

**LEBANON
RAPID RESPONSE
POST-CONFLICT NEEDS
2020**

20-RR-LBN-44565

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

An AAR was not conducted. Following bilateral discussions to understand progress and outcomes of project implementation following reprogramming, it was decided that a clear picture of outcomes was available and it was sufficient to share the final report for review and input with members of the HCT prior to final submission.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The 04 August 2020 explosion of a warehouse in Beirut Port containing 2,750 tons of ammonium nitrate caused widespread damage and loss of life in the immediate vicinity of central Beirut. At least 200 people were killed and more than 6,000 people were injured. At least 100 buildings were assessed as at risk of collapse and vacated by families (approx. 5,000 persons). More broadly, the blast wave damaged thousands of apartments in other buildings, displacing and directly impacting up to 300,000 people.

Immediate life-saving activities and protection response was kickstarted thanks to a combination of CERF and Lebanon Humanitarian Fund (LHF) funding. The UN HCT decided on 6 August to allocate USD 8.1 million from the LHF, to complement the USD 6 million requested from CERF. LHF funds on one hand focused on activities implemented by national and international NGOs, as well as funding programs that may go beyond the timeline of CERF Rapid Response Grants. In order to facilitate emergency response, ongoing projects in Food Security and Protection, implemented by LHF partners in Beirut, were expanded to include persons affected by the Beirut explosions.

CERF funds critically supplemented LHF funding by focusing on activities implemented by UN Agencies in the Health, Shelter and Logistics sectors, where there was no possibility to immediately expand ongoing LHF project implemented by the NGOs. Disbursement of funding to UN Agencies allowed the HC to draw upon their technical expertise (logistics, shelter) and access to logistical pipelines (e.g. medical supplies) allowing for an immediate, large-scale and effective response.

The decision on making a request for CERF funding and the priority sectors to be involved was discussed in the daily HCT meetings convened immediately following the Explosions. The UN HCT prioritization decision was endorsed by the Deputy Prime Minister of Lebanon on 8 August.

CERF's Added Value:

The devastating explosions at the Beirut Port destroyed most of the facility and flattened surrounding neighbourhoods, leaving more than 200 dead and more than 6,000 injured. The catastrophic explosions upended the lives of nearly every person in Lebanon. In an instant it shattered entire neighbourhoods, destroyed hospitals and schools, and tore apart families who lost their loved ones.

This CERF allocation provided rapid and effective response to the widespread damage and loss of life in the immediate vicinity of the explosions site. Immediate life-saving activities and protection response was kickstarted thanks to the combination of CERF and Lebanon Humanitarian Fund (LHF) funding. CERF and LHF were among the first funding sources to be mobilised and the impact of this in the wake of the Explosions cannot be underestimated.

With the immediate Health response, a priority following the Blasts, agencies could procure essential medications for acute health conditions for people in critical need. WHO procured a total of 10 surgical and 10 trauma kits to 10 hospitals dealing with the largest caseload of injured people, as well as providing the necessary personal protective equipment to 25 hospitals. A total of 81 types of critical medications were procured in sufficient quantities to cover the needs of beneficiaries

for at least 6 months. A total of 106,085 beneficiaries were able to receive medications as needed per month from September 2020 to March 2021.

For those people whose homes were seriously damaged, the Shelter response provided cash assistance for a period of four months with the aim to help these families secure their rent in alternate locations, enhance tenure security, and avoid evictions.

The Logistics response aimed at temporarily augment the port capacity by creating storage and handling facilities for bulk/break bulk in Beirut Port following the blast and the massive destruction that the explosions caused. As the primary entry point for imports to Lebanon, the ongoing functionality of the Port was critical for country as a whole, largely dependent on imports. This helped facilitate the continuation of supplies into Beirut and especially humanitarian and other critical shipments. WFP's shipment of 12,500 of wheat flour helped bring in critically needed food into the country and contributed to secure fixed and lower bread prices for the entire population in Lebanon for a 2-months period.

The critical added value of this allocation was the speed and flexibility shown by CERF in rapidly allocating funding to meet the immediate lifesaving needs of the thousands of people directly impacted with a range of critical services also serving a far broader spectrum of people benefitting from medicines imported and the work done to ensure ongoing functionality of the Port.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

A strong focus on targeting those most vulnerable profiles of people in need (based on a person's circumstances, physical, social or other characteristics as well as access to rights, services and livelihoods) were fully considered when developing the strategy and formed the fundamental basis of interventions under the Health, Shelter, and Logistics sectors. All projects were also implemented in line with individual agency policies to ensure age, gender, and diversity were reflected in programming.

Needs specific to women and girls were considered through the provision of medication based on need regardless of gender, across all age groups. All persons, regardless of their age or gender, had access to the medications from any of the health facilities supported. In addition, the list of medications procured by WHO is based on the agencies Essential Drug List, which is designed to ensure equal access to essential quality medications that are age and gender-sensitive. All persons in need of trauma care in the selected hospitals, regardless of their age or gender, benefited from the procured trauma and surgical kits. Moreover, data on beneficiaries shows that females are accessing medications more than males.

Moreover, cash for shelter programming directly prioritized women and girls, whereby the highest scoring for cash assistance eligibility was granted to female-headed households or households who have girls and women at risk. Approximately, 63 percent of the 3,201 people targeted by this project were female.

CERF-funded projects ensured that **persons with disabilities** were properly identified and referred to timely, quality protection services. UN-Habitat and its partners largely focused on persons with disabilities (PwDs) to provide them with life-saving assistance in response to emerging needs caused by the blast. The vulnerability scoring exercise that led to the selection of cash assistance beneficiaries strongly considered PwDs as they are less likely to have access to secured tenancy. For instance, 92 PwDs (equally divided between women and men) were provided with cash assistance. In addition, relevant accessibility measures were considered for PwDs. Individual information sessions were granted to limit the movement of PwDs and decrease their risk of infection in the time of COVID-19. Moreover, the accessible online SGBV sessions ensured the direct participation of 44 PwDs.

The focus and scope of the funded interventions are highly **protection** focused, aimed at targeting persons affected by the Beirut Blast and at risk of falling further into poverty, or not being able to meet their daily basic needs. Through the targeted interventions and criteria applied, persons deemed most at-risk were targeted. Moreover, through the UN-HABITAT project, victims of SGBV were offered psychological and psychosocial services and support, in addition to the legal support granted to people who are at risk of eviction. This awareness raising component served not only as a preventative mechanism, but also as a response mechanism, to incidents when they arose.

Education was not prioritized under this CERF allocation. Education as a sector was, however, included in the Beirut Port Explosions Flash Appeal to ensure minimised impact upon children's access to formal and non-formal education services.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	36,000,000
CERF	5,999,480
Country-Based Pooled Fund (if applicable)	8,100,000
Other (bilateral/multilateral)	2,200,000
Total funding received for the humanitarian response (by source above)	16,299,480

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UN Habitat	20-RR-HAB-002	Shelter and Non-Food Items - Shelter and Non-Food Items	799,992
UN Habitat	20-RR-HAB-002	Protection - Protection	99,999
UN Habitat	20-RR-HAB-002	Health - Health	99,999
WFP	20-RR-WFP-038	Common Services - Logistics	999,481
WHO	20-RR-WHO-029	Health - Health	4,000,009
Total			5,999,480

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

GUIDANCE (delete when completed): The information is to be prepared by the **CERF focal point** based on agencies' inputs.

Total funds implemented directly by UN agencies including procurement of relief goods	5,184,480
Funds sub-granted to government partners*	N/A
Funds sub-granted to international NGO partners*	815,000
Funds sub-granted to national NGO partners*	N/A
Funds sub-granted to Red Cross/Red Crescent partners*	N/A
Total funds transferred to implementing partners (IP)*	815,000
Total	5,999,480

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The 4 August 2020 explosion of a warehouse in Beirut Port containing 2,750 tons of ammonium nitrate caused widespread damage and loss of life in the immediate vicinity of central Beirut. Over 200 people were killed while others remained missing. More than 6,000 people were injured. The explosion led to mass casualties with thousands of wounded, increased shortages of medicines, disposable and dressing materials and equipment required across the healthcare system in Lebanon, already fighting the COVID-19 pandemic and a crippling socio-economic crisis. The explosion also destroyed a shipment of COVID-19 Personal Protective Equipment (PPEs), as well as damaging warehouses for medical supplies located in the port. An initial total of 1,144 buildings in the vicinity of the Port were assessed as at risk of collapse with more than 30,600 people having to vacate. More broadly, the blast wave damaged thousands of apartments in other buildings in neighbouring areas, and more widely across Beirut. The damage to peoples' homes and length of displacement depended notably on the level of damage sustained and extended from six months to more than a year in the case of the most severely-destroyed buildings. Repairs continue at the time of drafting this report. A rapid shelter assessment identified Beirut's districts of Gemmayzeh, Mar Mikhael, Achrafieh and Qarantina as priority areas, but extensive shelter needs were also found in the impoverished areas east and south of the blast site (among others, Burj Hammoud). Six major hospitals and twenty clinics sustained partial or heavy structural damage and out of 55 medical facilities within a 15-kilometre radius of the explosions, only half were fully operational with around 40 per cent having suffered moderate to serious damage and requiring rehabilitation. The destruction of Beirut Port and accompanying structures, such as animal and plant quarantine facilities, has had a direct impact on the country's food availability. Lebanon's grain silos, holding up to 120,000 metric tonnes, were destroyed. Lebanon depends heavily on imports, including food supply and the continued functionality of the Port directly affects not just Beirut, but the whole of Lebanon.

Operational Use of the CERF Allocation and Results:

The humanitarian response to the Beirut explosions took place against the background of other humanitarian programs implemented in Lebanon, including in response to the Syrian refugee crisis (Lebanon Crisis Response Plan, coordinated by UNHCR and UNDP), the COVID-19 pandemic and the impact of the socio-economic crisis. Whereas those response plans cover the entire country, the \$565 million response strategy for the explosions covered a well-defined area, set out by both Lebanese authorities and the UN Humanitarian Country Team. Immediate life-saving activities and protection response was kickstarted thanks to a combination of CERF and Lebanon Humanitarian Fund (LHF) funding. The country team decided on 6 August to allocate \$8.1 million from the LHF, to complement the \$6 million allocated from the CERF. CERF funds supported activities implemented by UN Agencies in the Health, Shelter and Logistics sectors, where there was no possibility to immediately expand ongoing LHF projects implemented by the NGOs. It also drew upon UN agencies' technical expertise (logistics, shelter) and access to logistical pipelines (e.g., medical supplies). This allocation targeted 154,000 of the most vulnerable affected people with Health, Shelter and Logistics engagements (with the Logistics activities geared at opening a portion of Beirut port in order for transport of critical food, medical and non-food items to continue).

People Directly Reached:

Partners were able to reach a total of 109,286 beneficiaries. This differs from the cumulative total detailed in Table 4 below so as not to double count people reached under the Shelter and Protection components (these were the same households).

The total number of people supported is less than expected as a result of lower beneficiaries reached under the Health and Shelter responses. As the health project was implemented during the COVID-19 pandemic, access to primary healthcare centres for services including medications was hindered by both periods of lockdown and peoples' unwillingness to visit for fear of contracting the virus. Within this project's timeframe, during January-February 2021 a total lockdown was imposed, further limiting access to PHC for medications. This is particularly true for acute disease medications. However, quantities of the medications procured under CERF are still available at the centres and affected people are still accessing them beyond the closure date of the project.

Under the Shelter component UN-Habitat and The Polish Centre for International Aid (PCPM) were able to support 816 vulnerable households (3,201 people) affected by the Beirut Blast with cash assistance for a period of four months with the aim to help these families secure their rent, enhance tenure security, and avoid evictions. In this component reached beneficiaries were also less than targeted due to the average size of the targeted families having been calculated in the proposal according to the data provided by the Municipality of Beirut, whereby 800 families are approximately 4,000 individuals (5 members per family irrespective of the cohort). However, the affected area by the blast was mainly inhabited by Lebanese families (75 percent), who have an average size of 3.8 members. This difference in the average family size over 75 percent of the total targeted population, has resulted in a deviation of approximately 20 percent compared to the target figures in the proposal. It is worth noting that the CERF grant allowed UN-Habitat to provide cash assistance to 816 families instead of 800, however. As a result, this component reached 80 percent of targeted people but provided support to a larger number of families (102 percent).

People Indirectly Reached:

While it is not possible to accurately quantify numbers of people indirectly benefitting from allocation activities, all projects had a substantial indirect benefit on the families of beneficiaries, their communities and those accessing the service provision funded. Moreover, cash assistance impacted the overall economic conditions among communities supported, as it led to an influx of resources strengthening the purchasing power of targeted vulnerable communities.

The intervention to re-initiate and re-create the basic structures for the import of bulk cargo into the port of Beirut is directly and in-directly supporting the entire population in Lebanon. All citizens in Lebanon, including refugees benefitted from the fact that major supply bottlenecks and interruptions were avoided and bread prices were stable and bread weight even increased.

The project contributed to strengthening the healthcare system by enabling the MOPH to make available needed essential medications for acute conditions at primary healthcare level. Access to essential medications not only benefited directly 106,085 beneficiaries but also their families and close relatives as they are not undergoing further financial hardship to ensure the needed medications. Also, among the indirect beneficiaries are the PHC centres affiliated with the MOPH network as they were be able to maintain their subsidized services. People indirectly targeted by the project also included an estimate 2000 persons who are victims of the explosion and who have multiple traumas and still needed trauma care or surgeries as well as those injured from clashes in riots, over the course of a month benefited from the surgical and trauma kits and the healthcare providers that were protected from COVID infection through the use of PPEs.

It is further estimated that every family and household engaged in the awareness campaign on SGBV and the proper practices and measures to prevent the spread of COVID-19 played a key role in benefiting the community at large through UN-Habitat's Shelter programme.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Health - Health	53,070	38,430	33,930	24,570	150,000	[44,616]	[16,757]	[24,399]	[23,913]	[109,286]
Protection - Protection	800	600	1,300	1,300	4,000	[1,242]	[1,073]	[435]	[451]	[3201]
Shelter and Non-Food Items - Shelter and Non-Food Items	800	600	1,300	1,300	4,000	[1,242]	[1,073]	[435]	[451]	[3201]
Total	54,670	39,630	36,530	27,170	158,000	[47,100]	[18,903]	[25,269]	[24,815]	[115,688]

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	70,700	[57,130]
Returnees	0	[0]
Internally displaced people	2,300	[0]
Host communities	78,000	[49,926]
Other affected people	3,000	[2,230]
Total	154,000	[109,286]

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached	
	Planned	Reached	Planned	Reached
Women	53,870	[44,616]	10	[35]
Men	39,030	[16,757]	15	[40]
Girls	35,230	[24,399]	20	[10]
Boys	25,870	[23,913]	30	[7]
Total	154,000	[109,286*]	75	[92]

3. PROJECT REPORTS

3.1 Project Report 20-RR-HAB-002

1. Project Information			
Agency:	UN Habitat	Country:	Lebanon
Sector/cluster:	Shelter and Non-Food Items Protection Health	CERF project code:	20-RR-HAB-002
Project title:	Ensuring shelter options for the most vulnerable families evacuated from their homes as a result of the Beirut Port explosion		
Start date:	13/08/2020	End date:	31-03-2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 999,990
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 999,990
	Total CERF funds sub-granted to implementing partners:		US\$ 815,000
	Government Partners		US\$ 0
	International NGOs		US\$ 800,000
	National NGOs		US\$ 15,000
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UN-Habitat and The Polish Centre for International Aid (PCPM) were able to support 816 vulnerable households (3,201 people) affected by the Beirut Blast with cash assistance for a period of four months with the aim to help these families secure their rent, enhance tenure security, and avoid evictions.

The process started with an extensive outreach campaign targeting 1,465 households, which resulted in selecting 898 households who were validated with respect to their socio-economic and vulnerability status. Out of the 898 households, 816 households were eligible to benefit from the CERF funds according to the vulnerability scoring criteria.

Through individual and group information sessions, 816 agreements were signed between selected households and PCPM. Through the sessions, beneficiaries were able to receive sufficient details on the responsibilities of both parties, the payment modality, the security of tenure considerations, along with the distribution of ATM cards. During these same information sessions, beneficiaries, mainly women and children, had the opportunity to increase their awareness and receive information on COVID-19 preventative measures.

The Cash assistance and the COVID-19 awareness provided to the affected families were complemented with an awareness campaign on gender-based violence (GBV), in addition to psycho-social support. UN-Habitat, with support from The Lebanese Women Democratic Gathering (RDFL) designed and implemented a media awareness campaign that reached approximately 183,000 people through social media. The campaign included the production of two videos as well as five media posts in three languages.

The same 816 families who benefitted from cash assistance were provided with a brief on SGBV through telephone calls, a guide to self-care, and information on available services at RDFL. Out of these families, 353 households participated in 24 online sessions where extensive knowledge and information on SGBV was provided. These sessions allowed 134 women and girls at risk of violence, abuse, and exploitation to seek support and benefit from specialized services through the existing referral pathways at RDFL.

3. Changes and Amendments

In the early stages of the project, UN-Habitat and PCPM faced challenges in identifying the targeted 800 households due to initially set criteria in the call for proposal. It specifically noted a focus on “affected families living in structurally unsound buildings” (SUB), and who needed cash assistance to relocate and pay rent in temporary shelter. When UN-Habitat and PCPM undertook a field verification to identify the indicated number of families, the following was found:

- 1) The estimated number of families residing in SUBs provided by the Municipality of Beirut within a few days after the explosion were inaccurate. This is likely due to the insufficient data and the lack of information technology at the municipal level.
- 2) Thirty-six percent of the reported SUBs located within the project’s geographic area were either vacant before the blast or non-residential.
- 3) Seventy-five percent of affected families residing in SUBs refused to relocate fearing that they will lose their rights to return.

Consequently, on 9 November 2020, UN-Habitat sent a request for reprogramming to CERF, with a view to amend the criteria to increase the number of eligible beneficiaries. The request proposed adopting the following changes:

- 1) Expand the project’s geographic area to include additional damaged neighbourhoods (Medawar and Rmeil cadastres). This ensured reaching to a larger number of vulnerable affected families.
- 2) Expand the selection criteria of eligible families in line with the “Cash Assistance” Temporary Technical Committee (TTC) Guidelines under the Shelter Sector. This allowed to include in addition to families who needed relocation, other vulnerable households who stayed in their houses, yet were deemed eligible to receive cash assistance.

The request for reprogramming was approved by CERF on 16 November 2020.

On 21 January 2021, UN-Habitat sent a no-cost extension request to extend the duration of the project until 31 March 2021. This ensured that all payments to the two implementing partners; PCPM and RDFL were processed, and cash assistance was disbursed to affected people. The incurred delays were mainly due to the intermittent lockdowns imposed by the government in January 2021, in addition to the delays in the transfer of payments between banks. The request was approved on 26 January 2021. Since then, the project was successfully completed by 31 March 2021.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	300	200	600	600	1,700	180	204	185	203	772
Returnees	0	0	0	0	0					0
Internally displaced people	500	400	700	700	2,300					0
Host communities	0	0	0	0	0	1052	860	248	244	2,404
Other affected people	0	0	0	0	0	10	9	2	4	25
Total	800	600	1,300	1,300	4,000	1,242	1,073	435	451	3,201
People with disabilities (PwD) out of the total										
	10	15	20	30	75	35	40	10	7	92
Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	300	200	600	600	1,700	180	204	185	203	772
Returnees	0	0	0	0	0					0
Internally displaced people	500	400	700	700	2,300					0
Host communities	0	0	0	0	0	1052	860	248	244	2,404
Other affected people	0	0	0	0	0	10	9	2	4	25
Total	800	600	1,300	1,300	4,000	1,242	1,073	435	451	3,201
People with disabilities (PwD) out of the total										
	10	15	20	30	75	35	40	10	7	92

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Shelter and Non-Food Items - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	300	200	600	600	1,700	108	204	185	203	772
Returnees	0	0	0	0	0					0
Internally displaced people	500	400	700	700	2,300					0
Host communities	0	0	0	0	0	1052	860	248	244	2,404
Other affected people	0	0	0	0	0	10	9	2	4	25
Total	800	600	1,300	1,300	4,000	1,242	1,073	435	451	3,201
People with disabilities (PwD) out of the total										
	10	15	20	30	75	35	40	10	7	92

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

While this project contributed to lifesaving efforts after the Beirut Blast through cash assistance, UN-Habitat, in partnership with PCPM and RDFL also implemented awareness raising campaigns that complemented the principal activity. Through information sessions conducted by PCPM, the awareness of targeted beneficiaries was raised on the proper practices and measures to prevent the spread of COVID-19. Housing, land and property (HLP) issues were tackled during the information sessions which enabled the targeted beneficiaries to better understand their rights to tenure and seek legal advice or support. Consequently, families engaged in awareness sessions played a key role in spreading the knowledge to a larger community beyond the 816 targeted families.

With the surge of COVID-19 cases in January 2021, RDFL was able through remote means, undertake detailed GBV briefing sessions and awareness raising efforts through telephone calls and messages, disseminated to 816 families. In parallel, a mass campaign on the same, was launched through social media platforms which maximized the reach to the public and attained approximately 183,000 people.

6. CERF Results Framework

Project objective	Enhance the lifesaving of most vulnerable families affected by Beirut explosion through ensuring adequate housing and temporary shelter options.				
Project objective	Enhance the lifesaving of most vulnerable families affected by Beirut explosion through ensuring adequate housing and temporary shelter options.				
Output 1	Shelter options rented by targeted 800 vulnerable families are secured.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items - Shelter and Non-Food Items				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of most vulnerable families/individuals supported through cash for rent and cash for shelter – 800 HHs or 4,000 individuals.	4,000	3,201	<u>List of beneficiaries</u>	
Explanation of output and indicators variance:	The average size of the targeted families was calculated in the proposal according to the data provided by the Municipality of Beirut, whereby 800 families are approximately 4,000 individuals (5 members per family irrespective of the cohort). However, the affected area by the blast was mainly inhabited by Lebanese families (75 percent), who have an average size of 3.8 members. This difference in the average family size over 75 percent of the total targeted population, has resulted in a deviation of approximately 20 percent compared to the target figures in the proposal.				

	It is worth noting that the CERF grant allowed UN-Habitat to provide cash assistance to 816 families instead of 800. As a result, the project reached 80 percent of targeted people but provided support to a larger number of families (102 percent).	
Activities	Description	Implemented by
Activity 1.1	Identify most vulnerable families/individuals based on solid criteria	UN-Habitat and PCPM
Activity 1.2	Verify shelter options identified for rent	PCPM
Activity 1.3	Provide cash assistance to families/individuals to rent agreed on shelter options	PCPM

Output 2 Women and children live in adequate shelter and not exposed to external risk factors.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women and children who live in adequate shelter and not exposed to external risk factors	3,400	2,128	List of beneficiaries

Explanation of output and indicators variance:
The approximate percentage of men was calculated in the proposal according to the data provided by the Municipality of Beirut, whereby men constitute only 15 percent of the total families. However, the actual numbers showed that men and women are almost equally divided and constitute approximately 34 percent and 39 percent respectively of the total population.
This difference in the gender and age composition rates, in addition to the existing variance at the family size and final number of beneficiaries, have resulted in a deviation of approximately 37 percent compared to the target figures in the proposal.

Activities	Description	Implemented by
Activity 2.1	Awareness raising sessions on human rights, SGBV, etc., will be conducted	RDFL
Activity 2.2	Producing awareness raising and advocacy materials	RDFL

Output 3 Affected families are protected from COVID-19 through adequate shelter and raised awareness.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Awareness raising sessions will be conducted on social distancing and hygiene responding to COVID-19	4,000	3,201	List of beneficiaries

Explanation of output and indicators variance:	<p>The average size of the targeted families was calculated in the proposal according to the data provided by the Municipality of Beirut, whereby 800 families are approximately 4,000 individuals (5 members per family irrespective of the cohort).</p> <p>However, the affected area by the blast was mainly inhabited by Lebanese families (75 percent), who have an average size of 3.8 members. This difference in the average family size over 75 percent of the total targeted population, has resulted in a deviation of approximately 20 percent compared to the target figures in the proposal.</p> <p>It is worth noting that the CERF grant allowed UN-Habitat to provide cash assistance to 816 families instead of 800.</p> <p>As a result, the project reached 80 percent of targeted people but provided support to a larger number of families (102 percent).</p>
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Activities	Description	Implemented by
Activity 3.1		PCPM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

UN-Habitat and partners used several communication channels with targeted beneficiaries to disseminate core project information. This includes door-to-door visits, in-person information sessions, telephone calls, short message service (SMS), along with the social media. Moreover, the existing hotlines of PCPM and RDFL in addition to WhatsApp, were widely used, ensuring a continuous timely and effective feedback mechanism.

Furthermore, PCPM conducted a series of operational steps that facilitated the money transactions for beneficiaries. For instance, the cash withdrawal limit on cards was increased, an additional ATM machine was made available in Hamra neighbourhood, and families who have relocated to areas further away had access to the nearest Online Money Transfer (OMT) providers to collect their money.

The follow-up phone calls by PCPM after the loading of money in the ATM cards, ensured an effective qualitative monitoring, enabling the team to take quick actions when issues arose.

b. AAP Feedback and Complaint Mechanisms:

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UN-Habitat and partners ensured that project beneficiaries had easy access to a closed-loop complaint and feedback system accessible to all members of the affected communities, inclusive of gender, age, illiteracy, and disability. For example, PCPM put in place a community feedback instrument allowing for close coordination between the project team and the affected community which helped in responding to the real needs. This was secured by establishing six hotlines.

Moreover, the implemented information sessions enabled beneficiaries to obtain all the needed details on the enrolment, length of assistance, modality, etc. This provided an in-person feedback or complaint mechanism, through a confidential and accessible manner.

PCPM further adopted a follow-up system through direct phone calls after the transfer of cash assistance payments to confirm that beneficiaries had received the SMS notifying them and were successfully able to withdraw the money.

RDFL put in place a hotline operator which was very beneficial to receive complaints, feedbacks, and requests for support. It enabled RDFL to refer 134 cases to the specialized services through existing referral pathways.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The cash assistance provided through CERF contributed to reducing and mitigating protection risks to individuals and communities especially girls and women. To ensure that support was accessible without harm or discrimination, an extensive outreach campaign was put in place to reach out to the most vulnerable groups and to people in need. This campaign was supported by the easy access of affected people to six hotlines that were established and actively disseminated to the affected people by PCPM. In addition, the scoring system used to select the eligible families has ensured that the process was fair and non-discriminatory.

On the other hand, frontline workers (UN-Habitat, PCPM, RDFL) who were in direct contact with beneficiaries, were trained on the Protection from Sexual Exploitation and Abuse (PSEA) to adhere to a code of conduct that respects the rights of affected people and prevent any form of exploitation, and the ability to recognize any potential and how to report along existing referral pathways. Also, through the hotlines, affected people were able to share feedback and report any misconduct.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The Beirut Blast disproportionately affected women and girls through emotional, psychological, economic and financial stresses, putting thousands of girls and women at a greater risk of GBV. This comes at a time of pre-existing crisis in Lebanon, already placed vulnerable populations, including women and girls, at added risk. Through this funding, specific focus was placed on women and girls, whereby the highest scoring for cash assistance eligibility was granted to female-headed households or households who have girls and women at risk. Approximately, 63 percent of the 3,201 people targeted by this project were female.

In addition, women and girls who benefitted from the cash assistance also benefitted from GBV awareness sessions, which aimed to enhance effective prevention, risk mitigation and response. Awareness raising messages involved not only the targeted affected people, but also the wide public reached through social media.

e. People with disabilities (PwD):

Through this funding, UN-Habitat and its partners largely focused on persons with disabilities (PwDs) to provide them with life-saving assistance in response to the emerging needs caused by the blast. The vulnerability scoring exercise that led to the selection of cash assistance beneficiaries highly considered the PwDs as they are less likely to have access secured tenancy. For instance, 92 PwDs equally divided between women and men, were provided with cash assistance.

In addition, relevant accessibility measures were considered for PwDs. Individual information sessions were granted to limit the movement of PwDs and decrease their risk of infection in the time of COVID-19. Moreover, the accessible online SGBV

sessions ensured the direct participation of 44 PwDs. Furthermore, the usage of sign language in both produced videos ensured a greater inclusivity of hearing-impaired persons.

f. Protection:

The focus and scope of the project is highly protection focused, aimed at persons affected by the Beirut Blast and at risk of falling further into poverty, or not being able to meet urgent humanitarian needs. Through the targeted interventions and criteria applied, persons deemed most at-risk were targeted. The project provided protection and shelter to vulnerable populations who were in urgent need following the Beirut Blast. CERF funding enabled a fast and efficient provision of assistance to 3,201 people including members of host community, refugees, IDPs and others.

Moreover, through this funding, victims of SGBV were offered psychological and psychosocial services and support, in addition to the legal support granted to people who are at risk of eviction. This awareness raising component served not only as a preventative mechanism, but also as a response mechanism to incidents.

g. Education:

Considering the nature of the project, education is not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	3,201

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UN-Habitat and PCPM followed the “Cash for Rent” TTC guidance which was elaborated and updated following the explosion in Beirut. The TTC consolidated a comprehensive approach for cash assistance, considering market prices and the rapidly worsening economic situation in Lebanon and the devaluation of LBP against the US\$ currency. As a result, the monthly cash assistance provided to the affected families benefiting from CERF grant was set at LBP 780,000 (the equivalent of US\$ 200 as per the preferential rate of LBP 3,900). This form of assistance tackled socio-economic vulnerability in general, facilitated enhanced tenure security, reduced the risk of eviction, secondary displacement, and negative coping mechanisms which could lead to SGBV or SEA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.3	3,201	US\$ 648,000	Unconditional	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Flickr Album	https://flic.kr/s/aHsmS5Jwaz
Project Report Video	https://youtu.be/_JHQHforBqE
Urban Digest – UN-Habitat Lebanon Quarterly Newsletter (page 5)	https://unhabitat.org/un-habitat-lebanon-country-programme-quarterly-newsletter-urban-digest-2020-roundup-while-looking
Project Story (UN-Habitat Website)	https://unhabitat.org/un-habitat-announces-cash-for-rent-for-800-families-affected-by-the-beirut-blast
Project Story (Relief Web)	https://reliefweb.int/report/lebanon/un-habitat-announces-cash-rent-800-families-affected-beirut-blast
Story featuring project (ReliefWeb)	https://reliefweb.int/report/lebanon/beirut-explosion-six-months-un-habitat-s-response-and-what-lies-ahead
Story featuring project (UN-Habitat Website)	https://unhabitat.org/beirut-explosion-six-months-on-un-habitat%E2%80%99s-response-and-what-lies-ahead
Press Release (Arabic)	http://nna-leb.gov.lb/ar/show-news/518084/800
Press Release (English)	https://executive-bulletin.com/un/un-habitat-announces-cash-for-rent-payments-to-800-vulnerable-families-affected-by-the-beirut-blast
Regional Office for Arab States Overview 2020 (pg 39)	https://unhabitat.org/sites/default/files/2021/03/final_version_10_february_clickable_links.pdf
Tweet 1	https://twitter.com/UNHabitatLB/status/1336736231254880258
Tweet 2	https://twitter.com/UNHabitatLB/status/1336988950536335361
Tweet 3 (RDFL Video)	https://twitter.com/UNHabitatLB/status/1382652013461245952
Tweet 4 (RDFL video)	https://twitter.com/UNHabitatLB/status/1368964617737756672
Tweet 5	https://twitter.com/UNHabitatLB/status/1380187706685292546
Tweet 6	https://twitter.com/UNHabitatLB/status/1367159552098107394
Facebook 1	https://www.facebook.com/UNHabitatLB/posts/4012394718852534
Facebook 2	https://www.facebook.com/UNHabitatLB/posts/3933851466706860
Facebook 3 (RDFL video)	https://business.facebook.com/UNHabitatLB/videos/453034902612640/
Facebook 4 (RDFL video)	https://www.facebook.com/watch/?v=152863136664793
Facebook 5	https://www.facebook.com/watch/?v=453530109429709
Facebook 6	https://www.facebook.com/UNHabitatLB/posts/3956028641155809
Instagram 1	https://www.instagram.com/p/CHU2wJbs7Al/
Instagram 2	https://www.instagram.com/p/COM79PRtYgi/

Instagram 3	https://www.instagram.com/p/CLWfeGLnzWX/
Instagram 4	https://www.instagram.com/p/CNaS2FECs3x/
Instagram 5	https://www.instagram.com/p/CL9tkaGsUk3/

Project Report 20-RR-WFP-038

1. Project Information

Agency:	WFP	Country:	Lebanon
Sector/cluster:	Common Services - Logistics	CERF project code:	20-RR-WFP-038
Project title:	Port Augmentation Activities		
Start date:	04/08/2020	End date:	03/02/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 30,000,000
GUIDANCE: Figure prepopulated from application document.	
Total funding received for agency's sector response to current emergency:	US\$ 0
GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
Amount received from CERF:	US\$ 999,481
Total CERF funds sub-granted to implementing partners:	US\$ [Fill in]
GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	
Government Partners	US\$ [Fill in]
International NGOs	US\$ [Fill in]
National NGOs	US\$ [Fill in]
Red Cross/Crescent Organisation	US\$ [Fill in]

2. Project Results Summary/Overall Performance

The overall objective of the WFP intervention was to temporarily augment the port capacity by creating storage and handling facilities for bulk/break bulk in Beirut Port following the blast and the massive destruction that the explosions caused. This helped facilitate the continuation of supplies into Beirut and especially humanitarian and other critical shipments. In particular, WFP's shipment of 12,500 tonnes of wheat flour helped bring in critically needed food into the country and contributed to secure fixed and lower bread prices for the entire population in Lebanon for a 2-months period. In fact, the bread price was not increased as planned by the MoET and people received additional 100 g of bread per package for the same price. WFP's shipment into the port therefore contributed to a certain level of stability during a highly volatile period and further created a trust in reviving the supply chain operation from Beirut port and the private sector therefore continued to bring in smaller shipments using the same methods as initiated by WFP.

3. Changes and Amendments

Immediately after the Beirut port explosion, WFP initiated a number of activities to help restore a couple of key functions in the port to allow bulk shipments to reach Beirut and humanitarian assistance – primarily food - to be received in the port. WFP however also had to slightly revise the original envisaged set-up as there was not sufficient storage capacity in the port and WFP had to rent additional warehouses outside the port. Due to a few overlapping contributions by other donors, WFP needed to ensure that all donor contributions were being used as per their intended purpose. As a result, WFP held a number of consultations with donors to renegotiate certain grants and ensure that donor requirements are accounted for during implementation. In addition, the Covid-19 situation combined with the political instability (interim ministers) complicated any intervention in the port.

In order for WFP to make the financial allocations to the CERF grant in line with the actual expenditures, WFP was granted a no cost extension of 2 months. The additional time granted allowed WFP to go beyond the original estimated project completion date to undertake the necessary admin and reporting work. Some of these delays were also caused by the covid/lock-down situation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The intervention to re-initiate and re-create the basic structures for the import of bulk cargo into the port of Beirut is directly and in-directly supporting the entire population in Lebanon. All citizens in Lebanon, including refugees benefitted from the fact that major supply bottlenecks and interruptions were avoided and bread prices were stable and bread weight even increased.

6. CERF Results Framework

Project objective	Augmentation of Beirut Port operational capacity. Through augmentation of equipment and technical expertise WFP will contribute to the continuity of operations at Beirut port, focusing on grain handling and critical humanitarian cargo.				
Output 1	Establishment of temporary bulk / break bulk receiving facility (overall budget 25 million USD)				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Common Services - Logistics				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Bulk/break bulk capacity restored and able to process up to 20,000MT per week	20,000MT per week capacity	[5000-10,000]	[Private sector ships are not arriving at the port with smaller shipments of around 5000-10000 MT per shipment.	
Indicator 1.2	Horizontal bulk storage facility established to receive and store up to 40,000MT capacity	40,000MT overall storage capacity	[WFP achieved a temporary storage capacity of up to 15,000 MT – however the private sector has found their own ways to secure sufficient storage space outside the port.]	[Fill in]	
Explanation of output and indicators variance:		Private Sector developments to find sufficient storage outside of Port			
Activities	Description	Implemented by			
Activity 1.1	Procurement, delivery and installation of equipment, including independent power supply (gensets), grain evacuators, mobile bagging plants, mobile shore cranes, telescopic forklifts and other equipment	Mobile storage units, generators and other handling equipment was procured. In addition, warehouse space outside the port was rented to facilitate the operation.			
Activity 1.2	Augment staffing at Port with technical expertise to oversee port rehabilitation of temporary measures including Engineers, Port Captain, Shipping & Supply Chain experts	WFP deployed civ-mil and logistics expertise in the port for a 2-3 months period to advise and manage the ongoing business and receipt of shipments. In the end, engineers and port captains were not required			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

AAP is considered across all WFP programmes. AAP is accessible to all target groups, feedback and complaints are treated with full confidentiality.

b. AAP Feedback and Complaint Mechanisms:

AAP is considered across all WFP programmes. AAP is accessible to all target groups, feedback and complaints are treated with full confidentiality.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All WFP staff have completed the mandatory PSEA training and refresher training are regularly offered to staff. PSEA is reflected across all WFP programmes.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Meeting needs of GBV survival is not relevant considering the nature of WFP project - Common Services / Logistics.

e. People with disabilities (PwD):

Meeting needs of PWD is not relevant considering the nature of WFP project - Common Services / Logistics.

f. Protection:

Protection is not relevant considering the nature of WFP project - Common Services / Logistics, however protection considerations are reflected in all WFP programmes.

g. Education:

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Education is not relevant considering the nature of WFP project - Common Services / Logistics.

8. Cash and Voucher Assistance (CVA)x

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not Applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Considering the nature of WFP project - Common Services / Logistics - CVA modality was not considered.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
0	0	US\$ 0	Choose an item.	Choose an item.
	0	US\$ 0	Choose an item.	Choose an item.
0	0	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet #1	https://twitter.com/WFPLEbanon/status/1309413179550838789
Tweet #2	https://twitter.com/WFPLEbanon/status/1308044804903899138
Tweet #3	https://twitter.com/WFPLEbanon/status/1298547948771594240

3.2 Project Report 20-RR-WHO-029

1. Project Information

Agency:	WHO	Country:	Lebanon
Sector/cluster:	Health	CERF project code:	20-RR-WHO-029
Project title:	Responding to emergency critical health needs resulting from the Beirut explosion		
Start date:	04/08/2020	End date:	03/02/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 15,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,200,000
	Amount received from CERF:	US\$ 4,000,009
	Total CERF funds sub-granted to implementing partners:	US\$ [Fill in]
	Government Partners	US\$ [Fill in]
	International NGOs	US\$ [Fill in]
National NGOs	US\$ [Fill in]	
Red Cross/Crescent Organisation	US\$ [Fill in]	

2. Project Results Summary/Overall Performance

[Through this CERF grant, WHO was able to support the Ministry of Public Health (MOPH) in procuring essential medications for acute health conditions for people in need. Hereby, WHO procured a total of 10 surgical and 10 trauma kits to 10 hospitals, as well as diverse personal protective equipment to 25 hospitals. A total of 81 molecules were procured with sufficient quantities to cover the needs of beneficiaries for at least 6 months. A total of 106,085 beneficiaries were able to receive medications as needed per month from September 2020 to March 2021, via the MOPH network, with a focus on Beirut-affected area. It is estimated that indirect beneficiaries targeted by this project are around 2,000 persons. The latter number is comprised of 1,000 persons who are victims of the explosion and who have multiple traumas and needed trauma care or surgeries as well as of those injured from clashes in riots, over the course of a month, who required surgical and trauma kits. It is also estimated that around 1,000 healthcare providers at hospitals were protected from COVID infection through the use of PPEs over the course of a month. WHO advocated for access to all groups of the society.]

3. Changes and Amendments

Changes in number of kits and quantities of PPEs procured: Since PPEs, trauma, and surgical kits were already procured at the onset of the emergency, following the explosion, the quantities that were provided were enough to address the needs. Hence the gap was fulfilled with the procured quantities and there was no need to procure the additional items and the remaining funds were allocated for medications. Following competitive bidding, WHO was able to procure sufficient quantities for 81 molecules compared to 76 previously planned.

-Procurement of medications for acute diseases is done through international bidding by WHO Regional Procurement and Supply Unit, in close collaboration with WHO Lebanon country office. The COVID-19 pandemic led to global shortages in several medications as well as delays in shipments. Nevertheless, WHO was able to procure all needed medications.

-The supply of PPEs, surgical and trauma kits was done directly from the contingency stock of WHO Dubai Hub without the need to go into a procurement process.

-Some modifications were made in terms of quantities of medications and quantities of supplies procured. But no consultation was done with CERF secretariat when modifications were made to quantities, since this is considered acceptable practice and since the project is labelled under one umbrella/area of support, meaning that the budget line is the same for the PPEs, kits and medications.]

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	24,412	17,678	15,608	11,302	69,000	[21,884]	[5,448]	[14,723]	[14,303]	[56,358]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	27,596	19,984	17,643	12,777	78,000	[20,922]	[10,192]	[8,138]	[8,270]	[47,522]
Other affected people	1,062	768	679	491	3,000	[1,000]	[352]	[323]	[530]	[2,205]
Total	53,070	38,430	33,930	24,570	150,000	[43,806]	[15,992]	[23184]	[23,103]	[106,085*]
People with disabilities (PwD) out of the total										
	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]

**The number of beneficiaries is slightly less than expected. This is due to the fact that the project was implemented during the COVID-19 pandemic which has hindered access to primary healthcare centres for services including medications. In addition, within this project's timeframe, during January-February 2021 a total lockdown was imposed, further limiting access to PHC for medications. This is particularly true for acute disease medications. However, quantities of the medications procured under CERF are still available at the centres and beneficiaries are still accessing them beyond the closure date of the project.*

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project contributed to strengthening the healthcare system by enabling the MOPH to make available needed essential medications for acute conditions at primary healthcare level. Access to essential medications not only benefited directly 106,085 beneficiaries but also their families and close relatives as they are not undergoing further financial hardship to ensure the needed medications. Also, among the indirect beneficiaries are the PHC centres affiliated with the MOPH network as they were able to maintain their subsidized services. People indirectly targeted by the project also included an estimate of 2000 persons:

- 1000 persons who are victims of the explosion and who have multiple traumas and still needed trauma care or surgeries as well as those injured from clashes in riots, over the course of a month benefited from the surgical and trauma kits.
- 1000 healthcare providers at hospitals were protected from COVID infection through the use of PPEs over the course of a month.]

6. CERF Results Framework

Project objective	To respond to the urgent health needs resulting from the Beirut explosion through the procurement of urgent personal protective equipment, lifesaving medical supplies, and acute medications to affected health facilities			
Output 1	Lifesaving trauma and surgical kits provided to hospitals that are receiving trauma cases and injured persons in Beirut sufficient for a period of 1 month			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of trauma kits procured	40	[10]	[signed delivery notes]
Indicator 1.2	Number of surgical kits procured	40	[10]	[signed delivery notes]
Indicator 1.3	Number of hospitals received procured kits	10	[10]	[signed delivery notes]
Explanation of output and indicators variance:		[Since trauma and surgical kits were already procured at the onset of the emergency, following the blast, the quantities that were provided were enough to address the needs. Hence the gap was fulfilled with the 10 kits and there was no need to procure the additional 30 kits and the remaining funds were allocated for medications]		
Activities	Description	Implemented by		
Activity 1.1	Select and order kits from WHO Catalogue	Not Applicable since kits were already available in the WHO Dubai Hub		
Activity 1.2	Procure kits from WHO Dubai Hub	WHO procured kits from WHO Dubai Hub		
Activity 1.3	Supply the hospitals with the procured kit	WHO delivered the kits to the hospitals and obtained signed delivery notes for documentation purposes		

Output 2 Personal protective equipment procured for 10 hospitals receiving trauma cases in Beirut and 10 hospitals receiving COVID cases distributed across Lebanon sufficient for the period of 1 month

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of masks (N95, surgical masks, face shields)	147,744	[62,652]	[signed delivery notes]
Indicator 2.2	# of goggles	48,600	[10,000]	[signed delivery notes]
Indicator 2.3	# of gloves	8,100	[0]	[-]
Indicator 2.4	# of hand sanitizer bottles	8,100	[3,229]	[signed delivery notes]
Indicator 2.5	# of coveralls	54,000	[11,440]	[signed delivery notes]
Indicator 2.6	# of cover head	97,200	[394]	[signed delivery notes]
Indicator 2.7	# of cover shoes	97,200	[1000]	[signed delivery notes]
Indicator 2.8	Number of hospitals received procured PPEs	20	[25]	[signed delivery notes]

Explanation of output and indicators variance: Since PPEs were already procured at the onset of the emergency, following the blast, the quantities that were provided were enough to address the needs. Hence the gap was fulfilled with the quantities procured and the remaining funds were allocated for medications. In addition to the above stated items, funds were used to procure 200 stretchers and 450 infrared thermometers. 25 instead of 20 hospitals benefited from the PPEs, since 5 more hospitals contacted WHO requesting support as they received a higher number of cases due to the explosion.

Activities	Description	Implemented by
Activity 2.1	Conduct international bidding through WHO Regional Procurement and Supply Unit	PPEs were obtained directly from WHO Dubai Hub.
Activity 2.2	Procure personal protective equipment	PPEs were received from WHO Dubai Hub
Activity 2.3	Supply the hospitals with the procured PPE	This activity was done by WHO. Signed delivery notes were requested for documentation.

Output 3 Acute disease medications are provided to vulnerable beneficiaries through the network of primary health care centres in Lebanon, with a focus on affected areas

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Number of vulnerable beneficiaries provided with acute disease medications under this project	150,000 beneficiaries	106,085 (63% females and 37% males)	MOPH reports
Explanation of output and indicators variance:		The project was implemented during the COVID-19 pandemic which has been hindering access to primary healthcare centres for services including medications. Within this project's timeframe, during January-February 2021 a total lockdown was imposed, thus access to PHC for acute medications was hindered. As such, the number of beneficiaries is slightly less than expected. However, quantities of the medications procured under CERF are still available at the centres and beneficiaries are still accessing them beyond the closure date of the project.		
Activities	Description	Implemented by		
Activity 3.1	Conduct international bidding through WHO Regional Procurement and Supply Unit	The bidding was conducted as planned via the WHO Regional Procurement and Supply Unit.		
Activity 3.2	Procure acute disease medications	Following the bidding process, a technical evaluation of suppliers was conducted; Purchase Orders were issued for selected suppliers who were informed by the regional office and proceeded with shipping arrangement. All molecules and quantities were procured as planned		
Activity 3.3	Supply the central drug warehouse with the acute disease medications	Shipments were received at the airport. WHO cleared and withdrew the shipments from the port of entry and delivered them to the warehouse WHO monitored the delivery process and requested signed delivery notes for documentation.		
Activity 3.4	Supply the primary healthcare centres with the acute disease medications	PHC centres that are part of the MOPH network usually order their acute disease medications on PHENICS and once approved centrally, they go to the central warehouse to receive their deliveries.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁷:

The need for medication and medicine that were targeted in this project were based on discussions with the affected hospitals and the MOPH. The estimations were technically done and reviewed by WHO Country Office team. PPE needs were estimated based on discussions with IPC experts and national authorities. WHO closely coordinated with the hospitals to ensure that the supplies were in line with the hospitals' requirements to ensure that the hospitals can serve the affected populations with the necessary services. WHO ensured that the needed quantities were procured and delivered to the targeted hospitals based on its patient capacity. This ensured that patients were able to access proper healthcare when hospitalization was required. WHO advocated at all time that all patients –regardless of nationality, gender, or age- should be able to access designated hospitals and receive the needed healthcare they require as that is their right. Moreover, the support provided under this project feeds into the Essential Medications Program of the MOPH; therefore, the project design is aligned with the same medications program components. Therefore, no specific involvement of beneficiaries was done at this stage. However, engagement on the medications takes place with MOPH central PHC team as well as peripheral coordinators who are in closer contact with the beneficiaries and centres.

b. AAP Feedback and Complaint Mechanisms:

A person or institution with a complaint can reach the MOPH through telephone, Qada health units, health sector and working group meetings. Any complaint would have been taken seriously, followed up closely, and addressed in complete confidentiality. Different feedback and complaint mechanisms are available to report issues related to essential medications. A complaint/feedback mechanism is in place at the PHC centres to be used by beneficiaries. In addition, PHC centres can call MOPH anytime to solve issues pertaining to shortages and delays. NGOs supporting PHC centres have been encouraged in all working groups and health sector meetings to reach out for any complaints or clarifications in relation to essential medications. During the implementation phase, WHO did not receive any formal complaint pertaining to this project. In fact, WHO received appreciation notes from the targeted hospitals.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All WHO staff have completed the mandatory PSEA training and refresher training are regularly offered to staff. Moreover, WHO PSEA focal points were assigned and trained. A well-established mechanism allows them to respond to and report any sexual exploitation and abuse incidents that might occur. PSEA training was also offered to partners and NGOs during 2020.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Although the project was not particularly focusing on gender-based response, it allowed service provision to all genders based on needs and it contributed to gender equality, including across age groups. All persons, regardless of their age or gender, can access the medications from any of the health centres across the country. In addition, the list of medications procured is based on the WHO Essential Drug List, which is designed to ensure equal access to essential quality medications that are age- and gender-sensitive. Data on beneficiaries shows that females are accessing medications more than males. Moreover, all persons in need of trauma care in the selected hospitals, regardless of their age or gender, benefited from the procured trauma and surgical kits. Healthcare workers working at these hospitals had access to the procured PPEs regardless of their age and gender.

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

e. People with disabilities (PwD):

The project does not focus specifically on persons with disability but considers disability as part of a larger vulnerability-based beneficiary selection criteria. The project focuses on patients accessing hospitals and primary healthcare facilities in need to acute treatments. If these patients do not have access to critical surgeries and other acute treatments including medications, they risk complications. The project also addresses COVID-19 prevention by providing needed protective equipment while the staff is responding to the health needs following the blast. If these staff are not well protected, they are at higher risk of infection.

f. Protection:

WHO staff abide by the highest ethical standards and principles during implementation of all projects and lifesaving interventions. This is also requested by all stakeholders and health partners as well as MOPH.

g. Education:

Education is not relevant considering the nature of WHO project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This project did not consider use of cash and voucher assistance as it feeds into an already existing program that ensures medications are accessible to those who need it via a wide network of PHC centres across Lebanon. In addition, the kits, medications, and PPEs were provided free of charge to the health facilities, and hence no need of cash transfer. Also, the MOPH network is accessible to all genders and nationalities. With cash transfer programming, it will be difficult to control where the patients will access care, especially with the diversity of health outlets in the country. The procurement of medications through the mechanism in place leads also to saving on costs of medications, allowing to reach a higher number of beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WHO COVID Sitreps for the month of August 2020- focus on Beirut Blast emergency response	https://drive.google.com/drive/folders/1eaYK_wr9mnKNum-I9ArK_JCn1nGfCudo?usp=sharing
OCHA Beirut Port Explosions Sitreps – mention of CERF funding for WHO	https://drive.google.com/drive/folders/15ccRXUiW8tewHBvOzx6L-wqSsSL30LUk?usp=sharing
Twitter posts about response to Beirut Blast	https://twitter.com/WHOLebanon/status/1296169704260853763?s=20 https://twitter.com/WHOLebanon/status/1296167026256424960?s=20 https://twitter.com/WHOLebanon/status/1296163313278169090?s=20 https://twitter.com/WHOLebanon/status/1294551835156652032?s=20 https://twitter.com/DrTedros/status/1291800575332560897?s=20 https://twitter.com/WHOLebanon/status/1292074649497538565?s=20 https://twitter.com/WHOLebanon/status/1291668151655108609?s=20 https://twitter.com/WHOEMRO/status/1291099916308230144?s=20
Instagram posts about response to Beirut Blast	WHO Lebanon on Instagram: “The children of WHO staff in the Lebanon and regional country office came together to help organize WHO supplies for distribution to public...” WHO Lebanon on Instagram: “Youth volunteers giving a hand with the shipment of PPEs that arrived from WHO hub in Dubai and is temporarily stored at the UNRWA...” WHO Lebanon on Instagram: “One of the ten beneficiary hospitals to receive urgently needed trauma and surgical supplies from WHO is the Bellevue Medical Center which...” WHO Lebanon on Instagram: “WHO team working through the night to sort the 20 tonnes of WHO health supplies that was received from WHO hub in Dubai to Beirut as an...”
Facebook posts about response to Beirut Blast	WHO team... - World Health Organization Lebanon Office Facebook World Health Organization (Eastern Mediterranean Regional Office) - منظمة الصحة العالمية تُرسل طائرة - إنمحملة بإمدادات لعلاج الرضوح وبلوازم جراحية إلى بيروت، لبنان Facebook World Health Organization (Eastern Mediterranean Regional Office) - منظمة الصحة العالمية تُرسل طائرة - إنمحملة بإمدادات لعلاج الرضوح وبلوازم جراحية إلى بيروت، لبنان Facebook One of the ten... - World Health Organization Lebanon Office Facebook The children of... - World Health Organization Lebanon Office Facebook World Health Organization Lebanon Office - The heroes behind the scenes Facebook

	World Health Organization Lebanon Office - The heroes behind the scenes Facebook World Health Organization Lebanon Office - The heroes behind the scenes Facebook
WHO support to the COVID-19 response in Lebanon (mentioning donors)	http://www.emro.who.int/lbn/information-resources/who-support-to-the-covid-19-response-in-lebanon.html
Social media posts about medications	Facebook: https://www.facebook.com/wholeb/posts/5667131719994752 Instagram: https://www.instagram.com/p/COfPLTmMFz/?igshid=t73n0z7v2p8s Twitter: https://twitter.com/WHOLEbanon/status/1389889249617588224

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-HAB-002	Shelter & NFI	UN Habitat	INGO	\$800,000
20-RR-HAB-002	Gender-Based Violence	UN Habitat	NNGO	\$15,000