

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

LEBANON

Appeal no. 05AA078

Appeal target: CHF 497,989

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 181 countries.

[Please click on programme title to go to relevant text and figure to go to programme budget](#)

| | 2005 in CHF |
|---|----------------------------|
| Strengthening the national society | |
| Health and care | 96,919 |
| Disaster management | 42,781 |
| Organisational development | 358,289 |
| Total Please click here to view the total budget for this appeal | 497,989¹ |

Related appeals:

Lebanon Annual Appeal 2004 (01.85/2004) [please click here to go to the appeal](#)

Middle East Regional Programmes Annual Appeal 2005 (05AA081) [please click here to go to the appeal](#)

¹ This amount corresponds to USD 393,782 or EURO 321,730

Context

Lebanon at a Glance

| | |
|--|--------------------------|
| Surface Area | 10,452 sq.km. |
| Population | 4.4 million |
| Population growth | 1,4% per year |
| Urban Population (% of total pop.) | 90% |
| Life expectancy | 71 years |
| Language | Official: Arabic |
| Religion | Christianity and Islam |
| GNP | USD17.9 billion (2002) |
| Adult Literacy Total | 87% |
| Adult Literacy Female | 81,6% |
| Unemployment rate | 30% (est.) |
| Health services & social security | N/A |
| Infant mortality rate | 26 per 1,000 live births |
| Education | 99% (primary enrolment) |
| Refugees | 391,679 ² |

Source: World Bank, Economist Intelligence Unit

The devastating civil war (1975 -1992) left Lebanon's infrastructure severely damaged. The World Bank estimates to USD 25 billion the costs of the direct damages of the war, while indirect losses and casualties amount to USD 75 billion. An ambitious reconstruction plan was initiated in 1994, mainly financed through international loans. Despite improvements in the infrastructure and the economy, the reconstruction effort failed so far to address the social and economic disparity experienced before the war with more than one quarter of the population estimated living in economic hardship. The foreign debt is currently (Aug 2004) standing at USD 32.4 billion.

Despite the economic growth rate which was 3.9 per cent in 2003 and estimated at 4.9 for 2004, the Lebanese economy remains fragile. This is mainly due to political uncertainties resulting from both internal tensions and long lasting and unsettled conflicts in the immediate region.

² UNRWA 30 June 2003 statistics, includes only Palestinian refugees.

About twenty percent of the population is living in areas with underdeveloped infrastructure and has a limited access to social services thus becoming increasingly vulnerable. Much-needed reforms in the public sector are postponed partly due to the foreign debt servicing and political disagreements over the right course of action.

Red Cross and Red Crescent Priorities

International Red Cross Red Crescent Movement Context

The Federation has been present in Lebanon since 1992 and continues to support the development of the Lebanese Red Cross Society (LRCS) towards improved services in a post-civil war situation. The main focus of the International Federation's support is to address the issue of organisational development and general capacity building within the national society's priority programme areas. The organisational development programme includes priorities such as membership registration, governance development through new elections and a new Strategic Work Plan in line with national priorities and the Federation's Strategy 2010. It will also assist the LRCS evaluate its current service delivery programmes.

National Society Strategy

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

Gradually, the LRCS had to adjust its *modus operandi* to post-war requirements and a five-year development plan was designed in 1993. The plan focused on upgrading 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 country's largest primary health care providers. However, the decline of donor support in the past few years led to serious financial difficulties that forced the LRCS to reduce the scope of its health services.

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

- Financial support from the government to cover increasing costs for Red Cross services;
- 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 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 that needs to be addressed within the context of the Federation's Strategy 2010 and 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 the national and local levels. The priorities of the national 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 resource mobilisation and service delivery serving constituencies in their respective zones;

- Consolidation of services, including health, disaster management and promotion of humanitarian values and principles based on sustainable support from both local and international sources;
- A review and evaluation of the strategy for health and related services.

Strengthening the National Society

The primary objective of Federation support to the Lebanese Red Cross is continued assistance to strengthening governance through an election process and review of the basic statutes. The election process 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 more efficiency, including in service delivery.

The tertiary objective is to assess the current portfolio of programmes within the areas of first aid/health and disaster management. In addition, LRCS' efforts to build capacities in the core areas of the Federation's *Strategy 2010* (health and care, disaster management, promotion of humanitarian values) will be supported also through the Middle East Regional Office and included in its appeal. [Please click here to go to the Middle East Regional Programmes Appeal 2005](#)

1. Organisational Development [Please click here to return to the title page](#)

Background and achievements

The LRCS has a long history of providing effective medical services consisting of first-aid, ambulance and other health services throughout the country. The national society also has a strong tradition of volunteering. However, the Red Cross' governance was seriously affected by post-war tensions in spite of its reputation as a neutral party that enjoys great respect. Since 1992, the governance has been appointed by a governmental decree.

The majority of volunteers, in spite of their active contribution to various services, including health services, did not, for a long time, have direct influence on how the national society should be led and managed. However, this is changing. A process has been initiated to open membership to all citizens so that a wider membership base, reflecting a cross section of the society, is achieved. A new membership registry has been established with membership cards issued to all members. Changes to the statutes to enable greater membership participation in governance was to be presented to the General Assembly in September 2004. A working group within the LRCS internal affairs department has prepared the election process and the election of representatives from the branches to attend the General Assembly is completed. It is expected that the election process, including the branches and the governing board, will be completed by end 2005.

A health service assessment was completed in August 2004 and presented to the LRCS governing board. The assessment is part of the LRCS' effort to focus on preventative services and increased use of volunteers in their service delivery in line with Strategy 2010.

To ensure a common approach and consistency in the capacity building work with the LRCS, the detailed planning and the implementation of the organisational development support to the national society will take into account the need for a continuing harmonization with the ICRC.

Goal

A well functioning and adequately resourced Lebanese Red Cross Society with sufficient governance and management capacity to ensure focused and responsive programmes addressing the needs of the most vulnerable people in Lebanon.

Objective

Service delivery of the LRCS is increased and improved through a strengthening of its foundation and capacity.

Expected results

- The LRCS has provided 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 its 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 localities have better capacities to provide services;
- A strategic work plan has been launched after a broad consultation process which had been the basis of a development strategy including a resource mobilisation strategy.

2. Health and Care *[Please click here to return to the title page](#)***Background and achievements**

The LRCS has an extensive operational network of 24 primary health care centers, 24 dispensaries, nine blood banks, four nursing schools and social services targeting vulnerable people unable to access private and public institutions. This network is supported by motivated and trained staff and volunteers.

The Lebanese Red Cross aims to strengthen its complementary role in health and social services with a broad focus on community based health and social programmes staffed with volunteers. 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 private sector.

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

The reduced external support and limited government contributions for curative health activities have already forced the LRCS to reduce the level of its curative services and emphasised the need for shifting the focus towards preventive health activities.

As with primary health care, a lack of funding is threatening the continuation of the social services provided through the LRCS.

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

In line with the *Strategy 2010* and the national society's health policy, Federation 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. A comprehensive health assessment in July-August 2004 concluded that the Lebanese Red Cross is strong on service delivery, but must address issues of relevance and focus. The main conclusions from the health assessment are in line with the Federation's key focus areas as outlined in Strategy 2010.

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

Support LRCS in developing a strategy for strengthening their preventive health and care programmes, reshape clinical services, review structures and training of staff and volunteers in line with the conclusions and recommendations of the health assessment.

Expected results

- The quality of care in clinical and user services has improved;
- The activities have been prioritized and carried out on a basis of assessed needs among the most vulnerable population;
- Improved coordination and cooperation with other governmental and non-governmental health service providers achieved in line with LRCS goals.
- A role for clinics and mobile clinics is defined to factor in the results of VCA
- PSP/Stress Management is integrated into relevant training and awareness programs
- The newly modified Community Based First Aid CBFA curriculum is piloted in selected regions.

Objective 2

Primary health care and social services throughout the country are consolidated and expanded with a shift in emphasis from curative interventions to community based health education and prevention activities coupled with further integration of youth volunteers into health and social services.

Expected results

- A HIV/AIDS coordination group has been established at the national level;
- HIV/AIDS trainers were educated for raising awareness at community level;
- 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 structurally addressed.

3. Disaster Management *[Please click here to return to the title page](#)*

Background and achievements

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 by the LRCS 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 technical (a professional ambulance fleet of around 150 vehicles) and human resources (6,000 trained first aid volunteers) on short notice. These services are also a key source for volunteer recruitment. The volunteers are recruited from all religious and social groups in Lebanon. Of today's 6,000 active volunteers, one third is available on a 24 hours basis through 41 stations all over the country.

The service is highly respected in Lebanese society due to its impartial and effective operations, particularly during the conflict.

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 current economic difficulties in Lebanon, these services will continue to play an important role in LRCS disaster management planning and represent a major component of the national disaster preparedness and response plan.

The Federation has decided to phase out its technical support to the ambulance renewal programme initiated in 1998. However, the Federation will assist the LRCS with a review of ambulance services, including fleet management, effectiveness and staff training. The assessment was planned for October 2004. 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 10-member working group has been formed representing all departments of the national society. A training programme adapted to the Lebanese context has been developed.

A training of trainers (ToT) for the DM working group and 35 selected volunteers, future members of the National Intervention Team³, took place in February 2004.

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

During 2005, the LRCS will establish a National Intervention Team. The DM working group will manage integrated DM activities, coordinate disaster response 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 community based preparedness activities such as risk reduction and awareness programmes.

Goal

Strengthened internal and external cooperation and coordination mechanisms that enable the LRCS to provide effective disaster response and preparedness.

Objective

The LRCS position as the key humanitarian actor in disaster management is reinforced through effective disaster response, preparedness and mitigation aimed to preventing and alleviating the suffering of vulnerable communities.

³ The National Intervention Team (NIT) is composed of national society staff and volunteers. The team is a tool for a rapid disaster response at both national and local levels. Team members are dispatched to the site of disaster and their activities are coordinated by the Disaster Management Unit at the headquarters. The training curricula for NIT members include: camp management, water and sanitation, relief distribution, relief health and conflict preparedness.

Expected results

- A thorough review of current ambulance services launched resulting in improved management practices and effectiveness and the eventual phase out of Federation support;
- Upgraded logistical services and systems have been introduced;
- National Intervention Team has been established, its members trained and coordinated by the Disaster Management Unit with mechanisms in place enabling the team to quickly respond;
- The scope and need for a Vulnerability and Capacity Assessment has been defined by the end 2004 and, pending agreement with the governance, the VCA has been launched by mid 2005;
- An Emergency Plan for LRCS including concrete actions for Federation assistance has been elaborated.

For further details related to Lebanon please contact

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All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct (For details, please go to the website at <http://www.ifrc.org/publicat/conduct/>) and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project. (For details, please go to the website at <http://www.sphereproject.org/>)

This appeal reflects a range of programmes to be implemented in 2005, and the related funding requirements. These are based upon a broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products (logframes) are available through hyperlinks in the text or can be requested through the respective regional department at the secretariat in Geneva. The programmes were developed with the relevant national societies, taking account of the activities of other organisations. The programmes also respect and support the wish of all countries and international organisations to achieve the UN Millennium Development Goals. (For details, please go to the website at <http://www.un.org/millenniumgoals/>)

For further information on all aspects of the Federation, please go to the Federation's official web page at <http://www.ifrc.org>

[Please click here to return to the title page](#)

BUDGET SUMMARY

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA078

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 | 0 | 0 | 0 | 2,000 | 0 | 0 | 2,000 |
| Utensils & tools | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other relief supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SUPPLIES | 0 | 0 | 0 | 2,000 | 0 | 0 | 2,000 |
| Land & Buildings | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vehicles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Computers & telecom | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medical equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other capital exp. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAPITAL EXPENSES | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Warehouse & Distribution | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transport & Vehicules | 0 | 0 | 0 | 29,680 | 0 | 0 | 29,680 |
| TRANSPORT & STORAGE | 0 | 0 | 0 | 29,680 | 0 | 0 | 29,680 |
| Programme Support | 6,299 | 2,781 | 0 | 23,289 | 0 | 0 | 32,369 |
| PROGRAMME SUPPORT | 6,299 | 2,781 | 0 | 23,289 | 0 | 0 | 32,369 |
| Personnel-delegates | 0 | 0 | 0 | 142,600 | 0 | 0 | 142,600 |
| Personnel-national staff | 0 | 0 | 0 | 24,240 | 0 | 0 | 24,240 |
| Consultants | 0 | 10,000 | 0 | 0 | 0 | 0 | 10,000 |
| PERSONNEL | 0 | 10,000 | 0 | 166,840 | 0 | 0 | 176,840 |
| W/shops & Training | 84,000 | 30,000 | 0 | 54,355 | 0 | 0 | 168,355 |
| WORKSHOPS & TRAINING | 84,000 | 30,000 | 0 | 54,355 | 0 | 0 | 168,355 |
| Travel & related expenses | 0 | 0 | 0 | 8,000 | 0 | 0 | 8,000 |
| Information | 6,620 | 0 | 0 | 29,325 | 0 | 0 | 35,945 |
| Other General costs | 0 | 0 | 0 | 44,800 | 0 | 0 | 44,800 |
| GENERAL EXPENSES | 6,620 | 0 | 0 | 82,125 | 0 | 0 | 88,745 |
| TOTAL BUDGET: | 96,919 | 42,781 | 0 | 358,289 | 0 | 0 | 497,989 |