



LEBANESE RED CROSS “COMMUNITIES AS FIRST RESPONDERS”

A case study of longitudinal investments in National Society Development and localization of humanitarian action



Background

In 2016 the World Humanitarian Summit's Grand Bargain Commitments led to the establishment of a "Localisation Workstream" which set out to "learn from successful localisation practices around the world". Its main goal was to find new ways of expanding the "localization of humanitarian action" through processes that:

- Strengthen locally-led, accountable and principled humanitarian action
- Reset the power balances between local and international actors that empower local humanitarian actors to lead and deliver relevant, sustainable local services
- Use a more strategic blend of local to international resources to create efficiencies, speed of response, and promote more effective local collaborations for collective impact.

This Case Study was commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC) as a contribution to the Grand Bargain "Localisation Workstream's" learning objectives.

It describes the outcomes of longitudinal investments and inspiring practices in National Society Development in the Kenyan Red Cross Society that strengthen:

- The evidence base for the effectiveness of investment in local capacity
- Learning on methods for building the sustainable characteristics of local humanitarian actors to increase the reach and effectiveness of global humanitarian action
- The local humanitarian system's capacity to prepare for and respond to local, national and regional disasters and crises based on risk communication and community engagement
- Local, inclusive emergency response systems that leave no one behind, and business models that sustain them
- Evidence that investment increases the timeliness and effectiveness of response
- Delivery of humanitarian impact "in a manner that is as local as possible and only as international as necessary"
- Learning on innovative approaches to organisational development, capacity strengthening, and mutual sharing of peer expertise and resources.

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1. Introduction

Over the past 10 years the Lebanese Red Cross (LRC) has faced a series of intense, prolonged and challenging humanitarian crises that required significantly upgraded strategy to modernize its strong response services but also invest in resilience building that contributed to community impact and the “localization of humanitarian action”.

“Localisation is a necessity as we are, by design, close to the communities and can therefore identify the priority needs. Most importantly, we can react rapidly to emergencies through our volunteers and staff that are always present throughout the country and providing vital services on a daily basis.” Georges Kettaneh, LRC Secretary General

Since 2011 the influx of more than 1.5 million Syrian refugees added to an already fragile set of humanitarian needs across the territory. In 2013, in order to better address such escalating needs, the new LRC governance and management leadership team launched a comprehensive organisational reform process. This was accelerated by the framing of an “Organisational Development Programme” which emerged after LRC undertook the IFRC’s “Organisational Capacity Assessment and Certification” (OCAC)¹ process in 2014. Over the past 3 years this long-term transformation goal has evolved into an organization-wide Strategy with a strong component to transform the organisation’s structures, relevant services, local sustainable response capacities, and empower communities through a further “localization of humanitarian action”.

The specific objectives of the early phase were to strengthen the provision of vital national health services (EMS and Blood in particular), and better prepare for and respond to disasters. The first priorities focussed on addressing the organisational deficiencies that LRC observed it had in the core support functions of Finance, HR, Procurement, and Communications and Fundraising.

LRC’s strengths come from leading its long-term organisation-wide reform process in managed “National Society Development (NSD) phases, with clear and measurable objectives, managing its Movement and external partnerships strategically to assert its lead role and generate effective coordination, and striving to achieve sustainable outcomes of investments made. As a result, its services continued to reach expanded numbers of vulnerable people, as the below comparison between 2016 and 2019 demonstrate:

Service	people reached	2016	2017	2018	2019	2020
Emergency Medical Services		262,039	272,764	277,937	290,985	176,659
Public First-Aid Training		17,363	16,581	20,639	18,974	136,763
Disaster Risk Reduction services		1,480	13,111	70,093	197,567	4,375
Blood transfusion services		27,464	25,438	33,205	39,730	387,839
Blood transfusion services				24,536	28,558	42,428
Blood type tests				4,486	3,563	32,740
Radiation			1706	5,966	4,848	2,495
Medico-Social services - Primary Health Centers		455,515	172786	166,986	141,811	5,107
Medico-Social services - Mobile clinics		129,787	164481	215,010	172,077	125,600
Medico-Social services - PSS		65,476	79134	47,860	53,728	114,436
General awareness sessions and social activities				13,561	28,135	59,973
Medico-Social services - Services for persons with special needs		1,623	955	825	1,060	67,094
Basic Assistance - CASH		69,555	34,203	54,164	47,914	2,558
Basic Assistance - IN KIND						136,188
Water and sanitation		47,701	65,127	17,343	13,615	
Other - PSS child approaches integrated in WASH			5,708	3,228		46,092
Winterization					10,797	
Emergency Support					7,758	1,618
Humanitarian Values and Principles		106,657	62,367	11,351	8,663	
Youth and Health awareness				11,845	5,275	143
Environment awareness				4,762	10,646	251
Various				131,353	24,492	1,317
Nursing students		337	368	456	719	238
Dissemination of Red Cross Red Crescent Movement Principles		1,964	1840	3,834	2,625	542
Number of Beneficiaries					2,103	
TOTAL		990,075	922,779	1,119,440	1,073,415	1,345,300

¹ IFRC’s “Organisational Capacity Assessment and Certification” (OCAC) is a comprehensive assessment that provides an understanding of a NS’s capacity and performance in all its areas of work, but also of the relationships between those different elements to better manage organisational change, efficiency and effectiveness.



After strengthening these core functions, the second phase focused on Branch development and revisiting Branches as the place from which LRC's holistic and integrated services could contribute to more local community resilience, social cohesion and peace.

This case study documents Lebanese Red Cross's inspiring transformative humanitarian journey over the past 10 years, which nevertheless had its foundations in the period since 2007 after the July 2006 War, following the changes to the Statutes of 2005, and which was finally accelerated by the appointment of the first Secretary General in more than two decades in 2013. It captures the challenges, solutions, and success factors that strengthened its neutral, impartial, independent and accountable positioning to make it a "partner of choice" for communities, local and national Governments, local and international NGOs, Red Cross Red Crescent Movement (Movement) partners, international organizations, and donors.

Through periods of Civil War of 1975-1990, armed conflict, internal disturbances and tensions, and the Syria crisis response, LRC has continued to demonstrate its strong neutrality, impartiality, and independence. Its strong acceptance in an often-polarized country allows it to provide pre-hospital emergency care and assistance for sick and injured civilians and others who are not directly participating in hostilities over the decades resulted in significant budget increases over these timeframes.

LRC was a founding member of the Secretariat General of the Organisation of the Arab Red Crescent and Red Cross Societies. With 80% of calamities in the Middle East and North Africa region caused by wars and violence, the provision of emergency first aid by neutral operators is essential to saving people's lives. As such, Societies in Arab countries and elsewhere have sought LRC's capacity strengthening assistance and training in a variety of areas including volunteer management, emergency and conflict-sensitive response, first aid training, fundraising, disaster risk reduction, and the provision of water, sanitation and hygiene assistance in emergencies.

As an active member of the International Red Cross and Red Crescent Movement, in addition to its domestic services, LRC continues to play international roles by extending support to other National Societies, to the wider humanitarian community, and by pioneering new innovations in assistance and cooperation that have strengthened humanitarian action both within and outside the Movement, nationally and internationally. As such LRC's transformation journey is an inspiring example of three specific dimensions of "localization":

Localisation of principled humanitarian action – by investing in its passionate neutrality, impartiality and independence; principled governance; consolidating its organizational credentials and operational integrity; and demonstrating services that remain visibly open and accessible to all.

Localisation of preparedness for response – by investing in national preparedness for response services located throughout the country; strengthening disaster risk and management in local governments, schools, and other relevant organisations.

Localisation of capability – by investing in volunteers, staff and youth through empowering and participatory structures; modernized policies; distributed leadership systems; a professionalized human resource base that has largely replaced the need for international assistance; and leveraging its strengths to expand humanitarian capacity through peer mentoring and capacity strengthening support to other National Societies in similar contexts.

2. Humanitarian context of Lebanon

The State of Lebanon achieved its independence in 1943, establishing at that time a Parliamentary democracy based on a confessional approach to the 18 religious denominations in the country.

With a geographical territory of 10,452 km², the population of approximately 6 million people in Lebanon is also susceptible to regularly recurring natural hazards and risks. The resulting displacement of populations, and disruption of livelihoods and food security require intensified investments in disaster risk reduction at national and community levels to prevent and reduce the impacts of further projected risks. National tensions between religious denominations, compounded by international incursions, occupation and armed conflict, have contributed to a turbulent history that has continuously generated changing and escalating complex humanitarian needs.

With the influx of Syrian refugees in 2011 onwards, Lebanon has become home to the largest percentage of refugees in any country, with one in three people on the territory having refugee status. Since 2011 Lebanon has been hosting approximately 1.5 million Syrian refugees (880,414 registered with UNHCR), in addition to 470,000 Palestinian refugees (registered with UNRWA), with an additional 180,000 estimated to be residing in the country independently. 73% of displaced Syrians live below the poverty line (less than US \$ 3.84/person/day), with more than 33% being moderately food insecure. Increased pressure on existing resources have created a growing economic crisis and exacerbated social tensions between refugees and host communities.



3. LRC's change process 2014-2021

(i) Basis for the change strategy – an organizational overview

In order to understand the extent and significance of the organizational transformations undertaken by LRC since 2012 it is important to refer to its earlier contexts. The protracted Civil War of 1975-1990 led to 200,000 deaths and over 1 million casualties. Although the war ended in 1990, a resurgence of conflict and military operations by occupying forces between 2005-2011 led to thousands injured and over a million people displaced.

With such a turbulent history, the LRC earned a reputation as the leading pre-hospital emergency care provider in the country. With more than 300 ambulances operating out of 49 stations across Lebanon, the LRC responded to emergencies anywhere and anytime. However, its internal context was complex. ICRC partnerships assisted LRC to build the ambulance and medical service infrastructure but with long-term funding models remained a major challenge in a dysfunctional state.

Internally, between 1991 and 2005, LRC was led by a number of Presidents and Governing Boards who demonstrated little appetite for change, in spite of ICRC's advocacy for addressing wider organisational development at the time. Nevertheless, in 2005 LRC appointed its first President from within the National Society since 1991, and in 2007 after the war with Israel which had brought significant ICRC resources





to LRC, steps were taken to initiate change. These included developing and implementing a first 5-year Strategy for EMS, and unifying the training of ambulance volunteers to achieve higher levels than advanced First Aid.

In 2010 the mid-term review of the 5-year EMS strategy looked at the EMS service from a wider organisational view and proposed three options: (i) spin off EMS as a fast-growing service as the LRC was resistant to change; (ii) stop all changes and address change in a slower manner; or (iii) leverage the EMS and build an organisational development strategy for the entire LRC out of it. With the third option chosen, IFRC provided CHF 200,000 to build LRC's fundraising capacities in 2010 but by late 2012 LRC showed no demonstrable follow-up. It was decided to shift partnership to Norwegian Red Cross and a "germ" was planted to work on strengthening LRC's fundraising and communications capacities within EMS initially but for the entire LRC, as it had been recognised that the EMS ceiling could only contribute so much to LRC's overall organisational growth strategy.

Prior to the acceleration of the organizational transformation process that started in 2013 with the appointment of a new Secretary General, LRC's organisational characteristics therefore comprised of:

- ⇒ Strong, specific, and visible national Emergency Management Services (EMS) and visible but under-developed Blood Banks
- ⇒ Weak Statutes that left Branches completely independent, giving 10-15% of their income to Headquarters (HQ) but receiving no support in return and having no clear roles and responsibilities (with great imbalance in Branch capacities, some generating up to \$ 400,000 per year)
- ⇒ No separation of governance and management, with a dominant governance having lead roles over specific parts of the structure and programmes (e.g. separate Governing Board members were each in charge of the key LRC operational sectors such as Ambulances, Blood Banks, Primary Health, and Youth)
- ⇒ Weak operability in Branches which preferred to run "local charity programmes" as opposed to implementing a range of national services locally with professional standards
- ⇒ The lack of a sustainability strategy as a result of a "volunteer-run" organization
- ⇒ Lack of financial management and reporting capacities that had resulted in a deficit of \$ 6 million by 2013
- ⇒ No use of regular organisational assessment tools or long-term Strategic Plan to strengthen key service and organisational dimensions.

(ii) The priorities of the new leadership from 2013 onwards

As a result of the massive organizational challenges brought about by the Syrian refugee crisis since 2011, the President of LRC and National Board appointed the new Secretary General Georges Kettaneh in 2013, who had been LRC's EMS Director since 1992, and subsequently DM Coordinator.

As the first Secretary General for 21 years, the new Secretary General and his senior management team set about addressing 20-year-old problems in a few years, implementing new priorities which included:

- ⇒ Responding to the Syrian crisis (by 2013, 1.3 million Syrian refugees had arrived in comparison to Lebanon's total population of 4.5 million, thus making Lebanon the country with the highest ratio of refugees per capita in the world)
- ⇒ Developing the LRC and professionalizing the key service sectors of EMS, Blood Bank, medical social, and Disaster Management, while also strengthening the cross-cutting support services of Logistics, Finance, HR, Communications, and Fundraising
- ⇒ Strengthening local resource mobilization to address the deficit

- ⇒ Reforming the human resource system, including diversification (60% of Directors at HQ are now women), retrenchment and replacing personnel with new competent staff in a new organizational structure
- ⇒ Initiating a modernization of the LRC Statutes to define clearer roles and responsibilities of governance, management, members, volunteers, youth and staff at all levels
- ⇒ Strengthening internal integrity management mechanisms, including the neutral, impartial, independent profiles of members, governance, volunteers and staff
- ⇒ Building professional financial management and reporting systems
- ⇒ Promoting a clearer external identity for LRC by investing with strategic communications and fundraising
- ⇒ Managing and coordinating the 21 partner Red Cross Red Crescent Societies who had arrived in Lebanon to contribute to the Syrian crisis, aiming to establish LRC in the lead role but agreeing shared leadership roles between all partners that contributed to its overall organisational and service development.

The overall aim of the organizational transformation process from the beginning was to strengthen LRC's ability to provide relevant, quality services at scale and to sustain them. Evolving mandates, structures, policies, systems and oversight measures have increased LRC's abilities to strengthen communities' resilience by strengthening local awareness and mitigation of risks, and management of immediate local responses with locally sustained resources and volunteerism.

(iii) Strengthening the legal base of LRC

"Its legal base is the strength of a National Society. With a strong legal base government cannot exert undue interference on the National Society" LRC Senior Manager

LRC is protected by a State Decree 3039 of 6th March 1986, confirming:

- The basic principles and purposes of the National Society
- Its role as auxiliary to the public authorities in humanitarian services
- The key regulations of the National Society.

The Lebanese State Decree of 1st April 1949 on "Use of the Emblem of the Red Cross" authorized LRC to use the distinctive emblem of the Red Cross at all times in conformity with the Geneva Conventions of 1949 and their Additional Protocol I and II, and subsequently the 1991 Regulations of the Use of the Emblem by the National Societies adopted by the International Conference of Red Cross and Red Crescent.

Supported by these protections LRC had to work hard on gaining the acceptance, access and perception as years of armed conflict and tensions have meant that its assistance has been required by various communities and armed actors. This has allowed the LRC to demonstrate neutrality, impartiality, independence, and build trust and credibility with all segments of society.





“The strength of the LRC lies in the fact that it has always fully respected and implemented the Movement’s seven Fundamental Principles. During the war when the whole country was divided and partitioned among the various militias, the LRC was the only health institution that could cross checkpoints and move from one area to another to carry out its mission.” LRC Secretary General, Georges Kettaneh.

To institutionalize its changes, LRC has made regular NSD investments over the past 10 years to strengthen its Statutes. The latest version of embedding its organizational improvements came in April 2018 when LRC submitted to the Joint IFRC/ICRC Statutes Commission in Geneva its latest updated Statutes. These continued to strengthen the clarity of its legal framework, Emblem protection, auxiliary roles, internal accountability systems, membership development, independence and unity. In particular, the statutes aimed to:

- ⇒ improve internal performance, efficiency, and cost-effectiveness;
- ⇒ exert better control over the profile and criteria for key internal stakeholders, especially those in elected positions;
- ⇒ clarify and empower the roles of members, volunteers and employees at all levels.

LRC has for some time had to suspend the recruitment of new members from which to elect future leaders for fear of weakening the passionately neutral, impartial and independent characteristics of its existing membership base. It is hoped that a solution to this will be found in its next Statutes revision process. At present pilot systems to allow those serving as long-term accredited volunteers to transition into members offer promising pathways to principled future leadership and succession into equally passionate neutral, impartial and independent profiles.

More recently, acknowledging that its modern auxiliary roles and functioning are not well reflected in its original State Decree, LRC has also used the “Model Law” promoted by the RCRC Movement, and sought assistance from the IFRC and ICRC and their Joint Statutes Commission in Geneva, to arrive at a very strong draft which it is hoped will be accepted and approved by Parliament in 2022. The new proposed Law aims to:

- ⇒ modernize long-term auxiliary roles in the context of new humanitarian priorities identified in recent years;
- ⇒ update LRC’s roles in the Civil Defense system (e.g. its complementary roles in snow and mountain rescue, exchange of expertise and training in areas such as chemical and biological emergencies etc.);
- ⇒ formalize a number of benefits such as tax exemptions applicable across the whole territory. With support from IFRC and ICRC the draft Law is now with Parliament.

(iv) Organizational analysis and a reform plan

From 2013 onwards, the new senior management’s early priorities resulted in NSD partnerships to support human resource development (with German Red Cross and ICRC), financial system development (with Norwegian Red Cross and ICRC), and volunteer management (with Spanish Red Cross). Investments were also made in fundraising and resource mobilization capacity enhancement, but such investments required a wider organizational transformation to manage the integrated linkages between the various sectors.

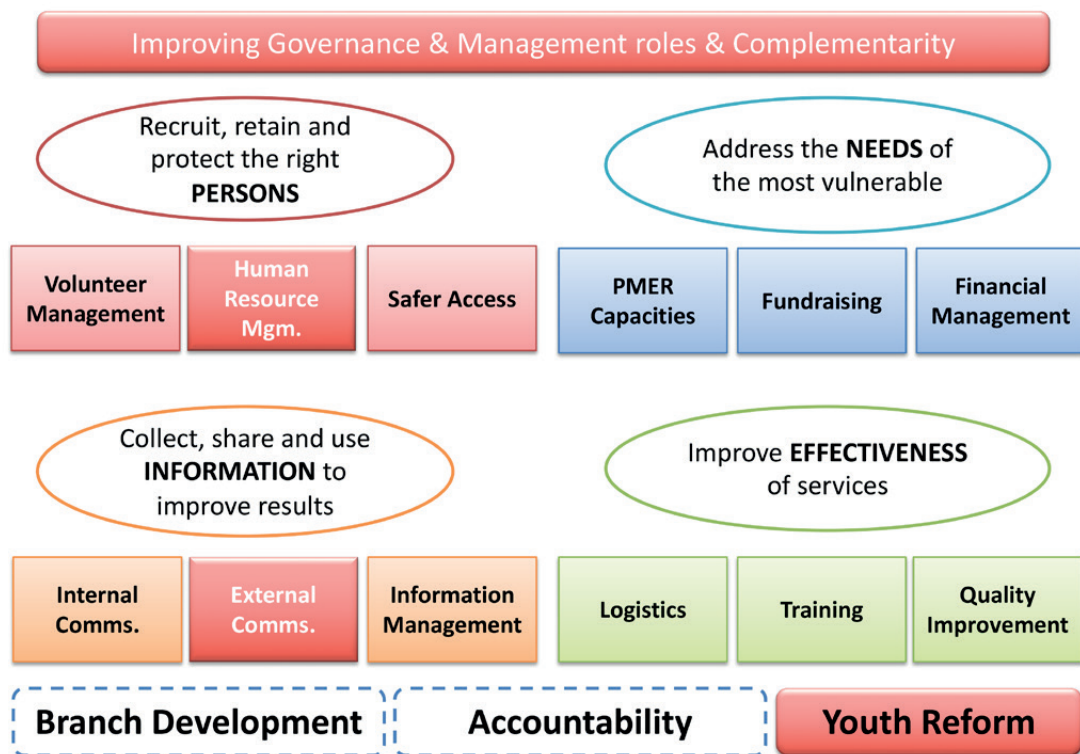
A key turning point moment proved to be LRC’s appointment in 2014 of an Under-Secretary General in charge of “Organisational Development” who attended IFRC’s “Organisational Capacity Assessment and Certification” (OCAC) training of trainer’s event in late 2013. It was decided for LRC to undertake the OCAC process in early 2014, assessing 94 individual areas of capacity, and analyzing the strategic

linkages between all dimensions of the LRC’s work and services. With the support of IFRC’s OCAC process, LRC confirmed that its key organizational deficiencies lay in the areas of structure, communication, compliance and funding. The outcome resulted in:

- ⇒ LRC’s first ever “Strategic Framework 2015-2018” as a holistic reform plan
- ⇒ The launching of a detailed workplan in 10 core areas which prioritized HR, procurement, financial management, and planning, monitoring, evaluation, communications, and reporting capacities
- ⇒ The launch in 2017 of a Branch development programme to enhance community-based services and local sustainability.

A “LRC Development Programme” initiated work supported in the areas below by a range of partners with indicators in each area to measure progress:

LRC Development Programme – Framework



“OCAC was not used just as an assessment, but as a plan of action and the foundation of strategic planning. By being extremely honest about our catastrophically weak capacities but some strong areas of services, we used it as a starting point for our OD process, identifying our top priorities as finance development, HR, and procurement”. Nabih Jabr, LRC Under Secretary General

The strategic partnership with the Norwegian Red Cross to build finance management capabilities and systems proved particularly productive, deliberately engaging a small but highly trusted Lebanese finance consultancy to assess, reform and help implement a new financial management system. The timebound plan set “exit strategy indicators” at the outset that would enable LRC and all partners to know when its final objectives had been met to enable the disengagement to take place. Although expensive and timebound over 18-24 months, the finance development initiative was one of the most important NSD investments that has led to LRC’s acknowledged reputation for transparent and accountable financial reporting. Not only has this brought new partnership opportunities, but it has also become a trusted



partner of choice for individual and institutional giving, with over US \$40 million dollars alone being donated during the Beirut Port Explosion response in 2020.

On its other immediate priorities in 2015 LRC asked British Red Cross to support its procurement systems development goals. British Red Cross initially proposed a comprehensive and extremely ambitious scaling up of the whole supply chain management system, contracting a consultant to draft a project plan. This was deemed too ambitious and priority was given instead to strengthening LRC's procurement systems which was achieved through a clear manual with specific elements that mitigated any risks of fraud and corruption, and the establishment of a separate and well-trained procurement unit.

In 2017 LRC had also asked Deloitte and Touche to support the HR transformation work, but the partnership had not brought optimal results and HR transformation issues are being worked on to this day.

(v) Branch strengthening

Prior to 2013 Branches played little role in local delivery of the key, highly visible national services of LRC. Whereas some ran a primary health centre, the majority were known to support very local "charity" activities while LRC's main services were run in a "top-down" fashion coordinated by HQ. The vision of LRC's new leadership from 2013 onwards was to transition from "old style Branches" with autonomous locally elected Boards that were not connected to LRC's national services, to a concept of a Branch as "a place from which local populations would receive all of LRC's services in a local area".



The Secretary General wanted to start working more closely with the previously independent Branches and to ask "What can the HQ offer you?". The national economic downturn led Branches to be more reliant on HQ for funding, which led to their interest to receive more focused capacity strengthening support in the areas of financial management, HR development, and resource mobilization.

The second dimension of NSD investments came in the form of aligning Branch priorities, capacities and services to be active implementers of LRC's national Strategic Plan in local communities to common minimum standards to be more comprehensively taken up in its "Strategic Plan 2019-2023".

In 2015, the post-OCAC reform plan included the transformation of the Branches. Finance development and HR development initiatives were considered part of Branch strengthening, with the objective of "cascading" new capacities into stronger Branches through a clear NSD programme. However, when reviewing the "Strategic Framework 2015-2018" formulation, it was agreed that in retrospect the "plan" had indeed been no more than a "framework", containing almost no measurable targets and indicators at any level.

In order to activate the Branch strengthening objectives of its "Strategic Framework 2015-2018" LRC decided to use the IFRC "Branch Organisational Capacity Assessment" (BOCA) tool and process in 2015.

BOCA was customized to LRC's local contexts, but an initial pilot failed in 2016 as it proved challenging to unify the Branches with LRC's service centres. LRC spent another year first working on its new definition and vision for Branches. In 2016 the LRC's Under Secretary General proposed an Inception Report to Danish Red Cross to support Branch strengthening, which included the vision of the "Role of

a Branch” to strengthen coordination between different service groups in a local Branch such as EMS, disaster management, youth and volunteers. Although the work to define a future Branch involved 380 representatives from all Branches in participatory workshops, the plan has not yet been fully adopted. It was hoped that the new “Strategy 2019-2023” will be the platform on which to take this forward. A new “Branch Development Framework” was drafted in 2020.

“Previously youth and DM volunteers in a specific area could have both been supporting water sanitation issues in parallel and responding to incidents without coordinating or consulting each other. Ideally the Branch should be able to represent the whole Red Cross locally, with unified communications to all stakeholders, meeting needs with coordination and synergy between the services, and offering local communities new opportunities for communications and fundraising, rather than 30 year old services that are no longer relevant or not provided with sufficient quality. We’re still engaged in a 10-year horizon comprised of reinstating membership and refreshing our governance at local to national levels” Nabih Jabr, LRC Under-Secretary General

A further implementation of the Branch Development process that includes BOCA had been interrupted by COVID-19 in 2020, but initial results showed improvements in some Branches’ sustainability. Although some Branches were initially resistant to change, new Key Performance Indicators (KPIs) and accountability mechanisms are part of the integrated system to press for compliance and fulfilling their new roles.

(vi) New approaches to volunteering and youth empowerment

LRC had previously relied on “top-down” volunteers who delivered national services by visiting crisis incidents and then leaving after the operations were complete. They were trained in specific sectors and rarely understood the roles of other volunteers. Through a new “turning point” moment LRC, with Spanish Red Cross support, LRC adopted its “Volunteer Strategy” in 2015 which focused on harmonizing the recruitment of volunteers across departments, improving volunteer retention and well-being, and opening up new opportunities for volunteering.

NSD investments in youth also changed direction. Youth were recognized as the heart of the volunteer force, and new mobilisation began in their 35 Youth Clubs across the country, and their youth organization in universities and schools, encouraging them to be “agents of change in their communities”.

“90% of our 3,400 EMS volunteers are youth aged between 17-25. These “operational youth” start with 9-11 year olds in schools benefitting from humanitarian education and disaster drills, and then go on to promote IHL and peace in their communities. We modified our Statutes so that Youth are now on the local and national Governing Boards of our National Society. Resilience in the Lebanese context means a combination of livelihood support and DRR, but DRR means youth involvement too, helping to assess each village’s risks and building training for preparedness and coordination”. Georges Kettaneh, Secretary General

Youth empowerment has brought extreme loyalty to LRC. Its 1,600 active youth members are trained in, and promote locally, the Movement’s Fundamental Principles, humanitarian values, and themes ranging from environmental protection to disaster risk reduction and social cohesion and peace.

“So many young people say “The fact that I joined LRC EMS as a volunteer of 16-17 years old changed my life. You get trained, provide life-saving activities, and it changes your professional choices”. There’s a queue of young people waiting to become EMS volunteers. LRC inspires the communities in which they live. It’s a grass roots community-based organisation that leads by example”. ICRC cooperation Coordinator

However, LRC is yet to define a “mission for youth” beyond their roles as active volunteers in the EMS, DM and youth services sectors. Options include their roles as peer educators and supporters in a refreshed set of relevant services such as mental health support, surge capacity roles in disaster response, recruiters of more blood donors, and being a “pool of prepared future volunteers and leaders in LRC”. It is hoped that the implementation of “Strategy 2019-2023” will consolidate such gains. Nevertheless, the role of increasing numbers of youth in school and community-based DRR is an opportunity that can be expanded further, as described in section 4 (ii) below.

4. Refocusing service priorities to remain relevant to changing needs

(i) Organisational development support while strengthening services

In 2011, LRC was not accustomed to large numbers of PNS, having relied on stable relationships with a few long-term partners. Whereas the EMS service initially provided a strong base from which to coordinate support, the situation became complex and untenable by 2013. From 2013 onwards LRC's new Secretary General maintained a strong and assertive position with the other “Partner” National Societies (PNS) supporting internationally, and other humanitarian institutions who offered assistance for scaling up the response to the Syrian refugee crisis.

“We had to state very clearly – “No response without development. Don't do disaster response without capacity strengthening. We want to develop minimum standards in all sectors to be functional as they develop. We need to support transformation in the LRC, and we mean organisational development support, not capacity strengthening to just pay for programmes and programme managers. We want to build long-term sustainable services” Georges Kettaneh, Secretary General

LRC's transformation has been Strategy driven. While OCAC in 2014 gave birth to a transformation agenda captured in LRC's “Strategic Framework 2015-2018”, it didn't capture specific targets, remaining instead a “Framework” for a transformation plan. In response to the need for specific targets and deliverables, LRC's first real “Strategic Plan 2019-2023” debated and adopted, with its first “Planning Unit” was established in 2019 to strengthen planning systems across the organisation.



The key outcomes of this “localisation of humanitarian action” to transfer new knowledge and insights for further local adaptation and development included:

- ⇒ The empowerment of the LRC Directors senior management team with new technical skills and coordination competencies;
- ⇒ The implementation of the organisation-wide transformation plan as a continuation of a long-term process that had its roots in OCAC;
- ⇒ Clearer separation and interlinkage between LRC’s internal management responsibilities through refreshed job descriptions;
- ⇒ The opportunity to bring together various internal Strategies and implement them through “one Strategic Plan”;
- ⇒ The establishment of LRC’s “Planning Unit” in 2019 to overcome the tradition of partners and LRC counterparts building “mini planning and PMER systems” within each sector, and to establish one centralised information gathering, planning and reporting system.

(ii) Disaster Risk Reduction (DRR) and “localisation of humanitarian action”

In 2010, with Beirut’s vulnerability to earthquakes and related tsunamis and 50% of its inhabitants living in coastal areas, the City authorities allocated a dedicated DRR budget, developed a risk database, and conducted risk assessments to develop a DRR master plan. However, conventional vulnerability and capacity mapping would not be enough to address the complex interplay of communities, social and cultural contexts, and gender, economic and ethnic inequalities.

Prior to 2011, with its strong national disaster and health response services, and Branches engaged in more charitable activities, LRC had virtually no community activities. In 2011 the German Red Cross partnered with LRC to invest in local structures that would empower communities to strengthen their resilience in the midst of many recurring natural hazards, disasters, and conflict-sensitive scenarios in their lives.

In the spirit of the Hyogo Framework for Action LRC developed and implemented its corresponding vision of building safer and more resilient communities by adopting a comprehensive Disaster Management Framework and a DRR strategy focusing on community resilience in 2012/13, which included increasing awareness, preparedness, including capacity in women before natural disasters.

Some Municipalities and Local Authorities in regularly crisis-prone regions were also interested to use LRC’s volunteer base, as well as its recognition, acceptance, and access to affected communities in all contexts. With its foundations in the work supported by the German Red Cross, LRC’s community resilience approach quickly grew very strong and quickly over the past 10 years, fuelled by the new leadership’s belief in “communities as the first responders” from 2013 onwards.

“Lebanese RC is the second responder in any situation: the first responder is the community. Community access and trust are therefore critical to the success of the organisation. We are always there for people in all different phases of their lives”. Georges Kettaneh LRC Secretary General.

The senior management team envisioned a scaling up of the valuable Disaster Risk Reduction (DRR) work that to build community preparedness for response capacities across the hazard-prone parts of the country.

“Localisation means we have to be in the community, and who is the community? The Branches!” IFRC Head of Country Office



LRC pioneered emergency preparedness in schools across the country. In Tripoli, schools provide an entry point to promote disaster mitigation to communities through joint activities with conflicting groups to ensure safety and reduce tension. The LRC terms this a 'conflict-sensitive' approach to disaster risk reduction. It focuses on social cohesion and integration, alongside training in emergency response and first aid for youth. Merging this with its focus on youth empowerment and development, LRC undertakes regular school drills in high-risk areas:

Although fighting has died down in Tripoli in recent years, mock gunfire still rings out at Takmiliyat Al-Kobba 2nd School and about 200 other government schools during regular drills run by LRC. During a recent armed conflict drill, students quickly evacuated their classrooms and took shelter in the school's theatre.

"I feel afraid," 14-year-old Amal Ibrahim said after the practice. "But when I think of the steps I should do, I feel less frightened because I know how to protect myself."

"Students' relatives are invited to learn about the drills — not least because otherwise they might risk their own lives by coming to school to try to save their children in a disaster. In studies we did, a number of the deaths and injuries were either caused by attempts to escape or to rescue others. The school training is also seen an opportunity to increase disaster resilience within wider communities. You can create this culture among children at schools, and then they will be able to transfer this culture to their families," Kassem Chaalan, an LRC Project Manager.

"When we used to hear (the) sound of bullets, we used to be too scared to know what to do. It was so confusing," said Houssam Khaddooj, an 18-year-old former student who now volunteers with the LRC on the drills. *"If this had happened before, the area would have coped better. We would have been able to take care of ourselves, to raise awareness among those who are younger than us."*

NSD investments in strengthened Branch capacities to support these DRR activities have resulted in five key outcomes:

1. All students and staff are able to adopt the correct behaviour during an earthquake
2. All students and staff are able to evacuate the school rapidly and assemble in a pre-determined safe zone
3. Groups of teachers are trained in first aid, evacuation and light search and rescue
4. The school director and key school faculty are empowered and encouraged to implement regular evacuation drills
5. All participating agencies will present unified recommendations to the Ministry of Education & Higher Education to improve the school infrastructure.

(iii) Disaster response – "localisation of humanitarian capability"

"As Red Cross, we are ready to respond and help in any crisis based on our contingency plans and continuous trainings. We share a deep common language with our community; and people trust us, as we have built this trust with our 75 years' existence and service in the country. Finally, we know that we have to continue training, preparing ourselves and coordinating with others to complete the work, as only together, we can reduce the risks." Georges Kettaneh, Secretary General, Lebanese Red Cross

LRC strengthened its central management over Disaster Preparedness and Management capacities over decades of response to humanitarian, conflict-sensitive and unforeseen disasters. The impact of a range of NSD investments in volunteer mobilisation, rapid assessment capacities in communities, and in leadership and management training was seen at its best during the response to the tragic Beirut Port Explosion of 4th August 2020.

“No one can train for a day like that, but our years of simulations with army and other institutions to prepare for catastrophic explosions and events helped us launch the manoeuvres even though 2 of our 11 ambulances were destroyed and 1 damaged and we had no electricity. We applied all our contingency plans, our first responders left their injured families to come to be of service, and our trained teams re-established electricity after one hour. Our forward commander went in our only vehicle and coordinated evacuation of people, provision of blood supplies, and search and rescue operations. Only years of simulations, contingency plans and capacity strengthening helped us play these roles” LRC Head of EMS Station, Beirut

In its immediate lifesaving roles, LRC deployed 375 Emergency Medical Technicians and 75 ambulances of its 300-ambulance fleet, with 70 more ambulances deployed after 2 hours, helping more than 3000 wounded. From managing the immediate first aid, triage and search and rescue for the injured at the explosion site, LRC evacuated patients from collapsed hospitals, undertook emergency blood donations and transfusions (supplying over 1200 units in the first 48 hours), and distributed food, water, hygiene kits, mattresses, blankets, and other essential items through mobile clinics, including masks and gloves to also prevent the further spread of COVID-19 amongst the survivors.

Due to the capacity it has built over the years to conduct localized, rapid, multi-sectoral needs and damage assessments, LRC was able to identify, and advocate for, the needs of the most vulnerable by gender, diversity, and disability, as well as those who would have future priority needs such as wheelchairs, crutches and other mobility support. Its ability to coordinate response and medical supplies with its partners through its local health centres and mobile primary care units won the appreciation and trust of the public and national and international institutions. Donations for its response rapidly rose to US \$ 40 million.

Follow-up support included emergency shelter to 1000 families, psychosocial support, and reuniting separated family members and friends. By 8th November, LRC had helped over 250,000 people, distributed direct cash assistance to 8,278 families, completed 43,021 household assessments, provided direct and remote psychosocial support to 16,327 persons, distributed 3217 ready meals and 11,956 food parcels, 10,045 hygiene kits and 2005 baby kits, and completed 4,536 COVID-19 missions.

In the aftermath of the explosion, it became apparent that municipal authorities in Beirut had very limited knowledge and experience of disaster response. This included a lack of such basics as proper databases, stakeholder mapping, or evacuation and contingency plans. LRC's DRR Unit has since undertaken work with five local authorities to enhance their disaster preparedness capacities, including multi-hazard assessment and mitigation. This is seen as crucial if similar disasters are to be avoided in future.

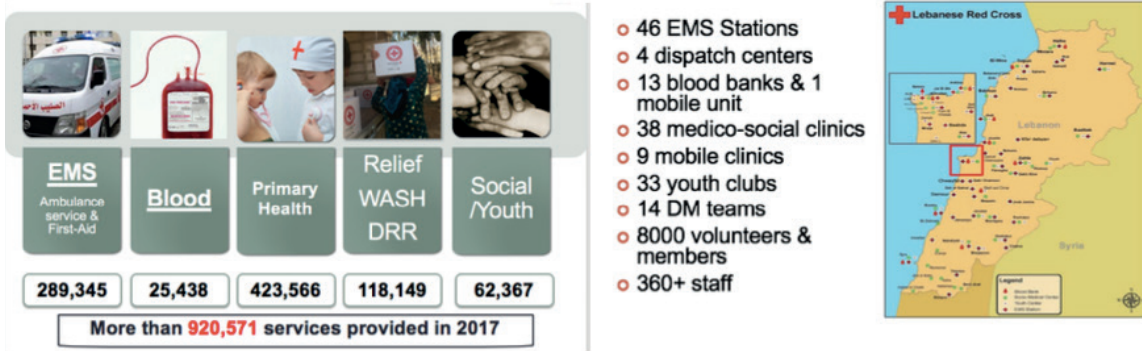
LRC's early adoption of the Cash Transfer Programme (CTP) in partnership with the British Red Cross demonstrated its agility and commitment to piloting, innovation and learning from challenges and occasional failures. Such investments over time have led to such publicly-appreciated humanitarian services in the aftermath of crises and disasters.





(iv) Health services

The experience and reputation that the LRC earned during the wars in Lebanon made it the leading emergency medical provider in the country. With more than 300 ambulances that serve as mobile intensive care units operating out of 49 stations across Lebanon, the LRC responds to emergencies anywhere and anytime. Its commitment to gathering and analysis data documents the number of people reached through its services each year, as the following summary from 2017 alone demonstrates.



ICRC's earlier roles focused on support for transitional changes and upgrading in the EMS and ambulance services. However, with LRC's appetite for technical knowledge and management skills, no further technical support has been required for several years.

While LRC's visible health programmes focus on pre-hospital support through EMS and first Aid training, its important capacities have also been building in community-based health interventions in psycho-social and mental health (which have proved especially important after the Beirut Port explosion and COVID-19 emergencies), and primary and community health (using CBHFA and risk awareness and mitigation approaches supported by the Canadian Red Cross).

The strengths of LRC as a fully localized actor were never more visible than the roles it played in the COVID-19 response during 2020/2021 through its US \$ 3 million COVID vaccination programme. The weaknesses of the Governmental health system were that it only had hospitals and no other front-line response services. When patients contracted COVID-19 their only recourse was to go to hospitals, overwhelming them. LRC's response included responding to the shortage of oxygen cylinders and concentrators (machines that can provide oxygen to patients at home), by setting up a system to receive donations of oxygen concentrators and supplying them to patients who need oxygen at home and are facing extreme difficulties. When patients recover LRC cleans the machines and offers them to new patients. Its existing DRR infrastructure helped it to be used for a holistic response and be prepared for such unseen eventualities.

5. Building organisational sustainability

(i) Strengthening a neutral, impartial, independent, and accountable public image

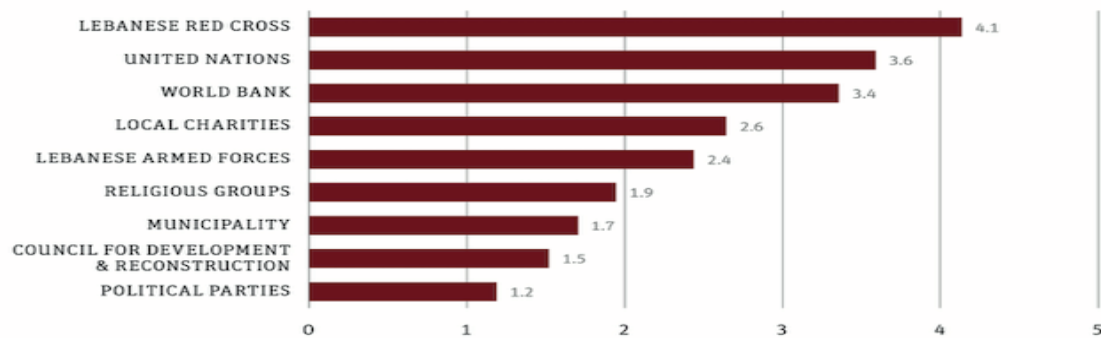
LRC's immensely visible EMS and Blood Bank local and national services have built community trust and led to positive acceptance which in turn has generated stronger perception, access and resources from all sections of the community for LRC's work. As a result, it uses these neutral and impartial resources to continue to strengthen the resilience of, and services to, the most vulnerable and isolated individuals in all communities regardless of their identity or status.

"To maintain our neutrality and impartiality we have to be very strict in searching, for, interviewing and checking the partiality of members, volunteers and staff. For 6-9 months they are "under probation". Ambulances can be deployed in the north or the south, but we have to be neutral AND be seen everywhere"
Georges Kettaneh, Secretary General

Significant long-term NSD investments have been made in dissemination of the Fundamental Principles and the development of Codes of Conduct which everyone in the organization has to sign. Its original Code of Conduct was only implemented through the EMS services, but after undergoing the Safer Access Framework assessment, LRC has ensured that every single internal stakeholder must read and sign it.

A World Bank perceptions survey in 2020 showed the very positive outcome of multi-faceted NSD investments by confirming LRCS' public trust and credibility:

Figure 15: Trust in Various Actors



(ii) Investing in transparent reporting

LRC's consistent NSD investments in strengthened financial management and reporting at all levels started with the strategic and sustained long-term support from the Norwegian RC from 2015. The finance development support was accompanied by several connected strategic investments in strengthening behavior change, responsibilities, and accountability to follow rules, report, account and measure.

LRC's long-term investments in reporting and annual narrative reports have paid dividends. Almost the whole Lebanese diaspora channeled their funds almost solely through LRC to support the victims of the Beirut Port Explosion. Preferring to donate to LRC rather than the Government, more than US \$ 40 million dollars was mobilized for emergency, and unconditional cash assistance after the disaster.

(iii) Diversifying income streams

LRC has always maintained a strong goal of striving for self-sustainability in local humanitarian action, and the resources that support it locally. LRC aims to mobilize approximately US \$ 21 million of its annual US \$ 30 million costs by 2023 and be at least 70% independent of international aid by then. In 2020 LRC received US \$ 12 million from Movement partners. Although the Branches used to raise about US \$ 4 million in the earlier contexts prior to the country's economic downturn and COVID-19, it is hoped that the new digital platform will raise an equivalent amount.

LRC's income streams from commercial First Aid services to external companies and institution achieved great strides prior to 2020, but have now been reduced due to the combined effects of COVID-19 and the economic crisis.

"People are seeing the difference in LRC on the ground, covering a lot of responsibilities without corruption and finding new services to offer. When people see you helping an elderly migrant father so neutrally, it creates emotions and they ask to join. One week ago, we closed the first recruitment for EMS volunteers for this year. In these online COVID-19 times, we received 350-400 applications for 35 vacancies in 3 weeks!"
 Head of EMS Station, Beirut



In 2020/21 LRC realized that as Branches could not fundraise through traditional national face-to-face public campaigns due to COVID-19, it would support digital presence and fundraising through a dedicated webpage each. This enables each Branch to extend its communications, messages and news to its own international networks and encourage donations. 50% of branches have already signed up and been trained in use of the online platform.

Its successful application to the joint IFRC/ICRC “National Society Investment Alliance” (NSIA) funds aims to build LRC’s further self-sustainability, replace local funding that was lost due to the economic crisis, and accelerate the development of its fundraising and communications capacities, and grow independent sources of diversified income, including from the significant global diaspora mobilized during the 2020 Beirut Port explosion response. The NSIA support has been, and will be, vital for this endeavor.

(iv) Auxiliary role support advocacy

In 1990 the Lebanese Ministry of Health decided to invest in the LRC’s EMS rather than in its own, limited, ambulance service. This was due to the quality and scope of the LRC’s service and the costs associated with setting up a parallel State system. The government also recognised that the EMS was the only universal system operating in Lebanon and that it alone could cross confessional lines freely in order to provide services.

Following the cut in Government funding for over a year in 2013, LRC continued to advocate for a new Lebanese Red Cross Law that would supersede the existing Decree and provide for greater Government support in return for providing its widely appreciated public humanitarian services.

Whereas LRC had enjoyed some financial support from the Ministry of Health for approximately 30% of its running costs, the impending economic crisis in country saw this amount decline from \$ 8 million in 2018 to nothing in 2020. It is hoped that the promulgation of its new Law will bring resources in return for its auxiliary “public humanitarian services” as set out in the Model Law and Movement definitions of auxiliary.

6. Managing partnerships

(i) RCRC Movement partnerships and coordination

“You need to trust your partners, and vice versa. For example, to be honest about being strong in operations but less so in support services. We discuss gaps with communities, Government and stakeholders” Georges Kettaneh, Secretary General





During his leadership of Lebanese RC, the Secretary General has tried to ensure that LRC and Movement action in Lebanon has become increasingly:

- Well organised
- Well communicated
- Unified, with one plan to which all parts of Lebanese RC and the Movement (including 21 NSs, IFRC and ICRC) can contribute, and one consolidated LRCS budget

The early challenge focused on “re-educating partners” that coming with external ideas and funds to be spent on pre-designed strategies, delivered through bi-lateral and sometimes unilateral modalities, would not strengthen LRC’s long-term sustainable capacities. LRC needed cross-cutting OD and capacity strengthening support, and developed a shared leadership mechanism with Partner National Societies contributing to organization-wide organizational development while also engaged in programme support.

“Red Cross is about image, and image is linked to continuously serving affected people whatever the circumstances for as long as they need. It comes back to our approach to developing programmes and services with partners as well. If we move into a programme, we have to see its sustainability first, rather than leave the public without a service after some time”. Georges Kettaneh, Secretary General.

In 2014, supported by IFRC, LRC convened a meeting of all partners and asserted its leadership. It asked all PNS to identify the areas in which they were committed to assisting LRC to build new minimum standards and build long-term, sustainable services. Roles were allocated in both service development and organisational development support areas (e.g. Norwegian RC in WASH, medico-social and primary health care development, and finance development; German RC in relief and DRR, and with ICRC in HR development; British RC in logistics development; Swiss RC in Blood Bank upgrading etc).

The initiative led to strengthened Movement cooperation and coordination modalities, but most importantly it led to the definition of new “Strategies” in each programme sector to define minimum standards and guide development and management of the sectors for several years ahead. It led to greater coordination between partners in several programmatic as well as Organisational Development and Capacity Strengthening sectors, coordinated by LRC as contributions to its own development plan. For the year between 2012 to 2020 examples included:

Type of support	Movement partners for different phases between 2012-2020
Operational (strengthening programme or service)	
EMS	ICRC, Norwegian RC, German RC
Blood Transfusion	Swiss RC
Medical services	Norwegian RC, Danish RC, Spanish RC
Disaster management	Danish RC, Norwegian RC
Organisational development and capacity strengthening	
OCAC	IFRC overall strategic support to the change process
Finance development	Norwegian RC, ICRC
HR development	ICRC, German RC
Procurement/logistics development	British RC
Volunteer management	Spanish RC
Fundraising & communications	Norwegian RC, ICRC, German RC, Swiss RC, NSIA
Branch development	Danish RC, Norwegian RC



However, in 2016 LRC chose to end the “focal point PNS” system which had become “power bases and a comfortable private club, attracting never-ending resources and empowering the PNS, not the LRC management of each sector!”.

NSD investments into LRC’s Strategic Plans resulted in LRC having a clear vision of “where the National Society wanted to go”, and support was realigned to the framework of each Strategic Plan. This built equitable discussions with partners to support the identified directions with appropriate tools and investments. LRC steered its own development and attracted PNS to support, but only on the basis of long-term capacity strengthening inputs. Two specific coordination mechanisms also creating harmonious support plans:

A **Movement Coordination Agreement** was established and signed by all stakeholders early in LRC’s new leadership tenure. It defines Movement coordination, leadership and shared leadership, technical management, and resource mobilization roles. The mechanisms through which it is sustained and practiced comprise of a series of structured meetings that build mutual trust generated by the openness of LRC leadership about their strengths and challenges, and assertive feedback to partners when support strategies are found to be wanting. These included:

- ⇒ Weekly tri-partite Heads of Delegations meeting (LRC, IFRC, ICRC)
- ⇒ Bi-weekly full partner group meeting
- ⇒ Bi-weekly closed long-term partner group meeting
- ⇒ Weekly bilateral meetings with representatives of PNS
- ⇒ Regular Technical Working Group meetings to debate and resolve sectoral issues.

“**Strengthening Movement Coordination and Cooperation**” (SMCC)²: Given the recurrent disasters, crises and conflicts in Lebanon, LRC agreed to pilot the Movement’s new tool to have a preparedness strategy in place to optimize coordination across all Movement stakeholders with LRC in the lead. One of SMCC’s objectives is also to ensure coordinated support for National Society strengthening in preparedness and emergency response planning with all Movement components.

“We needed a strengthened and reliable coordination mechanism to prepare for and respond to disasters and crises. We had issues we needed to resolve in our Movement. IFRC was facilitative in supporting the drafting of the SMCC tool. We realized that some PNS come with resources and perspectives of their respective governments, with short-term objectives and little long-term capacity strengthening focus. With our long-term presence and understanding of our own communities, we needed to lead. IFRC helped us to identify our coordination weaknesses and how to strengthen our capabilities through this tool” LRC Senior Manager

LRC decided to use SMCC as a means of defining clear roles, responsibilities, and accountabilities between all Movement partners.

Under the “Movement Security Framework” in country, LRC is also positioned to manage the security umbrella and coordination for all PNS on its territory as a recognition of its years of capacity strengthening in this field.

(ii) External non-Movement partnerships

LRC has traditionally given priority to Movement partnerships, even though a number of UN and international organisations expressed interest to partner with its grass-roots access through volunteers in every part of the country. LRC exercises extreme care in collaborations with other local NGOs, which are only agreed on the basis of their non-confessional status and values, and if they add value to community impact.

2 The Strengthening Movement Coordination and Cooperation (SMCC) was launched to improve the Movement’s capacity for efficient large-scale emergency responses, positioning the Movement in effective preparedness for response in the humanitarian ecosystem.



Its auxiliary roles enable it to participate in and support key Government institutions such as the Disaster Risk Management Unit, Epidemics Committee, and coordination mechanisms of the National Disaster Response Plan. It also cooperates with the UN agencies through Cluster and sectoral Working Groups on issues such as shelter, basic assistance, and information sharing.

LRC has enjoyed a number of significant partnerships with UN Organisations (WFP and UNICEF in particular). From 2016-2020 it has also been engaged in a US \$ 10 million “Madad Fund”³ for Lebanon as part of multi-country assistance to support Syrian refugees. Whilst the initial partnering modalities were led by other National

Societies, LRC achieved such consistent results that it finally accessed bilateral funds directly from the EU. This “localisation of aid” initiative is a strong example of EU funding directly to LRC’s local Strategy, based on the outcomes of long-term NSD investments that produce effective due diligence capacities and humanitarian services outcomes.

7. Perspectives on good partnerships

“LRC sees “localization” as a process of strengthening local capacities to deliver quality services at scale. However, when we ask for support to deliver and expand our long-term services, we receive little support. Most of our partners don’t want to support our Blood Transfusion Services or EMS as they perceive them to be “ongoing operations” and can only mobilise support from their donors for timebound projects with a beginning and end” LRC Under Secretary General

LRC has three primary lessons from its partnerships to date:

- (i) All Movement and non-Movement partners must commit to long-term support of the National Society, and offer cross-cutting support to organization-wide development while also involved in their programme support work. A good example of this was German Red Cross who supported both the DRR awareness work in schools as well as LRC’s wider HR development processes.
- (ii) Partner coordination should be strong and strategic, led by the National Society and fully aligned to its long-term Strategic Plan objectives
- (iii) Funds should be mobilized to support long-term operations (such as Blood supply or EMS in the LRC context) if we really mean “localization of aid” that strengthens “localization of humanitarian action”.

8. COVID-19 response – the power of localization

As a result of the cumulative organisational strengths, local capacities, and principled human resource base that LRC had built over the years through its NSD investments, it played a major role in the country’s COVID-19 response. Between February 2021 alone LRC remained the main provider of pre-hospital emergency care services in Lebanon, transporting more than 18,000 COVID-19 patients.

In December 2020, the average number of COVID-19 ambulance missions was 50 per day. Following the major increase in cases in January 2021, the average number of COVID-19 patients transported daily by LRC per day increased to 220.

The hospitals that were set up to receive COVID-19 cases had reported they were fully saturated,

³ The overall objective of the proposal under the European Union MADAD Trust Fund is to provide a coherent and reinforced aid response to the Syrian crisis on a regional scale, responding primarily to the needs of refugees from Syria in neighbouring countries, and to those of the communities hosting the refugees and their administrations in order to build resilience and contribute to the recovery process.



operating at 100% capacity or more. LRC ambulance crews were struggling to find hospitals to receive the patients, who often had to be examined inside the ambulance or in waiting rooms. Hospitals were trying to increase capacity but were struggling to do so due to the shortages in staff and equipment, exacerbated by the economic crisis.

As a result, hundreds of patients were having to stay at home. Many of these suffered from low levels of oxygen (blood oxygen saturation consistently less than 95%), and therefore needed to be treated with oxygen at home.

LRC was already struggling to keep its oxygen cylinders in ambulances filled, considering the very high number of missions that required high flow oxygen. Due to the delay in finding hospitals, oxygen had to be administered by LRC for much longer periods than usual. At the same time, due to the lockdown and economic crisis, oxygen suppliers were struggling to meet the demand thereby exacerbating the problem. In response, LRC initiated an urgent effort to increase the number of ambulance oxygen cylinders in order to sustain its COVID19 response.

“Our ambulance service has always used oxygen to provide pre-hospital care to patients, but due to massive increase in COVID-19 cases, in January we used up as much oxygen as we usually consume during 5 months” Georges Kettaneh, LRC Secretary General

In parallel, given the shortage of oxygen concentrators (machines that can provide oxygen to patients at home), patients who needed oxygen at home were facing extreme difficulties. Therefore, LRC set up a system to receive donations of oxygen concentrators, and deliver them to the patients that needed them the most.

By February 2021, LRC had received donations of 170 usable oxygen concentrators, 153 of which had already been delivered to COVID-19 patients who were being treated at home. Once the patients recovered, the machines were returned to LRC for cleaning, maintenance and distribution to the next patients who needed them.

9. Conclusions

There is overwhelming evidence in all community stories gathered about how strengthened local Red Cross structures in communities have led to strengthened community resilience and preparedness for disasters and crises.

“I feel afraid,” 14-year-old Amal Ibrahim said after the mock gunfire drill practice. “But when I think of the steps I should do, I feel less frightened because I know how to protect myself. Students’ relatives are invited to learn about the drills — not least because otherwise they might risk their own lives by coming to school to try to save their children in a disaster. In studies we did, a number of the deaths and injuries were either caused by attempts to escape or to rescue others. The school training is also seen an opportunity to increase disaster resilience within wider communities. You can create this culture among children at schools, and then they will be able to transfer this culture to their families,”

The Lebanese Red Cross has achieved a successful, and ongoing, organisational transformation process as a result of multiple interconnected factors and longitudinal NSD investments. Amongst the most important have been:

- ⇒ The power of transformative leadership
- ⇒ The recognition, acceptance and access given by the public and all diverse communities as a result of its passionate neutral, impartial and independent human resource base
- ⇒ The important of maintaining key basic services throughout all crises (for example, its Emergency Medical Services)
- ⇒ The proximity to communities through any kind of humanitarian events (the Beirut Port Explosion, refugee influx, COVID-19 etc)
- ⇒ An assertive relationship with its partners, ensuring long-term support models and sensitive understanding of its own strategic positioning amidst other humanitarian actors.

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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