



**THE WORLD BANK**  
IBRD • IDA | WORLD BANK GROUP

**FOR OFFICIAL USE ONLY**

Report No: PADHI00627

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT *and*  
INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED GRANT

IN THE AMOUNT OF US \$5.6 MILLION

TO THE

INTERNATIONAL RESCUE COMMITTEE INC

FOR THE

SUPPORT FOR SOCIAL RECOVERY NEEDS OF VULNERABLE GROUPS PHASE II  
(P506127)

{RVP CLEARANCE DATE}

Social Sustainability and Inclusion  
Middle East And North Africa

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

## CURRENCY EQUIVALENTS

Exchange Rate Effective Apr 29, 2024

Currency Unit = LBP

---

LBP 89,500 = US\$ 1

---

US\$ 0.58 = SDR 1

## FISCAL YEAR

January 1 - December 31

Regional Vice President: Ousmane Dione

Regional Director: Meskerem Brhane

Country Director: Jean-Christophe Carret

Practice Manager: Senait Nigiru Assefa

Task Team Leader(s): Marcelo Jorge Fabre, Jeremy Mark Tomlinson

## ABBREVIATIONS AND ACRONYMS

AM	Accountability Mechanism
CBID	Community-Based Inclusive Development
CBR	Community-based Rehabilitation
CPF	Country Partnership Framework
CSO	Civil Society Organization
DA	Designated Account
E&S	Environmental and Social
ESF	Environmental and Social Framework
FARM	Feedback and Response Mechanism
FCV	Fragility, Conflict and Violence
FM	Financial Management
FPD	Forcibly Displaced Persons
GBV	Gender Based Violence
GBVIMS	GBV Information Management System
GDP	Gross Domestic Product
GHG	Green House Gas
GoL	Government of Lebanon
GRS	Grievance Redress Service
IA	Implementation Agency
IBRD	International Bank for Reconstructions and Development
IDA	International Development Association
IFR	Interim Financial Reports
IPF	Investment Project Financing
IPV	Intimate Partner Violence
IRC	International Rescue Committee
LBP	Lebanese Pounds
LFF	Lebanon Financing Facility
MENA	Middle East and North Africa
MMUs	Mobile Medical Units
MoIM	Ministry of Interior and Municipalities
MoJ	Ministry of Justice
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NCLW	National Commission for Lebanese Women
NDC	Nationally Determined Contribution
NFI	Non-food Item
NGO	Non-Governmental Organization
NMHP	National Mental Health Programme
OPs	Older Persons
PDO	Project Development Objective
PEERS	Partnership Excellence for Equality and Results System
PHCCs	Primary Health Care Centers
PMU	Project Management Unit

PMU	Project Management Unit
POB	Port of Beirut
POM	Project Operations Manual
PP	Procurement Plan
PPSD	Project Procurement Strategy for Development
PSA	Public Sensitization and Awareness
RFB	Request for Bids
RFP	Request for Proposals
RFQ	Request for Quotation
SBS	Step by Step
SDGs	Sustainable Development Goals
SH+	Self Help Plus
SOE	Statement of Expenses
SOPs	Standard Operating Procedures
SPF	State and Peacebuilding Fund
SRP	Social Recovery Project
STEP	Systematic Tracking of Exchanges in Procurement
TPMA	Third Party Monitoring Agent
UN	United Nations
UNESCWA	UN Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
WB	World Bank
WHO	World Health Organization

## TABLE OF CONTENTS

<b>DATASHEET .....</b>	<b>2</b>
<b>I. STRATEGIC CONTEXT .....</b>	<b>7</b>
A. Country Context.....	7
B. Sectoral and Institutional Context .....	8
C. Relevance to Higher Level Objectives .....	9
<b>II. PROJECT DESCRIPTION.....</b>	<b>10</b>
A. Project Development Objective.....	10
B. Project Components .....	10
C. Project Beneficiaries .....	15
D. Results Chain.....	15
E. Rationale for Bank Involvement and Role of Partners.....	18
F. Lessons Learned and Reflected in the Project Design.....	18
<b>III. IMPLEMENTATION ARRANGEMENTS .....</b>	<b>19</b>
A. Institutional and Implementation Arrangements.....	20
B. Results Monitoring and Evaluation Arrangements.....	22
C. Sustainability.....	22
<b>IV. PROJECT APPRAISAL SUMMARY .....</b>	<b>23</b>
A. Technical and Economic Analysis.....	24
B. Fiduciary.....	26
C. Legal Operational Policies .....	29
D. Environmental and Social .....	29
<b>V. GRIEVANCE REDRESS SERVICES .....</b>	<b>30</b>
<b>VI. KEY RISKS.....</b>	<b>30</b>
<b>VIII. RESULTS FRAMEWORK AND MONITORING .....</b>	<b>32</b>
<b>ANNEX 1: Implementation Arrangements and Support Plan.....</b>	<b>42</b>

## DATASHEET

---

### BASIC INFORMATION

Project  
Beneficiary(ies)

Operation Name

Lebanon

Support for Social Recovery Needs of Vulnerable Groups Phase II

Operation ID

Financing Instrument

Environmental and Social Risk  
Classification

Process

P506127

Investment Project  
Financing (IPF)

Moderate

## Financing & Implementation Modalities

<input type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternative Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

Expected Approval Date

30-Aug-2024

Expected Closing Date

30-Jun-2026

Bank/IFC Collaboration

No

## Proposed Development Objective(s)

To expand support for the immediate social recovery needs of vulnerable groups in Lebanon.

## Components

Component Name	Cost (US\$)
Sub-grants in support for Social Services for Vulnerable Groups	3,916,000.00
Other support for Social Services for Vulnerable Groups	300,000.00
Sub-Grantee Capacity Building for Impact & Sustainability	468,000.00
Project Management	916,000.00

## Organizations

Borrower: International Rescue Committee Inc

Implementing Agency: International Rescue Committee Lebanon

## PROJECT FINANCING DATA (US\$, Millions)

### Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

### SUMMARY

Total Operation Cost	5.60
Total Financing	5.60
Financing Gap	0.00

### DETAILS

#### Non-World Bank Group Financing

Trust Funds	5.60
Forced Displacement Trust Fund	5.60

### Expected Disbursements (US\$, Millions)

WB Fiscal Year	2025	2026
Annual	2.12	3.10
Cumulative	2.12	5.22

## PRACTICE AREA(S)

### Practice Area (Lead)

Social Sustainability and Inclusion

### Contributing Practice Areas



## SYSTEMATIC OPERATIONS RISK- RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Moderate
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Substantial
7. Environment and Social	● Moderate
8. Stakeholders	● Moderate
9. Other	● Substantial
10. Overall	● Substantial

## POLICY COMPLIANCE

### Policy

Does the project depart from the CPF in content or in other significant respects?

Yes  No

Does the project require any waivers of Bank policies?

Yes  No

## ENVIRONMENTAL AND SOCIAL

### Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10: Stakeholder Engagement and Information Disclosure	Relevant
ESS 2: Labor and Working Conditions	Relevant
ESS 3: Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4: Community Health and Safety	Relevant
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8: Cultural Heritage	Not Currently Relevant
ESS 9: Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

## LEGAL

### Legal Covenants

#### Sections and Description

#### Conditions

Type	Citation	Description	Financing Source
------	----------	-------------	------------------

## I. STRATEGIC CONTEXT

### A. Country Context

**1. Lebanon’s economic, political, and social contexts have been significantly impacted by multiple, concurrent crises since 2019.** Already experiencing a financial crisis, a massive explosion in the Port of Beirut (POB) in August 2020 caused considerable loss of life and injury, displacement, physical damage to infrastructure, and further affected the country’s economic standings. The COVID-19 pandemic and later the onset of Russia’s invasion of the Ukraine worked to further deepen this crisis, seeing the Lebanese Lira devaluing by more than 90 percent, a severe balance of payments deficit, and a shrinking formal and informal employment sector. Meanwhile, at the level of government, the blast prompted a 13 month-long political deadlock, ending in September 2021 when the caretaker government assumed power. Though general elections were held in May 2022, these have yet to help stabilize the situation, with parliament unable to elect a President despite repeated attempts. These intersecting processes have also contributed to recurrent social tensions and low levels of trust between citizens and the state.

**2. Lebanon’s multidimensional financial and economic crisis since 2019 places it among the top 10 most severe of its kind, globally, since the mid-nineteenth century – and potentially even amongst the top 3.** <sup>1</sup> Already in its fifth year of contraction as of 2023, after a cumulative four-year contraction of 37.2 percent between 2018 and 2021, significant currency depreciation, and triple-digit inflation, <sup>2</sup> Lebanon’s economy was hit by another crisis: the spillover effects of the conflict in the Middle East. <sup>3</sup> This has diminished any prospects for near term stabilization at a temporary bottom, which appeared possible as of July 2023, instead putting the country back on track for a probable continued recession. Resulting from these challenging conditions has been a staggering increase in poverty and vulnerability, significant out-migration of youth and skilled workers, and a state with limited resources and limited institutional capacity, thus also limited ability to respond. <sup>4</sup>

**3. Increasing poverty across the country has not affected all equally.** As a result of protracted political and socio-

<sup>1</sup> World Bank, 2021. <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2021-lebanon-sinking-to-the-top-3>

<sup>2</sup> Carnegie Middle East Center, 2023. <https://carnegie-mec.org/2023/06/14/how-better-social-protection-can-strengthen-lebanon-s-social-contract-pub-89967>

<sup>3</sup> World Bank, 2023. Lebanon Economic Monitor Fall 2023. <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor>

<sup>4</sup> Carnegie, op. cit.

economic crises overlaid with periodic shock events, households already considered poor have become poorer, in more multidimensional ways, and are facing steeper barriers to climbing out of poverty, with inequality and wealth gap metrics increasing. Those considered multidimensionally poor are experiencing rising deprivation in the area of access to services (e.g. healthcare, which has become even more unaffordable). And while two in five households reported having at least one member with health insurance, significantly lower rates of health insurance coverage are reported amongst the monetary poor, Syrians, and women-led households. Gendered differences in coping mechanisms are also apparent. For example, poor female headed households are more likely than their male peers to seek formal and informal loans and rely on unconditional help from friends and family as coping mechanisms, highlighting the critical value of social support networks during times of economic distress. Poor female-headed households are also less likely to reduce food and education expenses but are nearly twice as likely to reduce health expenditures.<sup>5</sup>

**4. Ensuring and facilitating the social recovery of vulnerable groups amid backsliding on prior development gains is therefore a development imperative.** Yet Lebanon's government spending on social protection since 2019 has provided very little, if any, support for the most vulnerable: 5.5 percent of GDP for only 2 percent of the population (formal workers in the public sector, mainly civil and military personnel); 0.6 percent of GDP on 3 to 4 percent of the population; and nothing on the balance of the population, where the most poor and vulnerable, but also the middle classes, newly vulnerable, are found.<sup>6</sup> As such, programs and initiatives backed by international organizations, bilateral actors, and non-state and private sector entities have been and remain important. However, it is the national non-governmental organization sector which has played one of the most critical roles, in continuing to provide social recovery services during crisis.<sup>7</sup> Though the scale of financing flowing through these actors is unknown, it is estimated that 53 percent of registered NGOs in Lebanon are involved in helping the poor and needy. In the health sector alone, for example, 68 percent of primary healthcare centers are owned by NGOs.

## B. Sectoral and Institutional Context

**5. The socio-economic well-being of Lebanon's population in general has considerably worsened, but refugees and other groups with pre-existing vulnerabilities are even more at-risk.** UNFPA reports that the multidimensional poverty rate effectively doubled between 2019 and 2022, from 40 to 80 percent. While of concern at the national level, vulnerable groups are clearly being more severely impacted by the changing and deepening poverty profile in Lebanon. Almost 90 percent of Syrian refugees in Lebanon are currently noted to be living in extreme poverty. Persons with disabilities and older persons, including a significant share of the refugee population (e.g., 32 percent of both Palestinian and Syrian refugees in Lebanon live with disabilities), are facing steeper barriers to mobility, increased stigma, food security challenges, and difficulties in accessing appropriate, specialized care. In the area of mental health and psychosocial support, the needs of both local and refugee populations are also rising. Those reporting experiencing painful emotions, such as sadness and anger, are significantly increasing (56 and 49 percent respectively, while self-harm and suicidal ideation is more frequently observed). While complete data on reported gender-based violence (GBV) cases are not publicly available, the national GBV Information Management System (GBVIMS) 2022 annual report highlights concerning trends in this space: as compared to 2021, there has been an increase in GBV cases reported against Syrian refugees, against children (by 6 percent),<sup>8</sup> of intimate partner violence (IPV, by 2 percent), as well as an increase in families reporting resorting to child/early marriage as a copy mechanism. Meanwhile, the 2023 Lebanon GBVIMS Mid-

---

<sup>5</sup> World Bank, 2024. Lebanon Poverty Assessment.

<sup>6</sup> Carnegie, *ibid*.

<sup>7</sup> ODI, 2019. Social Protection in Lebanon: A Review of Social Assistance.

<sup>8</sup> Beyond the obvious economic incentives for families facing hard times, this trend is exacerbated by a number of key variables, including: (i) the national legal framework is enabling of child marriage, as under the constitution personal status laws are decreed by various' sects religious courts. Marriage age of younger than 15 is subsequently allowed in some instances; (2) in this manner, the legal manifestation of marriage governance is also a reflection of varied social norms across the country. In some settings child marriage is not an exceptional practice. Girls are at times socialized such that they may not fully understand the consequences of the practice, or otherwise feel it is an inescapable fate; and (3) further, the refugee context is cited in the literature to feed into these dynamics, where refugee girls and families may see child marriage as a pathway to opportunity and/or integration.

Year report finds that displaced Syrians constitute the majority of recorded GBV incidents (86 percent in the first half of 2023) – a staggering 12 percent increase as compared to 2022.

**6. Survivors and those at-risk of GBV, persons facing mental health challenges, older persons, and persons with disabilities are logical, high-impact focal points for social recovery assistance.** GBV prevalence is high in Lebanon, with 43 percent of women and 30 percent of men reporting having witnessed or known someone who has experienced to violence in 2020.<sup>9</sup> Globally, such violence is estimated to cost the world around US\$1.5 trillion, equivalent to 2 percent of the global GDP.<sup>10</sup> Meanwhile, though the prevalence of mental health issues is not well documented on a national scale in Lebanon, a survey of students in 2021 identified that 33.4 percent and 30.5 percent presented with depression or anxiety symptoms (ranging from mild to severe), respectively. Another recent study suggested that the mental health burden in Lebanon during the COVID-19 period was amongst the highest reported in the world, due in part to the exacerbating effect of the country's financial, economic, and political crisis.<sup>11</sup> Poor mental health, in all its forms, is estimated to have cost the world economy US\$ 2.5 trillion in 2010 and projected losses may potentially rise to US \$6 trillion by 2030.<sup>12</sup> Turning to persons living with disabilities, an estimated 10 to 15 percent of the Lebanese population lives with physical, sensory, intellectual, or mental disabilities. World Bank estimates suggest this may cost a country's GDP between 3 and 7 percent.<sup>13</sup> Finally, people aged 65 and above represent 10 percent of Lebanon's population. Like in most countries in the MENA region, they rely on family-based aged care. This system, however, has been greatly weakened during the crisis by worsening conditions at the household level, as well as by significant youth migration outflows. In the absence of sufficient care, older persons, particularly in poor households, face few options but to return to work, should they be physically able, or to rely on remittances, social support networks, and social assistance benefits and services.

**7. Against this backdrop, the NGO and CSO sectors have been an essential lifeline for vulnerable groups, delivering critical social services and supporting immediate- and longer-range social recovery needs.** Specifically, facing weak national systems and services, national non-governmental actors have been one of the only providers of the specialized services such as, but not limited to: operating safe houses and safe spaces for survivors and those at-risk of GBV and children; sustaining and improving publicly available tools for managing mental health stresses and delivering psychosocial support via more accessible channels; participating in key data collection, case management and referral processes; offering and improving tailored health services through NGO-run primary health care centers (PHCCs) and mobile medical units (MMUs), and more. These services benefit vulnerable groups in Lebanon general, but also host communities and forcibly displaced persons (FDPs). However, because of the concurrent crises in Lebanon, the ability of the NGO sector to continue implementing critical services without interruption has been much threatened. Meanwhile, the numbers and needs of key vulnerable groups have significantly increased. As a result, demand for social services by vulnerable groups much exceeds supply, continuing to result in limitations on access to and the quality of required services.

## C. Relevance to Higher Level Objectives

**8. The proposed operation is aligned with the World Bank Group's country, regional, and global strategic objectives.** The project supports key priorities of Lebanon's Country Partnership Framework (CPF FY17-22<sup>14</sup>) and is aligned with the CPF's Focus Area 2 ("Expand economic opportunities and increase human capital"), more specifically under CPF Objective 2d: "Improved delivery of health services." The proposed operation also contributes to the

<sup>9</sup> UN Women Arab States, 2023. Gender Statistical Profile – Lebanon. <https://arabstates.unwomen.org/en/digital-library/publications/2023/08/gender-statistical-profile-lebanon-2023>

<sup>10</sup> UN Women Arab States, 2016. <https://arabstates.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

<sup>11</sup> Elbejani et. al., 2024. Mental Health during the COVID-19 pandemic and first lockdown in Lebanon: Risk factors and daily life difficulties in a multiple-crisis setting. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10871500/>

<sup>12</sup> The Lancet Global Health, 2020. *Mental Health Matters*. <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930432-0>

<sup>13</sup> World Bank. 2021. *Breaking Barriers: Disability Inclusion in Latin America and the Caribbean*.

<sup>14</sup> The FY12-22 CPF remains the most current country partnership document.

implementation of the Middle East and North Africa (MENA) strategy, particularly to investing in resilience to shocks, renewing the social contract, and building human capital, and with the MENA Regional Gender Action Plan's focus on addressing gender in Fragility, Conflict and Violence (FCV) contexts. The project also supports the operational recommendations of the World Bank's FCV strategy and the Gender Equality Strategy, in that it seeks to build more direct partnerships with non-state actors to assist the most vulnerable in a situation of protracted fragility, with a special focus on women and children. Finally, the project acknowledges and supports the notion that focusing on marginalization and exclusion, that is, prioritizing individuals and groups who are most at risk of being left behind within development processes, is essential for realizing meaningful progress towards the Sustainable Development Goals (SDGs) and the World Bank's global mission alike.

**9. The proposed operation is also succinctly aligned with the priorities of the PROSPECTS trust fund, globally and in Lebanon.** This is as the project sees the inclusion and social protection of forcibly displaced and host communities, particularly via community-based and local systems, as an important entry point for improving access to basic services and, ultimately, delivering sustainable living conditions for women, men, girls and boys (Pillar 3 of the PROSPECTS Global Theory of Change).

## II. PROJECT DESCRIPTION

### A. Project Development Objective

#### PDO Statement

**10. The SRP's Project Development Objective is:** *To expand support for the immediate social recovery needs of vulnerable groups in Lebanon.*

**11.** This will be done by supporting non-government stakeholders that are engaged and have a track record in social recovery services by improving their capacity to participate in the broader social recovery and reconstruction processes. While the project's three components strive to meet immediate emergency needs in Beirut, Mount Lebanon, and the Bekaa Valley, and include capacity building activities to enhance the sustainability and impact of non-governmental actors involved in social recovery activities, there is still an overarching need for a broader public sector reform agenda to address the extensive needs of vulnerable groups, which is beyond the scope of the project.

#### PDO Level Indicators

**12. The objective will be measured through the following indicators:**

- Increased access to social and health services for survivors of GBV (including women, accompanied children and male youth), people with mental health challenges, and persons with disabilities and Older Persons.
- Improved quality of social and health services for survivors of GBV (including women, accompanied children and male youth), people with mental health challenges, and persons with disabilities and Older Persons.

### B. Project Components

**13. Project components include:** Component 1 (*Support for Social Services for Vulnerable Groups*), Component 2 (*Capacity Building*) and Component 3 (*Project Management*).

## Component 1: Support for Social Services for Vulnerable Groups (US\$ 4.2 million)

**14. This component will finance selected NGOs and CSOs to provide social services to vulnerable groups affected by the crises including: (i) survivors of GBV and children; (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and persons with disabilities and older persons facing limitations related to their disabled or elderly status.** Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers will be targeted across these beneficiary groups. Specifically, financing shall flow through three sub-components scoped to the priority target groups. Activities are to be undertaken via grants and service agreements entered into between the IRC and local NGOs/CSOs. Capacity building of these entities under the project, as described within Component 2, works to concurrently support improvements in the quality, efficiency, impact, and sustainability of both project-supported interventions and the entities implementing them.

### *Sub-Component 1.1: Enhanced Support for Survivors and those at-risk of GBV & Children (US\$ 1.6 million)*

**15. Sub-Component 1.1 will continue to support small-scale,<sup>15</sup> effective, and inclusive non-government support for social services for survivors and those at-risk of GBV, as well as children under judicial protective measures.** Services financed via sub-grants shall collectively work to extend access to quality and holistic care, in line with international best practices. The specific focus of investments include:

- Supporting the operation of critical services for survivors of GBV. This entails financing the operating costs of the provision of quality case management within, and interventions to promote enhanced psychosocial wellbeing of beneficiaries of select NGO-run safe shelters and safe spaces in the Beirut, Mount Lebanon, and Bekaa governorates. Costs associated with the immediate and urgent needs of survivors will also be supported, including but not limited to: hospitalization and medical fees, non-food item (NFI) packages, cash assistance, and legal assistance. Capacity building for local CBOs and community volunteers will be provided to enhance safe identification and referral practices within safe spaces. The Beirut and Mount Lebanon areas are expected to be serviced predominantly through the re-engaging well-performing partnerships with NGO service providers that delivered satisfactorily under the Phase I project.<sup>16</sup> The refugee dense Bekaa will also be serviced by leveraging earlier partnerships, noting that several of these NGOs operate facilities in the area which are not currently project supported.
- Promoting holistic recovery services and fostering empowerment. This area of investment entails leveraging a broader array of services and support to expand the availability of integrated, holistic recovery packages for beneficiaries at safe shelters and safe spaces. Specifically, this shall include: life skills sessions, emotional support groups, individual psychotherapy, focused and unfocused psychosocial support, legal counselling and representation, educational opportunities for children within shelters, and recreational activities for women in safe shelters or safe spaces. Awareness raising activities on GBV issues will be conducted in safe spaces and via limited community engagement by NGO outreach teams. Based upon a lesson learnt from the ongoing project, an economic empowerment and independence pilot initiative for beneficiaries of project-supported GBV interventions will be developed and rolled-out. It shall include market-based skills trainings to women and adolescent girls, provide financial literacy and business development support, job counseling for improved labor market inclusion, and generate networking and apprenticeship opportunities with potential employers. This recognizes that economic

---

<sup>15</sup> "Small-scale" refers to the limited scale and coverage of operations by NGOs and CSOs which the project would support, as well as the project's decision to finance a broad range of services on a smaller footprint, i.e., as an integrated care/recovery package within the limited number of existing facilities operated by these actors. In so doing, project investments work to ensure the availability of quality, holistic social recovery services for vulnerable groups. This is expected to result in more impactful and sustained benefits at the individual level, though to a lesser number of beneficiaries than if the project were to support a narrower range of services more broadly across a specified geographic area. "Small-scale" also acknowledges variations in each of the operating models of the prospective NGO/CSO partners, which while confirming to international best practice and national standards have differing mission statements, institutional characters, and priorities (e.g., protecting children under judiciary orders; shelter targeting migrant survivors of GBV; etc.).

<sup>16</sup> P176622: Support for Social Recovery Needs of Vulnerable Groups in Beirut



hardship is a frequent and severe consequence of GBV, which risks driving feelings of isolation and disempowerment. It also recognizes that economic empowerment can play a central role in sustainable recoveries for GBV survivors.

- **Public sensitization and awareness and improved information management.** A second GBV public sensitization and awareness (PSA) campaign will be prepared and rolled-out under phase 2 of the project, specifically targeting forcibly displaced persons and host communities. This will aim to improve visibility and awareness of GBV issues amongst these groups, encourage positive collaboration between them in the face of tensions and differences, and increase knowledge of available response and recovery services, such as those supported by the project. In parallel, the project will continue to build on earlier investments in capacity building to improve the use and quality of the national GBV Information Management System (GBVIMS), in close cooperation with the United Nations Population Fund (UNFPA). This will be done, as under the Phase I project, via targeted trainings for existing users of the system, delivered jointly by IRC, UNFPA, and other national partners.
- **Contributing to the protection of vulnerable children.** Finally, the project will continue investing in access to and improvements in the quality of protection services for vulnerable children who are at-risk of mental, physical, and sexual violence and exploitation. Specifically, the project will support the operating costs of the only nationally mandated shelter for boys under judicial protective orders, in addition to supporting shelter beneficiaries via the provision of education services, legal assistance, healthcare, nurturing and trauma-informed support, and support to efforts to reunify juveniles with families or guardians or find safe and stable long-term housing. Most of the children currently serviced under this area of investment within the ongoing project are Syrian refugees (65 percent). Additional awareness raising sessions on child rights and protection will be conducted by NGO teams in select communities.

**16. Benefitting from the implementing agency’s deep expertise in the GBV sector, the project will work to ensure the integration of latest guidance on internationally recognized best practice and standards across the above intervention areas.** This includes, but is not limited to, the IRC-UNICEF *Caring for Child Survivors of Sexual Abuse Guidelines*; <sup>17</sup> as well as guidance and learning notes on GBV Disclosure Couples Family Interventions, Use of Transdiagnostic Approaches, Use of Exposure Techniques, MHPSS Child Adolescent GBV Survivors, and Managing Risk of Suicide for GBV Survivors. <sup>18</sup>

**17. The proposed activities are in alignment with existing but limited country systems for survivors of GBV and build upon extensive consultations and collaboration with government agencies, national and international NGOs, UN agencies, and bilateral donors.** The activities are aligned with the National Women Strategy endorsed by National Commission for Lebanese Women (NCLW) and in line with the National Women and Children Safeguarding Strategy endorsed by the Ministry of Social Affairs (MoSA). In addition, they will contribute to operationalizing the National GBV Standard Operating Procedures (SOPs) under the leadership of MoSA and the ownership and endorsement of the Ministry of Justice (MoJ), Ministry of Interior and Municipalities (MoIM), Ministry of Public Health (MoPH), and the NCLW.

*Sub-Component 1.2: Enhanced Support for Psychosocial Wellbeing (US\$ 1.2 million)*

**18. Sub-Component 1.2 invests in improving access to and the quality of several tools and mechanisms aiming to improve the psycho-social wellbeing of vulnerable individuals and households, both within Beirut and more broadly across the country.** The specific areas of support envisioned under this sub-component are as follows:

<sup>17</sup> UNICEF, 2023. <https://www.unicef.org/media/155226/file/CCS%20Guidelines%20Final%20.pdf>

<sup>18</sup> GWI and Trocaire, 2023. <https://gbvaor.net/node/1880>



- Sustaining the National Mental Health Hotline. The project shall continue to finance the operating costs of the national mental health hotline, “Lifeline,” to ensure it remains able to operate on a 24/7 schedule. This represents an extension of hours as compared to when the project started support under the previous initiative. Further improvements in the quality of the service will be realized via continuing to invest the NGO operator’s capacity development, in in-house analytics capabilities, and promoting the uptake of incrementally more tailored support to callers (based upon their assessed profile, associated risks, and referral/support needs). Finally, the project will work to bolster referral mechanisms and pathways to specialized medical/psychological services built into the lifeline, as well as to extend quality handling and response capabilities for serious and life-threatening cases. A national TV advertisement campaign will be supported to increase demand and encourage service utilization.
- Enhancing the Step-by-Step Mental Health Digital Intervention. The project will continue to finance the operation of the Step-by-Step (SbS) digital platform, including requisite digital maintenance and security/performance testing services. SbS is a smart-device based application comprising a multiple week self-help curriculum and available for free with or without facilitation from a trained “e-helper”. In striving to continue improving the tool in Lebanon, the project will continue investing in adaptations and enhancements to the overall model, including to enable improved targeting of children between 15 and 18 years old, as well as to the supporting digital infrastructure, based upon the rigorous evidence basis being gathered and analyzed in parallel. Such investments will ultimately aim to improve the functionality and effectiveness of the intervention, as well as to position it for sustainable operation beyond the lifespan of the project. National awareness of the SbS intervention will be improved via a TV advertisement campaign.
- Mainstreaming the Self Help Plus stress management course in Lebanon. Building upon work completed under the first implementation period (to adapt the WHO-conceived Self Help Plus, SH+, toolkit to the Lebanon context), the project will prioritize further evidence-based enhancement and national up-take of the intervention. Research shall be conducted on the early roll-out of SH+ and findings used to inform improvements. Outreach and coordination with the Lebanese Order of Psychologists, Order of Nurses, and the Syndicate of Social Workers shall promote mainstreaming. The project will further prioritize integrating the SH+ tool within select NGO-run Primary Healthcare Centers (PHCCs and continue exploring the viability of podcast-based delivery to universalize access. A national public sensitization and awareness campaign will be implemented.
- Expanding Mental Health in the Workplace and NGO-run Primary Healthcare Facilities. The success of the Phase I project in developing a mental health in the workplace curriculum will be extended during the SRP’s phase two. This includes rolling out the approach to additional small businesses, reviewing and updating the curriculum based upon lessons learned. Further, the project will make efforts to improve psychosocial support service availability withing select NGO-run PHCCs. These service sites are critical entry points for ensuring mental health is more broadly available to those in need. A special focus will be on PHCCs servicing high shares of FDPs and migrants, as well as host communities, noting that preliminary findings of the 2023 UNHCR Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) showed that 51 percent of those surveyed access healthcare via PHCCs.

**19. Though the principle implementing partners are local NGOs, working under sub-grants with IRC, project financed activities are closely coordinated with the Lebanon Ministry of Public Health – National Mental Health Programme (MOPH-NMHP, or “NMHP”) to ensure they are broadly supportive of national mental health strategic priorities and ambitions. In parallel, coordination and partnership with key international partners, such as the World Health Organization, see the investments made build upon and replicate, where appropriate, internationally accepted standards of care and best practice**

*Sub-Component 1.3: Enhance Support for Older Persons and Persons with Disabilities (US\$ 1.4 million)*

**20. The project will provide support for the implementation of services through specialized NGOs to improve**

**access to quality healthcare for persons with disabilities and OPs, through outreach, at-home health and physiotherapy services, and other interventions.** Specifically, the project will invest in:

- **Advancing Community-Based Inclusive Development (CBID).** The project will continue to extend specialized CBID services through sub-grants and sub-contracting for persons with disabilities and older persons, with a keen focus on ensuring greater access in refugee-dense areas. This shall entail: offering rehabilitation sessions and geriatric care services; supporting educational inclusion in schools for persons with disabilities; supporting persons with disabilities in retaining employment or self-employment; improving accessibility of homes and public spaces; promoting enhanced coordination and referral systems with partners and stakeholders; providing limited essential assistance;<sup>19</sup> conducting awareness sessions; organizing recreational and Mental Health and Psychosocial Support (MHPSS) activities; and training caregivers and frontliners in basic care techniques.
- **Specialized Health Services.** This entails extending access to improved quality treatment and healthcare services, primarily through NGO-run facilities such as Primary Healthcare Centers (PHCCs) and Mobile Medical Units (MMUs),<sup>2</sup> for older persons and persons with disabilities. This shall include: providing specialized paramedical care (e.g. speech, psychomotor, and physiotherapy sessions, medical consultations, diagnostic tests, medication distribution) and assistive devices (e.g. wheelchairs, walkers, canes, medical shoes, home care devices like bathing chairs, hearing aids). Mental health and psychosocial services (MHPSS) will be further integrated into the support packages offered via these facilities, to promote holistic care and recovery. Health service activities shall prioritize enhanced outreach to refugee-dense communities, with support planned to a PHCC and MMU in Bekaa.
- **Enhancing Sustainability of CBID in Lebanon.** A digital CBR portal developed and launched under the SRP's first phase (cbr.idraac.org), will be updated based upon feedback received and gaps identified during its early implementation period. The portal shall continue to serve as a consolidated, open-access resource on available services and service providers across priority need areas for persons with disability and older persons. Further, the project will work closely with the Ministry of Social Affairs to improve national dissemination and use of the CBR portal and deepen synergies and alignment of project interventions with relevant national strategies, priorities, and approaches.

**21. All activities for this sub-component will, wherever possible, be synchronized and aligned with existing services and plans approved by the MoPH and MoSA and current initiatives from CSOs targeting persons with disabilities.** IRC, together with local NGOs and consultants employed by IRC, will work closely with MoPH and MoSA to this effect.

## **Intersectionality**

**22. The proposed project recognizes the inherent intersectionality of the vulnerabilities and vulnerable groups that are targeted within each of the unique workstreams discussed above (1.1 – 1.3).** For example, amongst other considerations, women living with disabilities are between 2 to 4 times more likely to experience GBV than other women;<sup>20</sup> individuals living through personal challenges and trauma (e.g., those facing stigma and discrimination due to disabilities and age, surviving GBV, and who have been displaced) are highly likely to encounter significant mental health challenges; and persons living with disabilities may be unable to utilize needed services due to barriers to access (e.g., due to visual or auditory impairments). As such, project-supported activities shall to the greatest extent possible apply an intersectionality lens when finalizing the design of and implementing sub-grants across the areas discussed above.

<sup>19</sup> This "essential assistance" may include, should it be deemed urgent and necessary, limited non-consulting services, including catering of food items financed from other sources, distribution of personal hygiene items, and very small unconditional cash transfers, never exceeding the 50% of the value of the current minimum wage, to cater for specialized needs, including, but not limited to disposable medical supplies, assistive devices, eating utensils, etc. The range and scope of the potential essential assistance, and the eligibility criteria for the limited cases of unconditional cash transfers will be further elaborated in the project Operations Manual and subject of Bank review and approval on a case-by-case basis.

<sup>20</sup> WHO 2023. [https://www.emro.who.int/violence-injuries-disabilities/violence-news/16-days-of-activism-against-gender-based-violence.html#:~:text=Furthermore%2C%20when%20addressing%20VAWG%2C%20other.HIV%2FAIDS%20\(4\).](https://www.emro.who.int/violence-injuries-disabilities/violence-news/16-days-of-activism-against-gender-based-violence.html#:~:text=Furthermore%2C%20when%20addressing%20VAWG%2C%20other.HIV%2FAIDS%20(4).)

This may entail, for instance, supporting special provisions to increase the accessibility of safe houses for persons with disabilities and older persons; render hotlines and self-help platforms more accessible to those who may be affected by hearing, speech, motor-mobility or mental constraints; and promoting the integration of mental health and psychosocial support (MPHSS) across all points of service supported by the project.

### **Component 2: Sub-grantee Capacity Building for Impact & Sustainability (US\$ 0.5 million)**

**23. IRC's provision of intensive capacity building support is tailored to each NGO sub-grantee implementing activities under Component 1.** These activities aim to ensure that NGO partners continue to improve, amongst other aspects, their project management, financial management, procurement, environmental & social safeguards capabilities over the course of the project. This process is guided by IRC's Partnership Excellence for Equality and Results System (PEERS), which includes detailed capacity assessments of sub-grantee partners at the launch of each partnership, the subsequent development of a tailored capacity building plan, and intensive, hands-on capacity building support to the partner across the sub-grant implementation cycle to ensure progress in the identified priority capacity building areas. IRC's capacity building support program is led by a "Partnerships" team and cross-supported by focal points embedded within IRC's other specialized departments, such as Human Resources, Finance, and Supply Chain (Procurement).

**24. Capacity building efforts under the project are rooted in the ambition to deliver improved impact and sustainability across the NGO-driven social recovery sector.** IRC's "Strategy 100" is foundational in this regard. It aims to work with partners to improve their ability to raise resources and sustain activities independently. In service of these objective, the proposed phase II operation will see the introduction of a capacity building "graduation process" for NGO sub-grantees implementing the activities under Component 1. This will entail routine and structured monitoring of performance across key metrics of fiduciary, environmental and social, project management, and institutional governance performance, as agreed and outlined within the POM. Graduation from this program would therefore signal that the NGO partner-in-question is demonstrating enhanced readiness to attract and effectively manage additional resources from donors beyond this project. Thus, the initiative is both a mechanism for reducing transaction costs over time and improving the sustainability of civil society's contributions to social recovery services in the absence of government mechanisms.

### **Component 3: Project Management (US\$ 0.9 million)**

**25. Project support under Component 3 will be utilized to finance project operating and management costs.** This includes financing incremental operating costs over the project life. Costs shall include consultancy fees and operational and administrative costs incurred during the implementation and supervision of project activities. Activities undertaken by IRC, as the implementing agency, will include: (i) overall project management; (ii) fiduciary, environmental and social standards management; (iii) overseeing the provision of capacity building, technical assistance, and institutional strengthening measures to partner NGOs; (iv) developing and implementing a monitoring and reporting plan to provide visibility of the results and a transparent model for the development and implementation of all activities.

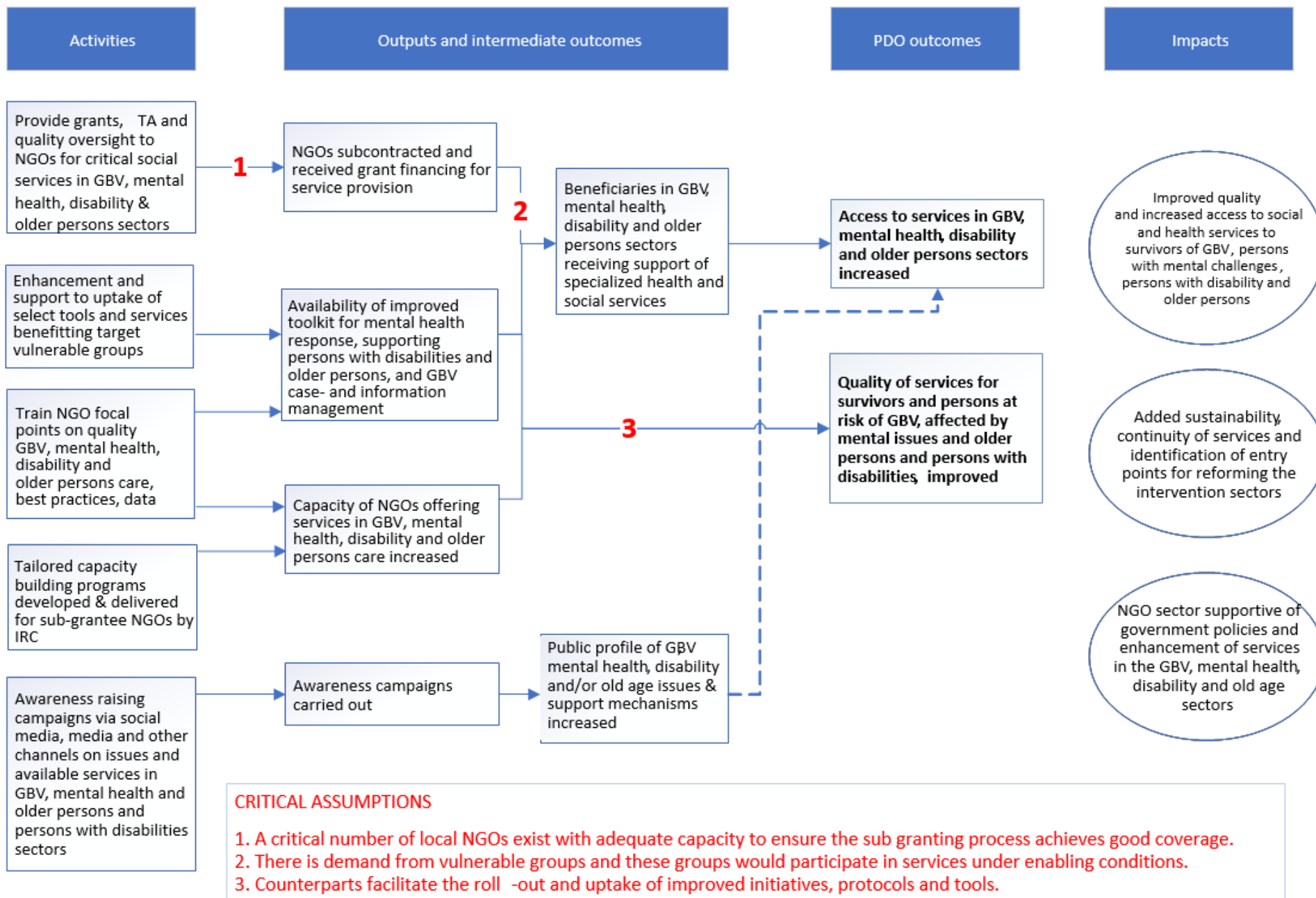
## **C. Project Beneficiaries**

**26. The SRP 2's target groups include:** survivors and individuals at-risk of GBV; children under protective orders; those suffering from deteriorated psychosocial wellbeing; and persons living with disabilities and older persons. Given the cross-cutting nature of their vulnerabilities and needs, forcibly displaced persons (FDPs) and migrants are also targeted across the project's workstreams.

## **D. Results Chain**

**27. Phase II of the SRP is proposed as a vehicle for ensuring near-term continuity of select social recovery services, while delivering further improvements in access to and the quality of supported interventions and sectors.** This is achieved by flowing financing through non-government stakeholders, via the implementing agency, who have a track record in the delivery of critical social recovery services. Specifically, the project aims to: (i) ensure the continuity of such services, which are helping to meet the needs of key vulnerable groups most impacted by the concurrent crises; (ii) support meaningful improvements in the quality of services, tools and care available, while expanding access to them; (iii) build the capacity of project partners in the non-governmental sector to enhance their institutional quality, as well as operational impact and sustainably; and (iv) fostering strategic collaboration between civil society and government in select priority areas aligned with national strategy relating to the project’s intervention areas. Taken together, this sees the project support in the bridging of the humanitarian and development nexus in Lebanon, through the lens of social vulnerability.

**28. The project logic of SRP 2 follows that of the Phase I project with minor adaptations to reflect the limited extension of project scope.** As shown in the Theory of Change diagram on the following page, investments made via sub-grants to NGOs delivering critical social recovery services are complemented by parallel investments in improving select tools and services, training of NGO staff, capacity building of sub-grantee NGOs, and Public Sensitization and Awareness (PSA) campaigns. These will lead to the sustained provision of targeted services, at the same time as enhancements in supported interventions as well as the organizations responsible for their operation and delivery. Ultimately, these shall yield improved access to and improved quality of services for key target groups, namely, survivors and persons at-risk of GBV, persons facing mental health challenges, older persons, and persons with disabilities. In the long run, the project will also contribute to the sustainability of services in sectors supported and stronger alignment between the non-governmental sector and national actors.



## E. Rationale for Bank Involvement and Role of Partners

**29. The World Bank is well positioned at both the technical and institutional levels to provide the nature of support proposed within the context of the second phase of the SRP.** Specifically, the Bank has vast experience in designing projects for vulnerable populations in situations where conditions of Fragility, Conflict and Violence (FCV) have and continue to affect communities, service delivery, and social recovery prospects. Responding effectively under such conditions leverage the full range of the Bank’s comparative advantages. They necessitate working across complex stakeholder environments and forging partnership effectively with entities at multiple levels to achieve progress towards common recovery and development objectives. This must happen in appropriate harmony with national priorities and visions, such as to be able to support not only project level success but broader country-level benefits that support longer-term strategic objectives. Project-based solutions to development challenges within FCV therefore also require deep country knowledge at the same time as attentiveness to global best practice and lessons learned. Finally, the Bank is uniquely able to leverage requisite financing to act on identified opportunities, in this case via Trust Fund resources, the use of which at the same time supports the global, regional, and country-specific aims of key donor partners.

**30. Preceding the operation’s first phase, the World Bank Group had been highly engaged with the different partners operating in Lebanon particularly after the coordination efforts on the 3RF and the RDNA work.** Project activities were developed based on the findings and needs identified in the RDNA, as well as rapid assessments conducted by a number of other partners. These attest to the urgent and cross-cutting need for a variety of social services. The design of this project has been further informed by an extensive range of consultations, including with: IFC, Consultative Group to Assist the Poor (CGAP), Government counterparts, UN agencies, bi- and multi-laterals, CSOs/NGOs, international non-governmental organizations (INGOs), academia, professional associations, private sector organizations, think tanks, and youth groups. Confirmations of this initiative’s relevance, complementarity, and synergies with GoL, international community and ESSN programs were received during discussions with donors, the WHO, MoPH and MoSA, and WB task teams.

**31. The second phase of the SRP will continue the tradition of multi-stakeholder partnership and delivering innovative financing solutions that help meet pressing development needs in Lebanon, preventing further backsliding.** This will entail collaboration with the PROSPECTS partners (UNICEF, UNHCR, ILO) and the Government of Netherlands, including via routine consultation, information and data sharing, and reporting. A first consultation with PROSPECTS partners on the proposed operation was held in Beirut on 5 October 2023; such interactions shall continue routinely across the project implementation period. Further, the SRP 2 will see partnership with 10 national NGOs/CSOs who shall receive sub-grants possible through the innovative financing mechanism which the project embodies, as well as with the Ministry of Public Health – National Mental Health Programme (MoPH-NMHP), the Ministry of Justice (MoJ), and the Ministry of Social Affairs (MoSA), who are considered technical partners and routinely provide feedback and support to project activities. Finally, the International Rescue Committee will remain a key partner, at both the Lebanon Country Office and Corporate levels, given their instrumental role as grant recipient and implementing agency.

## F. Lessons Learned and Reflected in the Project Design

**32. The World Bank has been financing Social Recovery services, covering the critical gaps highlighted above, in the Beirut-Mount Lebanon area since 2021 via the Support for Social Recovery Needs of Vulnerable Groups in Beirut project (SRP, P176622).** Approved on 23 December 2021 and effective as of 4 April 2022, the project, comprising a grant of US\$5 million from the Lebanon Financing Facility (LFF), is one of a series of initiatives launched under the LFF following the Port of Beirut explosion in August 2020. Its objective was to support the immediate social recovery needs of vulnerable groups following this event, while contributing to medium-term recovery objectives, as a precursor of broader public sector reform.



**33. Despite the highly dynamic national context, the project achieved strong performance through its closing on 30 April 2024,** reaching 10,024 direct beneficiaries (65 percent female) via 15 sub-grant agreements with local NGOs. This includes: 995 GBV and child beneficiaries receiving psychosocial, case management, sheltering, and legal services (88 percent female); 2788 older persons and persons with disabilities (54 percent female), supported via Community-Based Inclusive Development (CBID) interventions and the provision of specialized healthcare and assistance; and 5,395 beneficiaries of mental health services (approximately 64 percent female), including digital support and self-help tools adapted for the Lebanese context (Step-by-Step and Self Help Plus) and via the national mental health and suicide prevention hotline (“Lifeline”). Additionally, 120 businesses have benefitted from the Mental Health in the Workplace training curriculum developed under the project; 846 NGO and front-line workers have benefitted from capacity building and training intended to improve the quality of service (86 percent female); and 11 unique NGO partners implementing sub-grants have received intensive capacity building to raise their standards in the areas of project design and management, procurement and financial management, environmental and social safeguards, monitoring and evaluation, and institutional governance.

**34. Phase 2 of the SRP will build upon these successes, while integrating key lessons learned into the project design to ensure improved reach and results.** Specifically, at the activity level, the project has made two changes based upon gaps identified during the SRP’s first phase: (i) The introduction of economic empowerment and livelihoods support for beneficiaries of GBV services and for persons with disabilities to promote sustainable recoveries. This is an acknowledgement that immediate recovery services must necessarily be accompanied by actions to help sustain individuals over the long run. Economic autonomy is a key aspect in this. And (ii) the reform of capacity building efforts for sub-grantee NGOs into a consolidate “graduate” scheme, to ensure a clear endpoint to envisioned support in this area, for both operational efficiency and improved sustainability reasons (see discussion under “Sustainability”). Additionally, the second phase of the project builds upon important lessons learned of operationalization a partnership between IRC and the World Bank, both of which are long-standing institutions with strong traditions, policies, and regulatory frameworks. With the limited challenges encountered during the first phase long resolved, the SRP 2 offers an opportunity to further streamline and improve the efficiency of the partnership, while documenting lessons learned for attempts at similar partnerships elsewhere. Finally, the SPR 2 will ensure improved collection of disaggregated data to deliver a more nuanced understanding of the types of project beneficiaries reached, for example, ensuring clear distinction is possible when reporting against the number of beneficiaries from the older persons and persons with disabilities target groups. These efforts have already been initiated under the project’s first phase, via the use of a project results dashboard (internal) compiled quarterly by IRC. The teams will continue working to enhance and improve this mechanism under the second phase.

**35. Another important lesson of the SRP’s first phase was that FDPs and migrants are strongly represented across the areas of acute social vulnerability responded to by the project.** This includes 85 percent of beneficiaries of project supported GBV interventions who are non-Lebanese (refugees and migrants); 35 percent of callers to the national mental health hotline who are noted to be refugees; and approximately 25 percent of older persons and persons with disabilities serviced under the project who are non-Lebanese. However, more can be done under the SRP’s second phase to extend coverage to FDPs and migrants while continuing to ensure quality services are available for host communities. This will take place via a series of targeted adjustments in the project design, including: (i) expanding the geographic coverage of project-supported services to Bekaa (in addition to the existing Beirut-Mount Lebanon footprint), by scaling select existing and well-performing partnerships with NGOs servicing GBV survivors and those with specialized healthcare needs (principally, older persons and persons with disabilities); (ii) increasing the accessibility of available services and interventions, particularly in the mental health but also in the GBV sectors, via targeted outreach and awareness campaigns; and (iii) investing in the adaptation of supported tools and services under the project to enhance targeting of and responsiveness to FDP and migrant needs.

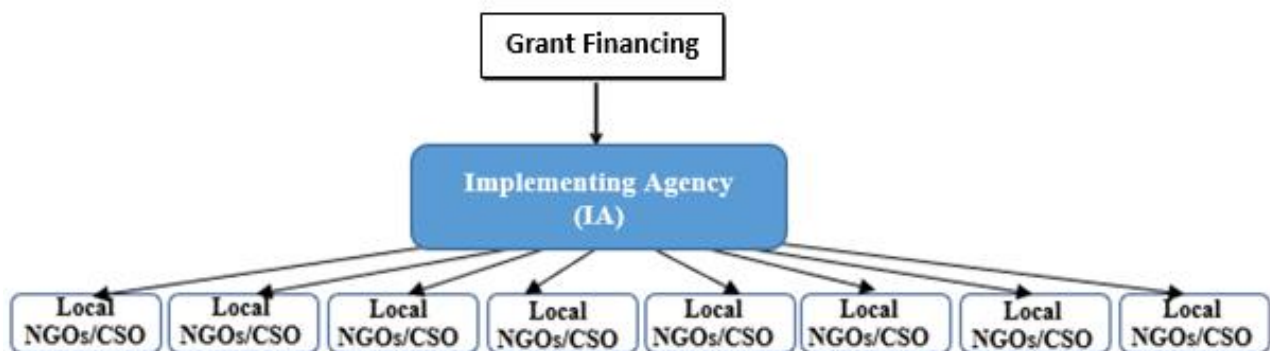
### III. IMPLEMENTATION ARRANGEMENTS

## A. Institutional and Implementation Arrangements

36. As when the Phase I of the Project (SPR) was approved, the operating context in Lebanon continues to see non-governmental and civil society actors play central roles in social recovery and small-scale service delivery. In parallel, government systems remain weak and inadequate for meeting the needs addressed by the project. As such, the proposed phase two operation will continue to see the International Rescue Committee function as the grant recipient and implementing agency. These arrangements are supported by the Government of Lebanon Ministry of Finance (MoF) Non-Objection Letter, reference 3156/51, received by the World Bank Country Director on 21 October 2021 (pertaining to the Phase I of the Project), and were subsequently revalidated by Non-Objection Letter from the MoF, reference 1044/SI, received by the World Bank Country Director 10 May 2024.

37. The architecture of the implementation arrangements (Figure 1) is designed to ensure transparency, legitimacy, and oversight, while at the same time empowering a localized approach to social recovery. Critically, as few local NGOs can meet the World Bank’s fiduciary requirements and standards, such that they could not independently receive and manage grants, a lead implementing agency is positioned as the overall responsible entity. Relationships with local NGOs are subsequently entered into as sub-grant “partnership” agreements with the lead implementing agency. These arrangements remain the same as under the SRP’s first phase.

*Figure 1 - Implementation Arrangements*



38. The IRC was competitively selected for the role of implementing agency role under the Phase I of the Project, in advance of its approval in December 2021. Technically, IRC demonstrates extensive expertise in supporting interventions focused on GBV survivors, psychosocial wellbeing, and persons with disabilities and the elderly. In Lebanon, IRC is already engaged in these three sectors and has expanded their on-the-ground networks and activities implemented through local stakeholders under the ongoing project. Legal and fiduciary due diligence carried out by the World Bank prior to the approval of the ongoing project confirms IRC’s eligibility to sign a Grant Agreement (GA). In parallel, IRC’s institutional commitment to and established systems enable the project to ensure and uphold environmental and social standards commensurate with the World Bank’s policies and requirements.<sup>21</sup> Considered alongside IRC’s satisfactory performance during the first phase of the SRP and unique capabilities retained by IRC that position it well to deliver a second successful phase (e.g. established systems for project oversight, monitoring and evaluation, and environmental and social compliance), the organization shall remain the implementing agency.

39. IRC Lebanon is a branch office of IRC, Inc., a non-profit corporation organized under the laws of the State of

<sup>21</sup> The IRC has been operating in Lebanon since 2012. IRC’s Partnership Excellence for Equality and Results System (PEERS) provides a comprehensive framework for building effective partnerships, including an institutional policy, step-by-step guidance, and tools spanning the partnership lifecycle. The PEERS process enables IRC to work with local partners to identify, allocate and appropriately manage programmatic, operational, financial, and reputational risks, including risks to the people IRC serves and to partners.



**New York, United States of America.** IRC Lebanon is overseen by a Country Director. The Country Director is authorized via power of attorney to represent and conduct business on behalf of IRC, Inc. so that the latter may maintain legal status and carry out its mission in Lebanon. As such, IRC, Inc. will sign the project GA and remain responsible for the implementation of the project, while IRC Lebanon shall be the country-level focal point for the project and provide support in terms of fiduciary and project management and day-to-day administrative activities.

**40. At the level of sub-grantee selection, a multi-leveled approach is employed to due diligence such that any potential risk of engagement with ineligible or illegitimate entities is minimized to the greatest extent possible.**

- a. **Compliant selection process.** At the first level, sub-grant selection of NGOs/CSOs occurred via three pathways – open competitive selection, limited competitive selection, and direct selection – in compliance with World Bank procurement regulations and as outlined in detail within a POM found satisfactory to the Bank under the Phase I of the Project (to be updated for phase 2). As such, actors via the first two pathways are assessed for eligibility according to goodness of fit for the assignment, against a cohort of applicants, according to technical and financial proposals, submitted in response to a request for proposals. The third method of selection, direct selection, sees NGOs with unique capabilities non-competitively chosen for a given sub-grant. In such cases, due diligence is conducted and hands-on provided to ensure these processes adhere to Bank policies and procedures and do not incur unacceptable risk.
- b. **Enhanced vetting.** At the second level, after initial selection but prior to the signature of a sub-grant, IRC conducts detailed vetting in the form of a “Partner Identity and Background Review”. This includes researching any previous IRC partnership with the actor (reviewing process and results, interviewing IRC staff involved); social media and internet scans (of the organization and key personnel); an anti-terrorism compliance check; audit reviews; and reference checks, with both focal points shared with IRC by the partner, as well as with community members/leaders (including at least one women’s group/leader). From this, a detailed due diligence assessment results report is compiled, covering findings on political and non-state actor affiliation, human rights violations, terrorism, incompatible values, exploitation/abuse/corruption/criminal conduct, and poor performance. Any concerning findings are reported to the Bank; at the same time, IRC reports either their decision to implement appropriate mitigation measures or, if risks are deemed not mitigable, to not engage with the partner. In low-risk cases, such as known or established partners, light touch vetting may also be conducted.
- c. **Sub-grantee institutional and capacity review.** Finally, at the third level, IRC conducts a deep dive “Project Partner Capacity Review”, to assess organizational strengths and weaknesses in the areas of organizational governance, program quality, M&E, grant management, accounting & finance systems, cash management, procurement and asset management, personnel and payroll, sub-award management, and environmental and social arrangements (e.g. GM, SEA, Code of Conduct). This forms the basis of the capacity building plan for the organization over the sub-grant implementation cycle. In parallel, the IRC team conducts detailed discussions with the proposed partner to jointly review, confirm and/or propose modifications to the sub-project technical and financial plans. This is to enhance overall quality and expected results. IRC may choose not to proceed with the sub-grant in case any concerns are identified during these processes, in close consultation with the World Bank.

**41. Independent of the SRP 2, but benefitting the project considerably, IRC Lebanon has an extensive track record sustained collaboration with a range of humanitarian, development, private sector, and government actors in Lebanon.** Since 2014, IRC has partnered with UNHCR to deliver child protection and GBV training for nationwide frontline staff, creating a community of best practice and knowledge sharing through routine coaching sessions and workshops. In addition, for the past eight years, IRC has implemented community-based protection programming in northern Bekaa with UNHCR support. IRC also coordinates with UNICEF in the delivery of its multi-sectoral programming

to determine gaps in child protection training needs and avoid overlapping interventions. In 2023, IRC and UNICEF entered a new partnership to deliver UNICEF's nationwide 'Makani- Multi Service Community Centre' in Akkar, alongside its 'Dirassa' school bridging program. Finally, IRC Lebanon: participates in ten programmatic Working Groups at a national or local level (including the Education, GBV, Child Protection, Health and Livelihoods networks); partners with 29 local organizations, three primary healthcare centers, and 2 private sector entities; collaborates with the Lebanese government, at both national and governorate levels, to promote the smooth operation of its programming; and hosts the Lebanese Humanitarian INGO Forum which represents over 65 INGOs in Lebanon, ensuring their voice is heard in national, regional and global fora.

## **B. Results Monitoring and Evaluation Arrangements**

**42. To track progress toward achieving the desired project results, the IRC will monitor and measure PDO-level and intermediate results indicators using the project's results framework.** Within six months of project implementation, baseline data and targets for all agreed results indicators will be verified and confirmed by IRC. IRC, with input from sub-grantee partners implementing project activities, will prepare bi-annual narrative progress reports to track progress made against the project implementation plan and results framework.

**43. The IRC will apply robust monitoring, evaluation, accountability, and learning (MEAL) to make data, monitoring, and client feedback integral to each step of the project cycle.** This is governed by the quality standards of IRC's MEAL Handbook which was updated in early 2021. An IRC Senior MEAL Officer will provide MEAL support for this project. The Senior MEAL officer will act as the liaison between IRC and implementing partners, to ensure quality monitoring and reporting from implementing partners according to the results framework, and to provide support to implementing partners on setting-up grievance redress mechanisms (GRMs). The IRC will review, provide feedback, and consolidate the quarterly reporting of implementing partners to ensure accurate data and reporting to the WB. As needed, the WB will provide adequate TA which will allow strengthening of the existing M&E practices and systems.

**44. Upon the selection of sub-grantee partners, the IRC will conduct an assessment to evaluate the M&E and compliance mechanisms of the selected entities, alongside other aspects, and accordingly develop an M&E capacity-building plan.** The IRC will ensure that sub-grantee partners have appropriate data collection tools to measure the indicators in the results framework set by the WB. Depending on the capacity needs, the IRC will conduct trainings for selected partners on proper and ethical data collection, data analysis, and reporting on indicators. The IRC will also ensure that partners take a role in consulting with beneficiaries on a periodic basis to collect feedback on quality of services provided, using quantitative or qualitative data collection methods such as surveys, focus group discussions, or key informant interviews. Finally, the IRC will support the partners in development of data collection tools to collect feedback from beneficiaries, as well as in the data analysis and reporting of feedback generated, depending on the capacity needs of the partners.

## **C. Sustainability**

**45. The project's commitment to sustainability is realized through its comprehensive approach to capacity building in collaboration with the NGO sub-grantee partners.** Aligned with Strategy100,<sup>22</sup> IRC's strategic plan, the project places a strong emphasis on fostering capacity sharing among local actors, recognizing their pivotal role in crisis response and recovery. This approach is grounded in an approach of mutual learning and capacity exchange, harnessing the technical and operational strengths of all parties to enrich both partners and the communities they serve. By

---

<sup>22</sup> <https://www.rescue.org/resource/strategy-100-brochure>

empowering local actors, networks, and systems, the project enhances their resilience in preventing, mitigating, and recovering from crises.

**46. Indeed, extensive support has been provided to NGO partners under the project to-date, including in the areas of Governance, Procurement Management, Accounting and Finance Systems, Personnel and Payroll, Monitoring and Evaluation, and Intervention Quality.** Every sub-grant partnership is unique, and the project has been tailoring its approach based on an in-depth, systematic, and regular diagnosis of capacity gaps for each partner. These efforts have yielded tangible improvements in participating NGO partners' operational frameworks, thereby amplifying their potential to deliver services of enhanced quality and accessibility. This positive transformation is set to have a cascading effect on their overall ability to provide adequate services and foster sustainable change in the communities within which they engage. This focus on building institutional capacity is fundamental to the project's longer-term sustainability and success and would only be further extended under the second phase.

**47. Below is a summary of the areas of support that the IRC has provided to each partner under the first phase of the Social Recovery Project.**

Areas of Support							
		Governance	Procurement Management	Accounting & Finance Systems	Personnel & Payroll	Monitoring & Evaluation	Program Quality
PARTNERS	KAFA	X	X	X		X	X
	Caritas			X			
	Tabitha	X	X	X			
	ABAAD	X	X	X			
	Red Oak		X	X			X
	Nusroto	X	X	X	X		X
	Embrace	X	X	X		X	
	Mousawat	X	X	X	X	X	
	IDRAAC	X	X	X			
	Makhzoumi Foundation	X		X			

**48. The project will both continue to prioritize sustainability in this manner, while integrating additional measures to extend sustainability contributions during the second phase.** While the project has been geared principally towards providing emergency, near-term support for vulnerable groups to-date, the need for a consolidated exit & sustainability plan is a clear lesson learnt from phase one. Thus, following approval, a deep dive workshop will be held with IRC to devise and agree such an instrument. This conversation shall itself be based upon a preliminary round of consultations conducted by IRC with each of the sub-grantee partners selected under the project. The plan agreed between the IRC and World Bank will be duly reflected as an update to the POM. Further, the project will introduce a “graduation” scheme for NGO/CSO partners receiving capacity building under Component 2. That is, the project will enable national these partners to demonstrate and confirm clear progression across several key areas. This, in turn, is expected to enhance financing attractiveness to other potential donors following the closure of the project. During implementation, the project will work to publicly showcase both successful activities and capacity progression. Nearing closing, the project will explore opportunities for linking graduated sub-grantees with prospective donors.

**49. Finally, discussions will take place with the Lebanon Emergency Social Safety Net Project team on enhancing potential linkages of NGO systems/referral mechanisms for vulnerable groups with the work they are doing to strengthen Social Development Centers (SDCs).**

#### IV. PROJECT APPRAISAL SUMMARY

## A. Technical and Economic Analysis

**50. The project's objective is to expand support for the immediate social recovery needs of vulnerable groups in Lebanon.** The proposed project addresses fundamental recovery needs for those NGOs to enable them to enhance and expand their services to both meet a surge in demand from the most vulnerable population in Lebanon since this time, and amid enduring political and economic fragility, but also to enhance the internal capacity of their own organizations. In addition, the project expects to build the capacity of existing social recovery actors and services to enhance their functionality and quality. Under the proposed SRP phase two, the first-year investments are expected to continue enabling selected sub-grantee NGOs to improve, expand and stabilize their ability to deliver critical services, while the second- and third-year investments will support creating the path towards a sustainable recovery process, which requires improvements in the NGOs' operational expertise, as well as financial and economic abilities, and collaboratively designing and implementing exit strategies with local NGO sub-grantee partners and other stakeholders.

**51. Overall, the SRP 2 expects to provide support to 15,475 beneficiaries (3,500 GBV and child beneficiaries, 8,334 mental health beneficiaries, and 3,641 older persons and persons living with disabilities).** The project would further support material improvements in 4 mental health tools and initiatives; <sup>23</sup> demonstrable improvements in the psychosocial wellbeing of GBV survivors; strong satisfaction with the quality of care received by older persons and persons with disabilities; improved capacity amongst 10 local NGOs with a history of impactful engagement in the sectors supported; and extend benefits to forcibly displaced persons (FDPs) and migrants, who were strongly represented across the areas of acute social vulnerability responded to by the first phase of the project. This includes 81 percent of beneficiaries of GBV and safe sheltering services reached to-date, as well as approximately 35 percent of beneficiaries of the SRP's mental health and healthcare interventions for older persons and persons with disabilities.

**52. Total costs for direct benefits to intended target groups (survivors and those at-risk of GBV, persons facing mental health challenges, and older persons and persons with disabilities) under Component 1 is estimated at US\$4,215,559.** This amounts to a cost per beneficiary of approximately US\$274 and reflects an expected 39 percent improvement in value for money over investments made under Component 1 during the project's first phase (yielding a per beneficiary cost of approximately US\$400). Most notable is significant improvement in value for money expected under activities to support survivors and those at-risk of GBV – i.e. from US\$1,817 per beneficiary under SRP 1 to US\$457 per beneficiary under SRP 2. <sup>24</sup> Beyond this, the project is also expected to contribute to a number of public goods that are not easily quantified (e.g., enhanced quality and accessibility of a number of nationwide social service and support mechanisms that are anticipated to sustain beyond the project closing date, such as Step-by-Step and the Mental Health Hotline).

**53. In parallel, the SRP 2 will sustain investment in sub-grantee capacity building and hands-on project management at comparable levels as under the Phase I project.** Doing so is well founded, noting that investments made under the first phase are assumed to have directly contributed to the SRP 2's improved cost-efficiency. Specifically, this is believed to have stemmed from earlier investment in: (i) establishing, piloting, and refining the sub-grantee financing mechanism; (ii) harmonizing IRC and World Bank systems, processes, and approaches to allow for streamlined partnership at the same time as robust implementation progress; (iii) delivering sub-grantee capacity building and program quality enhancement alongside near-continuous technical assistance, to improve intervention efficiency and quality; and, finally, (iv) deriving lessons learnt from SRP 1 activities to inform project design refinement.

---

<sup>23</sup> Including 4 in the mental health sector (SbS, SH+, MHIW, National Hotline) and 4 in the area of support to older persons and persons living with disabilities.

<sup>24</sup> High costs in this area result from the nature of support provided, i.e. operating costs for shelters providing safe accommodation and an integrated package of case management, legal support, and psychosocial recovery services to survivors over for duration that ranges between short-term (e.g. 1 month) and extended-stay (e.g. 1 year).

**54. The implementation modality of the SRP 2 remains relevant.** The GoL has been lacking a comprehensive approach to support the GBV, mental health, and persons with disability sectors, largely due to fiscal constraints, but also considering the limited technical knowledge of the sector's stakeholders in alternative service delivery modalities. Meanwhile, the social service needs of targeted vulnerable groups remain amid a protracted crisis context. Thus, partnership with the non-governmental and civil society sector to meet these immediate needs and prevent further backsliding is justified in advance of opportunity to support public sector reform efforts. As national many local NGOs do not meet the World Bank's fiduciary requirements and standards to receive and manage grants directly, there also continues to be a need for an appropriate entity to assume the role of grant recipient and implementing agency (IRC). A technical review of the IRC conducted in advance of the SRP 1 remains relevant for the SRP 2. IRC's global and country-level expertise and experience in pertinent technical areas is well noted, alongside the organization's successful delivery of the project's first phase.

**55. The value of World Bank financing for the SRP 2 is also clear.** National fiscal constraints and the broader under-prioritization of the project's intervention sectors by aid flowing into Lebanon see the World Bank's ability to leverage trust fund financing of critical importance in this instance. This is done in a manner such that resources concurrently support efforts to meet immediate development priorities and intersecting national, strategic priorities. Further, the World Bank's ability to convene a range of stakeholders provides unique opportunity to act on the SRP 2's priorities at some scale, while harnessing the experience, expertise and capacity of the NGO sector in Lebanon, and concurrently ensuring that the activity is implemented for the ultimate benefit of the Republic of Lebanon.

## Paris Alignment

**56. The climate mitigation and adaptation risk, as assessed in consultation with the Paris Alignment team, is low.** While the project does not directly contribute to the attainment of the priorities set forth as Lebanon's updated Nationally Determined Contribution mitigation and adaptation 2030 targets, as well as the recommendations of the Lebanon CCDR, it is compliant with them.<sup>25</sup> SRP target groups are predominantly provided benefits at existing facilities (e.g., safe shelters, primary healthcare centers, NGO offices, etc.) or digitally/remotely (e.g., via smart-applications, podcast, social media, hotline). Amongst supported activities, the principal climate risk identified is the potential to contribute to Green House Gas (GHG) emissions, via the pathways of: (i) supporting limited transportation benefits to ensure beneficiary access to services and (ii) support to the operating costs of facilities, which entails generator usage for energy and heating/air-conditioning purposes. No civil works or mechanized labor is supported under the project. A summary of these GHG risk areas is as follows:

- *Transportation.* Support for transportation costs is occasionally provided to beneficiaries in order to facilitate their attendance at a physical site of service (e.g. when GBV safe shelters do not allow third-party service providers to access their facilities, due to safety and security concerns). The project will also support up to 5 Mobile Medical Units (MMUs, vans converted into mobile clinics operating within fixed areas around Beirut, Mount Lebanon and Bekaa) that enable the provision of health services to individuals that may not otherwise be able to receive care (e.g. Mobile Medical Units accessing persons with disabilities who face mobility challenges; they service the shelter for boys under protective measures). In all cases, support provided is based upon consideration of urgent need for service and the absence of appropriate alternatives available to individuals, considering their personal circumstances (e.g. GBV survivors, persons with disabilities). Given these considerations, the assessed risk is low and provision of such support justifiable.
- *Generators.* The project's support to the operating costs of several service facilities (e.g. GBV shelters, mental health hotline) includes use of a generator. It is anticipated that the number of facilities receiving such support will be 10. In each case, the use of a generator is necessary to ensure electricity (and therefore continued provision of services)

---

<sup>25</sup> World Bank. 2024. Lebanon CCDR. p.10

amid frequent power shortages, as well as heating and cooling. Support for the use of generators will further be temporary and timebound, yielding a low risk of negatively affecting Lebanon's low-GHG emissions pathway. Given this, the support meets the conditions to be considered eligible as per World Bank internal guidance ("Energy Sector Note"). Nonetheless, the project will explore the feasibility of integrating renewable energy (e.g., solar panels) to further mitigate GHG emissions. Such support would be offered only if both technically feasible and economically viable.<sup>26</sup>

**57.** Extreme climate events have been considered as relates to their potential impact upon implementation of project activities over the anticipated two-year project life and are found to pose a low risk. Key concerns identified within the Lebanon CCDR were used to guide this exercise. Most of these poses minimal risk to project implementation. Pertinent risks include rising or more extreme temperature variations, risk of rains/floods and landslides, and the poor quality of buildings. Extreme temperatures could further stress the already vulnerable condition of target beneficiaries, placing increased demand on already limited services. They may also increase operating costs of service facilities, due to increased electricity consumption. However, they are unlikely to interrupt implementation. Extreme rains, floods and landslides could impact a limited number of activities where transportation is involved, namely, the operation of the MMUs. These risks, however, are manageable on a case-by-case basis in close coordination with operating partners. Finally, the low quality of infrastructure could be a concern in the case of extreme weather or climate events. This is particularly within the context of safe shelters, which are often repurposed homes of varying standard and may have been subject to sub-standard maintenance due to the limited availability of financing. While significant physical improvement of these facilities is outside the scope of eligible financing under the project, maintenance support is provisioned for within the broad category of "operating costs" to ensure their condition remains at the highest standard feasible.

## **B. Fiduciary**

### **(i) Financial Management**

**58.** The proposed SRP 2 will be implemented in line with World Bank policies that are standard for project implementation, including the "Procurement Framework" issued in July 2016 and revised in November 2020. The Forced Displacement Trust Fund (FDTF), a multi-donor trust fund administered by the World Bank, is the financier of the project. A total of US\$ 5.6 million will be made available to the project from the FDTF. The IRC was competitively selected as the Implementing Agency (IA) for Phase 1 of the project and shall be retained as such under the SRP 2, in light of satisfactory performance. The use of an IA is necessitated by the complexities of working with national NGOs/CSOs, since the majority lack the capacity and expertise required to directly adhere to World Bank fiduciary standards. The IRC shall subsequently make grants and procure services from specialized national NGOs/CSOs. The IRC will take on the role of fiduciary supervision of the subcontracted NGOs/CSOs.

**59. Financial Management Risks.** The financial management risk is rated as **Substantial**. The main financial management risks include: (i) deterioration of the value of the local currency due to high inflation and difficulty in accessing hard currency (mainly USD); (ii) high perception of fraud and corruption in the country; (iii) high turnover in public and private companies' staff and employees; (iv) the project will include the hiring of a number of local NGOs to support in implementing specific activities, the nature and the spread of the activities may increase the risk of misuse of project funds. The following are the measures put in place to mitigate the risks and lower the FM risk to moderate: (i) IRC has gained the needed experience in executing Bank financed projects and has assigned a dedicated team to handle

---

<sup>26</sup> A number of concerns are already envisaged, however; for example, the confidentiality of the locations of GBV safe shelters, as well as the need to ensure the protection of residents, likely prohibits contractors needed to install the technology from accessing the sites.



project implementation; (ii) IRC will use the same designated account in USD used under the the phase 1 project which will provide access to the funds in USD and payments will be made in USD to preserve the value of the funds; (iii); IRC will continue implementing the arrangements and the monitoring and controls agreed upon in the initial financing related to the recruitment of the NGOs (detailed in the internal controls section); and (iv) IRC will recruit an external auditor with TORs acceptable to the Bank to audit the project. Based on past IRC's performance during the Phase I of the project, a Third-party Monitoring Agent (TPMA) will not be required for this phase of the project. IRC will provide the necessary assurance through its own vetting, selection and supervision processes that all sub-grantees make adequate use of project resources in line with Bank policies and procedures and that resources are utilized only for their intended purposes.

**60. Designated Account and Flow of Funds.** IRC will use the same Designated Account (DA) in US Dollars (USD) opened at JP Morgan Chase, New York, under the SRP I. The DA will have a balance of zero before IRC requests the first advance. IRC will also use the same Operating Account (OA) opened at Audi Bank in USD under the SRP I to receive funds from the DA and pay for eligible expenditures. As with the DA, the OA will have a zero balance before transferring any funds from the DA. Funds covering all activities will be channeled directly from the World Bank to IRC's DA, and subsequently to from the DA to OA. This will ensure the availability of fresh US dollars for payments to third parties and project beneficiaries. The funds will then be used to pay for eligible expenditures under the project. Both DA and OA will only be used for transferring funds and making payments under the project. The DA and OA will not receive any funds from other sources nor will be used to channel funds from other sources other than the funds received from the World Bank under the project.

**61. Disbursement Arrangements.** Funds will be disbursed from the World Bank to the DA based on withdrawal application to be submitted by IRC. Advance, reimbursement, and direct payments will be the available methods of disbursement. Funds will be advanced to the DA and then reported/documented using Statements of Expenditures (SOE). The advance ceiling is set at US\$ 900,000. Content and format of the SOE will be included in the Disbursement and Financial Information Letter (DFIL). Interim Financial Reports (IFRs) will be used for financial management reporting purposes. All disbursements provisions and arrangements will be included in the DFIL.

**62. Accounting and Financial Reporting.** IRC will use the International Public Sector Accounting Standard (IPSAS) cash basis for accounting to record the daily transactions and produce the periodical financial reports and yearly financial statements. IRC will use a ring-fenced system with excel spreadsheet and will prepare the Interim Financial Reports (IFRs) and Project Financial Statements (PFS). IFRs will be prepared on a quarterly basis to be submitted 45 days after the end of each quarter. The content and format of the IFR will be the same as the initial financing.

**63. Budgeting.** IRC has prepared a separate budget for the operation. The budget includes details by component and activity in addition to disbursement planning till the end of the project. The budget is in line with the procurement plan. Any revisions or adjustment to the budget will need to be reviewed and cleared by the Bank.

**64. Internal Control.** The Project Operations Manual (POM) utilized under SRP I will be updated and adopted, based upon World Bank review and acceptance, for the purposes of the SRP 2. The SRP 2 POM will be finalized by no later than one month after the effectiveness.

**65.** IRC will implement robust control arrangements vis-à-vis NGOs/CSOs to be recruited as sub-grantees under the second phase of the SRP (as adopted under the project's first phase). These will include the following:

- IRC will include a specific section on sub-grants in the POM detailing the procedures including the selection criteria,

processes, financial management, and procurement.

- IRC will sign an agreement with each of the NGOs. The agreement will specify the activities to be undertaken by each association and will detail the payment mechanisms and deliverables.
- Each NGO will open a separate bank account in USD to receive the funds.
- Payments will be made to the NGOs in tranches based on the payment schedule in the agreement and the submission of financial reports and supporting documentation by the NGOs.
- Each NGO will report back to IRC, on a quarterly basis, on the activities done and utilization of the advance with complete documentation evidencing the proper execution as per the signed agreement.
- IRC will review and clear the financial reports and supporting documents and then release the next advance/tranche.

IRC will have the overall responsibility in ensuring that the funds are used for their intended purposes and will follow up closely on the execution and the reporting.

**66. External audit arrangements.** The Project Financial Statements (PFSs) will be audited by an independent private external auditor acceptable to the World Bank. The audit will cover all aspects of the project and will include all components and will ensure compliance with the POM, review of effectiveness of the internal controls system, and compliance with the Grant Agreement. The audit will be carried out in accordance with International Standards on Auditing. The audit report and PFSs, along with the Management Letter, will be submitted to the World Bank no later than six months after the end of each fiscal year. The audit TORs will be finalized and agreed upon with the World Bank no later than six months after project effectiveness. The external auditor will need to be engaged within six months of project effectiveness.

**67. Authorized signatories.** Authorized signatories will be nominated by IRC for the project to sign the WAs. The names and corresponding specimen signatures will be submitted to the World Bank before the receipt of the first WA (advance to DA). Each WA will be approved and signed by the authorized signatories.

**68.** Fraud and corruption may affect the project resources, and thus negatively affect the project outcomes. The above proposed fiduciary arrangements, including the POM with a detailed FM chapter, additional arrangements for recruitment of NGOs and external audit, will help address the risk of fraud and corruption, which is likely to have a material impact on the project outcomes.

## **(ii) Procurement**

**69. Procurement arrangements.** Procurement under the project will be carried out in accordance with the 'World Bank Procurement in Investment Project Financing, Goods, Works, Non-Consulting and Consulting Services' Fourth Edition dated September 2023, and the provisions of the recipient's Procurement Plan for the project ('Procurement Plan', PP) provided for under section IV of the Procurement Regulations, as the same may be updated from time to time in agreement with the WB. The 'Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by International Bank for Reconstructions and Development (IBRD) loans and International Development Association (IDA) Credits and Grants', dated October 15, 2006, and revised in January 2011 and as of July 1, 2016 ('Anti-Corruption Guidelines'), shall apply to the project.

**70. Implementing Agency.** The project will continue to be implemented by IRC. IRC has managed to build the procurement capacity of the staff/consultants working on the parent project. The procurement performance is moderately satisfactorily under the parent project.



**71. Procurement Risks.** The procurement risk for the project is rated **Substantial**. The main procurement associated risks include the following: (i) the deteriorating socio-economic, financial, and political situation in the country and perception of fraud and corruption; (ii) the lack of responsiveness of service providers due to the fluctuation of local currency impacting costing and pricing; (iii) the sensitive nature of support; and (iv) overlapping efforts between NGOs working on similar initiatives, particularly if the funding is non-LFF, might create confusion for beneficiaries. The following measures are proposed to mitigate these risks: (a) carry out advance planning; (b) maintain a qualified PMU in place and hire additional necessary consultants if needed; (c) maintain a close coordination with the WB task team; (d) ensure the work is synchronized between NGOs across the sectors and communicate this regularly throughout the program.

**72. The project will use a range of tools and procedures to ensure procurement standards across the project lifecycle.** The Systematic Tracking of Exchanges in Procurement (STEP) will continue to be used to plan, record, and track procurement transactions. A Project Procurement Strategy for Development (PPSD) shall broaden the social and employment benefits of the project. A PP will be developed by IRC that defines the prior review and procurement methods thresholds. The plan will remain updated by IRC using the STEP system, reviewed, and cleared by the WB. Once cleared in STEP, the PP will be published on the WB’s website. The project is expected to use the selection methods for goods, non-consulting services and consultants, and will rely upon NGOs to assist in the preparation, management, and implementation of the project due to their knowledge of local issues, community needs and participatory approaches.

### C. Legal Operational Policies

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Area OP 7.60	No

### D. Environmental and Social

**73. The environmental and social risk classification is Moderate and the following ESSs apply: ESS1, ESS2, ESS3, ESS4 and ESS10.** The same ESSs will apply under the new project that applied to the Phase I of the Project, given the nature of works and project activities will remain similar. There are no civil works interventions, significant and/or irreversible impacts expected under this project. The capacity at the implementation agency is adequate. Moreover, the environmental and social performance of the parent project has remained satisfactory throughout the project implementation.

**74. The same institutional arrangement will be in place for the Phase II operation as existed under the Phase I of the Project:** the E&S Specialist and the GBV Specialist will remain in place for the project implementation within the IA unit at the IRC. The E&S Specialist and GBV Specialist were onboard at the start of the Phase I of the Project implementation and have performed satisfactorily. They have attended supplementary capacity building trainings and workshops led by the World Bank team. The IRC team have updated, cleared, and disclosed the following instruments in order to proceed with the Phase II operation: the SEP has been revised to incorporate feedback from a new round of consultations; and the ESCP has also been updated to replace the Phase I of the Project’s ESCP.

**75. The other instruments prepared, cleared, and disclosed under the Phase I of the Project include:** the Social Impact Assessment, the Medical Waste Management Plan, the Labor Management Plan and the Occupational Health and Safety Action Plan. These will be updated, re-disclosed and continue to be implemented under the Phase II operation.

**76. The IRC project grievance mechanism has multiple uptake channels, is functioning adequately under the Phase I of the Project and will continue to be adopted under the Phase II operation.** No accidents or incidents nor SEA/SH grievances were reported under the parent project.

## V. GRIEVANCE REDRESS SERVICES

**Grievance Redress.** Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may submit complaints to existing project-level grievance mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Accountability Mechanism (AM). The AM houses the Inspection Panel, which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures, and the Dispute Resolution Service, which provides communities and borrowers with the opportunity to address complaints through dispute resolution. Complaints may be submitted to the AM at any time after concerns have been brought directly to the attention of Bank Management and after Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's Grievance Redress Service (GRS), visit <http://www.worldbank.org/GRS>. For information on how to submit complaints to the Bank's Accountability Mechanism, visit <https://accountability.worldbank.org>.

## VI. ....KEY RISKS

**77. Based upon consideration of the overall operating environment in Lebanon, the overall project risk remains Substantial.**

**78. Macroeconomic (Substantial).** This reflects the risk level affecting all projects in Lebanon, due to the overall economic crisis and the highly fluctuating exchange rate that has worsened since the beginning of 2021. This was compounded during the implementation of the ongoing project by the economic impact derived from mitigation measures to contain the spread of the COVID-19 pandemic and the damages and losses which resulted from the POB explosion. In the current context of a rapidly depreciating LBP against international currencies and rising inflation, it is important to preserve the purchasing power of project funds, e.g., by maximizing the US dollar value of the funds provided by the WB. To mitigate the foreign exchange and inflation risks, the benefit amount in LBP will be reviewed regularly, or at more frequent intervals if required, by the Bank and the intermediary agency.

**79. Fiduciary (Substantial).** The IRC is experienced in the management of fiduciary aspects of development projects and has performed well in financial management and procurement under the ongoing project. However, considering the complex nature of grants and procurement of services necessary for implementation, careful planning of procurement activities and efficient contract management will be critical. To mitigate these risks, close coordination with the World Bank Task Team and the Implementing Agency will be maintained. Regarding financial management, the Implementing Agency has established a set of financial management procedures for the use of funds for the intended purposes, acceptable accounting and reporting protocols, and mechanisms to address fraud and anticorruption issues under the ongoing project. These will be reviewed and updated to ensure continued good fit for their intended purpose during the

implementation period.

**80. Other (Substantial).** Regional tensions since October 2023 have caused limited escalation of conflict in Southern Lebanon. A broader escalation of tensions and/or conflict events in the region could rapidly and unpredictably augment the national context in Lebanon. Despite this being a substantial risk, the project is well positioned should such a scenario should manifest. The implementing agency, IRC, is an organization well accustomed to working under emergency and FCV conditions; it has sufficient global and country capacity and experience to ensure operations could continue under such conditions, albeit in a risk-appropriate manner.



VIII.

RESULTS FRAMEWORK AND MONITORING

PDO Indicators by PDO Outcomes

Baseline	Period 1	Closing Period
<b>Grievances closed according to the program operational manual (Percentage)</b>		
Apr/2024		Jun/2026
0		90
<b>Beneficiaries receiving social and health services (disaggregated by psychosocial &amp; life skills counselling, medical &amp; educational services, economic support, women, accompanied girls, at-risk boys) (Number)</b>		
Aug/2024	Sept/2025	Jun/2026
0	1,500	3,500
> At-risk boys benefitting from project-improved services in GBV shelters (Number)		
Aug/2024		Jun/2026
0		50
> Women benefitting from project-improved services in GBV shelters and safe spaces (Number)		
Aug/2024		Jun/2026
0		2,200
> Women receiving skills building training, job counseling services, or start-up grants (Number)		
Aug/2024		Jun/2026
0		240
<b>GBV survivors receiving case management services based upon quality SOPs and guidelines who demonstrate an improvement in their psychosocial well-being (Percentage)</b>		
Apr/2024		Jun/2026
0		85
<b>Mental health beneficiaries receiving psychosocial services and support (disaggregated by gender) (Number)</b>		
Aug/2024		Jun/2026
0		8,334
> Beneficiaries of project-supported mental health interventions (Step-by-Step, Self Help Plus) (disaggregated by gender) (Number)		



<b>➤ Beneficiaries accessing the national mental health hotline as a result of project support (disaggregated by gender) (Number)</b>		
Aug/2024		Jun/2026
0		4,674
<b>➤ Businesses participating in Mental Health in the Workplace program (Number)</b>		
Aug/2024		Jun/2026
0		40
<b>Second phase improvements completed to mechanisms and tools for the management of high-risk persons with mental health conditions (Number)</b>		
Apr/2024		Jun/2026
0		4
<b>Older persons and persons with disabilities expressing satisfaction with the quality of Community-Based Inclusive Development received (Percentage)</b>		
Apr/2024		Jun/2026
0		85
<b>Older persons and persons with disabilities beneficiaries receiving physical and psychosocial services (disaggregated by gender) (Number)</b>		
Aug/2024	Sept/2025	Jun/2026
0	1,500	3,641
<b>➤ Persons with disabilities and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)</b>		
Aug/2024		Jun/2026
0		1,334
<b>➤ Older persons and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)</b>		
Aug/2024		Jun/2026
0		2,227
<b>➤ Persons with disabilities completing skills building training and start-up grants (disaggregated by gender) (Number)</b>		
Aug/2024		Jun/2026
0		80
<b>Increased access to quality services for survivors and those at-risk of GBV, children, persons facing mental health challenges, older persons, and persons with disabilities</b>		
<b>Increased quality of services for survivors and those at-risk of GBV, people with mental health challenges, older persons, and persons with disabilities</b>		
<b>Percentage of grievances addressed according to the program operational manual</b>		

**Intermediate Indicators by Components**

Baseline	Period 1	Closing Period
----------	----------	----------------



<b>Development of enhanced capacity building &amp; monitoring and reporting plans for sub-grantee NGOs (Yes/No)</b>		
May/2024		Jun/2026
No		Yes
<b>Total sub-projects signed with recipients (Number)</b>		
Apr/2024	Sept/2025	Jun/2026
0	7	14
<b>Effective and appropriately staffed PMU maintained throughout project (Yes/No)</b>		
Apr/2024		Jun/2026
No		Yes
<b>Technical assistance and institutional strengthening delivered to sub-grantee NGOs based upon capacity building plan (Number of people)</b>		
Apr/2024		Jun/2026
No		Yes
<b>NGO/care workers benefitting from project-provided training (disaggregated by gender) (Number)</b>		
<b>➤ NGO staff receiving GBV Information Management System (GBVIMS) training (disaggregated by gender) (Number)</b>		
Apr/2024		Jun/2026
		40
<b>➤ Persons receiving capacity building training (disaggregated by SbS, SH+, ToT, gender) (Number)</b>		
Apr/2024		Jun/2026
		60
<b>➤ Care workers trained on Self Help Plus (disaggregated by gender) (Number)</b>		
Apr/2024		Jun/2026
		110
<b>➤ Care workers/NGO staff benefitting from capacity building and trainings to enhance services for persons with disabilities and older persons (disaggregated by gender) (Number)</b>		
Apr/2024		Jun/2026
		75
<b>➤ Care givers trained in providing quality care to children under protective measures (disaggregated by gender) (Number)</b>		
Apr/2024		Jun/2026
		40
<b>➤ Persons trained to become national lifeline operators (disaggregated by gender) (Number)</b>		
Apr/2024		Jun/2026
		60
<b>➤ Frontliners/care workers trained on career development support (disaggregated by GBV actors, persons with disabilities, and gender) (Number)</b>		



Apr/2024		Jun/2026
0		17
<b>Public Sensitization Awareness campaign modules on GBV, mental health and disability and old age supported by the project (Number)</b>		
Apr/2024		Jun/2026
		6
➤ Impressions made through public sensitization campaigns (Number)		
Apr/2024		Jun/2026
		800,000
➤ Sampled individuals reached via PSAs demonstrating improved knowledge of subject matter (Percentage)		
Apr/2024		
0		
<b>Sub-grantee NGOs graduating from Institutional Strengthening and Capacity Building program (Number)</b>		
Apr/2024		Jun/2026
0		10
<b>Community Based Rehabilitation Digital Portal Updated and Improved (Yes/No)</b>		
Apr/2024		Jun/2026
No		Yes
<b>National mental health and suicide prevention hotline sustained 24/7 operation during project (Yes/No)</b>		
Apr/2024		Jun/2026
No		Yes
<b>Sub-grants in support for Social Services for Vulnerable Groups</b>		
<b>Other support for Social Services for Vulnerable Groups</b>		
<b>Sub-Grantee Capacity Building for Impact &amp; Sustainability</b>		
<b>Project Management</b>		



**Monitoring & Evaluation Plan: PDO Indicators by PDO Outcomes**

<b>Increased access to quality services for survivors and those at-risk of GBV, children, persons facing mental health challenges, older persons, and persons with disabilities</b>	
<b>Beneficiaries receiving social and health services (disaggregated by psychosocial &amp; life skills counselling, medical &amp; educational services, economic support, women, accompanied girls, at-risk boys) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>At-risk boys benefitting from project-improved services in GBV shelters (Number)</b>	
Description	Unique number of at-risk boys that access project-supported shelters and benefit from project-supported services
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Women benefitting from project-improved services in GBV shelters and safe spaces (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Women receiving skills building training, job counseling services, or start-up grants (Number)</b>	
Description	Number of women completing skills building training programs (vocational training, entrepreneurial training, apprenticeships, job skills), receiving job counseling services, and receiving start-up grants.
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Mental health beneficiaries receiving psychosocial services and support (disaggregated by gender) (Number)</b>	
Description	Beneficiaries supported via SbS, SH+, support to 24/7 national mental health hotline
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Beneficiaries of project-supported mental health interventions (Step-by-Step, Self Help Plus) (disaggregated by gender) (Number)</b>	
Description	





Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Beneficiaries accessing the national mental health hotline as a result of project support (disaggregated by gender) (Number)</b>	
Description	Number of surplus callers to the Lifeline hotline recorded due to extended operating hours possible because of project support (i.e. average callers received during surplus hours)
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Businesses participating in Mental Health in the workplace program (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Older persons and persons with disabilities beneficiaries receiving physical and psychosocial services (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Persons with disabilities and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Older persons and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Persons with disabilities skills building training and start-up grants (disaggregated by gender) (Number)</b>	
Description	Number of persons living with disabilities completing skills building training (vocational training, apprenticeships, job skills) and receiving start-up grants.



Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Increased quality of services for survivors and those at-risk of GBV, people with mental health challenges, older persons, and persons with disabilities</b>	
<b>GBV survivors receiving case management services based upon quality SOPs and guidelines who demonstrate an improvement in their psychosocial well-being (Percentage)</b>	
Description	
Frequency	Mid project and end of project
Data source	Survey and Sub-grantee reports/database
Methodology for Data Collection	Survey and review of documentation
Responsibility for Data Collection	IRC
<b>Mechanisms and tools for the management of high-risk persons with mental health conditions which have been enhanced (Number)</b>	
Description	Measures the completion of a second phas of planned improvements to the SbS, SH+, Lifeline mechanisms, as well as planned improvements to the 4W Mental Health platofrm.
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Older persons and persons with disabilities expressing satisfaction with quality of Community-Based Inclusive Development services received (disaggregated by gender) (Percentage)</b>	
Description	
Frequency	Semi-annual
Data source	Surevy and sb-grantee reports/database
Methodology for Data Collection	End line survey and review of project records
Responsibility for Data Collection	IRC
<b>Percentage of grievances addressed according to the program operational manual</b>	
<b>Grievances closed according to the program operational manual (Percentage)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC

**Monitoring & Evaluation Plan: Intermediate Results Indicators by Components**

<b>Support for Social Services for Vulnerable Groups</b>
<b>Total sub-projects signed with recipients (Number)</b>



Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>NGO/care workers benefitting from project-provided training (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>NGO staff receiving Gender-based Violence Informmation Management System (GBVIMS) training (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Persons receiving capacity building and training (disaggregated by SbS, SH+, ToT, gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Care workers trained on Self Help Plus (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Care workers/NGO staff benefitting from capacity building and trainings to enhance services for persons with disabilities and older persons (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Care givers trained in providing quality care to children under protective measures (disaggregated by gender) (Number)</b>	
Description	



Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Persons trained to become national lifeline operators (disaggregated by gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Frontliners/care workers trained on career development support (disaggregated by GBV actors, persons with disability actors, and gender) (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Public Sensitization Awareness campaign modules on GBV, mental health and disability and old age supported by the project (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Impressions made through public sensitization campaigns (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Sampled individuals reached via PSAs demonstrating improved knowledge of subject matter (Percentage)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Community Based Rehabilitation Digital Portal Updated and Improved (Yes/No)</b>	
Description	
Frequency	Semi-annual



Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>National mental health and suicide prevention hotline sustained 24/7 operation during project (Yes/No)</b>	
Description	Considers whether the lifeline has been able to sustain operations continuously on a 24/7 basis during the project.
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Sub-Grantee Capacity Building for Impact &amp; Sustainability</b>	
<b>Development of enhanced capacity building &amp; monitoring and reporting plans for sub-grantee NGO partners (Yes/No)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Technical assistance and institutional strengthening delivered to sub-grantee NGOs based upon capacity building plan (Number of people)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Sub-grantee NGOs graduating from Institutional Strengthening and Capacity Building program (Number)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC
<b>Project Management</b>	
<b>Effective and appropriately staffed PMU maintained throughout project (Yes/No)</b>	
Description	
Frequency	Semi-annual
Data source	Sub-grantee reports/database
Methodology for Data Collection	Review of project records
Responsibility for Data Collection	IRC



## **ANNEX 1: Implementation Arrangements and Support Plan**

### **COUNTRY: Lebanese Republic Support for Social Recovery Needs of Vulnerable Groups Phase II**

#### **Implementation Arrangements**

1. **The International Rescue Committee (IRC) will be both the recipient and the project implementing agency (IA).** The World Bank (WB) secured the Ministry of Finance’s written non objection on 10 May 2024 (ref: 1044/51) to proceed with such arrangement. As such, IRC will be the formal project counterpart throughout the implementation. Overall management of the project is the responsibility of the IA. The IA is responsible for procurement, financial management, environmental and social safeguards and monitoring and evaluation (M&E), including annual work planning and progress reporting and oversight of the various grants’ schemes under the project.

2. **IRC Lebanon is a branch office of IRC, Inc., a non-profit corporation organized under the laws of the State of New York, United States of America.** IRC Lebanon is overseen by a Country Director. The Country Director is authorized via power of attorney to represent and conduct business on behalf of IRC, Inc. so that the latter may maintain legal status and carry out its mission in Lebanon. As such, IRC, Inc. will sign the project Grant Agreements (GA) and remain responsible for the implementation of the project, while IRC Lebanon shall be the country-level focal point for the project and provide support in terms of fiduciary management and day-to-day administrative activities.

3. **IRC will establish a project management unit (PMU) and will maintain it throughout project implementation.** The PMU will be fully funded and staffed. The PMU responsibilities will include: (i) establishing a selection committee for granting to NGOs; (ii) assessing and selecting eligible NGOs to receive grants; (iii) ensuring that the grant proceeds are channeled to final beneficiaries in accordance with the terms and conditions set forth in the Project Operations Manual (POM); (iv) adhering to all fiduciary and safeguard requirements of the WB; and (v) monitoring and evaluate based on the agreed results indicators.

4. **Project Operations Manual.** IRC will update the POM utilized under the SRP 1 to reflect agreed updates, adaptations, and agreed arrangements under the SRP 2. The POM will be a living document, to be updated from time to time and accepted based upon review by the World Bank task team. In addition to comprehensively describing the operating procedures of the project, the POM shall also detail IRC’s responsibilities, as summarized below:

- Undertake day-to-day administration of overall planning, coordination, technical, fiduciary (i.e. procurement and financial management), monitoring, evaluation, reporting and communication of the activities under the Project.
- Carry out its respective activities under the project with due diligence and efficiency in conformity with appropriate administrative, financial, procurement, technical, environmental, and social practices, under the supervision of qualified and experienced management assisted by competent staff in the adequate numbers.
- Maintain capacity, functional, staffing and resources standards satisfactory to the WB, including inter alia specialists in procurement, financial management, environmental and social standards and M&E.
- Withdraw the proceeds of the grant in accordance with the GA and ensure that the grant proceeds are expended solely and entirely for the intended purposes, for which the financing was provided.



- Prepare and submit an Annual Work Plan and Budget containing all activities proposed to be included in the Project and a proposed financing plan for expenditures required for such activities, setting forth the proposed amounts and sources of financing.
- Ensure that the Project is implemented in accordance with such Annual Work Plan and Budget as approved by the WB.
- Procure goods and services required for carrying out the project and to be financed out of the proceeds of the grant, in accordance with the provisions of the GA, as said provisions maybe further elaborated in the procurement plan (PP) and the POM.
- Upon selecting implementing partners, conduct an assessment to evaluate the M&E and compliance mechanisms of implementing partners and develop a capacity-building plan
- Implement the project in accordance with the provisions of environmental and social instruments and the terms of the WB Anti-Corruption Guidelines.
- Maintain a separate financial management system for implementing the project, (prepare financial statements, and register separately the operations, resources and expenditures related to the project.
- Prepare interim unaudited financial reports for the project, covering the quarter, in form and substance satisfactory to the WB. The IFRs will be prepared and submitted to the WB each calendar quarter.
- Ensure that the Financial Statements for the project are audited in accordance with the GA. Each such audit of the Financial Statements will cover the period of one fiscal year. The audited Financial Statements for each such period will be submitted to the WB.
- Monitor and evaluate the progress of the project and prepare project report in accordance with the GA and based on indicators acceptable to the WB. Each project report will cover the period of one calendar quarter and will be submitted to the WB.

## **Implementation Support**

**6. Formal Implementation Support Missions will occur biannually, approximately every six months.** To the extend possible ISMs will proceed the submission of a bi-annual narrative progress report, accompanied by an updated results framework, and a report on the status of ESCP implementation and other pertinent updates on the project's environmental and social aspects. Hands-on implementation support will be provided remotely (DC based staff) and in-person (Beirut based staff) on a rolling, as-needed basis, to be available at the intensity required to ensure the successful deliver of the operation. A Mid-Term Review mission will occur in September/October 2025 to take stock of implementation progress at the mid-point and assess any need for adjustment or course correction.

**7. The task team shall include the following members:**

- Marcelo Fabre, Senior Conflict & Violence Specialist (Task Team Leader)
- Jeremy Tomlinson, Social Development Specialist (co-Task Team Leader)
- Jocelyne Jabbour, Procurement Specialist (Procurement)
- Noushig Kaloustian, Senior Social Development Specialist (Social)
- Jessey Niyongabo, Environmental Specialist (Environment)
- Rock Jabbour, Financial Management Analyst (Financial Management)
- Daria Goldstein, Lead Counsel (Counsel)
- Murat Cengizlier, Counsel (Counsel)



- Maiada Kassem, Senior Finance Officer (WFA)
- Georges Rjaily, Finance Analyst
- Zeina Azar, Operations Officer
- Zeina El Khalil, Senior External Affairs Officer (Communications)
- Mouna Couzi, Operations Officer
- Lourdes Anducta, Program Assistant
- Rola Assi, Program Assistant