



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
SUPPORT FOR SOCIAL RECOVERY NEEDS OF VULNERABLE GROUPS IN BEIRUT
APPROVED ON DECEMBER 23, 2021
TO
INTERNATIONAL RESCUE COMMITTEE LEBANON

SOCIAL SUSTAINABILITY AND INCLUSION

MIDDLE EAST AND NORTH AFRICA

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ABBREVIATIONS AND ACRONYMS

COVID-19	Coronavirus Disease of 2019
CSOs	Civil Society Organizations
FO	Financial Officer
GA	Grant Agreement
GBV	Gender-Based Violence
GBVIMS	Gender Based Violence Information Management System
GOL	Government of Lebanon
IA	Implementing Agency
INGOs	International Non-Governmental Organizations
IRC	International Rescue Committee
ISR	Implementation Status and Results
LFF	Lebanon Financing Facility
MENA	Middle East and North Africa
MMU	Mobile Medical Units
MOPH	Ministry of Public Health
NCLW	National Commission for Lebanese Women
NGOs	Non-Governmental Organizations
NMHP	National Mental Health Program
OPs	Older Persons
PAD	Project Appraisal Document
PDO	Project Development Objective
PEERS	Partnership Excellence for Equality and Results System
PHC	Primary Health Care Centers
PMU	Project Management Unit
POB	Port of Beirut
POM	Project Operations Manual
PPSD	Project Procurement Strategy for Development
PSA	Public Sensitization and Awareness
SbS	Step-by-step
SH+	Self Help Plus
SOP	Standard Operating Procedures
SPF	State and Peace Building Fund
SRP	Social Recovery Project
ToT	Training of Trainers
USD	United States Dollar
WHO	World Health Organization
WPE	Women’s Protection and Empowerment



BASIC DATA

Product Information

Project ID P176622	Financing Instrument Investment Project Financing
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Environmental and Social Risk Classification (ESRC)

Moderate

Approval Date 23-Dec-2021	Current Closing Date 31-Oct-2023
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Organizations

Borrower International Rescue Committee Lebanon	Responsible Agency
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Project Development Objective (PDO)

Original PDO

To support the immediate social recovery needs of vulnerable groups following the port of Beirut explosion.

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
TF-B7344	13-Dec-2021	05-Jan-2022	04-Apr-2022	30-Jun-2022	2.80	.05	2.75
TF-B7390	13-Dec-2021	05-Jan-2022	04-Apr-2022	31-Oct-2023	5.00	0	5.00

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project Status

1. **Background.** Two grants for a total of US \$7.795 million – comprising US \$2.795 million sourced from the State and Peacebuilding Fund (SPF) and US \$5.00 million from the Lebanon Financing Facility (LFF) – were approved by the Regional Vice President, MNAV on December 23, 2021. These grants finance the implementation of the Support for the Social Recovery Needs of Vulnerable Groups in Beirut project (P176622). This paper proposes a first restructuring of the project to include a partial cancellation of SPF grant resources in the amount of US \$2.745 million and corollary adaptations to the scale and scope of several activities within the project’s three technical sub-components. These adaptations, alongside new information relating to prior assumptions during the project preparation, upon which the expected scale of the project’s benefit was calculated, also warrant revisions to the original results framework. No change in the Project Development Objective (PDO) or project risk category is proposed, however.
2. The Support for Social Recovery Needs of Vulnerable Groups in Beirut project’s (P176622, short name: Social Recovery Project, hereafter SRP) PDO is, and remains, as follows:
 - (a) *To support the immediate social recovery¹ needs of vulnerable groups² following the port of Beirut explosion.*
 - (b) *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 two components strive to meet immediate emergency needs in Beirut and include capacity building 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 current project.*
3. The project was designed in response to Lebanon’s multiple, ongoing crises, which include a compound economic crisis, dealing with the immediate and longer-range effects of the massive Port of Beirut explosion, enduring political and social instability, and the direct and indirect impacts of the COVID-19 pandemic. In this context and noting the currently slim capabilities of government institutions to provide social services tailored to the populations’ immediate and short-term needs, the NGO sector has been an essential lifeline. However, as a result of the concurrent crises, the ability of this 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 for vulnerable groups much exceeds supply, continuing to ensure limited access to and quality of needed services.
4. Given the above context, the SRP is financing the provision of social services in critical intervention areas via subgrants to local NGOs, through an intermediary implementing agency (IA), the International Rescue Committee (IRC), which is able to meet and uphold the Bank’s fiduciary, environmental and social safeguards standards. This

¹ “Immediate social recovery” refers to meeting the short-term needs directly associated with the reasons for vulnerability of groups, who, due to pre-existing exclusion, stigma and service delivery gaps have been less resilient to shocks and more prone to harm following them. The project therefore conceives of an “immediate social recovery” as a necessary emergency intervention that precedes later reform efforts, which in turn will address the systemic social drivers of vulnerability.

² For the purposes of this project, vulnerable groups include women, men and children survivors and at risk of GBV, people with mental health challenges, persons with disabilities and older persons. These groups may also include migrants and refugees working as domestic in Beirut, and who cut across the previously described groups.



implementation arrangement takes into account the central involvement of local non-governmental and civil society actors in recovery and small-scale reconstruction efforts after the Port of Beirut (POB) explosion, alongside their often-limited capacity to meet Bank requirements for direct WB contracting. Additionally, the approach stands to contribute to restoring trust in existing institutions, limiting perceptions of elite capture of service delivery processes, and facilitating greater alignment and cooperation between state and non-state actors involved in responding to the social recovery needs of vulnerable groups.

- 5. The specific vulnerable groups targeted through the project include: (i) survivors and those at-risk of GBV; (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and persons with disabilities and older persons facing limitations related to their physical and/or mental status. Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers are also being targeted across the project’s workstreams, which include:

(a) Component 1: Support for Social Services for Vulnerable Groups Following the Explosion (US\$ 7,305,000)

(i)	1.1: Enhanced Support for Survivors of GBV in Beirut	(U S\$ 3,960,000)
(ii)	1.2: Enhanced Support for Psycho-social Wellbeing in Beirut	(US\$ 1,770,000)
(iii)	1.3: Enhanced Support for Persons with Disabilities and Older Persons	(US\$ 1,575,000)

(b) Component 2: Capacity Building and Project Management (US\$ 490,000)

- 6. **Current status.** A Lebanese Ministry of Finance’s letter of non-objection to the project’s proposed implementation arrangements, dated October 21, 2021, paved the way to advancing the preparation of the project. Appraisal occurred in early November 2021, negotiations on November 23, 2021, and approval was secured on December 23, 2021. The SPF and LFF Grant Agreements were subsequently countersigned by IRC on January 5, 2022. Effectiveness was achieved on April 4, 2022, and a Declaration of Effectiveness letter signed and disseminated on April 8, 2022. Since then, IRC has initiated the recruitment of project staff, established the PMU, finalized a range of tools and arrangements which make possible sub-granting to local NGOs in a manner compliant with World Bank requirements, and initiated two larger subgrants. Due to deep due diligence and capacity assessments to be undertaken for each subgrantee, however, it is expected that sub-grants will begin in the third to fourth week of June 2022.
- 7. IRC’s submission of the first withdrawal applications against both the SPF and LFF grants will see disbursement rise imminently. Due to the short time horizon for utilizing SPF funds prior to the grant closing date (June 31, 2022), which is driven by the closing of the SPF facility, only a slim portion of this grant is projected to be accessed and disbursed. In parallel, use of LFF funds will rise steadily following the end of FY22, at which point those resources become eligible to support GBV services activities (sub-component 1.1, which was intended to be solely financed through the SPF grant until its closing) in addition to all other project activities (sub-components 1.2, 1.3 and component 2).³

B. Implementation Challenges

- 8. **Achieving effectiveness.** The period between approval (December 23, 2021) and effectiveness (April 4, 2022) saw technical discussions take place between the IRC and the World Bank teams, both remotely and in Beirut (March 2022), to ensure the two conditions stipulated in the Grant Agreements (GAs) could be met. These conditions are that IRC: i) adopts a Project Operations Manual (POM), in form and substance satisfactory to the Bank, and ii) hires

³ As per the terms of the disbursement tables in the GAs.



a Financial Officer with terms of reference and qualifications acceptable to the Bank and in accordance with the Procurement Regulations. The challenges encountered while attempting to meet these conditions, and which contributed to the delay in moving to implementation, are summarized below.

- (a) Project Operations Manual (POM). Following two prior rounds of review and revision, an advanced draft POM remained under discussion as of February 2022, with the outstanding issue relating to how IRC proposed to structure its contractual relationship with local NGO subgrantees. Specifically, a clause within the IRC's institutional framework for doing so, the Partnership Excellence for Equality and Results System (PEERS), was understood by the World Bank to fail to establish a client-vendor relationship, thereby resulting in an unacceptable transfer of responsibilities to the sub-recipient. A pathway for resolving this issue was nonetheless outlined within a meeting with the IRC project team and IRC's MENA Regional Vice President on February 23, 2022, and a resolution agreed by early March. The final POM was submitted and adopted by IRC on March 29 and April 4, 2022, respectively.



(b) Recruitment of Financial Officer. Meanwhile, the recruitment of a financial officer (FO) by IRC experienced a significant setback in March, as the POM was being finalized, when the initially identified candidate turned down the offer. A re-advertising of the post set the timeline back significantly, in part, due to the Lebanese laws requiring employees to provide a fixed notice period to their current employer (e.g. prior to being able to assume the IRC FO post). As a stopgap measure, the World Bank and IRC teams agreed that IRC would designate a current IRC financial management specialist as an interim project FO, allowing for the lifting of the second effectiveness condition. IRC further decided to finance the position from funds other than project resources to expedite the procurement process and ensure the roving finance could be in-post as soon as possible. This was achieved as of March 17, 2022.

9. **Timeline for SPF Grant Use.** As detailed in the minutes of negotiations, the IRC and World Bank teams have, since late 2021: “shared their concerned that with the extended preparation period and with a limited timeframe for implementation of the SPF grant [grant closing date of June 30, 2022], there may be not enough time to fully utilize the SPF resources, which are limited to be used for the GBV component.”⁴ These concerns have only deepened since effectiveness, with no disbursement against SPF resources observed to-date. This is in part due to start-up efforts focusing on staffing up the project, establishing the PMU, hand-over from an interim to a newly selected project lead, launching the procurement processes for subgrantees with documentation acceptable to the Bank, and, finally, the detailed due diligence and capacity assessments of local NGO subgrantees which must be implemented prior to the signing of subgrantee contracts with selected entities.

C. Justification for Restructuring.

10. Given the above status, and as a condition articulated by IRC in February 2022 of continuing to implement the project, it was agreed that a restructuring should take place with the objective of cancelling the amount of SPF funds expected to be unused and to realign the project work plan and results accordingly. First and foremost, this allows for the recalibrating of the project scope and targets in light of the now imminent cancellation of a large share of the SPF funds. Additionally, doing so eases concerns regarding reputational risk to IRC, resulting from the possibility of being seen to have underdelivered, when delays have been due to factors which are not reflective of the organization’s implementation capacity, technical competence, or performance. The intent to restructure the project was further reviewed and confirmed during a mission in mid-April 2022, as documented both within the project’s first Implementation Status and Results Report (ISR) and the resulting Aide Memoire and accompanying Management Letter.

11. So that the financing gap created by the partial cancellation does not disproportionately impact the project’s work to enhance support to survivors of gender-based violence (GBV), for which SPF resources were exclusively earmarked, the restructuring paper also proposes a reallocation of LFF resources between disbursement categories. In practice, this sees LFF resources utilized at a more intensive rate to support GBV activities, as compared to the initial agreed arrangements. It does not, however, represent the opening of a new cost category under the LFF grant, which is positioned in the existing legal agreement to support GBV work following either the full disbarment or closing date of the SPF grant.

⁴ Agreed minutes of negotiation, paragraph 7. November 23, 2021.



- 12. Thus, this restructuring will address (i) the budgetary and financial impact of the closing of the SPF grant; (ii) the necessary changes in scope, targets and results; and (iii) minor adjustments in terminology and performance indicators. There will be no changes to the Project Development Objective or the project assessed risks.

II. DESCRIPTION OF PROPOSED CHANGES

A. Summary of Funds to be Cancelled and Changes Proposed

- 13. To preserve the project’s core objectives of helping to meet the immediate social recovery needs of vulnerable groups, while piloting a mechanism for enabling and building the capacity of non-governmental stakeholders in critical sectors, reductions in the scope of project activities are to be spread across all components and sub-components. Doing so protects against the financing shortfall implicating Sub-component 1.1 (Support for Survivors of GBV) and related operating costs only, for which all of the SPF grant award was earmarked), and allows for the project to deliver benefits much as initially expected, albeit at a reduced scale.
- 14. A cancellation of SPF grant funds in the amount of US \$2.745 million is requested as part of the restructuring, given the imminent closing of the grant and that very limited funds have been spend against this source of funding to-date. **The result is a 35% reduction in the project’s overall financing envelope.** At the level of the project’s various workstreams, this yields a 54% reduction in financing for Subcomponent 1.1, and 7.7% and 23.6% reductions in financing for Subcomponents 1.2 (Support for Psycho-social Wellbeing in Beirut) and 1.3 (Support for Persons with Disabilities and Older Persons), respectively. Meanwhile, Component 2 (Capacity Building and Project Management) sees a 29% reduction in financing.⁵

Component 1: Support for Social Services for Vulnerable Groups Following the Explosion	Old budget (US \$ m)⁶	New budget (US \$ m)	Change (%)
<i>1.1: Enhanced support for Survivors of GBV</i>	3.67	1.68	-54
<i>1.2: Enhanced Support for Pyscho-social wellbeing in Beirut</i>	1.72	1.59	-8
<i>1.3: Enhanced Support for Persons with Disabilities and Older Persons</i>	1.53	1.16	-24
Component 2: Capacity Building and Project Management	0.88	0.62	-29
TOTAL	7.80	5.05	-35%

- 15. While proposed scale-downs across almost all activity areas ensure the project continues to be able to deliver improved quality social recovery services in a holistic and integrated manner, compromises have had to be made. Specifically, the key cost-saving adaptations to the workplan include reductions to: i) the number of beneficiaries

⁵ When comparing IRC’s approval stage and restructured project budgets.

⁶ The figures in this column differ from the PAD as it reflects IRC’s initial project budget, which, following the project’s approval, had already began to account for the short time-horizon for utilizing SPF funds (reducing overall spending on Sub-component 1.1). In parallel, IRC chose to integrate technical operating costs relating to the sub-components into Component 2 figures, seeing that figure enlarged as compared to the PAD.



to be targeted, including through targeting fewer facilities and/or service delivery programs than initially projected, so as to prioritize the maintenance of quality, sustainable services, and; ii) activities which would result in increased awareness of the availability of such services, given the project will not be able to raise supply to the extent that it had originally planned to meet the already high demand, rendering such aspects redundant.

16. Though targets in some areas fall markedly as a result, the project's prioritization of quality over quantity amidst a reduced envelope ensures the PDO of supporting the immediate social recovery needs of vulnerable groups following the POB explosion remains attainable. However, one of the two PDO-level indicators set forth in the PAD does require minor revision. Rather than seeking to deliver "Increased access to services..." the project now proposes to furnish "Increased access to quality services for GBV survivors, people with mental health challenges, older persons and persons with disabilities."

B. Detailed Description of Adaptations Proposed

17. **Component 1. Support for Social Services for Vulnerable Groups Following the Explosion (Restructured: US \$4,430,000).** As per the description in the PAD, this component will continue to finance NGOs to provide social services to vulnerable groups affected by the crises, including: (i) survivors of GBV; (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and persons with disabilities and OPs facing limitations related to their disabled or elderly status. Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers will also continue to be targeted across workstreams and beneficiary groups.
18. While the proposed restructuring affects the scale of almost all activities initially proposed, the overall framework of social service support delivered under the project continues to comprise the following subcomponents: (i) Subcomponent 1.1: Enhanced Support for Survivors of GBV in Beirut; (ii) Subcomponent 1.2: Enhanced Support for psycho-social wellbeing in Beirut; and (iii) Subcomponent 1.3: Enhanced Support for persons with disabilities and OPs. This preserves the spirit of an integrated social recovery response, as envisioned by the project at concept, which accounts for and moves to address the intersectionality of vulnerability in present day Beirut.
19. The reduction in scale also does not affect the implementation modality, which entails subgrants and service agreements to be made by the implementing agency to local NGOs. A minimal reduction in number is, however, proposed – **from 19 (existing) subgrants to 17 (restructured)**. As such, the project continues to offer a lifeline of support to a similar footprint of local NGOs involved in the various social recovery sectors targeted, as compared to the initial design. This lays the foundation for scale-up aimed at rapidly increasing beneficiary numbers, should additional financing become feasible and available. Meanwhile, the retention of a broad capacity building scope ensures little impact upon the project's sustainability prospects.
20. **Subcomponent 1.1. Enhanced Support for Survivors of GBV in Beirut (Restructured: US \$1,680,000).** The SPF grant of US \$2.795 million was earmarked in its entirety to support this subcomponent and related operating costs, equating to 70% of the initially proposed US \$3.96 million envelop for subcomponent 1.1 (as detailed in the PAD).
21. The following proposed adaptations, complemented by those described under Subcomponents 1.2 and 1.3, however, allow for the reduction of financing to this component to be limited to only 54% from the original funding level. This, together with corrections to the assumptions underlying projected beneficiary numbers, as detailed below, and a reduced timeline for implementation given delayed start, will see subcomponent's 1.1 target for the provision of holistic services in line with international good practices drop markedly. Specifically, it now aims to support 837 individuals, including at least 45 boys under protection orders and 484 women survivors of GBV



benefitting from project-improved services in shelters, as compared to the previous targets of 2,750 beneficiaries, 180 boys and 960 women, respectively. A significant reduction in service delivery that could be easily reversed should additional resources become available in the future.

22. The following principles guided the assessment and identification of an appropriate scale-down strategy for subcomponent 1.1:
 - (a) Reduce the number of shelters for survivors and those at-risk of GBV to be supported, in favor of being able to continue to ensure and enhance delivery of integrated, holistic care.
 - (b) Prioritize manageable caseloads within facilities to be supported to maximize sustainable recovery prospects for beneficiaries, while limiting risks linked to over-commitment and delivering inadequate services.
 - (c) Integrate capacity building, training, and mentoring on Standard Operating Procedures (SOPs) and case-management into shelter support subgrant(s), when possible, to realize better value for money.

23. This strategy is as follows:
 24. **Subcomponent 1.1.1: Non-governmental support for social services for survivors and those at-risk of GBV.** The number of small-scale shelters for women and children to be supported is to be reduced from 8 to 4. This will generate cost-savings to the project, while the unit cost of support to a single NGO hosting a single facility remains constant. These facilities are smaller than initially assessed, able to accommodate approximately 3 to 5 families each at once, and beneficiary turnover has also been understood to be slower than initially projected. Meanwhile, the project will continue to support 1 NGO (unchanged) which runs a medium/large shelter for women and children as initially envisaged. This is a facility which is projected to be able to provide service to around 80 beneficiaries per year, though that number depends upon a range of variables beyond the project's control, such as turnover rates, permanent alternative accommodation options, and so forth.

 25. In contrast to the cost-savings of the small shelter, the costs directed towards the NGO running a medium/large facility are increased by double. This is on account of two factors. First, discussions as part of the procurement process have revealed that the operating costs of the facility are higher than initially anticipated. Second, these exchanges revealed that the NGO is well positioned to undertake complementary capacity building, training and mentoring activities aimed at improving case-management, updating and mainstreaming national GBV SOPs, and supporting the use of an improved GBVIMS (discussed further below, see paragraph 27). Use of this larger share of resources is justified by the better economy of scale realized. Specifically, support to the larger shelter allows for a more tightly integrated support package to be delivered to a larger number of beneficiaries over the project's remaining lifespan (as compared to using resources to support additional small shelters instead).

 26. The scale of support for the establishment of a shelter for boys under protection order is also reduced markedly, as a result of both the financing shortfall and the decreased timeline for implementation. Whereas, initially conceived, this activity aspired to part-finance either extending space in existing facilities for boys under protection orders or upgrading a former detention center to become a center for such boys, the subgrant will now focus on delivering support to enhance an existing shelter for boys under protective orders without increasing caseload capacity. In parallel, the development of a set of tools that would support the proper functioning and mitigate risk of child rights violation in boys' shelters will be dropped as a standalone activity, becoming instead integrated into support envisioned to enhance the quality of services within targeted shelters.



	Pre-restructuring			Restructured		
	Number targeted	Projected unit cost (per shelter, US \$)	Total (US \$)	Number Targeted	Projected unit cost (per shelter, US \$)	Total (US \$)
<i>Small Shelters for Women and Children</i>	8	124,000	992,000	4	121,000	484,000
<i>Medium/Large Shelter(s) for Women and Children</i>	1	312,000	312,000	1	668,000	668,000 ⁷
<i>Shelter for Boys under Protection Orders</i>	1	223,000	223,000	1	153,000	153,000
			1,527,000			1,305,000

27. In line with this approach, the project continues to prioritize support for cross-cutting services that will enhance the quality of care and support offered within the various targeted shelters. Assistance will continue to be offered for the provision of education for children accompanying women in existing facilities, as well as with the provision of medical services for women and children. Despite no change in intended scope or purpose, the subgrant values have been reduced by between 50 and 60%, proportionate with the overall impact of the shortfall on the subcomponent, and in line with both the reduced implementation timeframe and number of shelters to be supported.

28. **Subcomponent 1.1.B: Training and capacity building of NGOs and social workers.** The core activities envisioned as part of this workstream within the PAD and outlined within the adopted POM include:

- (a) Capacity-building, training, and ongoing mentoring with full range of adapted tools, materials, training, and coaching for service providers in the non-government and public sectors.
- (b) Adoption of Standard Operating Procedures (SOP) and protocols for supporting different categories of GBV cases, including on safe and integrated digital case management systems and protocols. This will include supporting the implementation of quality GBV case management, including technical support and supervision for GBV response staff/case workers, as well as promoting the integration of Women’s Protection and Empowerment (WPE) tools and concepts to these processes. Moreover, the support will include a comprehensive integrated package of primary and secondary health care referral services through the available Ministry of Public Health (MoPH) networks and responding to specialized needs of boys and girls survivors of GBV, as well as children from survivors. Additionally, discussions would be convened with all stakeholders to consider adopting the SOP as a permanent component of case management, thus ensuring sustainability of services during any emergency or period of constraint.
- (c) Offering support towards improving GBV Information Management Systems (GBVIMS), including efforts aimed at upgrading the GBVIMS to a more user-friendly and easy-to-access version; providing further training to enhance skills related to preserving the security and confidentiality of data shared by survivors; and operating

⁷ The increase of this unit cost is explained by the integration of complementary activities into the subgrant scope of work, as well as improved information on actual operating costs of the facility to be supported.



and maintaining safe and integrated digital case management systems, as well as public information sharing and complaint management mechanisms.

(d) Training for staff/volunteers responding to the national hotline as well as other front liners on GBV Core Concepts and Safe Referrals.

29. As noted within paragraph 23, cost-savings have been realized by integrating the activities described under 26. (a) – (c) into an enlarged subgrant, under the umbrella of support to a medium/large GBV shelter.⁸ This delivers exceptional value for money, as the NGO in question is the leading non-governmental entity in Lebanon currently collaborating with the National commission for Lebanese Women (NCLW) and the Ministry of Social Affairs to facilitate revisions and improvements to the GBV case management national SOP.
30. Specifically, with project-support, the identified NGO will: i) help update the National GBV Standard Operating Procedures (SOPs), by developing and submitting revised version to the relevant ministerial entities and the implementing agency; ii) assess gaps and needs of case workers/NGO staff and other sectoral front liners on GBV SOPs, including on safe and integrated remote case management, culminating in the submission of an assessment report, a capacity building plan, and a schedule of trainings to be implemented; and iii) assisting in building the capacity of case workers/NGO staff and other sectoral front liners on GBV SOPs, including safe and integrated remote case management.
31. The target number of case workers and front liners reachable, however, is reduced due to the shortened timeline for implementation and the reduction in overall budget. As a direct result, fewer initial trainings will be possible following the expenditure of existing resources on the development of improved tools and resources, seeing only 150 case workers and frontliners benefitting as compared to the 320 initially projected. Nonetheless, the efforts of the project reduce considerably the cost of any subsequent efforts to mainstream training through its investment in the upstream costs associated with the development and endorsement of GBV SOPs.
32. In the area of project-support to improving the GBV IMS and its use, the implementing agency has opted to take lead on this without offering a dedicate subgrant. This is appropriate given its considerable experience in this sector, both in Lebanon and globally, with the latter especially noteworthy when considering the intention of the project to deliver a standard of care aligned with international best practice. Nonetheless, local NGOs are envisioned to participate in this process, through trainings and otherwise. Little reduction in targets therefore results from this area of savings, with the former aim of 90 NGO staff training in GBVIMS reduced by only 2 to 88.
33. Finally, the project will continue to support trainings for staff and/or volunteers responding to the national GBV help hotline. This will be offered as a subgrant, also, but at a considerable reduced value to preserve other core workstreams described above, and to ensure strong performance remains possible in extending the quality and character of services available.
34. **Subcomponent 1.1.C: Communications campaigns.** This workstream is significantly adapted within the restructuring, seeing only one GBV focused campaign planned in place of four as previously conceived. The logic underlying the proposed change is twofold. First, following a thorough assessment of the sector, the implementing agency notes that demand for available GBV support services presently far exceed existing supply. As such, while a public sensitization awareness campaign remains important, additional campaigns intending to generate

⁸ This subgrant is in advanced negotiations stage and expected to be signed imminently.



increased awareness of available services could work to overload service providers and/or raise public expectation of service availability when it remains limited. Second, a market assessment conducted by the implementing agency found that the costs of national communications campaigns are prohibitively high, at approximately \$50,000 per campaign. As such, the decision was reached to pursue one integrated campaign. Messages targeting migrants and domestic workers will be folded into this reconceptualized single campaign.

35. Meanwhile, to make up for these cuts, the project will explore and identify options for opportunities for enhanced citizen engagement and particularly those that might enable improved transmission of key information regarding GBV issues and services through existing or easily implementable feedback and engagement mechanisms.
36. **Subcomponent 1.2. Enhanced Support for Psycho-social Wellbeing in Beirut (Restructured: US \$1,590,000).** Minimal adaptations are proposed under this subcomponent, **seeing only an 8% reduction in financing.**⁹ As such the spectrum of work and composite activities initially envisaged remain intact. As described in the PAD, project support to improving the psychosocial wellbeing of vulnerable individuals and households in the Greater Beirut focuses on two key intervention areas:
 - (a) Fine tuning/adaptation of SbS program and roll-out of the program to support provision to a range of target groups including youth, persons who have lost livelihoods, persons with disabilities and migrants in Lebanon. SbS is a guided e-self-help intervention that delivers psychoeducation and behavioral activation alongside therapeutic practices for the benefit of communities affected by adversity.¹⁰ As noted above, it was developed and piloted during a previous collaboration between WHO and the National Mental Health Program, more than four years ago, but has been delayed in transitioning to a phase of implementation research due to enduring resource challenges.
 - (b) Adaptation of Self Help Plus (SH+) to the local context and roll-out of the program to target groups including health workers and NGO workers as well as the development of a protocol for online delivery in English and Arabic. SH+ is a self-help intervention involving pre-recorded audio and illustrated content and non-specialist, briefly trained facilitators. It enables the delivery of psychological stress management services to groups of adversely affected populations in conflict and crisis- affected contexts.¹¹
37. Additionally, the subcomponent will finance support the extension of the hours of the national mental health helpline, as part of efforts to extend access to services to improve the psychosocial wellbeing of vulnerable individuals and households. This will take place by building the capacity of community volunteers to become lifeline, providing social work response for the management of complex cases, and strengthening the National Lifeline's network through mapping of existing and new mental health and livelihood related community-based services, which may facilitate improved referrals and heightened complementarity of support and recovery services.
38. The project will also continue to enable the development and piloting of a program training managers and small business owners on how to support the mental health of their staff, as well as sensitization and awareness activities

⁹ Calculated between IRC's approval-stage project budget and the restructured budget.

¹⁰ Carswell, Harper-Shehadeh, Watts, Hof, Ramia, Heim, Wenger, and van Ommeren. 2018. "Step-by-Step: a new WHO digital mental health intervention for depression." National Library of Medicine. Accessed online: <https://pubmed.ncbi.nlm.nih.gov/30225240/>

¹¹ <https://www.who.int/news/item/23-01-2020-guided-self-help-intervention-reduces-refugees-psychological-distress-and-improves-wellbeing-in-humanitarian-crises>



to help raise mental health awareness in general and specifically for participation in SbS and SH+ interventions. This latter activity supports the operationalization of the community component of the NMHP strategy.

39. While the scope of work to be performed therefore remains closely aligned with the PAD, the restructuring must nonetheless account for the implications of i) improved information learned during recent discussions with prospective subgrantees and collaborators relating to the scope of work in each intervention area; and ii) the reduced time horizon for implementing the project.
- (a) *SBS and SH+*. On the scope of work, recent dialogue between the implementing agency, the prospective NGO subgrantee to lead on SbS activities and the National Mental Health Program (NMHP) within the Ministry of Public Health (MoPH) clarified that the number of e-helpers to receive advance training and capacity building is 8. These are staff who are already identified and engaged on SbS activities in coordination with the NMHP. In parallel, it is now expected that facilitators for SH+, whom shall be trained as part of a planned subgrant for services to develop and initiate the piloting of that platform later in the calendar year, will number up to 40 (10 receiving ToT and 25-30 to receive training from a ToT graduate). Given these figures, the implementing agency recommends a revision in the intermediate target of persons receiving capacity building and training in these areas from 75 (PAD stage results framework) to 48.
- (i) The reduction in expected number of facilitators and e-helpers combined with the lesser duration to implement the trainings on account of the delayed start to implementation prompts a reduction in number of those who are expected to benefit from SbS and SH+ interventions, from 5,500 to 3,400. Specifically, the NMHP expects that support to SbS should help serve approximately 2400 beneficiaries over the project lifespan. With SH+, it is expected that 50 groups of up to 30 participants will resulting in an additional 1000 beneficiaries.
- (b) *National Mental Health Hotline*. In parallel, support pertaining to the national mental health hotline aimed to enable the extension of its hours to 24 hours a day, 7 days a week, is projected to lead to a significant increase in beneficiaries served – an estimated 200 per month, or at least 3000 over the lifespan of the project. These results can be integrated into the overall PDO level indicator of “Mental health beneficiaries receiving psychosocial services and support.” Considering these alongside the reduced SbS and SH+ targets above, this yields an overall increase in project beneficiaries at this level, from 5,500 to 6,400.
- (c) *Piloting program for training of managers and small business owners on mental health*. Initial discussion with the NMHP on this planned activity led to the target of 50 businesses to be reached over the project cycle. However, achieving this target relied upon the assumption that the project timeline would allow for an extended roll-out period after developing and piloting them materials and training trainers to implement the program. Given the delay, NMHP believes the roll out time will be halved, resulting in the proposed new target of 25 businesses/managers in place of the prior target of 50.
- (d) *Public Sensitization Awareness on mental health and migrant domestic workers & training for migrant and refugee CSOs working with domestic worker*. In addition to integrating PSA activities and objectives into the subgrant focused primarily upon development and implementation of the SbS platform and support to the national hotline, the project provisions for a separate subgrant to engage an NGO in the targeting of migrant domestic workers, to ensure these groups are included and reached in line with the spirit of the project.



40. **Subcomponent 1.3. Enhanced Support for Persons with Disabilities and Older Persons (Restructured: US \$1,160,000).** This is smallest and presently least advanced subcomponent in terms of implementation preparations. As such, the 24% reduction in financing to be disbursed against the workstream is largely driven by a logic of proportionality to the overall financing shortfall of the project and helping to insulate against unbearable reductions in scale of core activities under subcomponent 1.1. Regardless of the reduced envelope available for the workstream, its workplan remains by and large in-tact, though now positioned to deliver at a reduced scale.
41. Specifically, the activity will entail three subgrants and the contracting of a technical consultant (implementation modality is unchanged) to implement the following key interventions:
- (a) *A local pilot participatory needs assessment.* Localized solutions to the needs of persons with disabilities and older persons will only emerge if those in the community are engaged in a participatory manner from the outset in understanding their needs. Pilot participatory assessments will collectively undertake this process and will be facilitated by organizations and/or a consultant with strong local buy-in and technical expertise.
 - (b) *Identify a specialist organization to coordinate the selection and delivery of trainings on community-based approaches and at-home therapies:* The selected subgrantee will work closely with disability leads at the World Bank Lebanon country office, and with external specialists, for instance the WHO, to deliver the trainings below.
 - (c) *Training of caregivers and laypersons to deliver at-home therapies including physiotherapies:* Caregivers and lay individuals will be trained in the administering of at-home therapies, with deliberate efforts to include lay persons from often overlooked population groups. For instance, women and widows have been targeted in programming elsewhere to be trained and to deliver these services. This training will be conducted in the Beirut Governorate area within the period of 12 months.
 - (d) *Develop peer-to-peer activities and self-help groups:* Establish mutual support groups amongst trained lay persons, caregivers and Persons with Disabilities and older persons themselves. This measure is designed to pool resources (both physical, in terms of assistive devices, and human) and maximize effectiveness in the treatment of Persons with Disabilities and older persons in the community.
 - (e) *Support MMUs to conduct outreach to community:* Under the countrywide Primary Healthcare Network (department) within the MoPH, organizations that are offering primary healthcare services through MMUs will also be supported in their community engagement activities. The PHC centers rely on a combination of MMUs and outreach services to ensure that Persons with Disabilities and older persons affected by the blast are identified and are offered key primary healthcare services, filling any gaps left by the initiative and PHC centers.
42. As a result of the proposed reduction in funding and implementation duration for each activity, a corresponding reduction in the number of older persons and persons with disabilities to receive physical and psychosocial services as a result of the project will also occur. Specifically, this number will decrease from 1,500 to 1,150, comprising 350 persons with disabilities (previously 500) and 800 older persons and their families (previously 1000). The number of care workers/NGO staff benefiting from capacity building and trainings to enhance services for persons with disabilities and older persons is also projected to decrease from 200 to 120. These numbers are based primarily on the principle of proportionality to the overall reduction in funds available.
43. **Component 2. Capacity Building and Project Management. (Restructured: US \$620,000).** This component remains functionally intact and without notable adjustment as compared to the PAD. However, it is nonetheless important



to provide a brief explanation for the notable increase in dollar value of this component over the \$490,000 listed in the PAD. This is driven by the fact that the implementing agency includes staff and consultant costs functionally associated with technical support under the above-described components within the component 2 budget line. A clear and good example is an older persons and persons with disability consultant who is to take responsibility in part for the delivery of the activities discussed immediately above. Further, technical specialists in GBV, health and child protection, who will play a leading role in advising and supporting subgrantees in delivery of improved quality services are similarly accounted for here.

44. **Results Chain.** Noting the above, a number of minor adaptations in the results framework is proposed. However, this is not believed to impact the previously articulated results chain, as follows, and as articulated in the PAD:

(a) The Social Recovery interventions are an essential immediate term lifeline support extended to the NGO sector so that they can provide services in the immediate to short term. The NGO sector has been gravely impacted by the economic and banking crises, a severe balance-of-payments deficit, recurring social unrest and the onset of COVID-19, which exposed and exacerbated pre-existing vulnerabilities. Further, the POB blast has aggravated losses that were already driven by the economic and health shocks and caused severe interruptions in the delivery of NGO services, but also for services targeting these sectors delivered by the Government. The objective of this project is achieved in the short term due to its nature as an emergency activity targeting only the POB blast impact. Immediate support will have to be followed in the longer term by political reform and increased resources by the GoL within each of these intervention sectors.

(b) The interventions allow for investments that prioritize vulnerable beneficiaries. Specifically, the program provides phased assistance to NGOs in order to: (i) maintain critical services in the intervention sectors; (ii) enable the enlargement of their activities, so that they may provide a greater array of services to beneficiaries; (iii) improve the ability of case workers working in the intervention sectors, through trainings, to deliver, manage and access services and programs; and (iv) capacitate organizations working in the intervention sectors and increase levels of resilience and sustainability. The multi-sector approach pursued by the project is based upon detailed analysis of priority needs for vulnerable groups and the current gaps in services for the proposed beneficiary groups. This approach both helps to mitigate the risk of perceptions of exclusion and/or elite capture within the public response and helps build greater overall alignment between national non-governmental and public service delivery efforts

(c) The scope of the long-term impact and goal – sectoral reform – will be more measurable with the increase of funds.

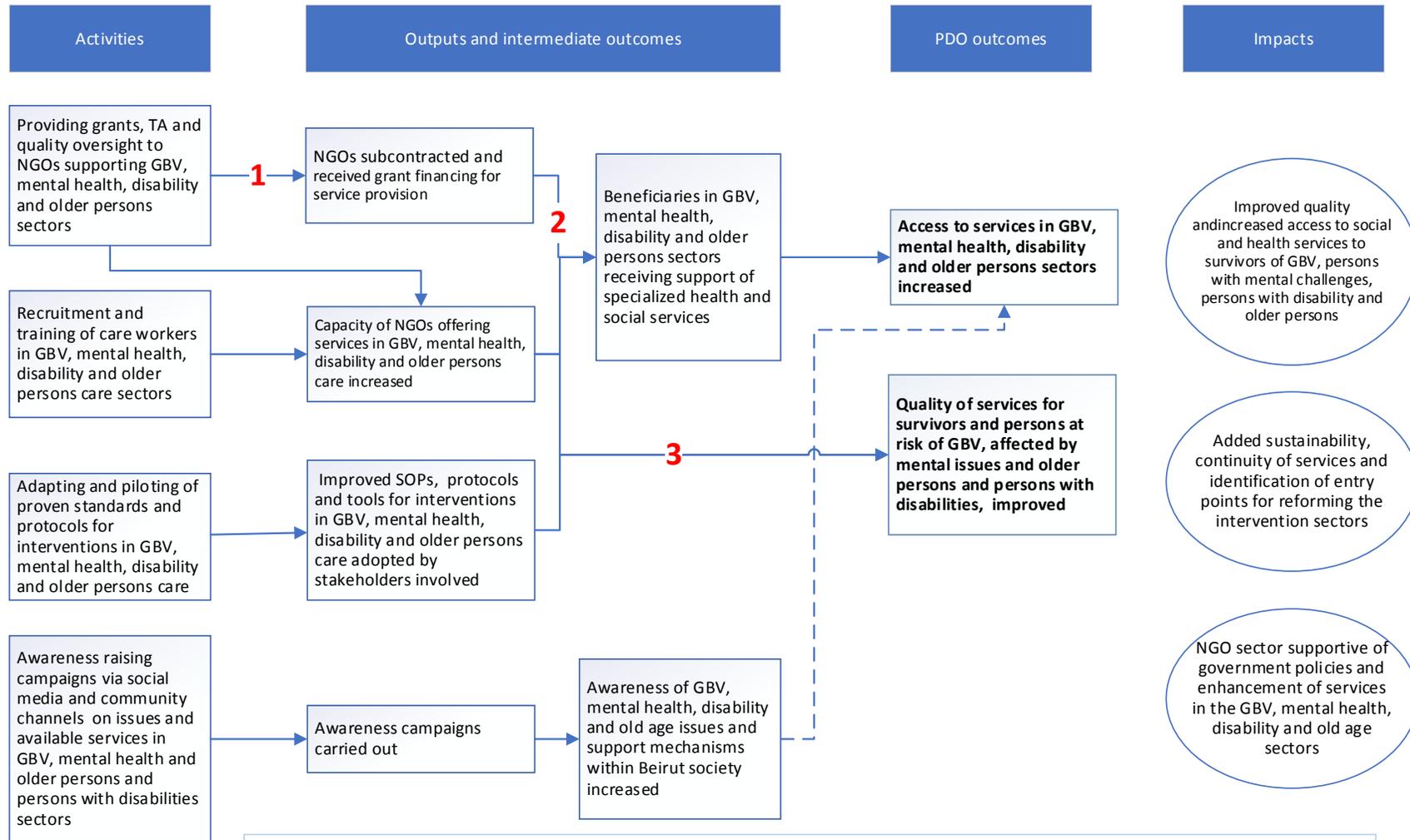
45. While the theory of change thus remains almost entirely unaffected, together with the PDO, a proposed adaptation in one of the PDO level indicators is recommended along with minor adaptations to the logic flow emanating from the implementation of public awareness campaigns.

46. The former adaptation (PDO level indicator, not resulting in change to PDO), is a proposed rewording in the indicator from: “Increased access to services for GBV survivors, people with mental health challenges, older persons and persons with disabilities” to: “Increased access to quality services for GBV survivors, people with mental health challenges, older persons and persons with disabilities.” This change is intended to reflect the necessary scale down of activities, resulting in an overall decrease in number of beneficiaries to be targeted, while acknowledging that those individuals will still have benefited from an extension in *access to* improved quality services (alongside benefiting from the improvement in quality of services itself, which is linked to the sister PDO level indicator).



47. The latter adaptation proposed (logical flow from public awareness campaigns) sees minor changes in wording in order to capture a reduced scale of investment in these activities, as well as the intention to explore opportunities to recoup some of the lost benefits via building in improved citizen engagement processes and mechanisms. It is hoped that the latter can be achieved at little cost to the project and rather through the provision of technical support by the Bank task team and other Bank specialists.

48. The project effectiveness was recently declared in April 2022. The PMU at IRC is in the process of hiring an ESF specialist to ensure implementation of the E&S instruments which were cleared and disclosed during the preparation stage including: SEP, ESCP, LMP, socio-economic assessment, and medical waste management plan. The IRC has also prepared a project capacity review tool and the team has provided comments to ensure more integration of the ESF requirements in this tool to ensure monitoring of implementation of the material measures as per the ESCP. The POM which was an effectiveness condition was prepared by IRC and includes all provisions on ESF as per the ESCP. The IRC has in place a Feedback and Response Mechanism (FARM) as detailed in the POM and the SEP which will be further developed to be more specific to the subprojects soonest the NGOs are selected for the subgrants. The IRC E&S performance has so far been satisfactory.



CRITICAL ASSUMPTIONS

- 1. A critical number of local NGOs exist with adequate capacity to ensure the sub granting process achieves good coverage.
- 2. There is demand from vulnerable groups and these groups would participate in services under enabling conditions.
- 3. Counterparts facilitate the roll-out and uptake of improved standards, protocols and tools proposed..



49. **Environmental and Social Safeguards.** No changes are proposed or warranted by the restructuring.

50. **Fiduciary.** No changes to the financial management or procurement arrangements are proposed or result from the restructuring. The protocols and processes agreed in the Project Operations Manual remain relevant. The Procurement Plan and Project Procurement Strategy for Development (PPSD) will, however, require updating as soon as possible to reflect any changes in the nature and estimated value of the subgrants and other project costs.

51. **Risks.** There is no foreseen impact of the restructuring upon the project risks and the risk ratings that were previously discussed and agreed.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Cancellations Proposed	✓	
Reallocation between Disbursement Categories	✓	
Disbursement Estimates	✓	
Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Loan Closing Date(s)		✓
Disbursements Arrangements		✓
Overall Risk Rating		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓



Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)**COMPONENTS**

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Component 1: Support for social services for vulnerable groups affected by the explosion	7305000.00	Revised	Component 1: Support for social services for vulnerable groups affected by the explosion	4430000.00
Component 2: Capacity Building and Project Management	490000.00	Revised	Component 2: Capacity Building and Project Management	620000.00
TOTAL	7,795,000.00			5,050,000.00

CANCELLATIONS

Ln/Cr/Tf	Status	Currency	Current Amount	Cancellation Amount	Value Date of Cancellation	New Amount	Reason for Cancellation
TF-B7344-001	Disbursing	USD	2,795,000.00	2,745,000.00	30-Jun-2022	50,000.00	UNDISBURSED BALANCE AT CLOSING
TF-B7390-001	Effective	USD	5,000,000.00	0.00		5,000,000.00	

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed



TF-B7344-001 | Currency: USD

iLap Category Sequence No: 1	Current Expenditure Category: SG,G,NCS,CS,OC,TR P1.1				
	2,795,000.00	0.00	50,000.00	100.00	100.00
Total	2,795,000.00	0.00	50,000.00		

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates

Yes

Year	Current	Proposed
2022	2,600,000.00	50,000.00
2023	3,000,000.00	3,500,000.00
2024	2,195,000.00	1,500,000.00



Results framework

COUNTRY: Lebanon

Support for Social Recovery Needs of Vulnerable Groups in Beirut

Project Development Objectives(s)

To support the immediate social recovery needs of vulnerable groups following the port of Beirut explosion.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Increased access to quality services for GBV, mental health challenges, OPs and PWD beneficiaries (Action: This Objective has been Revised)				
GBV beneficiaries receiving social and health services (disaggregated by psychosocial & life skills counselling, medical & educational services, women, accompanied girls, at-risk boys) (Number)		0.00	307.00	837.00
Action: This indicator has been Revised				
At-risk boys benefitting from project-improved services in GBV shelters (Number)		0.00	15.00	45.00
Women benefitting from project-improved services in GBV shelters (Number)		0.00	184.00	484.00
Mental health beneficiaries receiving psychosocial services and support (Number)		0.00	1,800.00	6,200.00
Action: This indicator has been Revised				
Beneficiaries of project-supported mental health interventions (Step-by-Step, Self Help Plus) (disaggregated by gender) (Number)		0.00	1,000.00	3,400.00



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Support for Social Recovery Needs of Vulnerable Groups in Beirut (P176622)

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Action: This indicator has been Revised				
Beneficiaries accessing the national mental health hotline as a result of project support (Number)		0.00	800.00	2,800.00
Action: This indicator is New	Rationale: <i>The indicator will measure the increase in number of callers able to access the national mental health hotline because of project support. It is expected that the project will enable the extension of the hotline from limited opening hours to 24/7.</i>			
Businesses participating in Mental Health in the workplace program (Number)		0.00	0.00	25.00
Older persons and persons with disabilities beneficiaries receiving physical and psychosocial services (disaggregated by gender) (Number)		0.00	300.00	1,150.00
Action: This indicator has been Revised				
Persons with disabilities and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)		0.00	120.00	350.00
Action: This indicator has been Revised				
Older persons and their families benefiting from Community-Based Rehabilitation services (disaggregated by gender) (Number)		0.00	180.00	800.00
Action: This indicator has been Revised				
Increased quality of services for GBV survivors, people with mental health challenges, OPs and PWDs				



Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
GBV cases followed utilizing project-improved SOPs and protocols (disaggregated by women, accompanied girls, at-risk boys) (Percentage)		0.00	20.00	85.00
<i>Action: This indicator has been Revised</i>				
Mental health cases followed utilizing project-improved mechanisms and protocols excluding drop-outs (disaggregated by gender) (Percentage)		0.00	20.00	85.00
<i>Action: This indicator has been Revised</i>				
Older persons and persons with disabilities cases followed utilizing project-improved mechanisms and/or protocols (disaggregated by persons with disabilities, older persons, gender) (Percentage)		0.00	20.00	85.00
<i>Action: This indicator has been Revised</i>				
Percentage of grievances addressed according to the program operational manual				
Grievances addressed according to the program operational manual (Percentage)		0.00	90.00	100.00
<i>Action: This indicator has been Revised</i>				

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Component 1. Support for social services for vulnerable groups affected by the explosion				
Total NGOs receiving sub-grants from the project (Number)		0.00	6.00	17.00



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Support for Social Recovery Needs of Vulnerable Groups in Beirut (P176622)

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Action: This indicator has been Revised				
Number of NGO/care workers benefitting from project-provided training (disaggregated by gender) (Number)		0.00	162.00	556.00
Action: This indicator has been Revised				
Case workers and frontliners benefitting from SOP trainings (disaggregated by gender) (Number)		0.00	90.00	150.00
Action: This indicator has been Revised				
NGO staff receiving Gender-based Violence Information Management System (GBVIMS) training (disaggregated by gender) (Number)		0.00	44.00	88.00
Action: This indicator has been Revised				
Number of persons receiving capacity building and training (disaggregated by SbS, SH+, ToT, gender) (Number)		0.00	8.00	48.00
Action: This indicator has been Revised				
Number of care workers benefitting from Step-by-Step and Self Help Plus (disaggregated by gender) (Number)		0.00	0.00	160.00
Action: This indicator has been Revised				
Care workers/NGO staff benefitting from capacity building and trainings to enhance services for persons with disabilities and older persons (disaggregated by gender) (Number)		0.00	20.00	120.00



Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Action: This indicator has been Revised				
Hotline training (Yes/No)		No		Yes
Public Sensitization Awareness campaign modules on GBV, mental health and disability and old age supported by the project (Number)		0.00	0.00	3.00
Action: This indicator has been Revised				
Increased respondent awareness of available services as a result of public sensitization campaigns (Percentage)		0.00		50.00
Action: This indicator has been Revised				
Beneficiaries expressing satisfaction with project-improved GBV, mental health, disability and older persons services (disaggregated by gender) (Percentage)		0.00	60.00	85.00
Action: This indicator has been Revised				
Initiation of Community Based Rehabilitation Identification, Counselling and Referral portal (Yes/No)		No		Yes
Action: This indicator has been Revised				
National mental health hotline 24/7 operation (Yes/No)		No		Yes
Action: This indicator has been Revised				
Component 2. Capacity building and project management				
Development and implementation of enhanced monitoring and reporting plan (Yes/No)		No		Yes



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Support for Social Recovery Needs of Vulnerable Groups in Beirut (P176622)

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
<i>Action: This indicator has been Revised</i>				
Technical assistance and institutional strengthening (Yes/No)		No		Yes
<i>Action: This indicator has been Revised</i>				