

# Appeal 2004



International Federation  
of Red Cross and Red Crescent Societies

## Lebanon

### Appeal no. 01.85/2004

*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.*

*This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text<sup>1</sup>, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>*

*Click on programme title or figures to go to the text or budget*

	2004
Programme title	in CHF
<b>Strengthening the National Society</b>	
<a href="#">Health and Care</a>	102,000
<a href="#">Disaster Management</a>	172,000
<a href="#">Organizational Development.</a>	281,000
<b>Total</b>	<b>555,000<sup>2</sup></b>

<sup>1</sup> Identified by blue in the text.

<sup>2</sup> USD 416,823 or EUR 357,257

## National Context

Lebanon is classified as a middle-income country. It is currently undergoing a period of reconstruction after 17 years of internal conflict and related economic decline.

### Lebanon at a Glance<sup>3</sup>

<b>Surface Area sq.km</b>	10.452.
<b>Population</b>	4.4 mill. (est)
<b>Population growth (%)per year</b>	1,4%
<b>Urban Population (% of total pop.)</b>	90%
<b>Life expectancy</b>	71
<b>Language</b>	Official: Arabic
<b>Religion</b>	Christianity and Islam
<b>GDP (USD) million</b>	17.900 (2002)
<b>Adult Literacy Total</b>	87%
<b>Adult Literacy Female</b>	81,6%
<b>Unemployment rate</b>	30% (est.)
<b>Infant Mortality rate (per 1,000 live births)</b>	26
<b>Education(primary enrolment)</b>	99%
<b>Refugees</b>	391,679 <sup>4</sup>

The civil war (1975 -1992) involved most of the country's ethnic and religious groups as well as neighbouring forces and Palestinian refugees and left the country's infrastructure severely damaged. The World Bank estimates the direct loss of the civil war to be US\$ 25 billion whilst indirect losses and casualties amount to US\$ 75 billion. Lebanon also suffers from the so-called brain-drain phenomenon with an estimate of 200,000 skilled professionals having left the country during the conflict and in its aftermath.

Despite the economic growth rate estimated at 1.5 per cent in 2002 and the positive trends registered in 2003, the Lebanese economy remains fragile. This is mainly due to political uncertainties resulting from both internal tensions and long lasting unsettled conflicts in the surrounding.

Lebanon has achieved medium human development. According to the human development index<sup>5</sup> it is ranked as 83<sup>rd</sup> among 175 countries.

So far the reconstruction effort has failed to address the social and economic disparity experienced before the war with an estimated 25 percent of the population living in financial hardship. Consolidated data on the domestic economy remains sparse and is considered as sensitive. About 20 percent of the population is living in the areas with underdeveloped infrastructure and has limited access to social services. Migrant workers also lack access to social and medical services and fall into the category of people seeking support from the Lebanese Red Cross Society (LRCS).

In order to meet the humanitarian challenges outlined above, the LRCS provides direct support to more than 500,000 people through its primary health care, ambulance, first aid and blood services. The National Society supports children, elderly, the handicapped, victims of trauma and those living in appalling social circumstances.

---

<sup>3</sup> Source: [www.worldbank.org](http://www.worldbank.org) World Bank; Economist Intelligence Unit

<sup>4</sup> UNRWA 30 June 2003 statistics, includes only Palestinian refugees.

<sup>5</sup> Human Development Index (HDI) is a simple summary measure of three dimensions of a human development concept living a long and a healthy life, being educated and having a decent standard of living. Thus it combines measures of life expectancy, school enrolment, literacy and income to allow a border view of a country's development than using income alone-which is too often equated with well-being. **Global Human Development Report 2003, July 2003**

## Red Cross and Red Crescent Priorities

### Movement<sup>6</sup> Context

The Federation has been present in Lebanon since 1992 supporting the LRCS to strengthen its capacity and deliver focused and quality services to the most vulnerable. The capacity building support in 2004 will concentrate on strengthening the governance structures, the membership base and the planning process.

Red Cross and Red Crescent priorities in Lebanon also include the key areas in which the ICRC has been traditionally working with the LRCS. The areas of technical cooperation between the ICRC and the LRCS are focused on first aid and ambulance services. However, the ICRC involvement in these activities had decreased considerably due to the changing circumstances in Lebanon after the Israeli withdrawal from the south of the country in 2000.

The Norwegian Red Cross is supporting the National Society through different avenues of cooperation, the main activity being a twinning project between three district branches in central Norway and the youth section of the Lebanese Red Cross.

The Lebanese Red Cross has not commenced yet a second-generation Country Agreement Strategy (CAS) process due to the absence of a strategic work plan. It is, however, planning to start the process in 2004.

### National Society Strategy/Programme priorities

Established in 1945, the Lebanese Red Cross Society (LRCS) was recognized by the International Red Cross/Red Crescent Movement in 1947. During the years of civil unrest (1975-1992), the LRCS rendered a wide range of services to the population including first aid, ambulance services, primary health care/social services, health education and blood services through a national network of thirty seven (37) branches.

Gradually, the LRCS had to adjust its *modus operandi* to post-war requirements and a five year development plan was designed in 1993 with a focus on upgrading the primary health care services, first aid, ambulance, blood bank services, and youth programmes.

Since the mid-1990s, the primary health care programme of the LRCS progressed significantly making the National Society one of the largest providers in the country. However, the decline of donor support in the past few years led to serious financial difficulties which forced the LRCS to reduce the scope of its health services.

Whilst the LRCS sees the immediate need to continue its health and health related services, the future strategy of the National Society depends on two basic considerations related to:

- The financial support from the government to cover increasing costs for Red Cross services;
- The review and evaluation of the current LRCS health services with the aim to shift focus towards public health initiatives.

In addition, the National Society will strengthen its position in other areas such as disaster management, promotion of humanitarian values, youth and volunteer activities.

Although the LRCS focused on consolidating and expanding its services during the war and in its aftermath, more provisions could have been made to improve the organizational development in terms of strengthening the planning and implementation capacities of the National Society. The institutional strengthening of the LRCS thus remains a high priority which needs to be addressed within the context of the Federation's *Strategy 2010* and the *Characteristics of a Well Functioning National Society*.

The priorities of the LRCS focus on the preservation of human dignity which also includes the objective of raising the spirit and contribution of the youth to the advancement of humanitarian goals at national and local levels. The key priorities of the society include:

- Institutional strengthening at all levels including decentralised planning and management capacities at branch level to encourage a process of self-reliance in terms of resources and service delivery;
- Consolidation of services, including health, disaster management and promotion of humanitarian values and principles based on sustainable support from both local and international sources;
- Review and evaluation of the strategy for health and health related services.

---

<sup>6</sup> "Movement" refers to the International Red Cross and Red Crescent Movement

## Strengthening the National Society

In 2004, the Federation Secretariat support to the LRCS will focus on organizational development. A Federation delegate was assigned in September 2003 for this specific purpose.

The primary objective is to support the National Society in its desire to strengthen governance through a new election process both nationally and regionally. This will be followed up by training and support to the newly elected leadership.

The secondary objective is to assess the current organisational structure and propose options and tailored models for improved efficiency. The thirty seven branches of the LRCS are currently reporting directly to the national office in Beirut without any regional structure.

The main objective in relation to programming is to assess the current portfolio of programmes within the areas of first aid/health and disaster management. In addition, LRCS's efforts to build capacities in the core areas of the *Strategy 2010* (Health and Care, Disaster Management, Promotion of Humanitarian Values) will be largely supported through the Middle East Regional office.

## Organisational Development [<Click here to return to the title page>](#)

### Background and lessons learned to date

The LRCS has a long history of providing effective first-aid, ambulance and other health services throughout the country and has a strong tradition of volunteering. However, the National Society's governance was seriously affected by the post-war tensions in spite of its neutrality which is widely recognized and enjoys great respect. Since 1992, the governance has been appointed by a governmental decree.

For many years the majority of the volunteers, in spite of their active contribution to the implementation of the various services including health, did not have direct influence over how the society should be led and managed. However, this is now changing and a process of development has recently been initiated to open membership to all citizens aiming at a wider membership base reflecting a cross section of the society at large.

The leadership of the LRCS is committed to establishing a General Assembly with elected representatives from the branches and local committees. In line with lessons learnt and the emphasis placed on promoting preventative services in the *Strategy 2010*, the National Society is looking for ways to evaluate its health and health related services in order to determine their future direction. There is a great need for further integration of services which will lead to reduced costs and more effective use of human resources.

The organisational development support in 2004, guided by the fundamental institutional development benchmarks and directions established in the Federation's *Strategy 2010* and the *Characteristics of a Well Functioning National Society*, will be based on the development plan and strategic work plan of the Lebanese Red Cross Society.

The process will rely on the support and participation of the members at all levels of the LRCS with a long-term perspective and solid commitment. To ensure a common approach and consistency in capacity building the need for continuing co-ordination with the ICRC is vital.

### Goal:

**To support structural and operational changes to the LRCS which will form a platform for improved effectiveness of its governance resulting ultimately in improved service delivery and advocacy capacity.**

### Objective:

The LRCS's service delivery is increased and improved through a strengthening of its foundation and capacity.

### Expected programme result(s); and related projects for this objective:

- The LRCS has been providing quality services based on a comprehensive development plan encompassing short, medium and long terms priorities;
- The national society's institutional performance has considerably improved with its statutes amended to ensure adequate participation of the constituencies;
- A well functioning governance has been revitalized through an election process that attracts qualified and committed members of the leadership at the headquarters and in the branches;
- The quality of human resources has improved based on effective recruitment procedures, training and development schemes for volunteers and staff;

- The local branches with decentralized management responsibilities in their respective communities have better capacities to provide services;
- A strategic work plan has been launched following a broad consultation process which was the basis of a development and resource mobilisation strategy.

[<Click here to access the logframe for Organizational development>](#)

## **Health and Care** [<Click here to return to the title page>](#)

### **Background and lessons learned to date**

The LRCS has an extensive operational network of twenty four (24) primary health care centers, twenty four (24) dispensaries, nine (9) blood banks, four (4) nursing schools and social services targeting vulnerable people unable to access private and public institutions. All these services are supported by motivated and trained staff members and volunteers.

The medical and social department of the LRCS has, in coordination with the Federation, made important efforts to establish a unified development programme for the forty-eight (48) health units. The initiative follows a similar process undertaken by the Ministry of Health when looking at national primary health care planning.

The national society aims to strengthen its complementary role in health and social services with a broad focus on community based health and social programmes. It will be crucial for the society to ensure adequate coordination and possibly cooperation with other health care providers in the country, both governmental, non-governmental and in the private sector.

The LRCS Healthcare activities are also focusing on social welfare and community services for vulnerable people such as the handicapped, poor pregnant women and single mother families. These services are one of the key activities of the LRCS and play an important role in Lebanese society where public health and social services remain partly privatised and require expensive insurance.

The reduced external support and limited governmental contributions for curative health activities have already forced the LRCS to reduce its level of remedial services and emphasised the need for shifting the focus towards preventive health activities. As with primary health care activities, a lack of funding is threatening the continuation of the social services provided through the LRCS.

Despite the heavy burden which is placed on the LRCS - being a legacy of its performance during the long lasting conflict and high expectations from the general public - the national society is increasingly concentrating on community based activities and progressively shifting attention towards preventive health measures. The prerequisite for a success of this initiative is to strengthen the LRCS's operational capacity and effectiveness with an expansion of the existing network of qualified volunteers in order to reach vulnerable communities.

In line with *Strategy 2010* and the National Society's health policy, the Federation's assistance will focus on human resource development, including volunteer recruitment, training and management. On the programme level priority will be given to activities targeting the most vulnerable segments of the population, particularly women and children. A key factor for consideration while developing and extending new programmes will be their sustainability within the current and predicted financial situation.

These issues are being addressed within the LRCS and the Federation will continue to support these processes.

### **Goal**

**To provide improved community based health services by strengthening preventive health and care programmes and capacities with a focus on disease prevention and health promotion.**

### **Objective 1**

Based on an assessment of patient satisfaction, clinical outcomes and administrative & management systems of the LRCS health services in terms of quality, outreach, structure and training of staff and volunteers, LRCS reshaped its health and care programme aligning it to the development plan, the actual needs of the vulnerable segments of the population and plans and activities of the authorities and national and international organizations.

### **Expected programme result(s); and related projects for this objective:**

- The quality of care in clinical and user services has improved;

- The activities have been prioritized and carried out on the basis of assessed needs among the most vulnerable population;
- Improved coordination and cooperation with governmental and non-governmental health service providers has been achieved in line with LRCS's goals;

## **Objective 2**

Primary health care and social services throughout the country are consolidated and expanded with a shift in emphasis from curative intervention to community based health education and prevention involving increased numbers of youth volunteers into health and social services.

### **Expected programme result(s); and related projects for this objective:**

- New community based preventive health initiatives have been launched in the health centers;
- An HIV/AIDS coordination group has been established at national level;
- HIV/AIDS trainers were educated for raising awareness in the communities;
- Integrated awareness campaigns for sexually transmitted diseases (STI), HIV/AIDS and other infectious diseases have been organized;
- Successful mobilization, training and retention of volunteers to support health awareness programmes have been addressed.

[<Click here to access the logframe for Health and Care>](#)

## **Disaster Management (DM)** [<Click here to return to the title page>](#)

### **Background and lessons learned to date**

Disaster Management is a priority activity area for the LRCS. Activities aimed at preparing for and assisting vulnerable people exposed to threats, hazards, conflicts and natural disasters have been developed over many years.

One of the most recognisable services provided is the national first aid and ambulance service which was established as a nationwide core activity during the civil conflict (1975-1992). Further, in 1995 the LRCS was designated the national ambulance service provider by the government. The LRCS is an auxiliary resource for the Lebanese authorities with a potential of mobilising at short notice technical (a professional ambulance fleet of around 150 vehicles) and human resources (6,000 trained first aid volunteers). These services are also a key source for recruiting volunteers who come from all religious and social groups in Lebanon. Of today's 6,000 active volunteers, one third is available on a 24 hour basis through 41 stations all over the country. The service is highly respected in the Lebanese society due to its impartial and effective operations.

The Lebanese authorities and the population still rely largely upon the LRCS for their life saving service. Given the political instability of the region and the current economic difficulties in Lebanon, these services will continue to play an important role in the LRCS disaster management planning and represent a major component of the national disaster preparedness and response plan.

The maintenance and development of this capacity remains therefore a key priority for the National Society. Many vehicles in the ambulance fleet are old and a renewal plan supported by the Federation has been implemented since 1998/1999. The Federation intends to continue supporting the plan in 2004 with the aim of phasing out gradually this type of its assistance. A review of the services is planned to take place in 2004 to highlight areas requiring greater efficiency and improved management. All these elements and review findings will be taken into consideration within the framework of Federation organisational development support.

A disaster management (DM) plan of action for the LRCS was drafted in March 2003. Subsequently, a special ten member working group has been formed representing all departments of the national society. A training programme adapted to the Lebanese context has been developed with the training of trainers (ToT) for the DM working group and thirty five (35) selected volunteers, future members of the National Intervention Team<sup>7</sup>, being planned to take place in December 2003.

---

<sup>7</sup> The National Intervention Team (NIT) is composed of national society's staff and volunteers. The team is a tool for a rapid disaster response at both national and local levels. The members of the Team are dispatched to the site of disaster and their activities are coordinated by the Disaster Management Unit at the headquarters. The training curricula for the NIT members include following topics: camp management, water and sanitation, relief distribution, relief health and conflict preparedness.

These processes will lead to the first Vulnerability & Capacity Assessment by the LRCS which in turn will be the base for drafting a comprehensive emergency plan.

By the end of 2004, the LRCS will have established a National Intervention Team. The DM working group will manage integrated DM activities, coordinate disaster responses and ensure an effective use of national and international resources. The unit should also monitor potential risks, organise necessary training workshops, mobilise resources, outline strategic objectives within LRCS priorities, document best practices and coordinate all DM activities with external stakeholders. The extended DM programme will have a participatory approach involving local communities in planning preparedness activities such as risk reduction and awareness programmes.

**Goal:**

**The LRCS is capable of providing effective disaster response and preparedness through a functional internal and external cooperation and well established coordination mechanisms.**

**Objective**

Disaster management is reinforced through effective disaster response, preparedness and mitigation aimed at preventing and alleviating the suffering of vulnerable communities.

**Expected programme result(s); and related projects for this objective:**

- A thorough review of the current ambulance services has been launched resulting in improved management practices and effectiveness - eventually phasing out Federation support;
- The number of trained first aid volunteers gradually increased through continued recruitment and training in 2004;
- New ambulances have been procured with Federation support as part of ongoing fleet upgrade. The Federation funds will have a 30 percent match by the selected branches;
- A disaster management unit has been established by mid 2004;
- Upgraded logistical services and systems have been introduced;
- A National Intervention Team has been established, its members trained and coordinated by the Disaster management unit with activation mechanisms in place allowing the team to respond quickly;
- The scope and need for a Vulnerability and Capacity Assessment has been defined by mid 2004 and, pending agreement with the governance, the VCA has been launched by the end of 2004;
- An Emergency Plan setting out areas requiring Federation assistance has been completed.

*<Click here to access the logframe for Disaster Management>*

**For further information, please contact:**

- *Lebanese Red Cros: Gen. Selim Layoun, President,  
email: [redcross@dm.net.lb](mailto:redcross@dm.net.lb) phone: +9611372802; fax: +9611378207*
- *Delegation: Mr. Knut Kaspersen  
email: [ifrc1b03@ifrc.org](mailto:ifrc1b03@ifrc.org) ; phone: +9611365374 ; fax: +961365046*
- *Regional Department: Mr. Evgeni Parfenov, Senior Desk Officer, MENA department  
email: [evgeni.parfenov@ifrc.org](mailto:evgeni.parfenov@ifrc.org) ; phone : +41 22 7304325; fax: + 41 22 7330*

*<Budget below-Click here to return to page title>*

# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.85/2004

Name: Lebanon

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	11,370	0	0	3,000	0	0	14,370
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
<b>SUPPLIES</b>	<b>11,370</b>	<b>0</b>	<b>0</b>	<b>3,000</b>	<b>0</b>	<b>0</b>	<b>14,370</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	86,000	0	0	0	0	86,000
Computers & telecom	4,000	0	0	2,000	0	0	6,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	<b>4,000</b>	<b>86,000</b>	<b>0</b>	<b>2,000</b>	<b>0</b>	<b>0</b>	<b>92,000</b>
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	0	0	29,640	0	0	29,640
<b>TRANSPORT &amp; STORAGE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29,640</b>	<b>0</b>	<b>0</b>	<b>29,640</b>
Programme Support	6,630	11,180	0	18,265	0	0	36,075
<b>PROGRAMME SUPPORT</b>	<b>6,630</b>	<b>11,180</b>	<b>0</b>	<b>18,265</b>	<b>0</b>	<b>0</b>	<b>36,075</b>
Personnel-delegates	0	0	0	119,385	0	0	119,384
Personnel-national staff	0	0	0	24,000	0	0	24,000
Consultants	0	15,000	0	0	0	0	15,000
<b>PERSONNEL</b>	<b>0</b>	<b>15,000</b>	<b>0</b>	<b>143,385</b>	<b>0</b>	<b>0</b>	<b>158,384</b>
W/shops & Training	60,000	59,820	0	50,000	0	0	169,820
<b>WORKSHOPS &amp; TRAINING</b>	<b>60,000</b>	<b>59,820</b>	<b>0</b>	<b>50,000</b>	<b>0</b>	<b>0</b>	<b>169,820</b>
Travel & related expenses	0	0	0	10,950	0	0	10,950
Information	20,000	0	0	0	0	0	20,000
Other General costs	0	0	0	23,760	0	0	23,760
<b>GENERAL EXPENSES</b>	<b>20,000</b>	<b>0</b>	<b>0</b>	<b>34,710</b>	<b>0</b>	<b>0</b>	<b>54,710</b>
<b>TOTAL BUDGET:</b>	<b>102,000</b>	<b>172,000</b>	<b>0</b>	<b>281,000</b>	<b>0</b>	<b>0</b>	<b>555,000</b>