

ACT Alliance

Appeal- LEB201

Emergency Response to the Beirut Explosion

Budget Requested: USD 3,227,526

actalliance



SECRETARIAT: 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switz. TEL.: +4122 791 6434 – FAX: +4122 791 6506 –
www.actalliance.org

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| Project Title | Emergency Response to the Beirut Explosion | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project ID | LEB201 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | Lebanon - (Beirut area) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Period | From 1 September 2020 to 28 February 2021 Total duration: 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Modality of project delivery | <input checked="" type="checkbox"/> self-implemented <input type="checkbox"/> CBOs <input type="checkbox"/> Public sector <input checked="" type="checkbox"/> local partners <input type="checkbox"/> Private sector <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forum | ACT Lebanon Forum | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting members | Christian Aid Diakonia Sweden DSPR- Joint Christian Committee (DSPR-JCC) Middle East Council of Churches (MECC) Norwegian Church Aid (NCA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local partners | Arcenciel, Basmeh and Zeitooneh, ABAAD, IOCC | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thematic Area(s) | <table border="1"> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Shelter / NFIs</td> <td><input checked="" type="checkbox"/></td> <td>Protection / Psychosocial</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> <td><input checked="" type="checkbox"/></td> <td>Early recovery / livelihoods</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Education</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Health / Nutrition</td> <td><input checked="" type="checkbox"/></td> <td>Unconditional cash</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Advocacy</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>DRR/Climate change</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Resilience</td> <td></td> <td></td> </tr> </tbody> </table> | <input checked="" type="checkbox"/> | Shelter / NFIs | <input checked="" type="checkbox"/> | Protection / Psychosocial | <input checked="" type="checkbox"/> | Food Security | <input checked="" type="checkbox"/> | Early recovery / livelihoods | <input checked="" type="checkbox"/> | WASH | <input checked="" type="checkbox"/> | Education | <input checked="" type="checkbox"/> | Health / Nutrition | <input checked="" type="checkbox"/> | Unconditional cash | <input type="checkbox"/> | Advocacy | | | <input type="checkbox"/> | DRR/Climate change | | | <input type="checkbox"/> | Resilience | | |
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| <input type="checkbox"/> | DRR/Climate change | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Resilience | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Impact | To provide life-saving support, reduce vulnerability and alleviate suffering of the most vulnerable and displaced populations affected by the Beirut explosion. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Outcome(s) | <p>Shelter/ NFI Affected populations have increased physical security through repair/reconstruction of shelter and have access to non-food and personal items to meet their basic survival and diverse needs.</p> <p>Food Security Improved accessibility to quality and timely food and nutrition support assistance through cash, vouchers, kits distribution and enhanced health and nutrition practices for affected persons.</p> <p>MHPSS/Protection Improved affected population psychological wellbeing and access to protection services including child protection, PFA and SGBV support.</p> <p>Health Affected population injured from the blasts receives accessible quality health care, medication and rehabilitation services.</p> <p>WASH Safe access to clean water and improved hygiene practices through the provision of WASH intervention</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | <p>Unconditional Cash Affected population able to meet essential needs through unconditional cash support.</p> <p>Education Improved access to safe learning spaces and access to quality education through rehabilitation of damaged schools.</p> <p>ERL Increased access to employment, business recovery and livelihood opportunities for vulnerable individuals in affected communities.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Target beneficiaries | <table border="1"> <thead> <tr> <th colspan="10">Beneficiary profile</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Refugees</td> <td><input checked="" type="checkbox"/></td> <td>IDPs</td> <td><input checked="" type="checkbox"/></td> <td>host population</td> <td><input type="checkbox"/></td> <td>Returnees</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="9">Non-displaced affected population</td> </tr> <tr> <th colspan="10">Age / Gender</th> </tr> <tr> <th colspan="2">0 - 5 yrs</th> <th colspan="2">6 - 18 yrs</th> <th colspan="2">19 - 65 yrs</th> <th colspan="2">above 65 yrs</th> <th colspan="2">Total</th> </tr> <tr> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> <th>M</th> <th>F</th> </tr> <tr> <td>1950</td> <td>1930</td> <td>5620</td> <td>6320</td> <td>7210</td> <td>8200</td> <td>4600</td> <td>4650</td> <td>19380</td> <td>21100</td> </tr> </tbody> </table> <p>The response Appeal members in Lebanon will directly target 40,480 people living in the affected area, who lost family members or property (house and business) as the result of the explosions. The main direct target are the children, women, elderly, people with disability as well as vulnerable families who do not have the financial capacity to cope.</p> | Beneficiary profile | | | | | | | | | | <input checked="" type="checkbox"/> | Refugees | <input checked="" type="checkbox"/> | IDPs | <input checked="" type="checkbox"/> | host population | <input type="checkbox"/> | Returnees | | | <input checked="" type="checkbox"/> | Non-displaced affected population | | | | | | | | | Age / Gender | | | | | | | | | | 0 - 5 yrs | | 6 - 18 yrs | | 19 - 65 yrs | | above 65 yrs | | Total | | M | F | M | F | M | F | M | F | M | F | 1950 | 1930 | 5620 | 6320 | 7210 | 8200 | 4600 | 4650 | 19380 | 21100 |
| Beneficiary profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> | Non-displaced affected population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age / Gender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| M | F | M | F | M | F | M | F | M | F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1950 | 1930 | 5620 | 6320 | 7210 | 8200 | 4600 | 4650 | 19380 | 21100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Cost (USD) | 3,227,526USD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Schedule

| Type of Report | Due date |
|---|---|
| Situation report | Monthly for the 1 st 3 months <i>First SitRep due 1/10/2020</i> |
| Final narrative and financial report (60 days after the ending date) | 30/4/2021 |
| Audit report (90 days after the ending date) | 30/5/2021 |

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
432629.50Z

IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-

IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG

8, rue du Rhône

P.O. Box 2600

1211 Geneva 4, SWITZERLAND

Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>, Appeal Code: LEB201. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) with a copy to the Regional Representative, Rachel Luce of all pledges/contributions and transfers, including funds sent direct to the requesting members. We would appreciate being informed of any intent to submit applications for back donor and other funding, and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT MENA Regional Representative, Rachel Luce: (Rachel.Luce@actalliance.org)

ACT MENA Humanitarian Advisor, George Majaj: (George.Majaj@actalliance.org)

ACT Website: <http://www.actalliance.org>

Alwynn Javier

Head of Humanitarian Affairs

ACT Alliance Secretariat- Geneva

1. BACKGROUND

1.1. Context

On August 4, 2020, at around 6:00pm, a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. After an initial explosion, a subsequent blast caused widespread damage, with reports of damage more than 20 km from the port area. The explosions and ensuing fires reportedly released toxic materials in the environment. Hundreds of buildings including grain silos storing around 85 percent of the country’s grain, and numerous residential places have been damaged or destroyed, including many healthcare facilities and several major hospitals in the Greater Beirut area, due to the blast. UNOCHA estimate that more than 160 people were killed, over 5,000 are injured, and more than 300,000 people left homeless in the Greater Beirut area - out of which 80,000 are children according to UNICEF.

UNOCHA estimates that at least 15 medical facilities, including three major hospitals, have sustained damage. The hospitals which are still operational are overloaded with casualties and that many patients have been treated on sidewalks and in parking lots, others have been referred to nearby health care centres/ hospitals in the nearby areas. The blast has caused extra tension on the already stretched health care system, since many ICUs were already reaching capacity with COVID-19 patients. As of August 12 there were more than 7,000 confirmed cases in Lebanon, with the numbers increasing every day. According to the Lebanese Ministry of Public health, two-thirds of all confirmed cases occurred in the last 30 days.

Beirut's governor estimated the damages costs ranging from \$3-5billion, and UNOCHA estimates that at least 120 schools, used by 50,000 children, sustained substantial damage. Residential houses and small businesses in vicinity to the port will need substantial renovations, in a situation where the population is already struggling with a financial crisis and massive unemployment. Since October 2019, the Lebanese pound has lost 80 percent of its value and US Dollars, which has been used as a parallel currency, has been increasingly difficult to access. Lebanon’s economic crisis has been made more difficult by the large influx of refugees since the beginning of the Syrian civil war, and the inability to handle the situation by the government has spurred distrust and protests during the last year. The fact that such a large amount of explosives were allowed to be stored so close to residential areas for such a long time, increased the anger with the authorities among the population of Beirut, and sparked more protests. On 5th August, the Government of Lebanon declared a two-week state of emergency in Beirut, and on August 10th the government resigned, with the prime minister blaming an apparatus of corruption bigger than the state.

1.2. Needs

Beyond the destruction of private facilities and goods, UNOCHA reports that at least 15 medical facilities in the Greater Beirut area, including three major hospitals, have sustained damages. Hospitals in Beirut that were already struggling to cope with COVID-19 cases are stretched beyond capacity and some are affected with structural damages which have hindered operations and medical interventions, even for the most critical cases. The destruction of the Port of Beirut furthermore exacerbates Lebanon’s already existing economic crisis, that has spiralled in unemployment, where more than 50% of the population is living below the poverty line, and with growing concerns over food supplies as the national wheat silo was destroyed. The explosion will limit the ability to import food.

The financial uncertainties, heightened tension and the disruption of life-saving services have also exacerbated already existing gender-based violence risks at home and in public spaces. Coordinated efforts and critical interventions in different areas across all sectors are therefore required to help people cope and overcome the disaster and complex crises of economic collapse and a global pandemic.

HEALTH: Lebanon’s health system is placed under significant strain with the deteriorating economic situation, the onset of COVID-19 and the impact of the Beirut Blast, while the Health sector benefits from limited donors’ support.

Hospital buildings that were several kilometers away suffered huge material damage (5 hospitals). This has reduced the national capacity to respond to increased cases of COVID-19 and to cover the secondary health care needs of the population.

Several (19) primary healthcare centers were damaged, and 4 destroyed, putting at risk the continuity of care of thousands of people accessing these centres.

The blast severely damaged the MoPH National Central Drugs warehouse (CDW). The port is operating at only 30% of capacity, this question’s the sustainability of the medical supply chain.

Several months into the COVID-19 crisis, equitable, affordable, and quality COVID-19 testing and treatment for all people living in Lebanon is still not ensured.

Given the sharp economic downturn, the cost of private insurance, consultations, treatments, tests, transport and medication will be out of reach for many more Lebanese households and exacerbate health access challenges for refugees. (un-employment, NSSF coverage, etc.)

Increased pressure on public health services including PHCCs is observed.

Growing mental health needs, among adults and children, with limited availability of secondary health care services.

SHELTER: Capital control measures are preventing people with financial means to repair/rebuild their own houses (especially that suppliers have been requesting payments in USD).

Strains on income may prohibit vulnerable populations from conducting rehabilitation works in their damaged houses

Damage to the port may further increase the price of basic material needed for the repairs

Most families affected by the blast took refuge at the houses of families or friends, reducing the ability to maintain social distancing and COVID-19 preventative measures.

Despite several ongoing shelter assessments, there is no unified system for affected people to report, and request support.

PRIORITIES: Shelter interventions to ensure proper market-based programming and support local markets.

Capital control measures are preventing people with financial means to repair/rebuild their own houses (especially that suppliers have been requesting payments in USD).

Strains on income may prohibit vulnerable populations from conducting rehabilitation works in their damaged houses.

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Despite several ongoing shelter assessments, there is no a unified system for affected people to report, and request support.

EDUCATION: Around 120 schools have sustained damages in the area of the blast. These schools cater for over 55,000 children not to mention those who have been attending non-formal learning centers that have also been affected by the explosion.

While education is not a priority area in the initial emergency response phase, it is a vital sector that should not be neglected. The school year is expected to start in September/October 2020 but so far

there has been lack of clarity as to how this will take place given COVID 19 surge and the readiness of schools to start the new year. Similarly there is lack of clarity on start date and modality for non-formal learning opportunities.

Lack of technology infrastructure and resources needed for hybrid/online learning models particularly for vulnerable children resulting in equity challenges.

It is assumed that more and more children will be moving to the public school from the private school. This will likely push Syrian refugees in the AM shift to the second shift or out of learning making access to quality education for all children in Lebanon a challenge.

PRIORITIES: Urge MEHE to finalize the back to school plan and set dates for the start of the school year for both formal (1st and 2nd shift schools) as well as non-formal education including:

Invest in inclusive quality education programming that is flexible and adaptable allowing for continued learning opportunities for all children regardless of crises

Ensure that MEHE prioritizes quality teaching and learning, including online, that has clear guidelines, and accountability measures in place.

1.3. Capacity to respond

ACT members in Lebanon have been coordinating their interventions for several years through the ACT Forum (previously through the Jordan-Syria-Lebanon Forum and now through the Lebanon Forum). The Forum and appeal includes two local members (MECC and DSPR-JCC) who have a deep understanding of the local context and good relations with local churches and authorities. Two international members (NCA and Diakonia) have a physical presence in the country with ongoing development and humanitarian activities with 12 local partners. Christian Aid has ongoing long-term partnerships in Lebanon and has been actively coordinating with the ACT Lebanon Forum.

All requesting members have experience managing humanitarian programs in the country and have been responding to the Syrian humanitarian crisis that began in 2011. Several international members are part of coordination bodies such as the Lebanon INGO Humanitarian Forum (LHIF) and NCA is currently on the steering committee of LHIF. Local partners are also involved with the Local NGO Forum (LHDF) and other sector focused coordination mechanisms.

International members have already mobilized private funds to initiate their responses and are in the process of mobilizing funds from institutional donors (such as the Norwegian MFA and the Swedish International Development Cooperation Agency). Local members are receiving Rapid Response Funds from ACT and have received other donations to respond to the crisis.

1.4. Core Faith values

All requesting members ascribe to the core faith values of dignity, love, justice and equality. This elaborates the partners will put the human life as reverential and puts the being at the center of programming. This allows the organisations to restore the dignity of all beings ensuring they are all encompassing to work with faith and non faith organisations and individuals. Ensuring a just society will be a pillar for supporting the most marginalised, and victims of GBV.

All members are faith-based organizations and adhere to the Core Humanitarian Standard. They believe that all people have both spiritual and social needs thereby necessitating a holistic approach if their needs are to be effectively addressed. All believe that all humans are of equal value deserving equal attention bearing in mind personal integrity and selflessness as a guide to its actions.

2. PROJECT RATIONALE (Logical Framework [Annex 3])

2.1. Intervention strategy and theory of change

The main purpose of the appeal is to provide life-saving support, reduce vulnerability and alleviate suffering for the most vulnerable and displaced populations affected by Beirut explosion (Impact). Requesting members will work with existing networks in local communities (local churches and NGOs) to (1) meet immediate needs and (2) initiate recovery efforts.

The response to the immediate needs will ensure that the most vulnerable population has access to adequate shelter, clean water, sanitation, food, medicine, phycological first aid, and other basic needs. The needs will be addressed through a variety of contextually relevant modalities that includes in-kind distribution, vouchers, multi-purpose cash assistance, and mobile clinics.

The appeal will also support early recovery activities that includes the rehabilitation of damaged homes, schools and Health care facilities, rehabilitation services for medium- and long-term injuries, psychosocial support, and support to affected local business run by vulnerable individuals.

The appeal will maintain a strong focus on supporting the most vulnerable communities and protect the rights of all and address the protection and assistance needs of the affected population. The appeal approach draws on the most relevant aspects of social protection and to deliver results. The approach will also contribute to the broader social goals of stability and accountability, and of reducing inequality.

The response also factors in and mitigates the other challenges present in the context that includes the COVID-19 pandemic, economic crisis, political instability, Syrian crisis, and increasing tensions.

2.2. Impact

To save lives, alleviate suffering and provide basic necessities for those affected by the Beirut explosion and Lebanese financial crisis.

2.3. Outcomes

Shelter/ NFI: Affected populations have increased physical security through repair/reconstruction of shelter and have access to non-food and personal items to meet their basic survival and diverse needs.

Food Security: Improved accessibility to quality and timely food and nutrition support through distribution of food parcels and high-quality food items, with special focus on sick people, persons with disabilities, children and the elderly.

WASH: Better access to clean drinking water and improved hygiene practices through provision of hygiene products, with special focus on women’s needs.

Health: Affected population injured from the blasts receives accessible quality health care and rehabilitation services.

MHPSS/Protection: Affected population psychological well being is strengthened to deal with the shocks and imbalances brought by the explosion including (SGBV) preventive measures.

Early Recovery/ Livelihoods: Increased access to employment, business recovery and livelihood opportunities for vulnerable individuals in affected communities

Education: Improved access to safe learning spaces and access to quality education through rehabilitation of damaged schools.

Unconditional Cash: Affected population able to meet essential needs through unconditional cash support.

2.4. Outputs**Shelter/ NFIs**

- 1,410 persons receive assistance in rehabilitating their homes
- 6,000 persons have access to high quality of non-food items

Indicators:

- 50 vulnerable HHs damaged homes will be rehabilitated. **(MECC)**
- 1000 HHs receive bedding sets. **(MECC)**
- 200 HH rehabilitated, 5 health/education institutions rehabilitated **(NCA)**
- 70 households in Beirut and suburbs have their shelters repaired **(DSPR)**
- 30 young men and women engaged in rubble removal from the devastated areas and communities for three months. **(DSPR)**
- 25 households provided with materials to rehabilitate their homes **(CA)**
- 500 HH receive kitchen and household kits **NCA)**

Budget: 1,199,339 USD

Food Security

- 13,800 people have access to food packages/quality food items

Indicators:

- 3,250 HHs receive food kits/parcels **(NCA, MECC, DSPR CA)**
- 200 HH receiving healthy meals and nutrition awareness **(NCA)**

Budget: 273,696 USD

WASH

- 17,950 people have access to hygiene products, including menstrual hygiene kits.
- 4,000 people have access to clean drinking water.
- 800 people have access to awareness materials on Covid-19.

Indicators:

- 1000 HHs receive hygiene kits **(MECC)**
- 2200 HHs receive hygiene kits with focus on COVID-19 precaution. **(NCA)**
- 850 women and girls receive menstrual hygiene kits/ dignity kits relevant to their needs **(NCA)**
- 700 HHs benefit from COVID 19 awareness material) **NCA)**
- 1000 HHs received 24 sealed bottle drinking water (1.5 L) **(MECC)**
- 200 households received Water and Sanitation and Hygiene kits and packages provided—including household and community cleaning materials (including rubble removal). **(DSPR)**
- 1,150 HHs receive hygiene kits and PPE “gloves & masks” materials **(CA)**

Budget: 117,653 USD

Health

- 250 (125 males / 125 females) people have access to medication for chronic diseases
- 3,000 post injury people have received treatment and rehabilitation services and home care services.

Indicators:

- 250 (125 males / 125 females) people out of the 3,000 have received access to regular medication to treat their chronic diseases through in kind donations. **(Diakonia)**
- 100 out of the 3,000 people who were unable to reach a healthcare facility have received home care services. **(Diakonia)**
- 3,000 (1,500 females / 1,500 males) post injury people have received treatment and rehabilitation services including physiotherapy at the emergency centre and through home - based care services. **(Diakonia)**

Budget: 47,419 USD

MHPSS/Protection

- 3,250 people have access to MHPSS services, including GBV survivors, either through centers or home services.

Indicators:

- 2,750 (1,250 males / 1,500 females) People out of the 3,000 who were affected psychologically and physically and are experiencing post-traumatic stress syndromes have received psychotherapy sessions as well as speech therapy sessions and psychomotricity sessions as preventive measures. **Diakonia**
- 300 protection cases (women and children) are addressed or referred and receive appropriate legal, medical or psychosocial support services **NCA**
- 200 individuals receive PFA support **NCA**
- 3 shelters/Centers receiving GBV survivors supported (**NCA**)

Budget: 13,752 USD

Early Recovery/ Livelihoods

- 60 Affected broken businesses related to individual HHs are recovered/ supported through financial grants/material support.

Indicators:

- 20 affected business recovered (**MECC**)
- 40 business supported (**NCA**)

Budget: 116,000 USD

Education

- 2,350 children have access to education.

Indicators:

- 3 schools rehabilitated including WASH section with at least 750 students' beneficiary /school (**MECC**)
- 100 boys and girls receive electronic devices and emergency school kits in preparation for schooling (DSPR)

Budget: 120,000 USD

Cash assistance/Vouchers

- 8,500 people have access to cash assistance.

Indicators:

- 875 HHs receive cash assistance /voucher (NCA)
- 100 households received unconditional cash grant to help them meet their basic needs. (DSPR)
- 1,150 HHs provided with cash assistance (CA)

Budget: 273,900 USD

2.5. Preconditions / Assumptions

The appeal is planned based on the following assumptions:

- The target areas affected are accessible with no major logistical challenges.
- Availability of food and supplies in the local market imported through alternate ports (Airport or Port of Tripoli).
- Relatively stable political environment that does not escalate into civil unrest in and around targeted areas in a manner that delay or prevent access.
- Communities accept the intervention.
- Local leadership buy-in, Local authorities and the government is cooperative and allows for activities to take place.

- Government restrictions linked to COVID-19 will allow activities to proceed without delays.
- Financial institutions continue to allow accessing and using fresh funds transferred from abroad.
- Sufficient funding is secured
- There is availability of goods for procurement
- Access is possible for distribution to take place
- Prices of goods do not increase such that procurement is impacted

2.6. Risk Analysis

As with any humanitarian response, the success of the response is contingent to the mitigation of major risk factors. The main risk factors identified in the risk analysis can be summarized as follows: **External: Political instability** that exacerbates the security situation and hinders access to targeted areas and beneficiaries. Members plan to mitigate these risks by ensuring that local partners have a long established presence and reputation with all groups in the affected areas. The Lebanon Forum will also ensure that the EPRP is updated and takes these risks into account.

Escalation of the security situation in Lebanon hinders access to affected areas and impacts security of NCA and partners safety and security.

Mitigation: NCA is a member of the “Saving Life Together” safety and security group. This group facilitates communication between UNDSS and NGOs and sharing direct security updates on the spot from the field. Moreover, NCA security coordinator is currently based in Lebanon. NCA has reviewed its security plans and scenarios to enhance preparedness. Moreover, the trust built by NCA and its partners in the community has proven on different occasions such as upon the explosion that it is the most efficient prevention and response mechanism.

External: COVID-19 cases in Lebanon are on the rise and are hitting record numbers of daily confirmed cases. Members are ensuring that COVID-19 prevention measures are streamlined in all activities to ensure the safety of staff and beneficiaries.

Internal and External: coordination. There is a risk of duplicating efforts, coordination challenges, and adopting a systematic approach in the response due to the complexity of the coordination mechanism at the national level and the variety of actors responding to the crisis (personal initiatives, community initiatives, local organizations, government bodies, international INGOs, UN entities, direct bilateral support, ect.). ACT members will ensure they are sharing and receiving information from the different coordination mechanisms such as the Emergency Operation Cell (EOC), Lebanon Humanitarian INGO Forum (LHIF), Local Humanitarian and Development Forum (LHDF).

Internal: Access, Having Beirut port as the main entry point for goods to Lebanon, there will be a lack of basic food and non-food items needed in the country.

Mitigation: members are in direct coordination with relevant UN clusters set to manage logistics as well as national stakeholders and will advocate through the NGOs forum for prioritizing key resources needed for the response. In parallel, NCA partners will prioritize local products whenever possible and will benefit from the fresh money transfer to the country to be able to empower partners and suppliers to facilitate supply chain management. Partners are also aiming when possible to receive raw material directly from the UN (example: exploring the possibility to have raw material from WFP)).

2.7. Sustainability / Exit strategy

Through the ACT Lebanon appeal, churches worldwide can stand by the affected people and show solidarity with Lebanese people in need. The proposed activities will provide the direct lifesaving

materials to people who lost everything, but the longer-term intervention will be concentrated on adequate recovery, especially in the area of psychosocial support and livelihood interventions. The activities in the appeal aims to have a long-term impact where those affected by the explosion can retain their normal life and to preserve their dignified life. The requesting members of the appeal are either local members or working through local partners. The people targeted in the activities, will have continued support through these local actors.

Interventions are planned to function in a long-term setting, or move into phases where local partners can continue their work independently. For example, will shelter activities include rehabilitating buildings to a more durable standard. Households receiving emergency response packages, both for food security and WASH, will be registered with the implementing partners, who will be able to support them in the longer term through existing development programmes, such as vocational training and entrepreneurship initiatives. Unconditional cash transfers enable households to invest funds where they most need it. By providing this safety net, such transfers not only support immediate survival, but also promote resilient livelihoods.

For the activities based around mental and physical health services, specific exit strategies are in place. The mobile centers supported by NCA through Abaad, are a part of an existing programme, which will continue after the implementation period of the appeal. Diakonia and Arcenciel forecast a need to keep the health center open for an additional year after the end of the project. Further funding will be sought to support the recovery phase. Home therapy sessions will still be given by volunteers to patients in need and patients who used to visit the center will be directed to Arcenciel’s Jisr el Wati (located in Beirut suburb).

3. PROJECT IMPLEMENTATION

Does the proposed response honour ACT’s commitment to Child Safeguarding? Yes No

Members of the ACT Alliance have a commitment to prevent misconduct and to safeguard children. Staff of ACT members are personally and collectively responsible for upholding and promoting the highest ethical and professional standards in their work. All staff involved in the response are required to sign the ACT Code of Conduct, and requesting members will ensure communities are aware of the expected behaviour of staff.

Members of the ACT Lebanon Forum have a zero-tolerance approach to abuse and exploitation of any kind –physical, verbal, emotional or sexual to children. Staff, partners, associates and volunteers working on the appeal will be oriented during the inception phase on Child safeguarding commitments and child protection policy of ACT Alliance. This step will ensure a safe working environment for all those engaged in the appeal, for the safety and well-being of the children and communities they will come into contact with. Child safeguarding commitments will apply to all members employees, community volunteers, consultants, contractors and trustees. Compliance with Child Safeguarding commitments will be included in all contracts and will be read and signed by anyone joining the organisation.

3.1. ACT Code of Conduct

ACT members are committed to guard against the abuse of power by those responsible for protection and assistance to vulnerable communities. Especially in humanitarian crises, the situation of affected populations presents a particular ethical responsibility and duty of care on the part of

ACT members and other humanitarian actors. Therefore, ACT members have a responsibility to ensure that all staff and volunteers are aware of the code of conduct, sign it, and understand what it means in concrete behavioural terms. ACT members also ensure that there are proper mechanisms in place to prevent and respond to sexual exploitation and abuse. ACT member staff, volunteers, and visitors are expected to sign and adhere to the ACT Code of Conduct. During orientation, staff and volunteers receive the ACT Code of Conduct in English and local languages to review and sign, ensuring that all understand the code's contents and are aware of related expectations as a result of the code. In case any incident occurs, a complaints and response mechanism is in place to address beneficiary feedback, including addressing violations of the ACT Code of Conduct. Disciplinary measures are in place to address a staff member or volunteer who violates the Code of Conduct. ACT members will continue to ensure that the principles of the Code of Conduct are incorporated into planning and implementation of activities under the Appeal. Moreover, the ACT Code of Conduct will be communicated to the beneficiaries and that they will be made aware of the complaint mechanisms available for their use. Proper complaints and handling mechanisms will be put in place at community level, District and National level.

3.2. Implementation Approach

The approach of implementation in response of the Beirut explosion will be through a coordinated national appeal for five organisations. The idea of working through national forums is to better assist ACT members and make use of shared opportunities among requesting forum members. Opportunities for collaboration in the forum will be identified to ensure coordination, shared accountability, and learning. Each of the requesting members will be responsible for implementing their respective proposed activities. The overall coordination of the appeal will be done through an Appeal Coordinator function, which will be hosted by one of the members, working closely with Appeal leads in each organization. The coordination will also have close support from the ACT Secretariat in MENA. The primary mode of implementation will be through local members and partners. At community level, the appeal implementation will be centered on participatory approaches; to identify the beneficiaries, market systems development and implementation of major activities. This ensures ownership and sustainability of the activities after project closure. The international organisations will offer partners capacity building on major development themes such as Core Humanitarian Standard (CHS), finance and grant management. The communities are supposed to profit from stronger local organisations. The members involved in the Appeal, along with others still planning, will define their implementation plan and operational arrangements once on-going assessments are completed and scale-up funding is mobilized. These will all be captured in any further revisions, SitReps and 4W/5Ws under this response.

In response to the gaps identified through the need assessment conducted by different humanitarian actors in Lebanon, and communicated and coordinated with local partners and stakeholders, members of the appeal are paying extra attention to GBV prevention, physical and mental rehabilitation, and unconditional cash transfer programmes.

NCA partners ABAAD will deploy mobile teams, targeting the various affected locations in Beirut. The mobile teams are a method developed by ABAAD in Lebanon, which has previously proven successful in reaching large number of beneficiaries with limited resources. The mobile teams will provide psychological first aid to individuals and families, disseminate information about available services including ABAAD's 24/7 hotline which was launched to manage urgent basic needs (health, shelter, food, hygiene/dignity kits) and to facilitate referrals to specialised services protection, GBV and MHPSS. ABAAD will conduct household visits to assess families' needs and will integrate key messages on GBV, MHPSS, COVID-19 and PSEA through the mobile team's community outreach and awareness raising activities. These activities will provide an entry point for the mobile teams to safely identify anyone in need of protection services, including survivors of GBV or those at risk of

violence. Women and girls in need of further support will be referred to ABAAD's static safe spaces to access the needed GBV services.

Since both regular medical procedures, as well as the growing mental and physical rehabilitation needs, cannot be fulfilled by the remaining hospitals in Beirut, Diakonia and Arcenciel propose to establish an emergency centre in Rmeil as well as a fully operational mobile unit which offers home based health services. The objectives will be to meet the needs of the populations in difficulty through provision of physiotherapy, psychotherapy and paramedical services as well as the distribution of medical supplies for people in need in the Beirut neighborhoods of Gemmayze, Karantina, Karm el Zeitoun, Badawi, Mar Mikhael, Geitawi and Ashrafieh. The emergency centre will last for a period of 6 months to provide rehabilitation services to over 3,000 beneficiaries who got affected by severe injuries. The centre will consist of 4 rooms (psychotherapy, physiotherapy, speech therapy and paramedical services) and a reception area.

In the aftermath of the explosion, households - especially those that were already vulnerable - will incur assorted costs, including rent, fuel and medicine. Unconditional cash transfers granted to households will allow them to address these needs and promote their recovery and resilience to crisis. Christian Aid, MECC and DSPR will engage in cash transfer programmes, in order to account for family's expenses beyond any in-kind distributions they might receive.

An important dimension of the appeal, is the implementation coordination with and through churches and church bodies, lead by MECC. MECC will coordinate and cooperate with member churches in targeted areas in order to develop the realistic assessments on the ground, avoid duplication of beneficiaries, sharing their data and using their existing facilities in places where people will have limited access outside their districts and can reach existing facilities related to churches or LNGOs. To achieve this, MECC has already established an ecumenical relief committee composed of MECC team and member churches to coordinate MECC relief work and to plan for longer sustainable intervention in the future. ACT Lebanon Forum will share part of those meetings in order to reach utmost coordination mechanism and to bring all ACT implementing members much closer to the churches. Although all churches initiated their own relief committees to meet the needs of their people and others, but all are in need to a body like MECC to coordinate their works and discern the present and future needs.

3.3. Project Stakeholders

Key stakeholders include beneficiaries, communities, local authorities, churches, ACT members, implementing partners, humanitarian workers, clusters and UN agencies. All stakeholders will be engaged throughout the project cycle to participate where relevant, provide input and feedback, exchange information and facilitate coordination. Projects are designed in line with beneficiary needs, and through participatory techniques, throughout the project cycle. Project information will be shared with communities, and engagement with local authorities and other actors will involve sharing project information for approval, access and coordination purposes. All project information will be cross-checked to avoid duplication.

Members follow a participatory approach in all their programmes through the discernment of people's realistic needs in all aspects of project cycle and management. Participation of rights holders through different interviews, focal group discussions and registered information in rights holders' applications represent the real source of documented information in addition to needs assessments that members conduct. Stakeholders include, among others, rights holders, MECC partners, funding churches, LNGO's, CSO's, INGO's, religious leaders and community leaders.

Targeted beneficiaries include the most vulnerable and needy families, which will be selected after consulting with the community leadership bodies. Criteria considered include, among others: household directly affected by the explosion, women headed households, households having elderly, disabled, chronically sick people or where the breadwinners have lost their source of income due to the blast.

3.4. Field Coordination

In order to ensure an efficient response, an ad hoc emergency coordination architecture has been launched, under the leadership of the Humanitarian Coordinator, supported by OCHA. The proposed structure, named Emergency Operation Cell (EOC), was agreed by the Humanitarian Country Team (HCT) on 8 August and is composed of representatives of humanitarian stakeholders responding to the consequences of the explosion and the sectors prioritized by the HCT (Food Security, Health, Protection, Shelter, WASH and Logistics & Emergency Telecommunications). The EOC is furthermore linked to other critical functions of the emergency response, namely assessment and analysis, urban search and rescue and environmental issues. This new structure will work and identify linkages with the pre-existing coordination structures related to the COVID-19 response and the Lebanon Crisis Response Plan (LCRP), looking at opportunities to streamline efforts where possible. Moreover, the EOC will support collective efforts to transition towards recovery and reconstruction.

Among the representatives of the EOC are the LHIF (Lebanon INGO Humanitarian Forum) as a representative from INGOs; in which Diakonia and NCA are members and can thus ensure that the coordination of project activities are in line with the coordinated response of the EOC and of other INGOs, in order to minimize gaps and ensure the response reach the most vulnerable population.

Local partners are continuously coordinating with the main international humanitarian actors and legal authorities nationwide, notably with the WFP, UNHCR, Ministry of Social Affairs, and the Ministry of Public Health, and are regularly attending sector the Inter-Agencies sector groups. Local partner such as Arcenciel are also active members in the Local Humanitarian Development Forum which connects all active local NGOs in Lebanon to ensure that interventions respond to the existing gaps with minimal duplications or overlapping.

NCA's partner ABAAD has been nominated to co-lead the PSEA network in Lebanon with which coordination is done to ensure the publication of new and relevant resources such as "Sexual Exploitation and Abuse Zero Tolerance during Times of Crisis". ABAAD is also working with the National Mental Health Programme at the Ministry of Public Health (MoPH) and has developed a Self-Care Manual for Front Liners in times of crisis. ABAAD is also attending meetings of the Protection Core Group and other technical working groups such as: SGBV Taskforce; National MHPSS Task Force; CMR Working Group; PSEA Task Force.

Members will continue to coordinate internally through the ACT Lebanon forum. Implementing members and partners will coordinate the response with:

- Lebanese Local Authorities (Municipalities, and Internal Security Forces)
- Medical and Healthcare Service Providers
- Food Security InterAgency Work Group
- Livelihoods InterAgency Work Group, and
- WaSH InterAgency Work Group
- Healthcare providers, hospitals, dispensaries, pharmacies
- LNGO Forum members
- Education sector particularly in the affected areas
- Member churches of MECC

This will include information-sharing and specialised referrals, setting operational plans, and participating/collaborating on the execution of distribution processes, to avoid duplications and

overlaps. Members will ensure to fill gaps in unattended areas and with identified beneficiaries and will coordinate with Forum members, local partners and churches on activities avoiding duplication and missing on unmet needs.

3.5. Project Management

Requesting members will be supported by the Forum Coordination and the ACT Secretariat Regional Representatives. Forum members are part of national humanitarian teams and attend meetings in collaboration with the UN, Government and other INGO's involved in emergency response activities. Members will during implementation involve the other local NGOs, local structures and community leaders in co-coordinating the relief intervention. The purpose will be to maintain transparency and harmony in the process of selection of beneficiaries, project implementation and project accountability to avoid any possible duplication.

The Christian Aid project management team will consist of one Programme Manager and one Programme Officer, with support from a Regional Humanitarian Manager and Humanitarian Operations Officer. They will provide overall project oversight and support to implementation, which will be managed by the partner's project staff, including an Emergency Operations Manager, a Project Coordinator, a Project Engineer, a Logistics and Procurement Officer, a Finance Officer and a Monitoring and Evaluation Officer

Diakonia's response with Arcenciel will be managed by the Diakonia Programme Officer with the support of a Project Officer and Finance Officer all based in Beirut. The regional office and head office will provide technical expertise and oversight while the Lebanon Country Director will lead coordination with ACT Forum and its members in Lebanon.

NCA have been based in Beirut and have ongoing projects with the proposed partners. The team consists of a Country Director, a Head of Mission and GBV specialist, WASH specialist and security specialist, with support on Finance and MEAL from Amman.

The MECC team will consist of the Regional Director, Program Director in Lebanon, an assistant program director, a field officer (M&E), and the Finance Manager. The Regional Director will provide overall supervision, advice and guidance. The Program Director will head the coordination of all activities with field workers, volunteers and MECC project coordinators.

DSPR-JCC: A project manager is hired to lead the implementation of the appeal and support field work of DSPR components of the appeal. Other team members include finance officer, field coordinator and executive director will work together on the implementation of the intervention. Each requesting member has the responsibility to keep the coordinator and convener of the forum informed of progress within their activities, as well as submitting site-reps once every three months, an interim report (narrative and financial) after six months and a full report by the end of the project.

MECC will work closely with local churches and will play a coordination role with local churches to ensure activities are complementary and there is no duplication internally with other church actors and externally with other government or non government stakeholders.

A **Forum Coordinator** will be recruited to lead Appeal implementation and coordinate the collaboration, reporting and learning processes of all requesting members.

3.6. Implementing Partners

Christian Aid will work with long-term partner Basmeh and Zeitooneh to implement activities. B&Z will be supported by Christian Aid Programme Manager and Programme Officer, in accordance with existing partnership agreement. This is reviewed on an annual basis and details the purpose of the partnership, including key objectives. Project Funding and Reporting Agreements also form part of the Partnership Agreement and are developed and signed for each project, detailing grant and transfer information, and reporting requirements.

Diakonia will work with Arcenciel as the local partner. Diakonia has been working with Arcenciel since its establishment in 1985 and has supported their humanitarian efforts across the span of all the crises that Lebanon has gone through. Arcenciel is a Lebanese based non-profit NGO, which supports Lebanon's most underprivileged and marginalized communities, regardless of religion, political affiliation or nationality. Arcenciel operates 12 centers across Lebanon and works with 580 volunteers, of which 43% are living with disability or other difficulties.

Norwegian Church Aid will work through Resource Center for Gender Equality (ABAAD) and International Orthodox Christian Charities (IOCC). **ABAAD** is a non-profit, non-partisan, non-confessional organisation that was founded in 2011, based in Beirut, Lebanon. ABAAD aims to achieve gender equality as an essential condition to sustainable peace, democracy and social and economic development in the MENA region. Since 2016, ABAAD has partnered with NCA to provide a continuum of services to GBV survivors, counseling services to perpetrators of GBV and advocating at the local and national level. Through its service provision and advocacy work, ABAAD has received international acknowledgment and is seen as one of the key regional actors for GBV services and mitigation. NCA and ABAAD actively participate in Lebanon Protection clusters working on GBV, within the region. **IOCC** is a faith-based and strategic partner and well-established organisation that is respected by relevant stakeholders. IOCC has large outreach and accessibility throughout Lebanon and provides contextually and culturally relevant (sensitive) responses.

Along with the community members, NCA and partners have developed and implemented activities that are **inclusive and participatory** to alleviate the suffering of women, girls, men and boys. This approach allows NCA an opportunity to impart technical expertise and administrative support systems among partners. Furthermore, NCA's technical know-how along with partners' **localised contextual understanding** and existing relationships with the relevant stakeholders and the communities they serve has proven to be beneficial in NCA's humanitarian responses.

3.7. Project Advocacy

The project will take humanitarian advocacy as a vehicle to uphold rights, including right to food, shelter and personal hygiene. The rights for women and other marginalised groups will be incorporated; issues to do with sexual and reproductive health rights, such as access to sanitary pads can be singled out as an important element to advocate for, as these are likely to fall out of the priority list of stocks. The work against GBV which often increases in times of crisis, will also be advocated against, and awareness materials and sessions are prioritized. Project implementation teams will facilitate community level advocacy for the rights holders to demand fulfilment of their rights and accountability from government and other duty bearers. Through continued consultation and assessments, members will identify specific needs for advocacy and plan accordingly.

Members will coordinate on advocacy initiatives with the ACT Forum, led by the Programme Policy and Advocacy Advisors. Key messaging will focus on highlighting the pre-existing crisis and vulnerabilities of communities prior to the explosion, and how these have been compounded by recent events. It will also emphasise the key role of civil society and promote the localisation agenda.

In addition, CA will support implementing partner Basmeh & Zeitooneh’s and community-level advocacy efforts.

3.8. Private/Public sector co-operation

NCA will continue to coordinate with relevant authorities at various levels, including local health authorities and municipalities.

3.9. Engaging faith leaders

Faith leaders can quickly access the grassroots levels of communities, keeping a pulse on the challenges experienced by local populations as well as the general mood of the community regarding socio-economic and political issues facing the community. ACT Alliance also works with faith leaders to disseminate critical protection information to communities and to mobilize community participation. MECC started coordinating with churches on the ground immediately after the explosion, and are using their networks to both access information and reach communities. Faith leaders will be key players with other gatekeeper to mobilize communities for participation in the project. They will also be agents of change in tackling harmful cultural practices hindering women to effectively participate in the project. They will be entry points for dissemination of important project messages for the wider community.

MECC will extend basic needs and support to those affected by the blast in coordination with member churches. MECC will use the existing mechanism in the churches for distribution. The distribution is being done to date through the hosting venues, church venues with MECC supervisory team. Faith leaders have hosted already hundreds of displaced and are alleviating their suffering through material support, health and mainly trauma healing. Faith Leaders are key players in Lebanon and capable of getting messages across to the local government and international community. As MECC and as ACT members, working with and through the churches could double the impact of the work and consequent effect.

Simplified work plan

| | Relief phase | | | | Early recovery | |
|------------------------|--------------|-----|-----|-----|----------------|-----|
| | 2020 | | | | 2021 | |
| Activities | Sep | Oct | Nov | Dec | Jan | Feb |
| Food Distribution | | | | | | |
| WASH | | | | | | |
| Shelter Rehabilitation | | | | | | |
| Cash assistance | | | | | | |
| MHPSS support | | | | | | |
| Health services | | | | | | |
| Livelihood support | | | | | | |
| School rehabilitation | | | | | | |

4. PROJECT MONITORING

4.1. Project Monitoring

Members are committed to ensuring that all activities are implemented in a timely fashion as per the action plan and that beneficiaries receive quality assistance in a dignified and respectful manner. Requesting members and implementing partners will develop data collection tools necessary for monitoring and reporting and continue to track and sort data, disaggregated by gender, nationality, and age group.

In line with these MEAL plans and existing results-based management systems and processes, requesting members and partners will monitor project performance against indicators and identify results and learnings. Continuous participatory consultations with beneficiaries will take place at regular intervals throughout the project, through focus group discussions, surveys, questionnaires, and other active feedback mechanisms. These will measure achievements of targets and results, which will be reported as part of regular progress reports. Success and impact stories, personal testimonials, lessons learnt and recommendation for future projects will also be developed. Where implementing partners are involved, requesting members will regularly follow up with partners and review relevant documentation.

All project monitoring procedures will ensure that activities are being carried out according to plan, as well as assess levels of beneficiary satisfaction, how the project has met their needs, if any challenges were faced, and if they have any further feedback or complaints. This information will be used to inform and adapt the project, as necessary.

Regarding financial monitoring, budget and expenditure will be reviewed regularly and progress reports prepared. Proofs of payment, invoices, receipts will be collected, filed and reviewed as per donor policies and agreements, and procurement procedures will be followed and documented accordingly.

The forum hope to engage a coordinator, who will be responsible for the overall monitoring and reporting of the appeal. ACT Secretariat will also take part in monitoring by conducting a joint monitoring visit if possible and the situation allows. ACT will coordinate within the forum and involved members to decide the best way to do a monitoring trip. ACT Secretariat will also provide the needed support for members during implementation and will be discuss best way to have remote monitoring as needed.

4.2. Safety and Security plans

ACT Alliance views staff safety and security as a serious concern for all its members and those that it interacts with. It is noted that due to the increasing hostile environment that humanitarian workers at times face as they carrying out their work, ACT will ensure that there is adequate safety and security measures put in place to ensure that everyone is protected. The ACT Coordinator will ensure that there is provision for necessary training and together with the selected INGOs with expertise on safety and security measures develop risk management tools in order to improve the safety and standards for all humanitarian workers. Furthermore, ACT Alliance upholds the Do No Harm principle among other humanitarian principles and will ensure that all its project teams are well aware of what they entail. The ACT members will ensure that necessary trainings will be offered to all project implementers so that they observe all the humanitarian principles which are of great importance in order to work well among staff and with respective communities. Additional support will be provided by the ACT Safety and Security Community of Practice (SSCP) as necessary.

CA implementing parnter Basmeh and Zeitoneh has a safety and security protocol which is followed by all staff. Up-to-date information and security of the area of distribution is maintained through ongoing communication and coordination with relevant authorities, security bodies and stakeholders. Furthermore, both CA and BZ are committed to 'Do No Harm', and have robust Safeguarding, PSEA and Child Protection policies, as well as Codes of Conduct. BZ is also finalising a Duty of Care policy for staff. Data protection principles and beneficiary confidentiality will be strictly adhered to ensuring beneficiaries are not placed at risk of violence, detainment or discrimination.

MECC has safety & security policies that cover managerial & field operations. The procedures are updated based on risks & scenarios. MECC will follow its existing policies (procurement, gender, children and adult safeguarding, etc..). MECC will adopt online procurement to limit personal contacts or meetings. MECC has a specific country security plan and it is revised periodically to

reflect the realistic situation in all targeted places and insure utmost safety of beneficiaries and staff. Code of conduct and CRM in place. MECC commits to Do no Harm.

Additionally, and with the spread of the international COVID-19 pandemic, MECC began issuing weekly reports on the evolution of the virus' outbreak at country level in order to collect appropriate data and regulations issued by many related ministries involved to respond to this pandemic, in order to update MECC contingency plan and issue adequate instructions to staff.

MECC offices are equipped with required safety accessories and materials including all hygienic items masks, gloves and special anti-virus vests that will be used upon monitoring some ongoing programs.

JCC are equipped with required safety accessories and materials. JCC will ensure while implementing its programs to have her staff equipped with hygienic items masks, gloves anti-virus vests will be used upon monitoring some ongoing programs and with COVID-19 tests if required for the team on the field.

4.3. Knowledge Management

The ACT forum members intend to make use of the Monitoring and Evaluation expertise within respective organisations towards the production of quality data collection tools that will enable the project team to capture data, analyse and produce meaningful reports for the benefit of the project. The forum will also conduct monthly review meetings with project implementers. These meetings will give a platform where there will be sharing of experiences, progress and discussion on possible way forward where possible.

The implementing partners will be responsible for day to day collection of vital project information which they will be sharing on a monthly basis to ACT Forum coordinator. All reports will be compiled by the Implementing Partners while reviewing of the reports and finalisation will be done by the thematic focal persons within the respective INGOs who will then submit the finalised reports to the ACT Coordinator.

Monitoring and Evaluation departments at requesting members will be available to give support at all times in instances which pertain to data collection and analysis. The lessons learnt during the course of the appeal will be used as a basis for future corrections in similar projects and will also be of beneficial as the project is being implemented.

The implementing members and partners will be responsible for collecting case studies, stories depicting good practices at least on a quarterly basis. The significant stories of change will be a basis for replication or upscaling of best practices within the project. The knowledge products will be turned into materials that can be used for providing updates to stakeholders (e.g. SitReps), continuing fundraising, communication to various audiences, and reporting to donors and constituents. An independent evaluation is also planned should the Appeal reach the required funding benchmarks.

5. PROJECT ACCOUNTABILITY

5.1. Mainstreaming Cross-Cutting Issues

Gender (gender sensitivity/gender equality) and Gender Based Violence: Given the high priority the requesting members attach to gender equality, and the organisations' intention to deliver on its commitments to end violence against women and girls, the current appeal endeavours to meet the specific needs of women, girls, boys and men across the response. In order to do so all projects have been developed with reference to requesting members' policy on Gender Sensitive Programming and minimum standards for inclusive programming.

During emergencies, the risk of violence including sexual violence, exploitation and abuse is heightened, particularly for women and girls. Gender inequalities that exist before an emergency are often exacerbated, family and community structures which often provide protection and

security often break down as people are displaced, and existing services for GBV and MHPSS may be disrupted due to damages to safe spaces usually offering protection and support. Several areas of Beirut were affected by the explosion. Individuals and families have been displaced or have homes which have been damaged, and many are in need of basic assistance. Furthermore, communities throughout are experiencing psychological distress and trauma.

GBV related issues and the needs of the most affected families will be prioritized and assistance provided to support survivors of GBV or women and girls at risk of violence as well as to other community members affected by the explosion. Activities include conducting community outreach activities, focusing on the provision of psychological first aid (PFA), dissemination of information and awareness-raising about available services, including key messages on GBV, COVID-19 and PSEA, distribution of dignity kits to women and girls of reproductive age to contribute to well-being, mobility and safety, and the safe identification and referral of GBV survivors and those at risk to specialised services.

Resilience: local implementing partners are national NGOs with a strong background in sustainable livelihoods and human rights based approach to development, and will apply this knowledge where relevant and possible. In line with the LRRD-principles, ACT members will continue to consult with the local communities throughout the project implementation phase to ensure sustainability and resilience. The inclusion of cash programming will be prioritized to meet essential needs whilst also supporting the necessary transition phase towards more durable rehabilitation. Direct support to communities and GBV survivors will have a sustained impact at personal and household level in terms of providing psychosocial, legal and practical support to women and girls in a highly traumatized setting, developing skills to improve communication, and self-confidence to integrate socially and economically.

Environmental protection: The members are committed to the protection of the environment by integrating environmental considerations into the planning and implementation of all development initiatives, regardless of their sector of focus. Contamination of the environment will be reduced through safe disposal of grey-water, garbage collection and safe hygiene behaviour. For pollution resulting from improper disposal of human waste, solid waste management units shall be established especially in coordination UN agencies. It is expected that the project will have a positive impact on the environment through contribution to the enhancing local markets and livelihoods.

Participation: Requesting members will enable and encourage affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalized and affected are represented and have influence.

Social inclusion Distribution teams will maximize their effort to deliver the services at the nearest point of the target population's residing place, and make sure that all beneficiaries are well informed about distribution space, date and time. Beneficiary selection criteria will also be communicated to the target population to avoid any conflict at community level.

Anti-terrorism / corruption: all ACT members will strictly follow their anti-corruption and anti-terrorism policies during the whole length of the implementation.

Quality and Accountability, and Humanitarian standards: Some requesting members (and the ACT Secretariat) are certified against the Core Humanitarian Standard (CHS) or members of the CHS Alliance. The CHS is anchored on 9 commitments that organisation and individuals involved in humanitarian response use to improve the quality and effectiveness of the assistance they provide. The single core standard has been devised to clarify the responsibilities of aid workers, make the implementation of humanitarian standards simpler and easier and contribute to better

humanitarian response. This Appeal will be implemented with the lens of both the CHS and Sphere standards, and appropriate support will be lined up by members and the ACT Secretariat to ensure policies are in place and accountable engagement of communities is made paramount.

5.1.1. Gender Marker / GBV

Members will ensure all activities abide by the Core Humanitarian Standards, and adhere to the policies outlined in Codes of Conduct, continuing to actively prevent sexual exploitation and abuse, ensure accountability to affected populations. All activities will prioritize equal access for women, men, boys, and girls, as well as for people living with disabilities or chronic illnesses. Above all else, members will adhere to a Do No Harm approach.

5.1.2. Resilience Marker

Restoring people's livelihoods and shelters contribute to the beneficiaries being more resilient to the ongoing economic crisis and future.

5.1.3. Environmental Marker

All technical WASH interventions will align with national environmental policies and will be implemented according to the standards set by the relevant authorities, as well as according to WASH cluster and other international standards. NCA's WASH program in Lebanon already has a strong focus on green technology such as solar power for water pumping/systems. Since 2020 NCA has also initiated activities on recycling for solid waste and environmentally sustainable solutions for waste-water systems and networks. This project will utilize green technologies and approaches whenever possible and ensure that the environment is at the center of all project interventions.

Members will ensure all humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles.

5.1.4. Participation

Members will ensure all activities abide by the Core Humanitarian Standards, and adhere to the policies outlined in Codes of Conduct, continuing to actively prevent sexual exploitation and abuse, ensure accountability to affected populations through information and complaint and response mechanisms, and promote rights-based and non-discriminatory approaches.

5.2. Conflict sensitivity / do no harm

The ACT Alliance programming is underpinned by Do No Harm and gender and conflict sensitivity. Partner needs assessments, feedback mechanisms and ongoing participatory monitoring will allow for community participation and input into programming.

Certified members will apply CHS commitments and standards. In line with these, potential security and safeguarding risks are mapped and the risk matrix will identify response mechanisms. The mechanisms will include mapping of the referral pathways for safeguarding of the vulnerable and tracing actions done on each reported case.

5.3. Complaints mechanism + feedback

The robust ACT Alliance complaints and response mechanism is accessible to all ACT members and stakeholders including affected populations and people in need.

ACT Forums members take complaints seriously. Through regular contact with the beneficiaries, complaints are addressed in a timely manner. ACT members commit to address all issues of sexual exploitation, abuse of power, corruption and breach of the ACT policies and standards. All partners have active feedback and complaints mechanisms, which include feedback/complaint boxes, telephone lines, and information desks at distribution sites. The ACT members and implementing

partners ensure that beneficiaries are aware of and know what constitutes a complaint, where the complaints can be lodged and the process of addressing the complaints. The target population will be involved throughout the project cycle through initial needs assessment, participatory techniques to ensure the voices of different gender and age groups are heard, and an active feedback mechanism.

Systems will be established to ensure cases are handled confidentially and effectively with relevant stakeholders, with appropriate technical support to be provided by CHS-certified members and the ACT Secretariat.

5.4. Communication and visibility

ACT members adhere to ACT Communications Policies, including the requirement to co-brand the emergency response. ACT members will also receive support from their respective HQ communication teams who shall assist in the documentation, and communications work. Press releases and other communication materials, especially on websites, will be produced to provide updates on the emergency response by ACT members.

ACT members will pursue active communication with local and regional authorities, UN agencies, and other stakeholders to ensure a clear vision for the emergency response with clearly defined mandates in the area of operation. Information will also be shared with communities as appropriate.

Effective communication will be maintained at all times between staff members and project officers. Progress and other critical information (challenges and updates) on the appeal and progress thereof will be shared with the ACT secretariat through the forum Coordination desk and the members of the Forum Coordinating committee. Production of Information, Education and Communication (IEC) materials will bear the logo for implementing partners co-branded with ACT Alliance to promote its visibility. ACT Alliance has a Facebook page and the Coordinators will post updates on that site.

6. PROJECT FINANCE

6.1. Consolidated Budget

| | Appeal Budget <i>local currency</i> | Appeal Budget USD |
|--|---|--------------------------------|
| DIRECT COSTS | | |
| 1 PROGRAM STAFF | | |
| Appeal Lead | 15,000 | 15,000.00 |
| Total international program staff | 17,368 | 17,368 |
| Total national program staff | 485,278 | 485,278 |
| TOTAL PROGRAM STAFF | 517,646 | 517,646 |
| 2 PROGRAM ACTIVITIES | | |
| Shelter and settlement / Non-food | | |
| 2.1. items | 1,199,339 | 1,199,339 |
| 2.2. Food security | 273,696 | 273,696 |
| 2.3. Water, sanitation & hygiene (WASH) | 117,653 | 117,653 |
| 2.4. Health / Nutrition | 47,419 | 47,419 |
| 2.5. Protection / Psychosocial support | 13,752 | 13,752 |
| 2.6. Early recovery & livelihood restoration | 116,000 | 116,000 |
| 2.7. Education | 120,000 | 120,000 |
| 2.8. Emergency Preparedness / Resilience | 0 | 0 |

| | | | |
|-------------|---|---------------------|---------------------|
| 2.9. | Unconditional CASH grants | 273,900 | 273,900 |
| 2.10. | Camp Management | 0 | 0 |
| | TOTAL PROGRAM ACTIVITIES | 2,161,759 | 2,161,759 |
| 3 | PROGRAM IMPLEMENTATION | | |
| | TOTAL PROGRAM IMPLEMENTATION | 122,486 | 122,486 |
| 4 | PROGRAM LOGISTICS | | |
| | Transport (of relief materials) | 8,858 | 8,858 |
| | Warehousing | 17,646 | 17,646 |
| | Handling | 33,451 | 33,451 |
| | TOTAL PROGRAM LOGISTICS | 59,955 | 59,955 |
| 5 | PROGRAM ASSETS & EQUIPMENT | | |
| | TOTAL PROGRAM ASSETS & EQUIPMENT | 57,942 | 57,942 |
| 6 | OTHER PROGRAM COSTS | | |
| 6.1. | SECURITY | | |
| | TOTAL SECURITY | 3,825 | 3,825 |
| 6.2. | FORUM COORDINATION | | |
| | TOTAL FORUM COORDINATION | 500 | 500 |
| 6.3. | STRENGTHENING CAPACITIES | | |
| | TOTAL STRENGTHENING CAPACITIES | 0 | 0 |
| | TOTAL DIRECT COST | 2,892,658 | 2,892,658 |
| | INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT | | |
| e.g. | Staff salaries | 132,820 | 132,820 |
| | Office Operations | 35,421 | 35,421 |
| | Communications | 8,743 | 8,743 |
| | Other | 63,880 | 63,880 |
| | TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT | 240,863 | 240,863 |
| | | 8% | 8% |
| | TOTAL EXPENDITURE exclusive International Coordination Fee | 3,133,521 | 3,133,521 |
| | INTERNATIONAL COORDINATION FEE (ICF) - 3% | 94,005.63 | 94,005.63 |
| | TOTAL EXPENDITURE inclusive International Coordination Fee | 3,227,526.65 | 3,227,526.65 |
| | BALANCE REQUESTED (minus available income) | 3,227,526.65 | 3,227,526.65 |

Annex 3 – Logical Framework

| Logical Framework | | | |
|---|--|---|---|
| IMPACT | | | |
| To provide life-saving support, reduce vulnerability and alleviate suffering for the most vulnerable and displaced populations affected by Beirut explosion | | | |
| OUTCOME(S) | Objectively verifiable indicators | Source of verification | Assumptions |
| A. Shelter/ NFI Affected population has increased physical security through repair/reconstruction of shelter and institutions and has access to non-food and personal items to meet their basic survival and diverse needs. | <ul style="list-style-type: none"> - # of households having received shelter assistance - # of individuals having received high-quality non-food items - # of health and education institutions with partial damage that have been rehabilitated | <ul style="list-style-type: none"> - Baseline Reports - Beneficiary lists - Distribution lists - Post Distribution monitoring Reports - Monitoring and Evaluation Reports - Photos - Market assessment on affected businesses. - Number of job creation | <ul style="list-style-type: none"> - Target areas are accessible with no major logistical challenges - Communities accept the intervention - Local leadership buy-in - Availability of food and supplies in the local market - Stability of security situation allowing access to affected area and smooth operation of the supply chains - Containment of COVID-19 pandemic and lack of urgency for long lockdown period and country closure |
| B. Food Security Improved accessibility to quality and timely food and nutrition support through cash, vouchers, cooked meals, kits distribution and enhanced health and nutrition practices for affected persons | <ul style="list-style-type: none"> - # of individuals affected by the explosion reached with CASH/ food parcels/packages with special focus on sick people, persons with disabilities, children, elderly and families who do not have facilities or income to access healthy food | | |
| C. WASH Safe access to clean water and sanitation facilities and improved hygiene practices through the provision of WASH intervention and increased awareness on COVID-19 precaution measures | <ul style="list-style-type: none"> - % of beneficiaries having increased access to water and sanitation facilities (M/F). - % of beneficiaries with improved hygiene & sanitation practices (M/F). | | |
| D. Unconditional Cash | <ul style="list-style-type: none"> - # of vulnerable and at-risk population reached with CASH with special focus on sick people, | | |

| | | | |
|--|---|--|---|
| <p>Affected population able to meet essential needs through unconditional cash support.</p> | <p>persons with disabilities, children and the elderly</p> | | <ul style="list-style-type: none"> - Objectives would not be achieved unless loans are available to achieve the targeted results. |
| <p>E. MHPSS/Protection Improved affected population psychological wellbeing and access to protection services including child protection, PFA and SGBV support.</p> | <ul style="list-style-type: none"> - Number of individuals affected by the explosion and NGO workers with access to PPE material - # of protection cases (70% women and children) addressed or referred and receive appropriate legal, medical or psychosocial support services - % of girls and boys, women and men (youth) showing improvement in their psychosocial wellbeing | | <ul style="list-style-type: none"> - Local administrative units and other stakeholders are supporting, responding and participating in activities. |
| <p>F. Health Affected population injured from the blasts receives accessible quality health care and rehabilitation services</p> | <ul style="list-style-type: none"> - # of beneficiaries having increased and affordable access to healthcare and rehabilitation services. | | |
| <p>G. ERL Increased access to employment, business recovery and livelihood opportunities for vulnerable individuals in affected communities</p> | <ul style="list-style-type: none"> - # of small businesses supported to resume operation - % of affected beneficiaries report that they managed to recover their business through financial grants. - % of granted beneficiaries report about employment opportunities through their recovered businesses. | | |



| | | | |
|--|---|---|--|
| <p>H. Education Improved access to safe learning spaces and access to quality education through provision of tuition support targeted students and rehabilitation of damaged schools.</p> | <ul style="list-style-type: none"> - # of educational facilities rehabilitated and # of students benefited. | | |
| <p>OUTPUT(S)</p> | <p>Objectively verifiable indicators</p> | <p>Source of verification</p> | <p>Assumptions</p> |
| <p>A. Shelter A.1: 1,4100 persons receive assistance in rehabilitating their homes A.2: 6000 persons have access to high quality of non-food items</p> | <ul style="list-style-type: none"> - 50 vulnerable HHs damaged homes will be rehabilitated. (MECC) - (200 HH rehabilitated, 5 health/education institutions rehabilitated (NCA) - 70 households in Beirut and suburbs have their shelters repaired / reconstructed (DSPR) - 25 households provided with materials to rehabilitate their homes (CA). - 1000 HHs receive bedding sets. (MECC) - 30 young men and women engaged in rubble removal from DSPR office and communities for three months. (DSPR) - 500 HH receive kitchen and household kits (NCA) | <ul style="list-style-type: none"> - BoQ - Photos - Agreements with contractors - Completion reports of renovated places - Procurement documentation - Distribution lists | <ul style="list-style-type: none"> - Documentation of places in need for rehabilitation are available - Materials, contractors are available in the market - data of the most vulnerable HHS to received hygiene kits is available. |
| <p>B. Food Security</p> | <ul style="list-style-type: none"> - 800 indiv. receiving healthy meals and nutrition awareness (NCA) - 900 HH receive food kits (NCA) | <ul style="list-style-type: none"> - List of beneficiaries - Procurement/receipts - PDM | <ul style="list-style-type: none"> - Food parcels contents meet the needs and demands of refugees |



| | | | |
|--|---|---|---|
| <p>B.1: 13,800 people have access to food packages/ quality food items/</p> | <ul style="list-style-type: none"> - 1000 HHs received food kits (MECC) - 200 households received food, clean drinking water and medicines packages. (DSPR) - 1,150 food parcels distributed (CA) | <ul style="list-style-type: none"> - Signed distribution lists - Procurement documentation - Interim/Final reports - Evaluation and feedback reports | <ul style="list-style-type: none"> - Food materials are available in the market. |
| <p>C. WASH C.1 21,050 people have access to hygiene products, including menstrual hygiene kits. C.2 4,000 people have access to clean drinking water. C.3 1,000 people have access to awareness materials on Covid-19.</p> | <ul style="list-style-type: none"> - 1000 HHS receive hygiene kits (MECC). - 2200 HH receive hygiene kits with focus on COVID-19 precaution. (NCA) - 850 women and girls receive menstrual hygiene kits/ dignity kits relevant to their needs (NCA) - 700 HH benefit from COVID 19 awareness material) NCA - 1000 HHs received 24 sealed bottle drinking water (1.5 L) (MECC) - 200 households received Water and Sanitation and Hygiene kits and packages provided– including household and community cleaning materials (including rubble removal). (DSPR) - 1,150 HHs receive hygiene kits and PPE “gloves & masks” materials (CA). | <ul style="list-style-type: none"> - List of beneficiaries - Procurement/receipts - Copy of awareness material - Signed distribution lists - Procurement documentation - Interim/Final reports - Evaluation and feedback reports | <ul style="list-style-type: none"> - Materials available in the market. |
| <p>D. Cash assistance/Vouchers</p> | <ul style="list-style-type: none"> - 875 HHs receive cash assistance /voucher (NCA) | <ul style="list-style-type: none"> - List of beneficiaries | |



| | | | |
|---|--|--|--|
| <p>D.1 8,500 people have access to cash assistance.</p> | <ul style="list-style-type: none"> - 100 households received unconditional cash grant to help them meet their basic needs. (DSPR) - 1,150 HHs provided with cash assistance (CA) | <ul style="list-style-type: none"> - Financial transactions | |
| <p>E. MHPSS/Protection E.1 - 3,250 people have access to MHPSS services, including GBV survivors, either through centers or home services.</p> | <ul style="list-style-type: none"> - # of patients experiencing PTSD are addressed or referred and receive appropriate legal, medical or psychosocial support assistance services - % of girls and boys, women and men (youth) show improvement in their psychosocial wellbeing - 300 protection cases (women and children) are addressed or referred and receive appropriate legal, medical or psychosocial support services (NCA) - 200 individuals receive PFA support (NCA) - 3 shelters/Centers receiving GBV survivors supported (NCA) - 2,750 People affected psychologically and physically and were experiencing post-traumatic stress syndromes have received psychotherapy sessions as well as speech therapy sessions, physiotherapy sessions and | <ul style="list-style-type: none"> - Psychologists/social workers monthly reports | |



| | | | |
|---|--|---|--|
| | psychomotricity sessions as preventive measures. (Diakonia) | | |
| F. Health F.1. 250 people have access to medication for chronic diseases F.2 - 3,000 post injury people have received treatment, rehabilitation services and home care | <ul style="list-style-type: none"> - 100 vulnerable and at-risk population reached with medication with a special focus on people with chronic illnesses and persons with disabilities. (Diakonia) - 250 (125 males / 125 females) people out of the 3,000 have received access to regular medication to treat their chronic diseases through in kind donations. (Diakonia) - 3,000 (1,500 females / 1,500 males) post injury people have received treatment and rehabilitation services including physiotherapy at the emergency centre and through home - based care services. (Diakonia) | | |
| F. ERL G. 1: 60 Affected broken businesses related to individual HHs are recovered/ supported through financial grants/material support.. | <ul style="list-style-type: none"> - 20 affected business recovered (MECC) - - 40 business supported (NCA) | <ul style="list-style-type: none"> - Assessment report is available. - -Data of eligible beneficiaries is in place. - signed contract with beneficiary and signed delivery list of provided equipment. | <ul style="list-style-type: none"> - Contractors are available. - Needy equipment and materials are available. |



| | | | |
|---|---|---|---|
| | | <ul style="list-style-type: none"> - Contract of contractors. - Technical delivery report. | |
| <p>G. Education</p> <p>H. 1: 2,350 children have access to education.</p> | <ul style="list-style-type: none"> - 100 boys and girls receive electronic devices and emergency school kits in preparation for schooling (DSPR) - 3 schools rehabilitated including WASH section with at least 750 students beneficiary /school (MECC) | <ul style="list-style-type: none"> - Assessment report is available. - Signed technical reports from targeted schools. - Procurement and contractor contract - Delivery report from technical supervisor. | <ul style="list-style-type: none"> - Documentation of places in need for rehabilitation are available. - Materials, contractors are available in the market. |
| Activities | | | Pre-conditions |
| <p>Output A: Shelter and NFI:s</p> <p>A.1.1 CA - Distribution of shelter rehabilitation materials to 25 households</p> <p>A.2.1. MECC 50 vulnerable HHs damaged homes will be rehabilitated</p> <p>A.2.2. MECC 1000 HHS receive hygiene kits</p> <p>A.2.3. MECC 1000 women and girls receive dignity kits</p> <p>A.2.4. MECC 1000 HHs receive bedding sets.</p> <p>A.2.5. MECC 1000 HHS receive kitchen sets.</p> <p>A.2.6 conduct home reconstruction to 70 households (DSPR)</p> <p>A.2.7 support youth action in community and houses rubble removal (DSPR RRF)</p> <p>A.3.1 Rehabilitate 200 partially damaged household (NCA)</p> <p>A.3.2 Rehabilitate 5 health/education/social partially damaged centers (NCA)</p> | | | <ul style="list-style-type: none"> - Identify and select places to be renovated. - Selection of beneficiaries and targeted areas. - Agreement with sector on segregation of targeted households and institutions is in place |
| <p>Output B: Food Security</p> <p>B.1.1 CA - Distribution of 1,150 emergency response packages</p> <p>B.2.1 MECC 1000 HHs received food kits</p> <p>B.3.1 distribute food, clean drinking water and medicines packages. (DSPR RRF)</p> <p>B.4.1 Provide cooked meals to 200 affected households (NCA)</p> | | | <ul style="list-style-type: none"> - Selection of beneficiaries and targeted areas. - MoU with community kitchen is in place |



| | |
|---|---|
| <p>B.4.2 Provide nutrition awareness to 200 HHs (NCA) B.4.3 Distribute food kits to 900 HHs (NCA) B.4.4 Distribute kitchen and household kits to 500 HH (NCA)</p> | <p>- Availability of material to be procured in the local market</p> |
| <p>Output C: WASH C.1.1 CA - Distribution of 1,150 emergency response packages C.2.1 CA - Distribution of 1,150 emergency response packages C.3.1 1000 HHs received 24 sealed bottle drinking water (1.5 L) C.4.1 distribution of Water and Sanitation and Hygiene kits and packages– including household and community cleaning materials (including rubble removal). (DSPR RRF) C.5.1 Distribute 2200 HH hygiene kits with focus on COVID-19 prevention (NCA) C.5.2 Distribute 850 menstrual hygiene kits based on the needs of women and girls (NCA) C.5.3 Print and distribute hygiene messages awareness material with special focus on Covid-19 to 200 HH (NCA)</p> | <p>- Selection of beneficiaries and targeted areas.</p> |
| <p>Output D: Cash assistance / Vouchers D.1.1 CA - Distribution of 1,150 emergency response packages D.1.2 distribute a cash grant of 250 USD to 100 households (DSPR) D.3.1 Provide 100 HH with cash assistance/voucher (NCA)</p> | <p>Agreements with suppliers/financial institutions established</p> |
| <p>Output E: MHPSS/Protection E.1.1 The emergency centre established will consist of 4 rooms and a reception, to provide physiotherapy, psychomotricity and psychotherapy sessions as well as other paramedical services. The paramedical room will also offer urgent basic care services. E.1.2 The mobile therapy clinic will provide medical services for people who can't reach the emergency center. E.1.3 Physiotherapist, psychometrician, medical doctor, speech therapy and psychologist for therapy sessions will be recruited. E.1.4 Mental health campaigns to raise awareness on PTSD symptoms will be organized on social media. E.2.1 Social workers and caregivers will be recruited to provide daily life support to vulnerable people of the affected areas. E.2.2 Caregivers will be trained on basic skills used on the field.</p> | <p>Agreements with new centers Sub-agreements with implementing partners</p> |



| | |
|---|--|
| <p>Social workers will identify and assess the needs of beneficiaries in order to provide them with medical assistance</p> <p>E.3.1 300 protection cases (women and children) are addressed or referred and receive appropriate legal, medical or psychosocial support services (NCA)</p> <p>E.3.2 Provide PFA support to 200 individuals (NCA)</p> | |
| <p>Output F: Health</p> <p>F.1.1 A list of the needed medication to the identified beneficiaries will be compiled.</p> <p>F.1.2 A medication purchasing process will be launched.</p> <p>F.1.3 The medication distribution will be supervised by a pharmacist and a medical doctor.</p> | <p>The health response will need to ensure the rental location in Rmeil as soon as possible in order to assess whether it needs adaptation or not.</p> <p>The purchasing of supplies will have to be implemented as soon as possible in order to start providing services.</p> |
| <p>Output G: ERL</p> <p>G.1.1 20 affected business recovered. MECC</p> <p>G.2.1 Provide support to 40 small businesses mainly run by women or vulnerable individuals to resume operation (NCA)</p> | <p>-Selection of beneficiaries and targeted areas.</p> <p>- MoU with small businesses owners in place</p> |
| <p>Output H: Education</p> <p>H.1.1 3 schools rehabilitated including WASH section with at least 750 students beneficiary /school MECC</p> <p>H.1.2 distribute electronic devices and emergency school kits to 100 children (DSPR)</p> | <p>-Selection of schools and targeted areas.</p> |



Annex 7 – Summary Table

| Summary | Diakonia | MECC | Christian Aid |
|-------------------------------------|---|--|--|
| Implementation period | From 1 September 2020 to 28 February 2021 Total duration: 6 (months) | From 1 September 2020 to 28 February 2021 Total duration: 6 (months) | From 1 September 2020 to 28 February 2021 Total duration: 6 (months) |
| Geographical area | Beirut | Beirut | Beirut |
| Sectors of response | <input type="checkbox"/> Shelter / NFIs <input type="checkbox"/> Food Security <input type="checkbox"/> WASH <input checked="" type="checkbox"/> Health / Nutrition <input checked="" type="checkbox"/> Other sector: Medical Rehabilitation <input checked="" type="checkbox"/> Protection / Psychosocial <input type="checkbox"/> Early recovery / livelihoods <input type="checkbox"/> Education <input type="checkbox"/> Unconditional cash | <input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Food Security <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Health / Nutrition <input type="checkbox"/> Other sector: <input type="checkbox"/> Protection / Psychosocial <input checked="" type="checkbox"/> Early recovery / livelihoods <input checked="" type="checkbox"/> Education <input type="checkbox"/> Unconditional cash | <input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Food Security <input type="checkbox"/> WASH <input type="checkbox"/> Health / Nutrition <input type="checkbox"/> Other sector: <input type="checkbox"/> Protection / Psychosocial <input type="checkbox"/> Early recovery / livelihoods <input type="checkbox"/> Education <input checked="" type="checkbox"/> Unconditional cash |
| Targeted beneficiaries (per sector) | Psychosocial/rehabilitation: 2750 person Health: 3100 person | Shelter: 4200 (1025HH) Food: 4000 (1000HH) WASH: 4000 (1000HH) Livelihoods: 20 person Education :2250 student | Shelter /NFI's: 25HH WASH, Food Security, CASH: 4,600 (1150 HH) |
| Requested budget (USD) | US\$ 437,053 | US\$ 974,663 | US\$ 367,902 |

| Summary | DSPR | NCA |
|-------------------------------------|---|---|
| Implementation period | From 1 September 2020 to 28 February 2021 Total duration: 6 (months) | From 1 September 2020 to 28 February 2021 Total duration: 6 (months) |
| Geographical area | Beirut | Beirut |
| Sectors of response | <input checked="" type="checkbox"/> Shelter / NFIs <input type="checkbox"/> Protection / Psychosocial <input checked="" type="checkbox"/> Food Security <input type="checkbox"/> Early recovery / livelihoods <input type="checkbox"/> WASH <input checked="" type="checkbox"/> Education <input type="checkbox"/> Health / Nutrition <input checked="" type="checkbox"/> Unconditional cash <input type="checkbox"/> Other sector: | <input checked="" type="checkbox"/> Shelter / NFIs <input checked="" type="checkbox"/> Protection / Psychosocial <input checked="" type="checkbox"/> Food Security <input checked="" type="checkbox"/> Early recovery / livelihoods <input checked="" type="checkbox"/> WASH <input type="checkbox"/> Education <input type="checkbox"/> Health / Nutrition <input checked="" type="checkbox"/> Unconditional cash <input type="checkbox"/> Other sector: |
| Targeted beneficiaries (per sector) | Shelter: 210 (70HH) Food security: 1000 (200 HH) Unconditional cash: 400 (100HH) Education: 100 students | Shelter/ NFI's: 2900 (700HH and 5 Inst.) Food: 4400 (900HH & 800person) WASH: 12450 (2900 HH&850 person) Protection/MPHSS: 500 person ER/L: 40HH (160person) Unconditional CASH: 3500 (875HH) |
| Requested budget (USD) | US\$ 434,042 | US\$ 1,013,865 |

Risk analysis

The purpose of the risk analysis is to map out risks and risk management/coping measures and if the situation requires to be able to adjust.

| | Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|---|--|---------------------|-------------------------|--|--|
| 1 | <p>Political instability</p> <p>Since October 2019, Lebanon's government has been highly unstable and torn by internal contradictions. The unclear relationships between political parties, parliament, government and state organs and the enormous and growing contrast between rich/influential and poor/marginalized remain the most important factor that can disrupt government services even more.</p> <p>The cabinet announced its resignation on 10 August 2020 as a result of public pressure leaving a gap in political leadership in the government led response.</p> | External | High (sure) | Delays in implementation might occur due to challenges in coordination with authorities and unrest that might occur in or around the targeted areas. | ACT members have strong relations with and contacts at the highest levels in national and local government directly and via religious leaders. |
| 2 | <p>Lack of capacity of national and local government institutions</p> <p>Barriers to achieving longer term goals (recovery, rehabilitation) within the context of Lebanon with low and now overburdened capacity of national and local governments, incapable to provide</p> | External | High | Medium for relief; High for rehabilitation | <p>Analysis of existing capacity of local government institutions and of the political / economic context in which to operate.</p> <p>Cooperation and coordination at local and national level (also in support of local authorities).</p> |

| Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|--|---------------------|-------------------------|----------------------------------|---|
| <p>technical oversight/guidance and coordination.</p> | | | | <p>Frequent contact with partners through field visits, teleconferences and reports.</p> <p>Regular testing of planned goals against realized goals and adjusting accordingly in the context of current needs.</p> <p>Working with organizations with long experience in the complex context of Lebanon.</p> <p>Encouraging good coordination between ACT members, national and local governments, churches, UN entities and other coordination bodies (LHIF, LHDF).</p> <p>Strengthen the capacity of national ACT members and churches to coordinate / implement emergency relief and reconstruction.</p> |
| <p>3 Duplication and low efficiency and effectiveness of interventions</p> | <p>External</p> | <p>High</p> | <p>Medium</p> | <p>Cooperation and coordination at municipal level in the city and the direct suburbs.</p> <p>Working with international and national partners who reinforce each other to do and coordinate their work better.</p> <p>Coordination and realization of monitoring visits with other donors (for example with other members of the ACT Alliance)</p> <p>Facilitate the participation of national requesting members in coordination platforms at the local and national level.</p> |

| Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|---|-----------------------|-------------------------|--|--|
| | | | | Strengthening local and national capacity of government institutions (municipalities). |
| <p>4 Lack of (remaining) absorption capacity of national ACT members and partners</p> <p>Overwhelmed with funding and by different reporting and accountability requirements from a series of donors.</p> | Internal | High | High | <p>If necessary, identify other international ACT members and/or national partners with additional absorption capacity.</p> <p>Support for ACT members and their partners in formulating their projects and implementing it.</p> <p>Offer support with institution building to partners in need including temporary secondments.</p> <p>Minimize visits to Lebanon taking into consideration the challenging health and security context and the additional responsibilities on the existing staff in country.</p> |
| <p>5 No clear systematic approach to sustainability and reducing the risks of future disasters (DDR).</p> | Internal and External | Medium | <p>Low for relief;</p> <p>Medium to rehabilitation and recovery.</p> | <p>Discussions at different levels in ACT, about longer-term sustainability in the recovery and rehabilitation phase, including transition strategy mitigating aid dependency.</p> <p>(Continuation of) Lobby for sustainability and disaster risk reduction by ACT Lebanon Forum to duty bearers and in coordination platforms.</p> <p>Ensure the response is linked to the development work of ACT members in Lebanon.</p> |
| <p>6 “New” disasters</p> | External | High | High | ACT Lebanon Forum to finalize its EPRP. |

| Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|--|-----------------------|-------------------------|----------------------------------|---|
| The country becoming ungovernable, civil war, spread of violent protests and the crackdown, armed crime. | | | | <p>Assist members and partners in updating / designing their Disaster Preparedness plans.</p> <p>Integrate DRR in recovery, rehab. and dev. Programmes.</p> |
| 7 Barriers to humanitarian access due to road blocks and check points, protests, lockdown, crackdown, import limitations | External | High | High | <p>Working through local organizations that know the local situation and have relationships.</p> <p>Purchase relief and rehab. items as nearby as possible. Using local solutions.</p> <p>Encourage ACT members to choose those forms of assistance they are good at and in those city districts they know well and already have a local network.</p> <p>Develop workplans with realistic timeframes that account for delays.</p> |
| 8 (Planning) problems due to insufficient general 4W coordination and conflicting methodologies of implementation. | External and Internal | High | High | <p>Encourage ACT members and their partners to participate in local coordination initiatives and promote their effectiveness</p> <p>Ensure ongoing coordination between various requesting members to avoid duplication, exchange tools and resources for a better coordinated response by ACT Lebanon forum</p> |
| 9 Lack of sufficient and professional staff among ACT members and partners due to emigration and 'poaching' by big organisations. | Internal | Medium | High | Capacity strengthening of staff of ACT members and partners (administrative and technical capacities). |

| Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk | |
|------|--|-------------------------|----------------------------------|---|---|
| | | | | <p>Coordination with other intl ACT members and the ACT Secretariat on technical and administrative support.</p> <p>Consider secondment of staff to implementing members.</p> | |
| 10 | Covid-19 infections among staff of ACT members, partners and beneficiaries | Internal | High | High | <p>ACT members and partners have taken measures from March and onwards to protect personnel against Covid-19.</p> <p>Staff have health insurance which covers Covid-19.</p> <p>Monitor Covid-19 symptoms among staff and beneficiaries more regularly, provide adequate protective equipment and take protective measures</p> |
| 11 | Lack of timeliness and quality of information and reports. | Internal | Medium | Medium | <p>Establishing a clear structure and process for communication and the submission/compilation of reports and other deliverables.</p> <p>Unify reporting templates and minimize individual requests by members not to overburden responding members.</p> <p>Regular updates by the implementing organizations and so-called random checks during field visits.</p> <p>Exchange of expectations with regard to deadlines, final dates, etc. at the earliest possible stage (e.g. in contracts)</p> |

| Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|------|---|-------------------------|----------------------------------|---|
| | | | | <p>Enhance internal quality control and feedback for improvement points by implementing organizations.</p> <p>External monitoring visits.</p> <p>If needed, training of implementing organizations in monitoring, evaluation and reporting.</p> <p>Apply the existing registration and control system and ditto procedures in practice.</p> <p>Close coordination and cooperation between staff of implementing organizations and also between the implementing organizations and other donors in the ACT context.</p> <p>Clear format of reports and clear and feasible quality conditions.</p> <p>Preventing overburdening of partners by agreeing on upper limit of the total budget per implementing organization, preferably with other main donors.</p> |
| 12 | Members and partners receive funds from multiple donors with different reporting requirements (deadlines and formats) | Internal and External | High | <p>Medium</p> <p>Continuous discussion with donors for harmonizing formats and deadlines.</p> <p>Donor and RM staff pay field visits to members and partners providing support and advise.</p> |

| | Risk | Internal / External | Likelihood of occurring | Impact on project implementation | How the risk is monitored and mitigation strategy in place to minimize risk |
|----|--|-----------------------|-------------------------|----------------------------------|--|
| | | | | | Pool as many funds as possible through ACT Hum. Mechanism (one set of deadlines, procedures and templates) |
| 13 | Corruption, collusion, nepotism and fraud | Internal and External | High | Medium | Control, by means of existing fraud and corruption instruments (audits and anti-corruption & fraud protocol), agreements with the international ACT network and with the implementing organizations. On-site monitoring by programme and finance staff and internal controllers of FM |
| 14 | Insufficient compliance with donor regulations | Internal | High | High | Good coordination in advance of expectations and exceptions. Clear formulation of donor requirements in contract conditions. On-site monitoring. Ongoing coordination between RM program, finance and grants teams. Regular interim reports (every six months) |