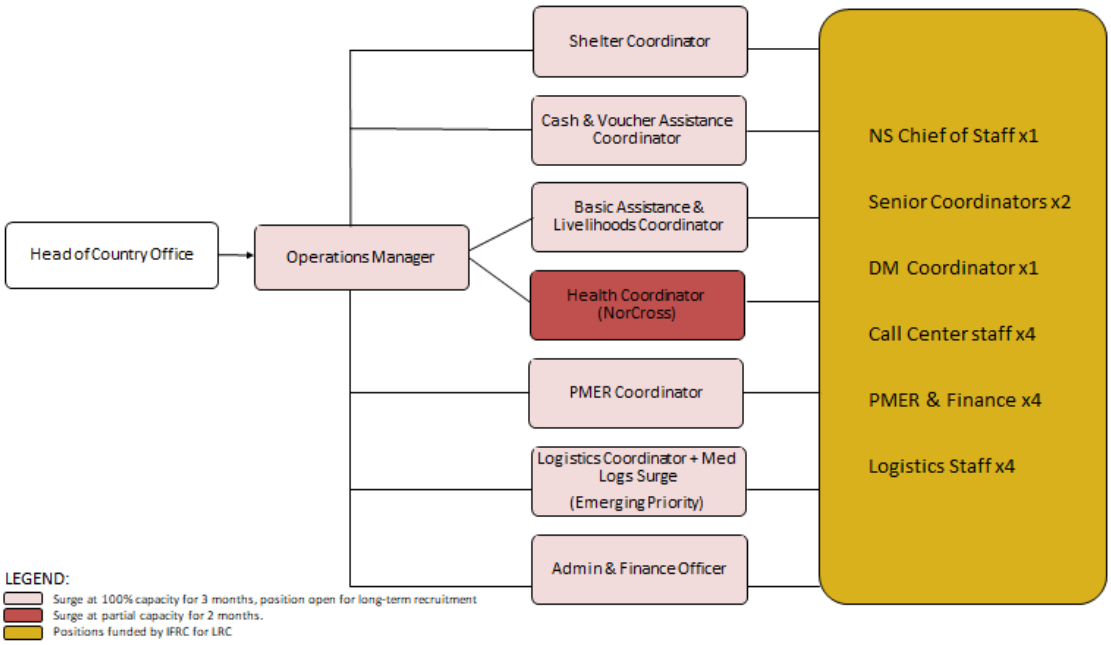
Technical surge personal (Shelter, CVA and FSLLH) will be embedded into the NS's DM department working directly with counterparts to assist, support and facilitate planning for the operation, they also have an inherent role to support the strategic longer-term needs of the NS. In this, they will support the strategy of the DMU by incorporating and building capacity to further enhance the DMU's response mechanisms and capacity. These positions will be formally included within the structure of the DMU adding response capacity where it was not feasible prior to the response. However, this is not new to LRC, for example Cash and Livelihoods are areas of interest previously, and LRC has been undertaking small scale projects with ICRC and partners, this operation seeks to build on that previous experience and harmonise our efforts with those whom are engaged in these areas of focus.

Institutionalising CVA within LRC has evolved with the development of cash delivery processes, including systems, procedures and trained technical staff in both operations and support services. This process has resulted in LRC, at the start of 2018, having 8 cash ready branches with 3 cash delivery mechanisms at their disposal, and a shared goal to continue the institutionalisation process. The LRC has upgraded its capacities and is being considered as one of the strongest NSs in CVA globally.

Through recent evolving discussions a request to support the logistics of the operation has emerged, and a plan is in development to support the NS to centralise its warehousing capacity, currently this is spread over 12 locations. IFRC will also be looking to support LRC with systems for warehouse management whilst looking to integrate with existing systems and services. IFRC will seek to support a small team of staff and volunteers and provide financial support to the running and management of a facility and its human resources, such as Labour for up to 20 months.

Several NS staff positions will also be directly supported, up to 20 persons for up to 20 months of the operation these positions include PMER, Finance, Call centre staff and Logistics staff.
All of the surge team members are now deployed and in country. Additionally, long term staff positions (with IFRC Lebanon Office) were also advertised on the IFRC jobs portal, for an Operations Manager, PMER Officer, and Finance and Admin Officer.

The organogram below clarifies the staffing structure:



Disaster management approach:
There are 5 phases to the DM response developed by LRC. The first two phases will focus on assessments, in kind assistance to the affected population and operational readiness of LRC in regards to CVA and the implementation of CVA will start as per plans outlined under phase 3, 4 and 5. The table below shows the totality of CVA under this response.
Phase 1: 72hrs – ready meals for 1,000 families
Phase 2: 1 month
Phase 3: 1-6 months
Phase 4: Concurrent to phase 3 with a later start date
Phase 5: 6-24 months

	Phase 3 Early September	Phase 4 Sept till Feb 2021	Phase 5 Feb 2021 till Aug 2022
Response	Emergency Cash one-off	Unconditional Cash Grants (300 USD for 6 months) + shelter and WASH top up	Livelihoods and Micro Economic Initiatives
Target	10,000 HHs (from LRC appeal) IFRC contribution: 1,100	5,000HHs unconditional cash grants (LRC appeal) 1,000 HHS shelter & WASH (IFRC)	200 HHs (IFRC contribution - 100% - (Pilot project)
Grant Size	300 USD (standard across most agencies)	1,500 USD – 4,500 USD /HH → shelter and WASH top up	4,000 USD - 8,000 USD/HH
Financial support required	USD 330,000. Allocated from the DREF	CHF 3 Million (IFRC contribution)	CHF – 2,5 Million (IFRC contribution)

2. Logistics and Supply Chain support

IFRC have been requested to support the LRC with the consolidation and centralization of its logistics services, therefore, IFRC will support LRC to increase and harmonise its warehouse capacity, at this time there is no general warehouse that is sufficient to support the operational needs, Adhoc warehouses have been set up and continue as needed/required. A small team is managing a simple warehouse management system over many small warehouses that are sort through contacts of the NS and provided Free of Charge (FoC) and without contracts, this presents great risk to the operations and needs to be addressed in the short term. Warehouse handling tools and equipment are needed as will operations running costs to maintain and grow the structure.

A large component of this operation being logistical in terms of procurement, operations support, Fleet support as well managing many last-minute requests to engage with Unsolicited donations. The IFRC will provide technical expertise to fill this gap, by providing support to LRC in its endeavour to have all its warehousing needs met in a central location in an adequate facility, with the tools and equipment necessary to serve greater Lebanon and leave a behind a resource for future needs to be met. Land has been identified and secured previously, through an assessment of warehousing needs, IFRC will support the planning requirements and construction of a facility that will meet the ongoing and future needs of the NS.

The operation will seek to bolster already financially exhausted resources by supporting the replenishment of Food Parcels and Hygiene kits, up to 30,000 items each, around 30% of which will be replenishment, the balance being provided to support the economic impacts anticipated, the latter through the FSLLH component. In total 2,000 Hygiene Parcels / Kits were mobilised from IFRC Dubai Warehouse and were received as IKD from Global Affairs Canada to Lebanon. The PPE's under COVID-19 response were immediately mobilized from IFRC Dubai Warehouse which were already allocated for Lebanon after the Beirut Blast to support the operation for COVID-19 cases.

IFRC will also support the operational Fleet needs of the NS, this includes bringing into the operation vehicles that will replace older vehicles, the conversion of vehicles to Ambulances, trucks and patient transport vehicles for Covid-19 suspect cases and PCR testing when required. Some of these will come through the IFRC Fleet stock in Dubai, the majority will be locally purchased (where available) to ensure that standardisation of the fleet is ensured.

A Logistics working group (WG) has been established and will quantify the needs collectively with Movement partners. This working group will also tackle issues such as unsolicited donations, the harmonisation of common services that support the operation (& beyond), clear guidance for partners and a longer-term strategy that encompasses the operational needs and a plan to tackle future needs.

The Logistics Cluster lead by WFP is activated for Beirut Blast. LRCS and IFRC are part of the cluster group and are regularly participating in the weekly meeting calls.

IFRC standards will be applied and support from the MENA regional ensured through close collaboration and cooperation.

3. Mobilizing donations and funding

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

A funding tracker was also created to track the potential funding, the commitment and the confirmed funding. IFRC MENA is coordinating the donor's communication between the Regional Office, PRD Geneva, Country office and the National Society. Negotiating with donors regarding the funding requirements to ensure the conditions are met from both sides, including due diligence process & CT clauses. Active fundraising and support to GCC CCST to promote the EA by drafting materials to support the GCC country office in marketing the Beirut Explosion appeal.

Moreover, IFRC CO and RO have provided guidance and support to Movement coordination efforts in country and external advocacy through the following:

- several advocacy and resource mobilization events with Governments and external partners have been supported by IFRC to ensure reflection of localization efforts – LRC SG participated alongside the IFRC SG to a briefing of UN members states, ICRC President represented the Movement in the Conference of States hosted by France, whereby IFRC provided input to key messages, LRC was represented in a briefing with Australian parliament members
- IFRC provided support to organise internal Movement meetings – initial call with PNS at the launch of the EA and LRC Movement Partnership meeting

In terms of direct funding to the operation, this Appeal will also support the running costs of the EMS, MSS, BTS units and support the supply of medicines and medical equipment. IFRC, through the mobilisation table, will support the procurement of specialised medical supplies such as medicines and PPE. More specifically we will be seeking to support 30 Ambulance teams (day shift) for a period of 14 months and supporting the call centre (hotline) that is proving to be a valuable resource to inform the operation.

4. National Society Strengthening

Additional to the program consolidation that will be fostered by the revised EPoA in LRC´s sectors of expertise, a considerable amount of resources will continue to be dedicated to the national society strengthening, ensuring that LRC continues to be a well-functioning and strong NS. The IFRC support abides by the Lebanese Red Cross and the Federation's plans of action, in addition to the IFRC's Strategy 2030 and LRC Strategy 2019-2023. After discussion with the LRC and following existing IFRC MENA Operational Plan, the EPoA will focus on the following areas:

- Legal base: Provision of technical support to the National Society in the finalization of the Red Cross Law, Emblem Law, International Disaster Response law and in internal regulations.
- Finance and Audit:
    - Technical support in the review of the fraud and corruption policy and as well training, dissemination and implementation.
    - Technical support for external audit for the Cash Program.
- Shelter, Cash, Livelihood, PMER and Logistic: Providing necessary technical support and operational support resources to strengthen the capacity of the LRC.
- Volunteers: Care of duty of the volunteers is a priority and as well of provision of relevant trainings and capacity building activities.
- National Society Preparedness: In partnership with the RCRC partners in country, the EPoA will invest in resourcing the outcomes of the Preparedness Effective Response (PER) using the Real Time Evaluation/Operational assessment to identify immediate and long-term priorities of the NS.

5. Other support functions

1. **PMER:** The EPoA performance and M&E framework together with the LRC is under development, including baseline and definition of quality and quantitative indicators to allow sound monitoring, tracking and reporting of activities implemented and evaluate effect and impact of programs. Monitoring will include on-site monitoring, post distribution monitoring (PDM), end-line evaluation and pre and post-tests as found relevant. The captured feedback will mainly highlight the satisfaction of assisted households regarding quality of services, identify challenges, and measure outcome level change. LRC is planning real time evaluation for the response so far and IFRC Country Office will support that process.

2. **CEA:** The planning and implementation approach by both LRC and IFRC, ensure the application of standard humanitarian and accountability practices as per sphere and the Core Humanitarian Standards, to develop needs driven and community-based plan. **Community Engagement and accountability** (CEA) is at the core of the response as LRC integrates CEA minimum actions that help put communities at the center of the response, by ensuring communication and participation throughout the program cycle. LRC network of volunteers were among the first responders actively working on the ground and providing first aid and relief services based on immediate needs. In addition, the Multi-Sectoral Needs assessment has directly started to identify the specific needs and priorities informing the response modality and plan and ensuring it is needs driven. Several communication channels were also set up. One of the main channels is the hotline; in addition, the existing emergency hotline (140), LRC set a specific Disaster management hotline which received 7,153 calls (as of September 9) on and another hotline dedicated for restoring family links and reporting missing people (receiving 1,110 calls). These hotlines are effective communication channel with affected communities and allows reporting specific cases, acquiring needed information and also referrals to specialized services. Hotlines will also be used for gathering feedback and complaints, noting that this mechanism in LRC is already in place and has been active under the Syria Crisis response. The hotline modality has now shifted towards a Call Centre operating 24 hours on the short-term (to be launched on September 11). It will cover Beirut Blast response as a first stage then expanding to other operations like Syria Crisis and Covid-19 with the aim of having national level coverage. This Call Centre will be crucial for the Cash assistance and shelter programme, ensuring adequate feedback and grievance systems are in place. Preparations for the launch of this call center was by developing key documents development (SOPS, guidelines, toolkit), updating the applications, setting the logistics, preparing key messages with technical focal points, and training volunteers/operators, IFRC will provide needed technical support throughout the process.

3. **Logistics and Supply Chain (**LPSCM): Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites, in accordance with the operation needs and aligned to IFRC's logistics standards, processes and procedures. The Regional Logistics Unit provided support in preparing and launching of the Mobilization Table on go platform. The Regional LPSCM unit supported with budget estimate for the PPE items, Warehouse Equipment's. The Regional LPSCM unit will provide support with required international procurement of key items as reflected in Mob table and as per the needs of the operation.

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

5. **Security:** Security Officer is already in the country, supported by the MENA security coordinator and the Security unit in Geneva providing permanent information to the colleagues, ensure that security briefings, protocols are in place and up to date and enforces the security rules amongst staff, checks the security of all IFRC facilities, vehicles and assists in security drills.

6. **PRD:** MENA RO and Lebanon CO are working on supporting the IFRC EA & the LRC's response plan. Negotiation with the potential donors are ongoing, close communication & coordination with Movement partners, governments, corporate, and other potential donors to materialize the commitments and the soft pledges to hard pledges.

C. Detailed Operational Plan

Shelter

People targeted: 1,000 Households (approx. 5,000 people)
Male: 2,500
Female: 2,500
Requirements (CHF): 3,246,653

Needs analysis:
Following initial rapid assessments, the Inter-Agency Shelter Working Group (SWG) have categorised the level of housing damage as follows:

- **Level 1 – light damage.** The house remains habitable with no or minor compromises on safety, security and access to services, including water, sanitation and electricity. It is estimated that 42% of the impacted houses fall under this category.
- **Level 2 – moderate damage.** The house is either not habitable or partially habitable with compromised safety and security of the premises but no structural damage. Services including water, sanitation and electricity are not or may be only partly accessible. It is estimated that 28% of the impacted houses fall under this category.
- **Level 3 – severe damage**. The physical safety and structural integrity of the building are compromised by structural damages. Hence residents are requested to leave the premises to allow retrofitting or demolition, depending on what has been communicated by the relevant authorities in charge of the (ongoing) structural damage assessment. It is estimated that 23% of the impacted houses fall under this category, however a structural damage assessment led by the Order of Engineers and Architects in collaboration with the Forward Emergency Room (FER) of the Lebanese Armed Forces, Beirut Governorate and the Municipality is still ongoing.

Findings from the MSNA conducted by LRC, UNHCR and shelter actors confirm a large incidence of light damage to the existing housing stock in the assessed areas (42% of respondents mentioning broken windows and glass facades) with additional non-structural damage such as collapse of balconies, false ceilings, entrance doors which can significantly impact on the privacy, safety and security of the inhabitants (this category corresponding to level 2 damage). Damage and poor functioning of domestic toilets and electrical systems have been also reported in the range of 11% of surveyed units. Homeowners and renters living in the damaged houses have been assisted by humanitarian responders with emergency shelter kit distributions / sealing-off kits to find immediate protection and weatherproofing of their housing units, however they will need more durable repair interventions that will allow them to recover from the damage and improve their pre-existing living conditions. Particularly vulnerable groups such as the elderly, people with chronic illnesses or disabilities, migrant workers and refugees, heads of household who lost their primary source of income may need additional technical assistance as they have a weaker social support system or network to rely on for their recovery process.

The non-displaced families living in damaged houses will need financial and technical support to repair their houses, with a Build Back Safer (BBS) approach that will ensure compliance to standards in regard to their safety and security, protection from the elements, privacy and dignity as well as the improvement of pre-existing living conditions. Families reporting level 2 damage may need more substantial repair assistance and in that case they will need to find temporary accommodation for the duration of the repair works (one to three months as initial estimation).

It is still unknown how many families have been displaced by the blast and whom have found temporary accommodation with friends and relatives (level 3 damage). It is expected that an additional caseload of households will be requested to leave their homes as deemed unsafe and at risk of collapse by the relevant authorities, following structural damage assessment. Displaced groups will need temporary shelter assistance for the duration of the retrofit / rehabilitation works to their homes, such as rental assistance for a fixed period, or alternative and long-term shelter solutions of their choice.

Risk analysis:
Economic crisis: the protracted economic crisis and COVID-19 lockdown measures have dramatically reduced the purchasing power and increased socio-economic vulnerabilities of the population. The blast affected areas with highest poverty index and population density are considered the most vulnerable and a priority for assistance.

The COVID-19 pandemic exacerbates the threats to the safety and well-being of the affected population. The blast has caused inadequate housing conditions which in turn can aggravate the spread of the virus due to overcrowding, sharing of restricted space between hosting and hosted families, exposure to the elements due to damaged openings and structures, etc. The assistance provided will need to take into consideration mitigation measures, health and safety protocols for staff, volunteers and assisted HHs to minimise / avoid spreading of the disease. Individual family shelter solutions will be preferred and prioritised over shared / collective accommodation (e.g. rental over host family support), and will take into consideration health criteria into the minimum standards

Population to be assisted: 1,000 households whose houses have been damaged by the blast (level 1 and level 2 damage) will receive conditional cash assistance to meet their shelter needs in the medium and long term.

The assisted population is located in the priority areas identified during the rapid assessments phase and prioritised for humanitarian assistance through discussions with the Governor and Beirut Municipality. They all fall within the 3 Km radius from the epicentre of the blast, categorised as ´Severely damaged´ zone. The neighbourhoods are known to shelter sector partners active in country to be socio-economically vulnerable neighbourhoods.

LRC will assist 5,000 HHs with multipurpose cash assistance over a period of 6 months starting from September. Shelter assistance components will aim to provide additional support to 1,000 HHs out of this same caseload, based on the level of housing damage and specific socio-economic vulnerabilities identified during door to door assessments and data verification.

MSNA demographic, socio-economic and damage data will be used as baseline for beneficiary targeting. Target groups eligible for IFRC shelter assistance will be identified based on considerations of the level of housing damage and socio-economic vulnerabilities:

- Housing damage: IFRC - LRC shelter assistance solutions will be provided to households living in lightly damaged houses (corresponding to damage level 1); and moderately damaged houses (corresponding to damage level 2).
- Socio – economic vulnerabilities: all vulnerability criteria are already used and identified at HH level by LRC during MSNA data collection (elderly, people living with disabilities, people with chronic illness or critical medical condition, pregnant / lactating women in the HH, members who were injured or killed by the blast, head of household who lost their primary source of income). etc

Selection criteria will be based on the level of housing damage and household socio-economic vulnerabilities assessed during the MSNA:

- Households living in level 1 damaged houses will receive housing repair assistance including repairs to the electrical and WASH systems within the housing unit. The repair will be a case by case estimate performed via technical assessment and Bill of Quantity development, performed by LRC shelter staff and volunteers. The repair assistance will be combined with LRC technical oversight, BBS awareness and basic legal assistance.

- Households living in level 2 damaged houses will receive housing rehabilitation assistance including repairs to the electrical and WASH systems within the housing unit. The repair will be a case by case estimate performed via technical assessment ad Bill of Quantity development, performed by LRC shelter staff and volunteers. The repair assistance will be combined with LRC technical oversight, BBS awareness and basic legal assistance. As they will need temporary accommodation for the duration of the works, LRC will provide temporary shelter options using LRC referral pathway (e.g. Airbnb, hotels syndicates, other structures identified by LRC Contingency Planning Process – CPP) or cash for rental for a period of 1 to 3 months corresponding to the duration of the repair works.
- Households which include people with disabilities (PwD) living in damaged houses (level 1 and 2) will be offered additional technical assistance, where LRC will hire contractors to perform the repair works including labour and installation. LRC staff and volunteers will do the contract supervision and quality assurance with the contractors and ensure compliance to minimum standards, and include aspects of shelter improvements (ventilation, energy, indoor safety) and accessibility (notably for PwD). Some examples of groups with special needs may be: single-headed households, elderly, very numerous HHs (> 5 members), HHs with people with disabilities, households who lost their primary source of income.
- Implementation modality for repairs and rehabilitation will be considered and coordinated with the Technical working groups, choosing carefully between owner or tenant-led approaches (with CVA), or contractor led, and including systematically aspects of HLP (security of tenure - compliance of the repair works with the local laws and regulations, and mediation/conflict resolution approach).
- PASSA methodology (including its PASSA Youth adaptation for urban and highly digitally connected environments, and youth-led action) will be used in the intervention areas with the aim to establish a participatory approach and community action planning to re-establish or improve access to small-scale infrastructure, community services and facilities, open areas at the neighbourhood level; specific support will be given to scalable initiatives in the area of recycling (blast) waste, environmental awareness and energy efficiency, safe child-friendly spaces etc. Partnerships with neighbourhood and grassroot organisations will be sought.

Although LRC are not engaged in Level 3, recognising their capacity and not stepping outside of their mandated response capability, IFRC are following and observing this category as we see a potentially emerging gap, in that this case load has not been picked up by other agencies that would normally be identified in recovery. IFRC will, through the Shelter working group, continue to advocate in this space and raise our concerns.

Programme standards/benchmarks: This operation will seek to meet **Sphere** standards and the IFRC minimum standards of protection Gender and inclusion in emergencies. The recovery shelter interventions proposed align to the technical guidance provided by the national shelter sector coordination mechanism (Inter-Agency Shelter Working Group led by UNHCR and UN-Habitat).

P&B Output Code	**Shelter 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**							*# of people provided with safe, adequate and durable recovery shelter and settlement assistance (Target: 4,300)*					
	Shelter Output 1.1: Shelter and settlements assistance is provided to the affected families.							*# of households provided with longer-term shelter and settlement assistance (Target:1,000)*					
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12
AP005	Assessment of shelter needs, capacities and gaps	*x*											

AP005	Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response		*x*										
AP005	Identification of the appropriate modality of support for each caseload (owners/tenants/ displaced- non-displaced)		*x*										
AP005	Identification of community participation modalities in program design and implementation		*x*										
AP005	Coordination with other relevant sectors for integrated programming	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*				
AP005	Coordination with municipal government, the Shelter WG partners, FER and any other relevant stakeholders such as private sector and/or academia	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*				
AP005	Shelter market analysis to identify availability/access to shelter materials, tools, building elements (windows, doors, glass) and construction labour		*x*										
AP005	Rental market assessment		*x*										
AP005	Design and implementation of the shelter & WASH repair and rehabilitation assistance (cash, vouchers, contractors etc.) to meet shelter & WASH needs at household level		*x*	*x*	*x*	*x*	*x*	*x*	*x*				
AP005	Monitoring and ensure quality control of the shelter & WASH repair programme			*x*	*x*	*x*	*x*	*x*	*x*	*x*			
AP005	Provision of support to affected population on HLP issues		*x*	*x*	*x*	*x*	*x*	*x*	*x*				
AP005	Evaluation of the shelter support provided (mid-term and final)						*x*				*x*		
AP005	Lessons learned workshop on cash for shelter assistance options and modalities										*x*		
P&B Output Code	**Shelter 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**							*# of households provided with technical support and guidance, appropriate to the type of support they receive (Target: 1,000)*					
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12
AP006	Technical support provision build back safer (BBS) guidance, awareness raising activities			*x*	*x*	*x*	*x*	*x*	*x*				
AP006	Recruitment / allocation of NS shelter-dedicated technical staff (i.e. junior engineers, field engineers)		*x*	*x*									
AP006	Identification and mobilization of volunteers for shelter intervention		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*		
AP006	Development of appropriate training material for awareness raising/training of volunteers (e.g. shelter monitoring checklists, BBS messaging etc.)		*x*	*x*									
AP006	Orientation/training of shelter staff and volunteers (*For instance on door to door TA and monitoring of appropriate use of cash for shelter, BBS messaging, PSS and PGI specific trainings, link to livelihood opportunities for artisans, masons, carpenters etc.)*			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*		

AP006	Development of appropriate technical guidance and BBS messaging		*x*	*x*									
AP006	Development and provision of appropriate technical support modalities, quality control and materials (e.g. shelter monitoring checklists, BBS messaging, recycling options and green initiatives etc.)		*x*	*x*									
AP006	Monitoring of adoption of technical guidance			*x*	*X*	*x*	*x*	*x*	*x*	*x*			
AP006	Evaluation of adoption of technical guidance						*x*				*x*		
AP006	PASSA/PASSA Youth training for LRC staff and volunteers						*x*						
AP006	Roll out of PASSA/PASSA Youth methodology in the targeted zones / neighbourhoods							*x*	*x*	*x*	*x*		
AP006	Implementation of small-scale settlement improvement / mitigation interventions as per PASSA/PASSA Youth community plan of action									*x*	*x*	*x*	*x*

Livelihoods and basic needs

People targeted: Basic Needs 1,100 Households (approx. 5,500 people). Livelihoods restoration 200 Households (approx. 1,000 people)
Male: 2,850
Female: 2,850
Requirements (CHF): 2,489,012

Needs analysis:

According with initial assessments up to 150,000 individuals among those impacted by the blast were provisionally identified as in urgent need of immediate food assistance (OCHA 14/08/2020). Food was one of the top-four most frequently mentioned needs among those surveyed in initial rounds of the multi-sector needs assessment (ACAPS, 25/08/2020). Most of the local markets are functioning and for communities located near the site of the blast, the urgent need is cash assistance to access to basic services. Some reported that they simply needed the cash to repair their homes, while others who were financially vulnerable prior to the explosion reported a need for cash to purchase food, medicines and to repair their homes. (ACTED 07/08/2020).

The economic crisis and COVID-19 outbreak have left thousands of people dismissed or with salaries reduced already before the blast. Exhaustion of savings, loss of jobs, businesses and shops and new expenses for reparation and reconstruction following the blast might push even more people below the poverty line. At least 70,000 individuals are estimated to have lost their jobs since 4 August. 15,000 businesses in the services sector were damaged (OCHA 19/08/2020). The areas around the port had large numbers of shops, bars, restaurants, hotels, art galleries, and shopping centres employing thousands of people. Business owners have depleted or severely decreased their savings after months of economic crisis and may be unable to either loan or invest money in the repairs and reopening of shops, as well as employing the same amount of people. Businesses also cannot easily access savings even if they have them due to the financial crisis – limiting capacity to move quickly to fix damage and get businesses up and running. Higher levels of unemployment are expected after the blast as a result of reduced job opportunities due to the blast itself and previous lockdown effect. This situation coupled with the absence of extensive social safety nets in Lebanon to support unemployed workers (WFP 17/08/2020, OCHA 14/08/2020), more households will exhaust savings and cannot meet additional repair and reconstruction expenses. According to the Multi-Sectoral Needs Assessment (MSNA) and Damage Assessment

Needs Assessment (DANA) following the explosion issued dated 24th August 2020, 40% of interviewees mentioned that they lost their income generation sources after the explosion thus unable to meet their most urgent needs without external support. In addition, the poor economic situation followed by the loss to their residences has increased the pressure on households thus forcing them to adopt negative coping strategies to meet their most urgent needs. The LRC will carry out detailed household surveys to understand the socio-economic impact of the disaster for longer term income generation support.

In past years, LRC has successfully implemented various interventions either through cash or vouchers. By providing humanitarian assistance through CVA, it is imperative for the beneficiaries to quickly fulfil their basic needs. In addition, the CVA is expected to revive the local market by flow of money in the market, supporting the local traders and subsequently generating the employment opportunities. Considering the multiple advantages of CVA, the LRC has decided to use CVA as their preferred response modality to assist the affected population under Shelter and Livelihoods sectors. Although LRC has built its capacities over the past years, there is a need to enhance the capacities of LRC, adapt the systems ready for the current response, and customize the tools and templates for successful implementation of CVA. This will be carried out not only for emergency response but also for implementation of recovery interventions considering the scale and long-term impact of the disaster on the affected population. To avoid the duplication and ensure the alignment of assistance with internal and external partners, strong coordination mechanisms will be put in place.

Risk analysis:

Spiralling inflation rates combined with high currency depreciation rates, and the displacement of population due to damages are the most important risk factors affecting the purchasing power of the population.
Currency volatility and banking restrictions pose challenges for cash programming.
Economic crisis and COVID-19 lockdown measures have dramatically reduced the purchasing power and market trends have changed. The assistance will provide business orientation and individual coaching to facilitate adaptation to current labour and market needs. The assistance will also take into consideration mitigation measures, health and safety protocols for staff, volunteers and assisted business to minimise / avoid spreading of the disease.

Population to be assisted:

A target group within the 10,000 households among most vulnerable population affected by the explosion will be assisted with CVA for basic needs with one off payment by LRC internal resources with IFRC (DREF) sharing a caseload of 1,100 HHs. The transfer value is calculated based on minimum expenditure basket (MEB) and is set to 300USD per family. The distributions will be carried out in 5 batches with each batch of 2,000 HHs. The transfer value may be adjusted based on the findings of post distribution monitoring and market/price monitoring. 30,000 Food parcels and Hygiene kits will also be available to support chronic needs and provide a mechanism to support those in need.

6 months into the operation, a Livelihoods support programme to affected population will commence. This part of the programme will target 200 individual businesses/families and will support them in restoring their lost or damaged assets or developing their businesses. The amounts provided will depend on beneficiary business plans, up to a maximum amount of 8,000 USD. Targeting criteria and modalities of implementation will be developed through an initial assessment at the beginning of this phase. The initial assessment will include Labour market/business opportunities study to identify the labour demand and employability prospects. Based on the outcome of labour market analysis, programme may explore partnerships with Vocational or Technical Schools, National authorities (e.g. Ministries or local authorities in charge of Vocational Education and Training) and the Private sector.

We will also be aligning to existing mechanisms and experience of the NS through their previous responses and undertakings with ICRC, we will align to this experience through the Micro-Economic Initiatives (MEI).

The targeting approach for selection of most vulnerable households for multipurpose cash assistance will follow inclusion and exclusion criteria.

The below mentioned indicators will be applied as part of exclusion criteria:

- Families not living in the affected areas (beyond 3 Km radius from the blast)
- Families who received an identical assistance package from other actors
- Families stating no need for assistance based on the MSNA

The inclusion criteria will help prioritize the most vulnerable population with unmet needs, the indicators for inclusion criteria are:

1. Protection concerns
    - Single elderly (single member above 60 years old, living alone)
    - Elderly headed household (head of household is above 60 years old)
    - Child headed household (head of household below 18 years old)
2. Health
    - Chronic illness
    - Disabilities
    - Pregnant/Lactating female
    - Access to healthcare/medication (partial or no access to health care due to lack of financial means, lack of transportation, lack of healthcare centres)

The severity of damage to residences and geographical targeting will also be applied to select the households.

The targeting criteria for the selection of the 200 individual businesses/families will be further developed with LRC based on impact and vulnerability assessment.

Programme standards/benchmarks:

The assistance will be provided in accordance with Sphere Standards. The IFRC Cash SOPs and RCRCM Cash in Emergencies toolkit will be adapted for quality CVA.

P&B Output Code	**Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods**	*% of targeted population whose livelihoods are <restored to, improved from> pre-disaster level (Target: TBD)*																							
	Livelihoods and basic needs 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).	*# of people trained in vocational skills trainings to increase income sources (Target: TBD)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP007	Livelihoods assessment to define the potential response options			*x*	*x*																				
AP007	Labour market assessment if vocational trainings are going to be provided to match the needs of the market.				*x*	*x*																			
AP007	Targeting and selection of targeted people			*x*	*x*	*x*																			

AP007	Promote jobs opportunities link with shelter programmes and other livelihoods opportunities based on labour market assessment						*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP007	Recruitment / allocation of NS livelihood-dedicated technical staff (i.e with business management skills)			*x*	*x*																				
AP007	Identification and mobilisation of volunteers for livelihood intervention.				*x*	*x*																			
AP007	Development of appropriate tools/Orientation/training to staff and volunteers (for instance on MEI projects, livelihoods, marked - based intervention, business plans, door to door monitoring).				*x*	*x*																			
AP007	Skills development (vocational training, entrepreneurship, business management…)						*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP007	Replacement of lost productive assets						*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*X*								
AP007	Development of micro-economic activities, Income generating activities (IGAs)…						*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP007	Monitoring to the IGAs or job placed						*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*		*x*		*x*		*x*	
P&B Output Code	**Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities**						*# of people reached with food assistance or cash for basic needs (Target: TBD)*																		
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP008	Basic livelihoods/food distributions may be in form of cash and voucher assistance or food items and NFI's.	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*X*	*x*	*x*	*x*	*x*	
AP008	Conduct Post Distribution monitoring exercise		*x*		*x*		*x*		*x*		*x*		*x*		*x*		*x*		*x*		*x*		*x*		*x*

P&B Output Code	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs	# of households are reached with multipurpose CVA to meet their basic needs (Target: 1,100)																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP081	Rapid assessment of needs and markets	*x*	*x*																						
	Coordination with govt. and external partners including Cash Working Group	*x*	*x*	*x*	*x*	*x*	*x*	*x*																	
AP081	Response option analysis to determine most efficient and cost-effective modality and recipients preferences	*x*	*x*	*x*	*x*																				
AP081	Selection of delivery mechanism and procurement of FSP for CVA	*x*	*x*	*x*	*x*																				
AP081	Programme scale up and orientation for staff and volunteers on CVA	*x*	*x*	*x*	*x*																				
AP081	Development of overall CVA plan inclusive of all sectors	*x*	*x*	*x*	*x*	*x*	*x*																		
AP081	Development of Minimum Expenditure Basket (MEB)	*x*																							
AP081	Selection of most vulnerable household based on the targeting criteria	*x*	*x*	*x*	*x*	*x*	*x*																		
AP081	Development of distribution plan and regular update	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*																
AP081	Distribution of multipurpose cash grants	*x*	*x*	*x*	*x*																				
AP081	Post distribution monitoring including markets/price monitoring		*x*	*x*	*x*	*x*				*x*	*x*				*x*	*x*				*x*	*x*				
AP081	Peer to peer learning and exposure visits			*x*	*x*				*x*	*x*				*x*	*x*										
AP081	Development of CVA case studies			*x*				*x*				*x*	*x*												
AP081	Evaluation of CVA component of EA												*x*												

Health

People targeted: 105,600
Male: 39,960
Female: 68,640
Requirements (CHF): 7,864,493

Needs analysis:

One of the main prioritized needs for the crisis affected populations is to improve access to safe and quality primary healthcare services in Beirut and other vulnerable areas that are also influenced by the economic crisis and COVID-19 pandemic. These healthcare services include emergency medical services, blood transfusion as well as primary health services such as the distribution of paramedical items and medication based on need, medical consultations, vaccination, reproductive health, referrals, etc.

With LRC **Emergency Medical Services (EMS)** being the primary first responder to crisis covering 80% of ambulance transports nationwide, the ability for EMS to continue to respond to any potential crisis while at the same time still respond to the regular ambulance missions is highly depending on the available capacity that is present at all times. A decrease in this capacity, which is at risk currently due to the economic crisis and due to damage of key EMS assets during the blast, will leave EMS with insufficient resources to respond adequately to any regular mission as well as any significant incidents or crisis that might occur in Lebanon. It might leave a high number of affected people unable to receive the needed help, with no other alternative. EMS needs to restore its contingency stocks, repair its damaged infrastructure, and sustain its resources to regain its readiness to respond rapidly to any new crisis. EMS also requires support in terms of logistics and ensuring the availability of ambulances and supplies.

LRC is also the largest provider of **Blood Transfusion services (BTS),** distributing more than 25,000 blood products annually for free. Following the establishment of a new quality management systems and the complete rehabilitation of 5 Blood Transfusion Centers out of 12 centers to meet the standards set by the Ministry of Health, BTS was focusing efforts on recruiting volunteer non-remunerated blood donors which represent today less than 6% of the total number of blood donors in Lebanon. The BTS' action would contribute to the ambitious objective of increasing the number of distributed blood products and improve safety and quality management in focusing on sustainability, blood transport system and 100% voluntary blood donors). However, after the blast there was a surge in the need of blood in the majority of hospitals and thus 13 blood centers were operating to cope with the increased demand. As such, increased amount if reagents and consumables are now needed to replenish emergency stock and supply blood stocks to hospitals in timely manner. Moreover, two BTS centers (Spears and Gemmayze) have been badly damaged and one of them lost all blood collection and testing equipment as well as blood storage devices, thus there is an urgent need for rehabilitation and purchasing equipment to recover the blood transfusion services.

Medico-Social Services (MSS) covers the primary healthcare needs mainly through healthcare centers and mobile units. The Beirut Port explosions comes on the heels of severe economic, political and COVID-19 crises generating substantial and instant humanitarian needs and long-term health consequences. It has also led to a sharp increase in poverty as many people have exhausted their savings. Vulnerable Lebanese and other at-risk groups, such as refugees and migrant workers, are increasingly unable to meet their basic needs including health. Moreover, Lebanon's health sector is struggling to provide patients with urgent necessary life-saving medical care and the restrictions to import due to the USD shortages, enhance the need to support medication, medical supplies including gloves and masks, and necessary medical equipment to support provision of quality medical services for the crisis affected population. Hence, one of the main prioritized needs for the crisis affected populations is to improve access to safe and quality primary healthcare services in Beirut and other vulnerable areas that are also influenced by the economic crisis and Covid-19 pandemic. The department is working on enhancing its operational & technical capacities to ensure quality and timely services' delivery to targeted communities across the whole country.
MSS needs:

- Medication and medical consumables for 22 health centers to cover all districts, with an additional focus on all Beirut HCs
- PPEs for staff in 36 HCs, as well as PPEs for beneficiaries seeking HCs to limit exposure to COVID-19

- Paramedical items and physiotherapy equipment to respond to needs of people with disability, and diapers for elderly assistance
- Mobile medical equipment for 2 medical mobile teams (MMT) that will be mobilized in Beirut to conduct household visits to beneficiaries who are bed-bound and/or elderly and disabled who cannot reach the HCs
- Local committee support of 22 HCs to improve the access and service utilization of the LRC health centers and decrease the out-of-pocket expenditure of the crisis affected population for seeking health care services. This includes maintenance fees, salary support of 35 HC staff, and per-diems for 22 doctors (1 Doctor in each of the 22 HCs) to ensure provision of daily medical consultations.

HR support is also needed to cover the below, (IFRC component to HR CHF 200,000):

- MoPH salary gaps of 13 staff in HCs that are not being paid by the MoPH
- 2 doctors, 2 Nurses and 2 social workers who will make up the 2 MMT conducting household visits (6 months only not the whole year)
- Fuel and 1 driver
- 2 doctors operating in Beirut MMUs as a first response (for 2 months only)
- Additional HQ staff to cover understaffing gaps including M&E officer, data management officer and HC coordinator. This will expand and enhance MSS data management, programmatic quality assurance and accountability systems, coordination structures and support the LRC health facilities to meet the MoPH accreditation standards enhancing sustainability and collaboration with the MoPH in the longer run
- Software support to incorporate and improve beneficiaries' health information system in 22 HCs
- Communication cost (primarily 3G data for social workers) and printing costs for flyers and banners

Risk analysis:

Economic situation: Issues such as rising costs and declining revenue in terms of international support are one of the top concerns to reach out the neediest and vulnerable populations with efficient, cost-effective and quality health care services (also targeting elderly and PwD) as well as distribution of free medication.

COVID-19 pandemic: Continuation of operations amidst COVID-19 has presented an additional risk on the safety and health of the frontline workers, healthcare staff and beneficiaries increasing the need for PPEs. COVID-19 also raises the stakes in reaching out the affected populations with existing chronic conditions such as diabetes, hypertension and heart diseases. Understanding, addressing, and assuring that all beneficiary level interactions and outcomes are easy, convenient, timely, streamlined, and cohesive presents itself as a significant challenge under the current environment of multi-faceted crisis.

Population to be assisted:

To help support the crisis affected populations across the country, LRC estimates to reach out approximately, 100,000 people through its health and psychosocial activities across 22 districts of Lebanon. MSS aims to improve access to safe and quality primary health services including curative care, disease prevention and health promotion for the crisis affected population through LRC Health Centers (HCs) and mobile health facilities (MMUs and MMTs). Primary health care activities will include preventative and curative medical consultations for common acute and chronic diseases; providing medical services including medication; diagnostic services; reproductive health services; immunization services, para-medical items distribution; minor trauma treatment; prevention, early detection and referral for COVID-19 and other pertinent health issues. Through community outreach work linked to the LRC HCs by the medical mobile teams (MMTs), access will be improved to the most vulnerable groups (disabled, elderly, women and girls, persons with protection needs), contributing towards the health promotion and prevention activities of the response also. MSS will closely coordinate with EMS and DMS to identify and support specialized care for the most vulnerable groups, while safeguarding the physical and social well-being of MSS-LRC staff, volunteers and beneficiaries. As per the MoPH Lebanon, services for the disabled are much needed at the PHC centers and there is a need to perform disability friendly renovations to the PHCCs including room/space to perform physiotherapy sessions if applicable and provide disability equipment including wheelchairs, walking mobility aids and daily living aids. Persons with disability will benefit from the LRC HCs service subsidization just like the rest of the beneficiaries and as per the recent protocols of MoPH for the PHCs. Similarly, MoPH

emphasized on the need to support for the Accreditation program, to ensure the quality of health care services. The MoPH PHC Subsidization protocol was introduced to ensure standardization that will be implemented to the LRC HCs also.

Responding to the emerging and rising mental health needs of the crisis affected population, MSS aims to continue delivering basic psychosocial support (PSS) and emotional support as an ongoing response in the form of psychological first aid (PFA) and remote PSS messaging at the community level. Moreover, PSS services will be further enhanced at the LRC health facilities (HCs and MMUs) level through focused PSS and safe identification and referral to mental health care in coordination with the national mental health task force and service providers specialized in provision of protection services. As per the MoPH, the provision of Mental Health services should be coordinated with the National Mental Health program to avoid duplication of efforts. The psychosocial and social services will ensure that targeted beneficiaries receive safe and quality psychosocial support relevant to their needs, situation and background and formal referral networks are established to address their additional needs in a humane and confidential manner. Moreover, social support will be extended to the elderly and people with disabilities (PwD) to improve their physical and social statuses.

Response to the COVID-19 remains crucial to ensure that the crisis affected population continues to practice improved hygiene and diseases prevention methods. With the recent surge in the epidemiological trend, MSS aims to limit the spread of COVID-19 due to the high risk of exposure in overcrowded areas by enhancing health awareness and prevention messaging. The increased population vulnerability tied to with poor compliance, anxiety and fatigue to preventive measures necessitates the need to deliver continuous COVID-19 awareness sessions to vulnerable community members, both remotely and at HCs, MMUs and MMTs. This awareness raising will include proper protection measures against the virus (increase level of community awareness on hand hygiene, cough etiquette, social distancing, prevention at home, signs and symptoms…) and key health messages. Moreover, the socio-economic impact of the financial crisis may affect the ability of the population to seek curative care and apply good hygiene practices on the individual and household levels, hence necessitating to focus on targeted messaging at the community knowledge on hygiene practices and communicable and non-communicable disease (NCDs) prevention.

Programme standards/benchmarks: Health will seek to meet SPHERE and MoPH standards to all of the activities

P&B Output Code																									
	Health Outcome 1: Vulnerable people's health are improved through increased access to quality health services	*# of people reached through LRC emergency health management programmes. (Target: 105,600)*																							
	Health Output 1.1: Improved access to emergency medical services for the targeted population and communities.	*# of people receiving emergency medical services. (Target: TBD)* *# of blood units collected. (Target: TBD)*																							
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP012	Rapid deployment of Emergency Medical Teams as needed	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	x	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP012	Train and recruit EMS volunteers (as needed)	x	x	x				x	x	x				x	x	x				x	x	x			
AP012	Replenishment of medicines and consumables for Emergency Medical Services	x	x	x				x	x	x				x	x	x				x	x	x			
AP012	Replenishment of medicines and consumables for Blood Transfusion Services	x	x	x				x	x	x				x	x	x				x	x	x			
	Health Output 1.2: Improved access to primary health care for the targeted population and communities.	*# of people receiving primary healthcare services (through 22 HCs, Beirut MMUs, and 2 Medical Mobile Teams). (Target: TBD)*																							

	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP022	Designate four HCs located in the vicinity of Beirut to receive injured people and those who need additional health services (Achrafieh, Msaytbah, Chiyah and Tarik Al Jdide).	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	x	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Maintain MMU services in geographical locations affected by the blast and most vulnerable, to attend to the most urgent health needs (1.5 months).	*x*	*x*																						
AP022	Recruit and train two medical mobile teams linked to Beirut HCs, to target the most vulnerable (disabled and elderly) depending on the need in their catchment area for 6 months.			*x*	*x*	*x*	*x*	*x*	*x*																
AP022	Provide infection prevention and control (IPC) material including: soap, alcohol-based rubs, surface disinfectants, cleaning products, waste management material (bags, trash bins), PPE (mask, gloves) etc. to ensure safety of staff, volunteers and beneficiaries and limit spread of COVID-19 through HCs and MMUs.	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	x	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Procure equipment, medicines and medical consumables for the HCs, MMUs and MMTs as per the need to improve service provision.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Provide human resources (physicians, nurses, midwives) for the selected HCs as needed to strengthen service provision capacities.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Support establishment of proper medical waste management at the selected HCs and MMUs to ensure proper disposal of hazardous waste.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

AP022	Support establishment of specialized health care services for the most vulnerable including diagnostics, consultations and treatment.	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Support establishment of rehabilitative services at HC Msbybeh (HR and equipment) that will complement MMTs as needed for the other three geographical locations in Beirut.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP022	Train staff and volunteers remotely through virtual learning platforms or in person (when feasible ensuring physical distancing and crowd management etc.) on selected health topics (COVID-19, IPC, MhGAP and others to disseminate unified health messages, follow safety measures and procedures, safe identification and referral).	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Health Outcome 2: Vulnerable population in affected area have improved community-based disease and health promotion**							*# of LRC volunteers mobilised for health activities. (Target:44)*																	
	Health Output 2.1: Communities are provided with health services to identify and reduce health risks							*# of LRC volunteers trained on ECV. (Target: TBD)*																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP011	Mobilize LRC Youth Volunteers and train them to conduct community-based health awareness and education activities linked to HCs.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP011	Conduct outreach services to affected populations including for general health services, acute conditions, chronic diseases, mental health conditions, and sexual and reproductive health, and link them to operational HCs in the area for further follow up.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

AP011	Reproduce and distribute IEC materials on community-based disease prevention, epidemic preparedness and health promotion, complemented by the use of social media and youth as agents of behavioural change (YABC).			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP011	HCs staff supervise community volunteers to receive follow-up and feedback from the population and report any unusual event (disease outbreak) to be able to detect and respond as early as possible.			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP011	Rapid rollout of National Society trainings in Epidemic Control for Volunteers					x	x	x	x	x	x														
AP011	Provide remote trainings and supervision for the community volunteers through WhatsApp call, WhatsApp messages, WhatsApp group/ support groups, Phone call and virtual learning.			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
AP011	Provide targeted educational sessions (remote or in person where feasible) to the affected populations on COVID-19 and key health messages on communicable and NCDs (WhatsApp call, WhatsApp messages, WhatsApp group/ support groups, Phone call).			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	**Health Outcome 3: The psychosocial impacts of the emergency are lessened**							*% of beneficiaries satisfied with the psychosocial support interventions. (Target: 75%)*																	
	Health Output 3.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency							*# of unique beneficiaries receiving psychosocial services by the MSS. (Target: TBD)*																	
		1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	17	18	19	20	21	22	23	24
AP023	Provide psychosocial support (PFA) on sight as a first response to crisis affected population.	*x*	*x*	*x*																					

AP023	Deliver remote PSS broadcasts and awareness sessions to beneficiaries (whether directly or indirectly affected by the crisis) on various topics: stress management, Covid-19 messages, how to communicate with children after a traumatic event etc.	*x*	*x*	*x*																					
AP023	Deliver refresher/brief PFA trainings to all relevant LRC and non-LRC staff on sight.	*x*	*x*	*x*																					
AP023	Conduct tailored focused PSS and community-based activities including support groups, parenting skills, youth resilience and children resilience through selected LRC HCs and MMUs (when feasible ensuring social distancing and crowd management).			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP023	HCs and MMUs provide opportunities for the beneficiaries to seek care through mapped mental health and protection services and follow up with CP and self-harm cases	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP023	When feasible, facilitate the participation of affected communities around HCs, through establishing child friendly and female friendly spaces for vulnerable women and girls and of all ages for integrated services and GBV prevention.					*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP023	Conduct sensitization sessions for the targeted population on PSS and PGI through selected HCs, MMUs and MMTs.				*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP023	Support PSS activities such as soft skills trainings for the persons with disabilities (PwD) and support skill				*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

	building initiatives for the family members to provide better homecare for PwDs.																								
AP023	Train medical and non-medical staff, social workers and LRC volunteers remotely through virtual learning or in person on PSS, PGI and unified protection messages through the health centers.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Health Outcome 4: National Society has increased capacity to manage and respond to health risks**							*% improvement noted in applying the MoPH standards against baseline assessment within the LRC health centers. (Target: 30%)*																	
	Health Output 4.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services							*# of SoPs, strategies/guidelines revised/developed and implemented at health centers level. (Target: TBD)*																	
		1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	17	18	19	20	21	22	23	24
AP021	Develop and implement a unified essential health care package at a flat free rate by supporting LRC local committees				*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP021	Develop and implement quality assurance and accountability systems including on-spot monitoring tools, HCs protocols and SOPs, beneficiary's complaint and feedback mechanisms				*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP021	Develop and implement HIS and pharmacy management tools at the selected HCs.				*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP021	Provide support to local committees to maintain and enhance technical and operational capacities of selected HCs to meet MoPH accreditation standards.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP021	Provide human resource support to PMER unit at MSS central and field level to enhance monitoring and evaluation capacities and develop MEAL package/tools			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

Water, sanitation and hygiene

People targeted: 10,000
Male:
Female:
Requirements (CHF): 750,825

Needs analysis:

According to the WASH cluster response plan, the impact of the explosion affected the WASH infrastructure in the city whereby some wastewater plants were damaged (like the one at Solidaire- Beirut Downtown), however water public network was not heavily damaged. The DANA assessment tool used by LRC as Phase 1 helped in assessing the damaged areas and allowed for zoning of damages and to set a plan of action for the WASH and Shelter integrated response. The assessment showed that most of the damage is in water tanks and plumbing system in buildings close to the epicentre of the explosion and thus there is a need for rehabilitation of toilets and water tanks in the household as well as ensuring solid waste management. Moreover, as people have lost their household supplies and many are displaced there is an increase in the need of safe water and hygiene kits. The focus on WASH is also based on the COVID-19 pandemic which requires access to water and application of hygiene practices and distribution of household disinfection items.

PHASE 2 of the WASH support includes direct support related to the distribution of food parcels, hygiene kits including sanitary pads for MHM and shelter kits in addition to ensuring access to water and sanitation facilities, drinking water and needed NFIs).

PHASE 3 will focus on the long-term support translated into the introduction of emergency CASH for WASH facilities' structural rehabilitation in coordination with Shelter and Livelihoods programs as well WASH in school's assessment of 400 damaged schools in coordination with the Ministry of Education.

Risk analysis:

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

Population to be assisted:

LRC is addressing WASH needs through several interventions, the shelter rehabilitation & includes WASH repair scheme like fixing toilets and water network within the household. Under COVID-19 response, WASH services are also provided in quarantine centres supported by LRC in addition to the on-going distribution of hygiene kits (including MHM), disinfection items and shelter kits.
Mitigation and risk reduction activities will be focused on ensuring the most vulnerable and excluded groups have access to essential services, particularly: Vulnerable older persons, especially those living alone, people with pre-existing illness, people living in informal urban settlements with crowded shelter or poor sanitation conditions

Programme standards/benchmarks:

Meeting SPHERE standards wherever possible, Minimum Standards for Protection, Gender & Inclusion in Emergencies (IFRC)

P&B Output Code																										
	WASH Outcome1: Reduction in risk of waterborne and water related diseases in addition to COVID-19 in targeted communities							*% of communities who are satisfied with improved living conditions. (Target: TBD)*																		
	WASH Output 1.1: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population							*# of volunteers involved in hygiene promotion activities. (Target: TBD)* *# of hygiene promotion sessions (Target: TBD)* *# of people reached by hygiene promotion activities (Target: 10,000)*																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP030	Conduct needs assessment: define hygiene issues and assess capacity to address the problem.	*x*	*x*	*x*																					
AP030	Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).			*x*	*x*	*x*	*x*																		
AP030	Develop a hygiene communication plan. Train volunteers to implement activities from communication plan.					*x*	*x*	*x*																	
AP030	Design/Print IEC materials							*x*	*x*	*x*	*x*														
AP029	Implement hygiene promotion activities tailored to COVID-19.							*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP030	Assess progress and evaluate results.										*x*														
AP030	Engage community on design and acceptability of water and sanitation facilities.		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*													
AP030	Encourage construction and maintenance of handwashing facilities as well as rehabilitation of sanitation facilities in targeted communities through cash assistance.									*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**WASH 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**							*# of households provided with a set of essential hygiene items (Target: 1,000)* *# of quarantine centres supplied with essential hygiene items (Target: TBD)*																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP030	Determine the needs for hygiene NFIs, including soap, disinfection items, water storage, and menstrual hygiene (including incontinence) for each	*x*	*x*	*x*	*x*	*x*																			

	community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.																								
AP030	Distribute hygiene kits to affected households			*x*	*x*	*x*	*x*	*x*	*x*	*x*															
AP030	Provide hygiene kits and items in quarantine centers for COVID-19 prevention			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP030	Train population of targeted communities in use of distributed hygiene kits and COVID19 items.			*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*								
AP030	Determine whether additional distributions are required and whether changes should be made.											*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*						
AP030	Monitor use of hygiene kits and user's satisfaction through household surveys and household water quality tests.									*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

Protection, Gender and Inclusion

People targeted: 105,600

Male:

Female:

Requirements (CHF): 0

Needs analysis:

All the assessments completed by different agencies have highlighted the protection concerns and needs in this crisis. Among the most vulnerable groups are those who have lost their households, the elderly, children, people with disabilities migrant workers and refugees. According to Save the Children, some of the poor families in the neighbourhoods around the port were not able to relocate and were forced to stay in unsafe shelter, in addition to the security concerns in neighbourhoods regarding theft and crime. As for the elderly the same rapid assessment reports highlights that interviewed elderly have limited mobility and are not able to access chronic disease medications and health services. Child protection was specifically one of the main issues raised, as affected children are suffering from psychological trauma and so are their caregivers who are not able to provide the needed support. In fact, a survey completed by UNICEF shows that 50% of HHs reported having children with negative behaviours/symptoms. It is important to note that these needs were also reflected in LRC assessment and plans which incorporate PGI standards.

Risk analysis:

Due to the continuously changing and unpredictable situation, stress and direct impact on protection mechanisms, there are increased protections risks such as gender-based violence, domestic violence, violence against children, neglect and exploitation; this could lead to scaling up protection services, awareness strategies and advocacy initiatives and more emphasis on referral pathways through hotlines.

Population to be assisted: All the people involved/assisted in either relief phase and through any sectoral interventions, will include PGI lenses, especially in people reached selection, delivery of interventions, monitoring and reporting. More specifically, PGI is mainstreamed through the following activities:

- PGI questions are included in the multi-sectoral assessment to capture the needs of all vulnerable population
- Staff and volunteers are trained on PGI standards and PFA
- Under the shelter assistance, additional services will be provided for those who are elderly or with specific conditions to facilitate the rehabilitation process
- Psychosocial support is provided as relief and longer-term support,
- Health centers include safe child space

Program standards/benchmarks:

- IFRC minimum standards for protection, gender and inclusion in emergencies and their correspondent guidance: "Technical Guidance: How to consider protection, gender and inclusion in the response to COVID-19 "and the "COVID-19: Protection, gender and inclusion considerations Key messages: Ensure Dignity, Access, Participation and Safety"
- SGBV, Domestic Violence, Trafficking People with disabilities, Child protection, Older people guidelines from IASC, AoR, UNICEF, CARE, UNFPA, UN Women.
- Child Protection Policy of IFRC, Code of Conduct, IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse etc.

P&B Output Code	**Protection, Gender & Inclusion Outcome 1: Communities become more safe and inclusive through meeting the needs and rights of the most vulnerable.**	*PGI standards are included in all stages of NS operations. (Target: yes)*																							
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	*# of assessments including PGI standards. (Target: TBD)* *Sex, age and disability disaggregated data is collected. (Target: Yes)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP031	Conduct an assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.	*x*	*x*	*x*																					
AP031	Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning			*x*	*x*	*x*								*x*	*x*										
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)					*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

P&B Output Code	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	# of staff and volunteers trained on minimum standards. (Target: TBD) # of referral made to specialized psychological services (Target: TBD)																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP033	Use Minimum Standards as a guide to support sectoral teams to include child protection and measures to mitigate the risk of SGBV.	*x*	*x*	*x*																					
AP033	*Include messages on preventing and responding to SGBV in all community outreach activities*	*x*	*x*	*x*																					
AP033	*Hold basic ½ day training with IFRC and NS staff and volunteers on addressing child protection (or integrate a session on addressing child protection in standard/sectorial trainings)*				*x*	*x*								*x*	*x*										
AP033	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard	*x*	*x*	*x*									*x*	*x*	*x*										
AP033	Ensure that referral systems are in place to provide psychosocial support to children, in collaboration with PSS specialists	*x*	*x*	*x*									*x*	*x*	*x*										
AP033	Provide essential services (including reception facilities, RFL, and access to education, health, shelter, and legal services) to unaccompanied and separated children and other children on their own	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP033	Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guidelines	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP084	Support in ensuring that communication channels are gender-age appropriate for an inclusive community engagement	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

Strategies for Implementation

Requirements (CHF): 5,649,609

LRC operational and organizational capacities are, for the most part, strong. The NS has conducted 10 DREFs and Appeals in the last 10 years, over a wide range of events. Learning is engrained in the NS as a means to improve their services based on each response. LRC initiated its PER (Preparedness for Emergency Response) approach including commitments in July 2020. These commitments remain a priority for the NS as a key preparedness and response organization in Lebanon. Their response incorporates the following strategic areas to ensure the NS has and continues to build sufficient capacity to scale up, and in the future scale down, their operations to meet the needs in Beirut, be prepared for secondary risks and ensure a strong reputation through the quality of services and accountability to people, volunteers, staff and governance.

This EPOA will support LRC with NS leadership strengthening through strategic support to decision making, advocacy and communications. It will support the NS volunteer management processes to ensure they are effective and motivated with recruitment, trainings, policy and procedural expectations as well as protection and recognition of their services. It will support with technical tools, guidance and surge capacity for corporate infrastructure and systems necessary across all operations and functional areas. Some examples include communications, social media, CEA and PGI in emergencies, PMER and quality and accountability standards implementation.

A Real Time Evaluation will be conducted within the first three months of the operation, using the PER Operational/RTE assessment methodology. Priorities identified will be supported to ensure the NS Preparedness and Response Mechanism is strengthened and regularly reviewed for continual improvement. The RTE results will be disseminated within the Movement and provide learning for others, particularly Urban Response and CBRNE risk preparedness and response.
LRC has developed Terms of Reference for the RTE and it will be conducted with support from IFRC technical focal points.

P&B Output Code	**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**	*% volunteers well trained and insured (Target:100%)*
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	*# of volunteers who are adequately trained and insured (Target: 1,000)*

	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP040	Ensure that volunteers are insured	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP040	Provide psychosocial support to volunteers	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP040	Ensure volunteers are aware of their rights and responsibilities	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

AP040	Ensure volunteers' safety and wellbeing including COVID 19 protocols	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP040	Ensure volunteers are properly trained in the Code of Conduct, RCRC policies and standards as well as specific technical capacities	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**	*# laws prepared (Target: 3)* *# internal regulations approved (Target: 3)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP044	Legal bases support: Red Cross law, Emblem law, IDRL and internal regulations	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP042	*Operational Support: Support with tools, guidance and regional expertise to scale up operational support resources*		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP042	*Technical Support: Support with tools, guidance and regional expertise to ensure quality and accountability during rapid scale-up*		*x*	*x*	*x*	*x*	*x*	*x*																	

P&B Output Code	Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened																								
	Plan of Action is developed (Target: TBD) *Contingency Plan is updated (Target: TBD)*																								
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP002	Continual PER review and revision							*x*					*x*						*x*						
AP002	Review hazards, risks and context for potential secondary risks		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Outcome S2.1: Effective and coordinated international disaster response is ensured**																								
	# of NS coordinated international disaster response effectively (Target: yes)																								
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.																								
	# of surge capacity deployed (Target:8)																								
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP046	Surge capacity is deployed in Cash, Shelter and Livelihood, PMER and Admin & Finance. Logistics	*x*	*x*	*x*																					
P&B Output Code	**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**																								
	# staff and volunteer trained (Target: 25) *% of target population who agree their priority needs are being met (Target: at least 85%)*																								
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP049	Ensure that the Principles and Rules, Emergency Response Framework and Emergency Appeal and DREF procedures are well understood and applied	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP049	Advocate for engagement with partner and operating NS on the promotion	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

	and use of the Principles and Rules																							
AP084	Provide technical CEA support including training to volunteers such as (Feedback mechanism, Risk Communication skills, Rumour management), CEA policy reviews, and feedback mechanism scaling-up		*x*	*x*	*x*	*x*	*x*																	
AP084	Contribute in assessments through integrating questions related to information needs, preferred and trusted communication channels into assessments data collection tools.		*x*	*x*	*x*	*x*	*x*																	
AP084	Community Communication channels are put in place to ensure communities can participate in the response, have access to needed information and influence decision-making	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

AP084	Exit strategy developed that includes community consultation and sharing of the final evaluation results with the community											*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**	*Standardized warehousing system is in place. (Target: TBD)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP042	Warehousing: technical support and resources is provided		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced**	*Active participation in the cluster and coordination mechanism (Target: 100%)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP049	Work in coordination with the Shelter Cluster	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP049	Work in coordination with Basic Assistance Cluster	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP049	*Participation in the HTC UN meetings*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Outcome S2.2: The complementarity and strengths of the Movement are enhanced**	*% of RC/RC actors reporting improved Movement coordination (Target: 85%)*																							
	Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.	*# of Movement coordination meetings. (Target: TBD)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP051	Evaluate SMCC												*x*												*x*
AP051	*Facilitation Movement coordination*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

P&B Output Code	**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.**																								
	IFRC and National Societies participate in local, national and international dialogues/meetings. (Target: Yes)																								
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																								
	# of advocacy and fundraising events. (Target: TBD) *# of communications materials produced/published. (Target: TBD)*																								
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP053	Support internal and external communication	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP060	*Active advocacy and fundraising for IFRC EA and coordinate with and support LRC fundraising*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**																								
	# of published research/evaluation supported by IFRC (Target: 1) *# of Lessons learned workshops conducted. (Target: 1)*																								
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP055	Identify opportunities for learning with other NS and Movement					*x*	*x*	*x*					*x*	*x*	*x*								*x*	*x*	*x*
AP055	Conduct an RTE of the LRCS Mechanism Preparedness for Emergency Response (PER) RTE/Operational assessment		*x*	*x*	*x*																				
AP055	Support immediate and long-term priorities identified in the PER/RTE action plan					*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability**																								
	Staff is recruited at time (Target: Yes)																								
	Output S4.1.2: IFRC staff shows good level of engagement and performance																								
	# staff recruited (Target: 3) *performance appraisals conducted (Target: 3)*																								

	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP063	HR recruitment, objective settings and appraisal at time	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S4.1.3: 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**	*# of audits implemented (Target: 4)* *# people trained in fraud and corruption policy (Target: 200)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP064	Carry out internal IFRC financial & management audits												*x*												
AP064	Support external audit to the LRC Cash Program			*x*	*x*							*x*	*x*												
AP064	Support review, training and dissemination of the fraud and corruption policy		*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP064	Maintain active risk register across all areas	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
AP064	Ensure all staff complete training on prevention of fraud and corruption; translate modules in PT Finance work	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*
P&B Output Code	**Output S4.1.4: Staff security is prioritised in all IFRC activities**	*% of security assessments carried out and updated. (Target: TBD)* *% security Plans updated in all operational areas* *100%. (Target: TBD)*																							
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
AP066	Ensure active monitoring of security	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

	context, and make sure all operations are security compliant																								
AP066	Carry out regular review of security risks, and update security rules & guidance accordingly	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*	*x*

Funding Requirements

all amounts in Swiss Francs (CHF)

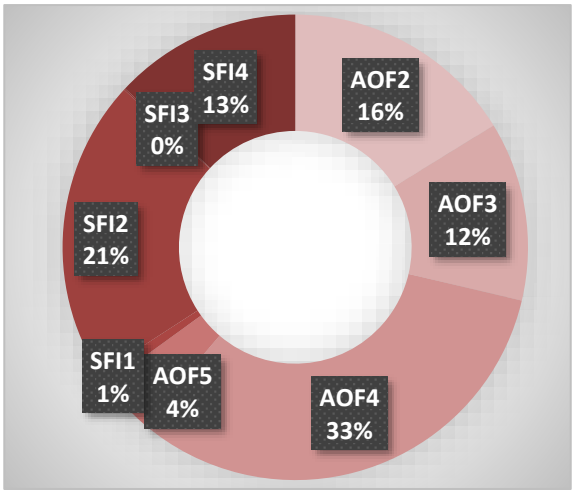
Emergency Appeal

MDRLB009 Beirut-Port Explosions

Construction - Facilities	600.000
Food	750.000
Water, Sanitation & Hygiene	700.000
Medical & First Aid	5.875.500
Other Supplies & Services	1.205.000
Cash Disbursment	3.068.000
Relief items, Construction, Supplies	**12.198.500**
Vehicles	1.955.000
Other Machinery & Equipment	200.000
Land, vehicles & equipment	**2.155.000**
Storage	62.500
Distribution & Monitoring	15.000
Transport & Vehicles Costs	1.163.067
Logistics Services	6.600
Logistics, Transport & Storage	**1.247.167**
International Staff	380.000
National Staff	115.000
National Society Staff	1.621.500
Volunteers	165.500
Personnel	**2.282.000**
Consultants	88.000
Professional Fees	65.000
Consultants & Professional Fees	**153.000**
Workshops & Training	45.000
Workshops & Training	**45.000**
Information & Public Relations	42.500
Office Costs	123.500
Communications	21.900
Financial Charges	6.000
Other General Expenses	504.800
General Expenditure	**698.700**
DIRECT COSTS	18.779.367
INDIRECT COSTS	1.220.659
TOTAL BUDGET	**20.000.026**

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	3,246,653
AOF3	Livelihoods and Basic Needs	2,489,012
AOF4	Health	7,864,493
AOF5	Water, Sanitation and Hygiene	750,825
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	4,830,379
SFI2	Effective International Disaster Management	62,516
SFI3	Influence others as leading strategic partners	20,448
SFI4	Ensure a strong IFRC	735,702
	TOTAL	**20,000,026**



Reference documents

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Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the Lebanese Red Cross

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

In the IFRC

- **IFRC Lebanon Country Office:** Cristhian Cortez, Head of Country Office, Lebanon; phone: +961 71 802 926; email: cristhian.cortez@ifrc.org
- **IFRC MENA Regional Office:** Dr Hosam Faysal, Head of Disaster and Crisis (Prevention, Response and Recovery); phone +961 71 802 916; email: hosam.faysal@ifrc.org
- **IFRC Geneva: Programme and Operations focal point:** Rena Igarashi, Senior officer, Operations coordination, email: rena.igarashi@ifrc.org

For IFRC Resource Mobilization and Pledges support:

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

For In-Kind donations and Mobilization table support:

- **IFRC MENA Regional Office:** Dharmin Thacker, Acting Head of Logistics, Procurement and Supply Chain Management, phone: +961 5 428 505, email: dharmin.thacker@ifrc.org

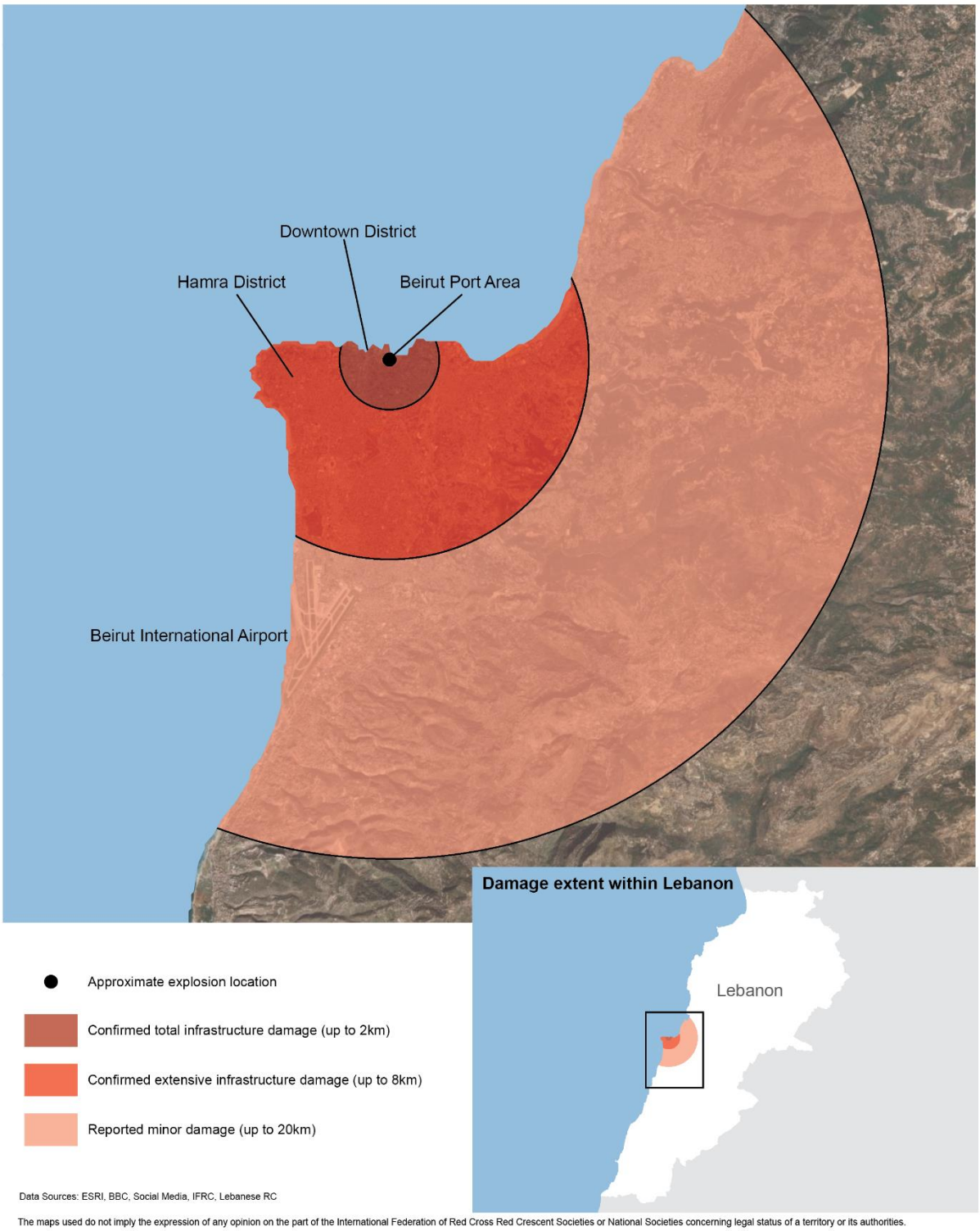
For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC MENA Regional Office:** Nadine Haddad, Regional PMER manager, phone: +961 71 802 775; e-mail: nadine.haddad@ifrc.org
- **IFRC Lebanon Country Office:** Yara Shamlati, Surge PMER Coordinator, phone: +961 79 307 820; e-mail: RRPMERCO.Beirut@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Lebanon: Beirut Port Explosion, 4 August 2020



Data Sources: ESRI, BBC, Social Media, IFRC, Lebanese RC