

Federation-wide National Society Revised Response Plan

Middle East Crisis – Emergency Appeal



Emergency medical services from Lebanese Red Cross respond to an incident in Tyre, southern Lebanon. Source: IFRC

Emergency appeal No:

MDRS5002

Timeframe of this response plan:

October 2023 – December 2025 (26 months)

Number of people to be assisted: 513,882¹

Federation-wide funding requirement: 55,000,000 CHF

IFRC Secretariat funding requirement: 50,000,000 CHF

¹ This target indicates the total number of unique individuals that the Lebanese Red Cross aims to reach through its various operational sectors (492,000 individuals), as well as the number of people that the Palestine Red Crescent Society (PRCS) Lebanon branch aims to reach with health services (21,882 individuals). The target for the total number of interventions is significantly higher since some individuals are expected to benefit from multiple types of assistance, but this methodology has been used to avoid double-counting. The key targets of people assisted per type of assistance from LRC are as follows:

- Health (MMS & BTS): 492,000 people
- WASH: 65,000 people
- Food parcels and ready meals: 50,000 people
- Unconditional cash assistance: 100,000 people
- Non-food items: 5,000 people

EXECUTIVE SUMMARY

The hostilities in the Gaza Strip and the West Bank have intensified to unprecedented levels since October 2023, leading to immense humanitarian needs in the occupied Palestinian territories. This has also impacted security and social-economic stability in neighbouring countries. Lebanon's southern border has been the scene of continued conflict this past year, evoking memories of the 2006 conflict and its profound impact on the region.

Since 17 September 2024, the situation in the region has significantly worsened due to the dramatic escalation of hostilities in Lebanon, which is currently experiencing some of its most challenging days in its history. Southern Lebanon, the Bekaa region and Beirut's suburbs have seen a massive escalation in airstrikes, leading to over 1,030 deaths and 6,352 injuries as of 28 September.² The attacks have caused severe damage to water, electricity, roads and telecoms infrastructure. The cost of damage to buildings and institutions is estimated to stand at more than one billion USD.³ The healthcare sector has also been severely affected, with the closure of six health facilities in Bint Jbeil and Marjayoun further limiting access to essential medical services. Mobile Medical Units have been deployed to mitigate this, but the overall healthcare system remains overwhelmed.

The hostilities have also forced hundreds of thousands of people in Lebanon to flee their homes, including Syrian and Palestinian refugees. Many people are now accommodated across more than 700 shelters.⁴ The number of people affected by the conflict continues to rise rapidly, with mass displacement as a result, including cross-border movement into Syria. Many people, for instance those who are farmers, are losing their livelihoods. People are also facing increased food insecurity due to disrupted supplied chains and loss of jobs. This conflict has come on top of an already dire socio-economic situation in Lebanon, which has diminished the Lebanese population's ability to absorb these new needs.

Since the onset of the crisis in 2023, the Lebanese Red Cross (LRC) has led the humanitarian response, as the main provider of prehospital care in the country. The National Society has focused on preparedness for potential escalations while assisting those in conflict-affected areas, displaced individuals, and host families. This includes readiness actions such as pre-positioning essential stocks, establishment of pre-disaster agreements with suppliers, and coordination with authorities to ensure unimpeded delivery of assistance. The key LRC services are ambulance services and pre-hospital care, blood transfusion, primary healthcare, psychosocial support (PSS), and the distribution of essential items and food. Following the increased of hostilities in September, LRC quickly scaled up these key services, building on its preparedness efforts. Through its different operational sectors, the National Society assists people who still reside in conflict-affected areas, people who were forced to flee their homes, and all others who are directly or indirectly affected by the conflict.

The humanitarian response from Lebanese Red Cross is complemented by response activities from the Palestinian Red Crescent Society Lebanon branch (PRCS-L), established in 1968 with a specific mandate of delivering essential health and social services to Palestinian refugees in Lebanon who are mostly residing in 12 refugee camps. PRCS-L oversees the management of five hospitals and seven Community and Health Care Centres that offer free services to Palestinian refugees and other vulnerable groups, including people who are directly affected by the conflict.

Given that the situation remains extremely volatile, this revised Country Response Plan aims to outline LRC's strategic priorities with an extended timeframe until December 2025. The protracted nature of the crisis required a shift to an integrated approach that encompasses this immediate response to the escalation of hostilities, as well as a robust

² Ministry of Public Health

³ Lebanon Southern Council (May 2024)

⁴ National Disaster Response Mechanism, Lebanese Red Cross & IOM (September 2024)

longer-term response to rapidly evolving humanitarian needs. The plan also incorporates the Federation-wide support to the conflict preparedness and response activities from PRCS-L, primarily around health and MHPSS. Further amendments will be made as necessary, depending on the evolving situation and needs on the ground, and in alignment with the priorities and requirements of the National Society. For updated and detailed information on the humanitarian response since the onset of the most recent escalation, please refer to the [GO Platform](#).

With this revised Response Plan, Lebanese Red Cross aims to meet 3 strategic objectives:



1. Providing life-saving assistance through the sustained delivery of emergency medical services, blood transfusions, primary healthcare, and mental health support.



2. Protecting vulnerable populations by ensuring their dignified access to essential services, including shelter, water, sanitation, and hygiene alongside multi-purpose cash assistance.

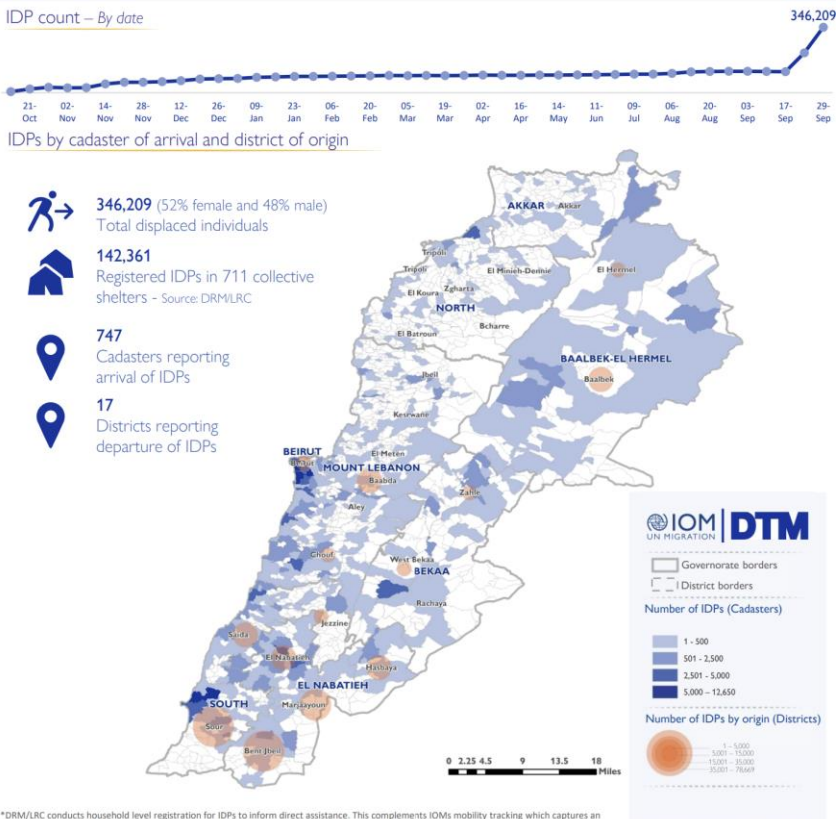


3. Strengthening resilience by supporting communities to rebuild their lives and livelihoods, addressing the long-term consequences of the crisis, and fostering community engagement and accountability

NEEDS ASSESSMENT AND TARGETING

Humanitarian impact of the crisis and resulting needs

To support daily monitoring of population movements, Lebanese Red Cross works in partnership with IOM, the Government’s Disaster Risk Management (DRM) Unit and the Union of Municipalities (UoM) by conducting the local household registration exercise. This also includes tracking of population numbers at collective shelters. The below visual shows the latest Mobility Snapshot from September 29, as the leading source of displacement data for Lebanon:



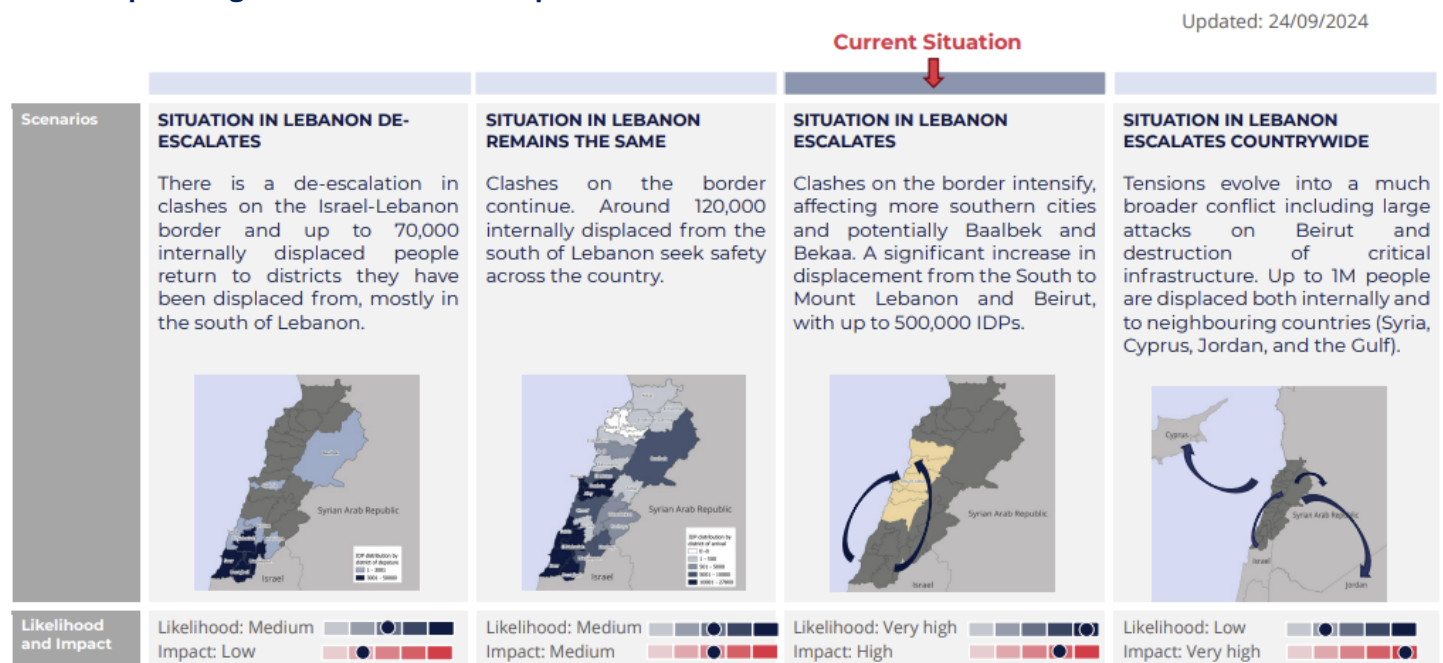
*DRM/LRC conducts household level registration for IDPs to inform direct assistance. This complements IOMs mobility tracking which captures an estimate of the total IDP population to inform national preparedness and response planning, as well as resource mobilisation.

As of 29 September 2024, 346,209 people have been registered as displaced due to the conflict, showing a rapid increase in the past week.⁵ Up to 59 per cent of the internally displaced people (IDPs) are in five districts out of the total 23 districts hosting IDPs: Saida, Beirut, Chouf, Aley and Akkar. Around 39% of IDPs are currently living in host settings, for instance with relatives, highlighting the importance of social networks and community support in providing refuge. Around 42% are housed in 711 collective shelters, while 18% have opted for rental housing.

The demographic profile of IDPs reveals a balanced representation of genders (52% females), with the majority belonging to the working-age (18-57) category. However, there are also significant numbers of children (35%) and elderly individuals (11%) among the displaced, each with unique vulnerabilities and needs. Approximately a third of all children in Lebanon are facing disruption in their education due to the conflict and the following displacement. Moreover, most of the buildings that currently serve as collective centers are schools or other educational institutions, and the start of the school year has been postponed until October. This shows how the conflict also has a long-lasting impact on people's education and development.

In addition, 63% of the households that are displaced have stated that they are composed of at least a chronically ill patient, 5% reported that they have a family member with special needs and 2% reported the presence of pregnant women within their household. Women, children, including unaccompanied minors, and the elderly in addition to people with disabilities are at increased risk during conflict situations. They may require access to specialized protection services, including gender-based violence prevention and response services and child protection services.

Scenario planning and humanitarian impact



In the past year, IFRC has used the four broad scenarios above to support operational decision-making and forward-looking analysis on the evolution of the context and humanitarian conditions in Lebanon. Considering the latest escalation of the conflict in September 2024, IFRC projects the following implications on humanitarian needs:

- Shelter:** The intensity of potential conflict is forcing a significant portion of the population in affected areas to flee their homes. These displaced individuals are seeking refuge in safer regions within Lebanon, often overcrowding temporary shelters and straining available resources, and into Syria. Over 1 million individuals might be displaced from their homes if the conflict escalates further countrywide.

⁵ National Disaster Response Mechanism, Lebanese Red Cross & IOM (September 2024)

- **Medical care:** Tens of thousands of people are expected to require medical examinations and clinical treatment for injuries sustained during potential conflict or management of chronic illnesses.
- **Blood units:** There could be a substantial demand for blood units for transfusions and surgeries, especially in the conflict zones, which requires continuous preparation and reservation of at least 150 blood units in anticipation for any escalation.
- **Emergency evacuation:** More than 10,000 individuals may require emergency evacuation due to the potential severity of injuries or imminent danger from hostilities.
- **Psychosocial Support:** The crisis underscores the need for dedicated resources to protect and provide psychosocial support to vulnerable groups, especially children and women. This is essential to mitigate the long-term psychological impact of the crisis and to promote resilience. Displaced people and evacuees also require psychological first aid in the immediate aftermath of their forced displacement.
- **Food Security and Livelihoods:** The further escalation of the conflict is leading to job losses and income instability for even more families, necessitating long-term livelihoods support and cash assistance programs. If the situation in Lebanon deescalates in the coming months, people will also face significant challenges as they rebuild their lives and livelihoods in the conflict-affected areas.
- **Protection and safeguarding:** The escalation of the conflict including mass displacement heightens the risks of SGBV, trafficking, family separation, and the inability to access legal support or protection mechanisms for vulnerable populations.



A volunteer at the Blood Transfusion Services center in Tyre helps ensure continuous preparation and reservation of blood units for people residing in southern Lebanon. Source: Lama El Chidiac, IFRC

Prioritization: Specific groups that National Societies in the country are responding for

Through its different operational sectors, Lebanese Red Cross assists people who still reside in conflict-affected areas, people who were forced to flee their homes, and the families across Lebanon that host displaced people. The profiles of individuals affected by the conflict in Lebanon, including Lebanese nationals, Syrian, and Palestinian refugees, are diverse, each with distinct needs. While the Lebanese Red Cross, PRCS-L, IFRC and contributing Partner National Societies are committed to addressing many of these needs, it is important to recognize that not all needs can be met by these entities alone. There will be a strategic focus on conducting referrals and creating linkages to other service providers to ensure comprehensive care and support. LRC also aims to use disaggregated data to prioritize marginalized groups, including internally displaced people (IDPs), refugees, people with specific needs, elderly individuals, ethnic and sexual minorities, and stateless individuals.

1. Lebanese people in conflict zones and Internally Displaced Persons (IDPs):

- **Adult males:** Employment opportunities, mental health support, and access to healthcare.
- **Adult females:** Protection from gender-based violence (GBV), reproductive health services, childcare support, and psychosocial counseling.
- **Children:** Access to education, child-friendly spaces for safe play, nutrition programs, and family tracing services for those separated.
- **Elderly:** Access to chronic disease medication, mobility aids, and age-appropriate nutrition.

2. Syrian refugees:

It is estimated that Lebanon hosts 1.5 million Syrian refugees, only approximately 790,000 of whom are registered.⁶ It is unclear how many Syrian refugees have been newly displaced by the increased tensions, but Syrian refugees face specific challenges during relocations and in accessing public services in new locations.

- **Adult males:** Legal assistance for residency status, work permits, and vocational training.
- **Adult females:** GBV support services, maternal healthcare, and empowerment programs.
- **Children:** Psychological support, and integration assistance.
- **Elderly:** Specialized healthcare, accessible shelter, and social inclusion activities.

3. Palestinian refugees:

It is estimated that more than 200,000 Palestinian refugees are currently living in Lebanon. In the past year, they have been particularly impacted by the ongoing conflict due to the disruption of services and pre-existing socio-economic vulnerabilities. There are six Palestinian refugee camps located in the South governorate, with 36 per cent of all Palestinian refugees living in Saida district and 15 per cent in Sour district.⁷ It is unknown exactly how many of these Palestinians in southern Lebanon have relocated to other camps due to the hostilities. The escalation of the conflict has put increased pressure on available resources and services for Palestinian refugees, including education, healthcare and livelihoods opportunities. It also leads to heightened security concerns and potential restrictions on movement. The association of the camps with individuals involved in armed activities is a specific concern, as this draws unwanted attention and retaliation from opposing forces, putting the entire population in the camps at risk.

- **Adult males:** Employment within legal constraints, skill development, and mental health services.
- **Adult females:** Access to family planning, GBV protection, and economic self-sufficiency programs.
- **Children:** Protection against exploitation, remedial education, and recreational activities.
- **Elderly:** Social security support, community care, and non-communicable disease management.

⁶ ACAPS Briefing Note (July 2024)

⁷ UNRWA (June 2024); ACAPS Briefing Note (July 2024)



A patient visits the Al Hamshari Hospital in Sidon, southern Lebanon, run by the Palestine Red Crescent Society. The hospital has increased its preparedness for potential emergencies amidst the escalating armed violence in the region. Source: Joe Baaklini, IFRC

Prioritization: Needs that National Societies in the country are responding to

To respond to the needs of these distinct groups, **Lebanese Red Cross** has identified key areas for prioritization in future interventions to ensure a robust and effective humanitarian response:

Health Services: A dual approach is adopted to maintain sustained medical response capabilities. Firstly, health sector readiness focuses on the preparedness of systems and services to handle an increase of medical needs. LRC's Emergency Medical Services are paramount for providing immediate life-saving support. During a conflict, the prevalence of injuries necessitates a rapid and well-coordinated medical response to save lives and alleviate suffering. Immediate funding is crucial for procuring medical supplies, supporting mobile health units, and upgrading facilities to manage the increased demand. It also ensures the strategic pre-positioning of resources vital for emergency medical services. These resources include fuel for ambulances and generators, blood transfusion supplies, and other critical medical infrastructure to prevent disease outbreaks and maintain health services during crises. Secondly, a dedicated effort to monitor health threats and prevent outbreaks is crucial. This includes surveillance for potential epidemics, vaccination campaigns, and public health education to mitigate the risk of disease spread, particularly in high-density and vulnerable communities. This is why LRC and PRCS-L will both engage in a project supported by the GAVI Vaccine Alliance and IFRC, prioritizing routine immunizations for Lebanese people and Palestinian refugees affected by the conflict, especially children who have missed vaccinations due to disruptions in healthcare access.

Water and Sanitation: Access to clean water and proper sanitation facilities is a priority to prevent the spread of waterborne diseases. The LRC is committed to implementing measures that ensure the availability of these necessities, which are fundamental to the health and well-being of the population during and after the crisis.





Food Security and Shelter: Providing adequate food and shelter remains a cornerstone of LRC's humanitarian response. These elements are vital for maintaining the health and dignity of displaced people, offering protection

from the elements, and preventing malnutrition, which is especially critical for children and other at-risk groups. LRC is distributing cash assistance, food parcels and essential items, ensuring that people's immediate needs are met.

Moreover, **the Palestine Red Crescent Society Lebanon branch** has a specific mandate of responding to the health and psycho-social needs of Palestinian refugees in Lebanon. In response to the conflict, they will prioritize enhancing access to clinical services and secondary healthcare, health awareness, and community resilience activities for conflict-affected people, delivered through their network of hospitals and Community and Health Care Centers.

CAPACITIES AND RESPONSE

National Society capacity

Lebanese Red Cross	Palestinian Red Crescent Society – Lebanon branch
	
Core areas of operation	
	
Number of staff:	456
Number of volunteers:	15,000
Number of branches	32
	800
	252
	5

National Society's role in the national response

The **Lebanese Red Cross (LRC)**, bolstered by the dedication of over 15,000 volunteers, provides essential support through 456 staff members across 32 branches. Recognizing their comprehensive humanitarian efforts, it is pertinent to underscore the LRC's strategic focus areas. These include their exemplary Emergency Medical Services (EMS), which are central to their mission of delivering prompt and effective pre-hospital emergency care. Additionally, the LRC's commitment extends to ensuring the provision of safe blood products, enhancing access to primary healthcare, supporting the basic needs of those affected by disasters, and mitigating the impact of such events. As the main provider of prehospital emergency care in Lebanon, Lebanese Red Cross plays a pivotal role in the national disaster response framework. Its Crisis Management strategy emphasizes timely, effective assistance in situations of armed conflict, showcasing its auxiliary role to public authorities.

To complement LRC's comprehensive conflict response, the **PRCS Lebanon branch (PRCS-L)** operates seven Community and Health Care Centers that offer clinical services, health awareness and community resilience activities, and psycho-social support. The PRCS also oversees the management of five hospitals in Lebanon that provide secondary and tertiary healthcare. Moreover, PRCS-L has 26 ambulances for emergency medical services, each equipped with necessary medical supplies. The diverse team of 800 PRCS-L staff members, including nurses, doctors, and specialists, ensures comprehensive care for patients. Moreover, PRCS-L has a network of 252 volunteers across Lebanon, comprised of first aiders, ambulance teams, and first responders with unique access. This serves as an asset in enhancing the organization's outreach and emergency response capacity. They are also trained on psychosocial support (MHPSS) to address the psychological and emotional needs of communities affected by trauma or crisis.

Key areas of scale-up and strength

Lebanese Red Cross has capacity to quickly scale up its emergency response, as demonstrated during the War with Israel in 2006 and in the aftermath of the Beirut port explosion in 2020. The NS benefits from high levels of trust and acceptance in Lebanon, unique access across the country, and recognized neutrality and impartiality. Within the 5-kilometer zone along the southern border, LRC is the main provider of pre-hospital emergency medical services and one of the key actors distributing in-kind assistance to people in need. This is possible due to close coordination and liaison with UNIFIL and other stakeholders.

The current level of displacement has outstripped the available government assistance, leading to a significant shortfall in the provision of basic services. The public healthcare sector had already been severely affected, in particular due to the closure of six health facilities in Bint Jbeil and Marjayoun. Mobile Medical Units have been deployed to mitigate this issue, but the overall healthcare system remains completely overwhelmed. The conflict has also disrupted other essential services, including access to safe shelter, food, clean water, and education.

LRC uses the following strategies for quickly scaling up its flagship Emergency Medical Services (EMS):

1. **Triage & First Aid:** LRC's EMS will immediately deploy first responders and emergency medical technicians to the affected areas. They establish triage and provide emergency medical care for the injured based on the severity of their injuries.
2. **Hospital Coordination:** EMS coordinates with local hospitals to ensure a smooth flow of patients and optimize the utilization of medical resources. This includes identifying available hospital beds, surgical facilities, and specialized care units.
3. **Patient Transportation:** EMS organizes and facilitates the rapid and safe transportation of injured individuals to hospitals, ensuring that each patient receives the appropriate level of care during transit.
4. **Dead Body Management:** LRC provides dignified and respectful management of deceased individuals, including proper identification, documentation, and transportation to morgues or burial sites.
5. **Interfacility Transport:** In cases where patients require specialized care or transfer between healthcare facilities, EMS arranges interfacility transport, ensuring seamless transitions and continuity of medical treatment.
6. **Evacuations:** LRC prioritizes safe evacuating vulnerable populations, including patients from hospitals and residents of elderly homes, utilizing appropriate medical transportation resources.

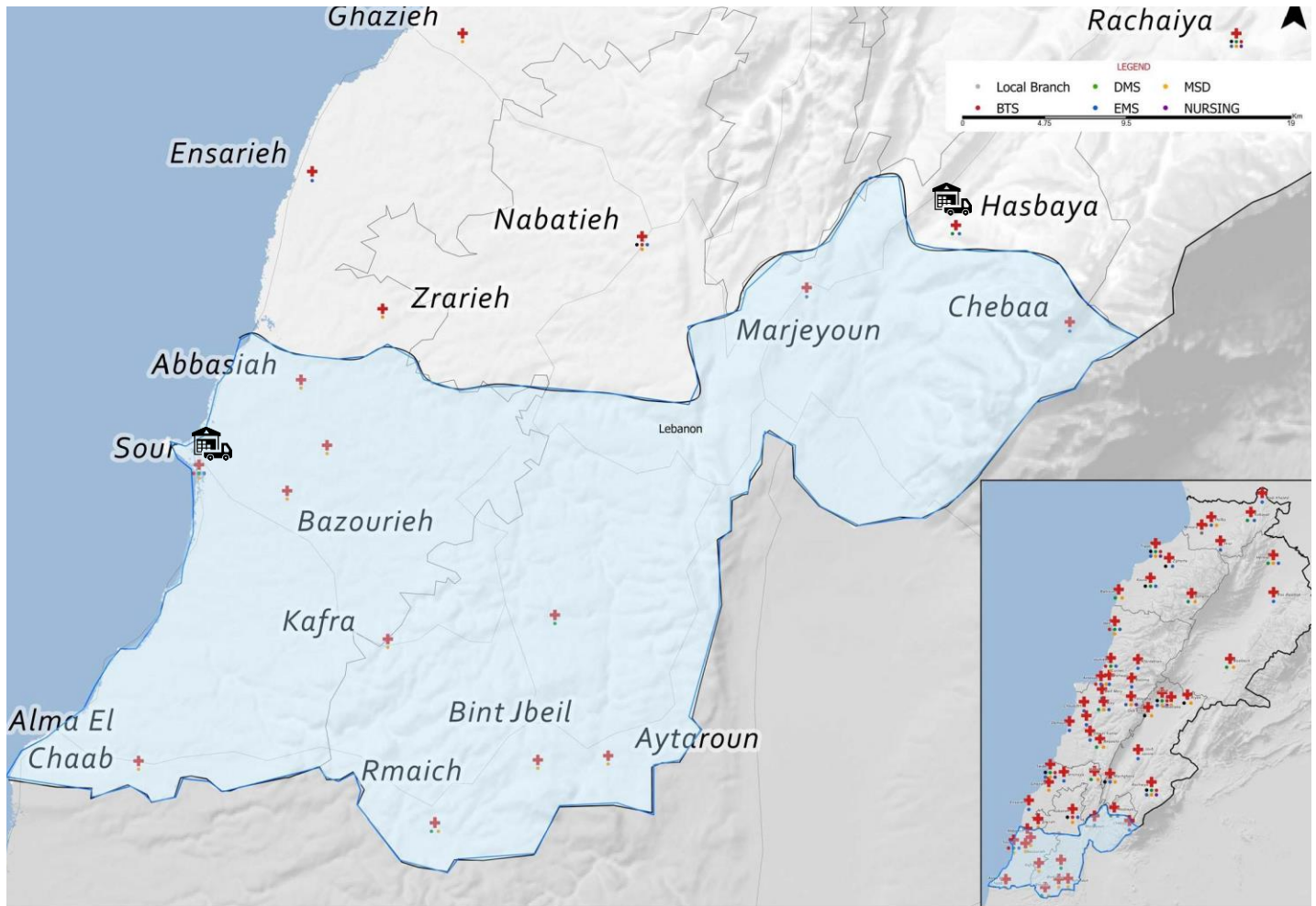
Areas of new/ additional capacities developed

The Lebanese Red Cross (LRC) has strategically expanded its national response capabilities, introducing new areas of expertise to enhance its operational readiness. This includes the activation of Restoring Family Links (RFL) services and the development of a forensics program, reflecting a broader commitment to addressing the multifaceted nature of crises.

With support from the IFRC Network, the National Society is also leveraging its strong Cash and Voucher Assistance (CVA) expertise by introducing a new multi-purpose cash assistance for families residing in conflict-affected areas along Lebanon's southern border. Based on the rapidly evolving situation and needs over the next 16 months, LRC's Disaster Management Sector is also prepared to pilot cash for shelter (rental assistance) and cash for rehabilitation programs, as outlined below in this revised response plan. These new CVA programs will ensure a dignified and efficient response, while enhancing LRC's cash preparedness for future emergencies.

Another significant step in their strategic evolution is the establishment of the Gold Cell, which is integral to a coordinated response at the highest level. Within the LRC's Gold-Silver-Bronze command system, the Gold Cell operates at the strategic level, where the Crisis Management Team, composed of senior leaders, convenes to make high-level decisions. This team is responsible for the overall direction of the LRC's crisis response, including policy formulation and resource allocation. Their work involves extensive planning, interfacing with government authorities, and engaging with key stakeholders to ensure that the LRC's strategies are aligned with national and international efforts, especially in times of extensive emergencies such as conflicts or natural disasters. The Gold Cell's role extends beyond immediate crisis management to encompass long-term response strategies, ensuring that the LRC's actions are sustainable and scalable. This forward-looking approach is critical for the organization's ability to adapt to changing circumstances and to manage risks effectively.

Locations of Lebanese Red Cross facilities in the conflict-affected area (South Litani river)



National Society partners

Red Cross and Red Crescent partners active in Lebanon



Name of Partner	Health & Care	Integrated Assistance	Protection & Prevention	NS Capacity Building	Details
IFRC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Immediate support to LRC and the PRCS-L branch through the DREF and consequently the regional Emergency Appeal for the Middle East Crisis in support of Emergency Medical Services (EMS), Blood Transfusion Services (BTS), medical services, logistics support, distributions of food and in-kind items, multi-purpose cash assistance, migration assistance, and other key preparedness and response activities.</i>
Danish RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: Medical Social Services (MSS), Mental Health and Psychosocial Support (MHPSS), Protection, Gender and Inclusion (PGI). Activities: Committed to enhancing the MHPSS and PGI framework. DRC will also facilitate safe and unified referral systems for specialized services and place significant emphasis on caring for staff and volunteers.
Netherlands RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sectors: DM, WASH, Food Security, EMS, BTS Activities: Focusing on support for various response activities such as WASH, procurement of in-kind items and protective gear for EMS staff.
Canadian RC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: EMS and MMS Activities: Offering M&E and technical expertise in the health sector, including international procurement of medicines and development of training materials.
Spanish RC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: Health, BTS Activities: Providing essential analysis materials to BTS, supporting Medical Services, and enhancing the LRC volunteering management system.
British RC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sector: DM, BTS Activities: Supporting establishment and enhancement of 16 DM centers with essential equipment and IT infrastructure. Contributed to procurement of food parcels and blood bags for the conflict response.
Austrian RC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: WASH Activities: Supporting WASH initiatives in public schools and Informal Tented Settlements (ITS).
German RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: Disaster Risk Reduction (DRR), Economic Security Activities: Sustaining support in areas like DRR and EcoSec, including training support, anticipation, and developing fast-track procedures for future operations.
Swedish RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: DM, BTS Activities: Contributed to procurement of reagents, consumables and blood bags for the conflict response.
French RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sectors: BTS, DRR
Qatar RCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sectors: Disaster Management (DM), Health, Migration
Norwegian RC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sectors: DM, EMS, MMS

Complementary to the Federation-wide response, ICRC has taken the following preparedness and response measures in close coordination with Lebanese Red Cross:

- Conducting a tripartite meeting with LRC, ICRC, and IFRC on 12 October 2023 to agree on a coordinated and complementary Movement response, aligning with the ICRC's scenario/contingency plan and LRC's response plan.
- Conducting a Mini-Summit with LRC, ICRC and IFRC on 25 September 2024 in response to the severe escalation of hostilities in Lebanon.
- Readapting the contingency and security plans.

- Collaborating with the IFRC and the LRC to revisit the evacuation plan for Movement delegates.
- Intensifying protection measures.
- Prepositioning War Wounded (WW) kits, medical supplies, Personal Restraint and Protection (PRP) materials, and forensic supplies for hospitals in the South.
- Overseeing the Protection of Civilian Population (PCP) program to monitor incidents in the South and engaging with the Internal Security Forces (ISF) to discuss protective measures for detainees, including evacuation planning and securing essential supplies such as food, medication, water, and fuel.
- Coordinating with the LRC's Restoring Family Links (RFL) focal point.
- Organizing Protection Family Link (PFL) in emergencies training.
- Closely coordinating with UN Sectors coordination and strengthening networking with all relevant stakeholders.

OPERATIONAL STRATEGY

Scenario Planning

Scenario	Impact	Preparedness Plan
Naval Blockade	<ul style="list-style-type: none"> • Disruption of Supply chain • Disruption of maritime access to essential supplies and resources. 	<ul style="list-style-type: none"> • Prepositioning and reservation of stock. • Establishing contingency plans for alternative supply routes, such as overland or aerial access.
Airport attack	<ul style="list-style-type: none"> • Affect access to Humanitarian aid – isolation from support. • Impairment of the primary transportation hub for relief supplies and personnel. • Disruption of response activities. 	<ul style="list-style-type: none"> • Coordinate with stakeholders to ensure humanitarian corridors. • Communicate with GOL to redirect response efforts through alternative landing strips. • Prepositioning and reservation of stock.
Attack on bridges	<ul style="list-style-type: none"> • Increase in response time. • Isolation of communities and staff isolation. • Disruption of transportation. • Impaired access to and from key locations, affecting the movement of response teams and resources. • Impact on the distribution of aid. 	<ul style="list-style-type: none"> • Pre-mapping of bridges using GIS • Developing alternate transportation routes in case of bridge damage or closure. • Accounting for extra fuel costs due to longer transportation routes.
Cybersecurity attack	<ul style="list-style-type: none"> • Compromised data and communication systems, impacting response coordination. • Risk of sensitive information being exposed or lost. 	<ul style="list-style-type: none"> • Implement robust cybersecurity protocols and training for staff. • Establish backup systems and procedures for data recovery in case of a breach. • Collaborate with cybersecurity experts to continuously assess and enhance digital security.
Poor support for the emergency appeal	<ul style="list-style-type: none"> • Insufficient funding for response efforts. Limited capacity to address humanitarian needs effectively. 	<ul style="list-style-type: none"> • Prioritize activities and identify core services. • Diversify funding sources including individual and corporate fundraising.
Framework agreement failure	<ul style="list-style-type: none"> • Interruption of the Supply chain. 	<ul style="list-style-type: none"> • Second best supplier, cash programming, alternative payment modalities.
Escalation of the conflict in Lebanon	<ul style="list-style-type: none"> • Rapid increase in injured and wounded people. • Mass displacement 	<ul style="list-style-type: none"> • Strategic enhancement of LRC national response capabilities through readiness and response initiatives. • Prepositioning of essential stocks. • Bolstering the capabilities of Emergency Medical Services • Expansion into new areas of expertise to enhance its operational readiness.

Risk Assessment

Risk	Impact	Mitigating actions
Attack on LRC Personnel	<ul style="list-style-type: none"> • Loss of staff capacity • Effect on mental health • Disruption of response operations 	<ul style="list-style-type: none"> • Ensure proper visibility of Emblem on LRC vehicles • Provide security briefings • Issue security alerts • Provide regular psychosocial support for staff and volunteers as part of duty of care and strengthened volunteer management
Access to LRC premises	<ul style="list-style-type: none"> • Drop in the number of available human resources. • Disruption of response operations 	<ul style="list-style-type: none"> • Work from home modality where it applies.
Attack on LRC Assets	<ul style="list-style-type: none"> • Disruption in the ability to operate. • Damage to vehicles, equipment, and facilities, impacting the organization's response capabilities. • Increased financial burden on replacement and repairs. 	<ul style="list-style-type: none"> • Sharing coordinates of LRC premises with ICRC. • Implementing security measures to protect LRC assets, including vehicles and facilities. • Activating radio room to track vehicles
Local market closure	<ul style="list-style-type: none"> • Interruption in the supply chain cash • Limited availability of essential supplies due to market closures or restrictions. • Impact on the distribution of relief items and resources. 	<ul style="list-style-type: none"> • Maintain strategic stockpiles of essential relief items to mitigate market closure effects. • Shift to in-kind support based on contingency stock quantities
Loss of communication – internet	<ul style="list-style-type: none"> • Disruption in communication between command and field • Impaired communication and coordination capacity. • Difficulty in accessing and sharing critical information. 	<ul style="list-style-type: none"> • Establish backup communication systems, including radio, satellite, and alternative internet connections. • Switch to radio communication VHF • Develop SOP for alternative communication methods
Lack of electricity – water infrastructure	<ul style="list-style-type: none"> • Disrupt operations and communication 	<ul style="list-style-type: none"> • Prepositioning: Generators – fuel
Limited access to fuel	<ul style="list-style-type: none"> • Disruption of operations 	<ul style="list-style-type: none"> • Pre-positioning of fuel • Establishing fuel reserves and logistics plans to secure access to fuel during supply interruptions. • Collaborating with fuel providers and local authorities to ensure an uninterrupted supply chain.
Safer access	<ul style="list-style-type: none"> • Disruption of operations • Risks to personnel and beneficiaries due to unsafe operational environments, such as active conflict zones. • Impaired ability to deliver aid and assistance. 	<ul style="list-style-type: none"> • Stakeholder management with proper communication about LRC role and mandate ahead of time. • Conduct thorough risk assessments before engaging in response activities. • Develop and communicate security protocols for response personnel. • Collaborate with partners to establish and enforce safe humanitarian access corridors.
Collapse of the healthcare system	<ul style="list-style-type: none"> • Saturation of hospitals with inability to receive patients. • Reduced access to critical healthcare services, particularly for injured individuals. 	<ul style="list-style-type: none"> • Collaborate with international medical organizations to supplement healthcare services.

	<ul style="list-style-type: none"> Increased pressure on LRC's healthcare response capabilities. 	<ul style="list-style-type: none"> Develop partnerships with local health facilities and providers to support the healthcare system during crises. Reactivate home-based care modality
Interruption Banking services	<ul style="list-style-type: none"> Inability to release payroll, shortage on cash, interruption of transfer 	<ul style="list-style-type: none"> Set an alternative compensation modality for payroll, and payments
Dropout in HR (volunteers & staff)	<ul style="list-style-type: none"> Drop in number of available human resources 	<ul style="list-style-type: none"> Shifts to volunteers / reallocate resources
Monopoly of assets	<ul style="list-style-type: none"> Limited access to essential resources and logistics. Potential unequal distribution of resources. 	<ul style="list-style-type: none"> Promote resource sharing and pooling among humanitarian actors to optimize asset use. Coordination with other actors
Intracommunal tensions	<ul style="list-style-type: none"> Disruption of response activities due to conflicts among different communities. Risk to the safety of responders and beneficiaries. 	<ul style="list-style-type: none"> Promote open dialogue and inclusive participation in decision-making. Work closely with local leaders and authorities to prevent and manage conflicts. Ensure proper safer access training and security training to staff and volunteers

People to be assisted

Profiles, sex, and age breakdown of people targeted.

The below table shows cumulative overall targets from Lebanese Red Cross since the beginning of the operation (Federation-wide).

Sex-age group	Total
Males over 18 years of age	133.941
Males under 18 years old	133.941
Females over 18 years old	133.941
Females under 18 years of age	133.941
Total number of people to be assisted	535.764⁸


In addition, the PRCS Lebanon branch aims to reach up to **21,882 Palestinian refugees and other individuals** in need of health assistance through its network of hospitals and clinics.

⁸ **Disclaimer:** This is excluding targets from LRC's Emergency Medical Services (EMS) due to the inherently demand-driven nature of EMS, which necessitates a flexible and responsive approach to the emergent needs of affected populations. Consequently, reporting on EMS activities focuses on the qualitative impact and scope of services provided rather than quantifiable targets. As with LRC's past emergency operations, this methodology is maintained to accurately convey the breadth and depth of the EMS response, highlighting the adaptability and comprehensive impact of our joint humanitarian endeavors without the constraints of predefined targets.


ONGOING AND PLANNED OPERATIONS

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)


 Health & Care	Overall target: 513.882 ⁹	
	Female > 18: 128.470	Female < 18: 128.470
	Male > 18: 128.470	Male < 18: 128.470
Objective:	Most vulnerable displaced people and refugees are provided with high-quality essential health care services including MHPSS.	
Priority Actions:	Activities:	
Emergency Medical Services	<ul style="list-style-type: none"> • Transport wounded and injured patients. • Provide continuous non-war-related emergency transportation for sick and injured. • Evacuate vulnerable civilians from conflict affected areas to safer areas (elderly home residents, hospitals, etc.). • Manage and transport dead bodies. 	
Primary Healthcare	<ul style="list-style-type: none"> • Deploy MMU teams to respond to the primary healthcare needs of conflict affected areas. • Provide medical consultations in conflict affected areas. • Provide pharmacy services. • Conduct health promotion sessions. • Monitoring and detection of endemics and health threats. 	
Mental Health and psychosocial support services (MHPSS)	<ul style="list-style-type: none"> • Group support sessions for conflict affected people. • Provide psychological support for conflict affected people. • Distribute dignity kits (PSS kits) to women and children (by PRCS-L). 	
Blood Transfusion Service (BTS)	<ul style="list-style-type: none"> • Collect blood units. • Distribute blood units to hospitals. • Distribute blood units directly to conflict affected people. • Recruit Blood Donors (blood donor call center). 	
Routine immunization (by LRC and PRCS-L)	<ul style="list-style-type: none"> • Conduct vaccination for routine immunization • Run vaccination outreach/mobile activities • Provide vaccination registers and data management tools • Procure and install cold chain refrigerators and solar panels • Distribute nutritional aid in support of immunization • Organize community engagement sessions • Train staff and volunteers on immunization 	



⁹ This target includes projects from LRC's Medical Social Services and Blood Transfusion Services, as well as PRCS-L health services. As explained above, targets from the Emergency Medical Services of Lebanese Red Cross are excluded, as these are offered on-demand to any person in need.

Secondary healthcare (by PRCS-L)	<ul style="list-style-type: none"> Procure and preposition medical supplies and medicines for PRCS-L hospitals. Procure and preposition fuel for PRCS-L facilities and vehicles. Procure instruments and protective gear for ambulances. Provide food and water to patients, visitors and staff at the hospitals. Train staff and volunteers on First Aid. Medical training for hospital staff. 	
 WASH	Overall target: 130,000	
	Female > 18: 32,500	Female < 18: 32,500
	Male > 18: 32,500	Male < 18: 32,500
Objective:	Most vulnerable displaced people are provided with safe water, sanitation, and hygiene practices	
Priority Actions:	Activities:	
Conflict affected families are well equipped with health and sanitation kits.	<ul style="list-style-type: none"> Prepositioning and distribution of Hygiene Kits for affected population. Distribute Disinfection kits for affected population. 	
Conflict affected families have access to drinking water	<ul style="list-style-type: none"> Distribute water for drinking for affected population. Rehabilitate community water infrastructure. 	

INTEGRATED ASSISTANCE


(SHELTER, HOUSING AND SETTLEMENTS, MULTI-PURPOSE CASH)

 Shelter, Housing and Settlements	Overall target: 15,000	
	Female > 18: 3,750	Female > 18: 3,750
	Male > 18: 3,750	Male > 18: 3,750
Objective:	Communities in crisis-affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.	
Priority Actions:	Activities:	
Shelter Item Assistance	<ul style="list-style-type: none"> Preposition and distribution of mattresses for affected population. Preposition and distribution of blankets for affected population. 	
Cash for shelter assistance	<ul style="list-style-type: none"> Provide Cash for Rent assistance to 500 families for 6 months. 	
Shelter management	<ul style="list-style-type: none"> Manage 5 temporary shelters (collective centers). 	

 Cash and Voucher Assistance	Overall target: 100,000	
	Female > 18: 25,000	Female > 18: 25,000
	Male > 18: 25,000	Male > 18: 25,000
Objective:	The most vulnerable displaced communities have their needs addressed with cash assistance.	
Priority Actions:	Activities:	
Conditional and/or unconditional cash and voucher assistance	<ul style="list-style-type: none"> • <i>Provide unconditional cash assistance to 20,000 conflict-affected families for 3 months.</i> 	
 Food security and Livelihoods	Overall target: 110,000	
	Female > 18: 27,500	Female > 18: 27,500
	Male > 18: 27,500	Male > 18: 27,500
Objective:	Improve food security to crisis-affected populations	
Priority Actions:	Activities	
Food assistance for basic needs	<ul style="list-style-type: none"> • <i>Distribute ready meals for conflict-affected populations.</i> • <i>Provide Food Parcels for conflict-affected populations</i> 	
Cash for livelihoods	<ul style="list-style-type: none"> • <i>Provide Cash for Rehabilitation assistance to 1,000 conflict-affected families.</i> 	
 Migration and Displacement	Overall target: N/A	
	Female > 18: N/A	Female < 18: N/A
	Male > 18: N/A	Male < 18: N/A
Objective:	Affected populations, regardless of status and background have access to the assistance and protection they need	
Priority Actions:	Activities:	
Restoring Family Links (RFL)	<ul style="list-style-type: none"> • <i>Provide Communication lines and internet to allow families to contact each other.</i> • <i>Initiate active search, when possible, for civilians separated, missing or dead, or military personnel missing, killed in action or on number of unaccompanied and separated children.</i> • <i>Issue reports of captured, dead, and of civilians taken hostage, including third nationals if known.</i> 	


PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION)

 Protection, Gender, and Inclusion	Overall target: N/A	
	Female > 18: N/A	Female < 18: N/A
	Male > 18: N/A	Male < 18: N/A
Objective:	The different people impacted, displaced by, or fleeing the crisis are safe from harm including violence, abuse and exploitation, discrimination and exclusion, and their needs and rights are met.	
Priority Actions:	Activities:	
Feedback mechanisms and channel for responding to sensitive complaints	<ul style="list-style-type: none"> Maintenance and Management of 1760 hotline. Develop a multi-channel Complaints and Feedback Mechanism (CFM), including a hotline and digital feedback forms. Train field staff and volunteers on CFM protocols and beneficiary engagement. Schedule regular community feedback sessions to inform program adjustments. 	
Employ monitoring and feedback tools to inform and improve each intervention.	<ul style="list-style-type: none"> Deploy context-appropriate monitoring tools across all project areas. Analyze feedback data regularly to refine and adapt ongoing interventions. Share feedback outcomes with communities to validate findings and actions taken. 	
Children welcomed in child-friendly spaces	<ul style="list-style-type: none"> Establish and operate child-friendly spaces. 	
Information Dissemination	<ul style="list-style-type: none"> Regularly share information about the response with the community using all the possible media channels (TV, social media, and others.) in addition to the LRC emergency and the non-emergency hotlines. Communicate referral pathways to specialized protection services (GBV, child protection) to affected communities and coordinate referral, if needed. 	

ENABLING APPROACHES

NATIONAL SOCIETY STRENGTHENING, COORDINATION AND PARTNERSHIPS

 National Society Strengthening	
Objective:	National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well defined and recognized.
Priority Actions:	Activities:

<p>Volunteer Management Development</p>	<ul style="list-style-type: none"> • <i>Refresher Training: Conduct targeted training sessions for volunteers to align with the evolving needs of humanitarian response, ensuring they are equipped with the latest knowledge and skills.</i> • <i>Surge Capacity: Create a system for the swift deployment of volunteers to various sectors, enhancing our ability to respond to sudden increases in demand.</i> • <i>Rapid Onboarding: Streamline the onboarding process for new volunteers, ensuring they are quickly brought up to speed with essential protocols and practices.</i> • <i>Psychosocial Support for Volunteers: Provide consistent psychosocial support to volunteers, recognizing the importance of their mental well-being in sustaining a resilient response force.</i> • <i>Support strong connections between branches and headquarters structures</i>
<p>Youth Engagement</p>	<p><i>The Youth sector focuses on the well-being of children in conflict zones, providing funds for material and logistics costs associated with establishing and maintaining Child-Friendly Spaces. These safe havens are crucial for the psychological and social well-being of children amidst conflict.</i></p>
<p>Logistic Development Support</p>	<ul style="list-style-type: none"> • <i>Conduct local market surveys and execute procurement of materials for contingency stocks.</i> • <i>Receive and process in-kind and international donations especially those coming via the airport and naval ports.</i> • <i>Provide logistical support to operations in terms of fleet, warehousing and transportation, and maintenance.</i> • <i>Ensure proper reception and warehousing for purchased goods.</i> • <i>Manage and mobilize LRC's contingency stock.</i> • <i>Customs and Border Clearances: Ensure that relief supplies have the necessary clearances to cross borders and reach affected areas.</i>
<p>Human Resource Development</p>	<ul style="list-style-type: none"> • <i>Recruitment of surge staff if needed (former employees, interns, etc.)</i> • <i>Maintain regular communication with employees to share safety instructions and guidelines based on crisis development.</i> • <i>Designate an open communication channel between HR and Directors for updates and support.</i> • <i>Disseminate and monitor the implementation of the Remote Working Policy</i> • <i>Collaborate with the Finance Director to maintain the payment of staff salaries.</i> • <i>Address employee well-being through assessment, awareness, and follow-up.</i>
<p>PMER Development</p>	<ul style="list-style-type: none"> • <i>Lead on the development of LRC emergency appeals</i> • <i>Coordinate with Partner National Societies</i> • <i>Provide technical support in the development of the LRC operational plan in terms of setting objectives, developing indicators, and M&E plans.</i> • <i>Compile response data and issue timely high-level reports that can be used by CMT, communication, PNSs</i>
<p>Protection, Gender and Inclusion</p>	<ul style="list-style-type: none"> • <i>Conduct training on PSEA and Child Protection for all volunteers and staff to minimize safeguarding risks with affected communities and among staff and volunteers</i> • <i>Establish safeguarding mechanisms to mitigate risks of Sexual Exploitation and Abuse, Gender-Based Violence, and Child Protection within the response.</i>

Humanitarian Diplomacy and Strengthening Auxiliary Role	<ul style="list-style-type: none"> • Collaborate with Community-Based/Civil Society Organizations: Engages in sectoral meetings with community groups for WASH, Health, PSS, and Cash initiatives. • National or Local Government: Coordinates with government entities including the Ministry of Defense (MoD), Ministry of Public Health (MOPH), Ministry of Interior and Municipalities (MOIM), Disaster Risk Management Unit (DRM Unit), Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Directorate General of Security (DGS), Civil Defense (CD), local authorities, and regional governors.
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IFRC Secretariat Services

Objective:	The IFRC is working as one organization, delivering what it promises to National Societies and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.
Priority Actions:	Activities:
International Coordination and Humanitarian Diplomacy	<ul style="list-style-type: none"> • The IFRC and National Societies will work together to coordinate international support for operations and an enhanced regional response capacity. • Operations will promote collaborations on humanitarian diplomacy and advocacy efforts, as well as joint activities in support of the National Society's operations. • Coordination will be enhanced at different levels, from local to global, and facilitated by the IFRC.
Technical Support and Human Capacity	<ul style="list-style-type: none"> • The IFRC will ensure that available personnel are in place to provide efficient and effective appeal and pledge management (through surge capacity, etc.) as required and in collaboration with the National Society. • Regional surge and response capacity will be scaled up to address worst-case scenarios and for future emergencies. • Enhancing security management capacity in support of the Membership to enable the scale-up of operations.



Coordination and Partnerships

Objective:	Technical and operational complementarity is enhanced through cooperation among IFRC membership.
Priority Actions:	Activities:
Movement Coordination	<ul style="list-style-type: none"> • Initial Coordination: Movement partner coordination efforts began on October 9, 2023, to address the evolving situation, security concerns, and potential scenarios. • Inclusive Meetings: Coordination meetings expanded to include non-Movement partners and government entities for comprehensive situational awareness. • Follow-up Discussion: On October 12, 2023, a follow-up meeting with Movement partners reviewed updated scenarios, contingency plans, and resource mobilization strategies.

	<ul style="list-style-type: none"> • Tripartite Summit: A tripartite pre-mini summit with the LRC, ICRC, and IFRC occurred on 12/10/23, reaching an agreement on a coordinated Movement response aligned with existing plans. • ICRC and LRC Collaboration: ICRC coordinators are working closely with LRC counterparts to identify intervention areas and assess technical and financial needs for the LRC response plan. • Resource Allocation: The collaborative approach between ICRC and LRC ensures effective coordination and resource allocation for the response. • Proactive Membership Coordination: The IFRC Lebanon country delegation actively engages in in-country membership coordination. • Regular Meetings: Organizes monthly meetings with partners, and weekly internal regional/global meetings to exchange updates and address critical issues. • Data Management: Plays a key role in creating a comprehensive 3W (Who, What, Where) country-wide dashboard within the Unified Plan framework. • Commitment to Collaboration: Demonstrates a strong commitment to effective coordination and communication among partners. • Enhanced Humanitarian Efforts: Ensures a streamlined and collaborative approach to humanitarian work by fostering regular dialogue and staying informed
External Coordination	<ul style="list-style-type: none"> • International Organizations and Development Agencies: Participates in the HCT and OCHA EOC for collaboration with international bodies and development agencies. • The United Nations: Aligns with the UN framework through sectoral and bilateral meetings with UN agencies. • International Organization for Migration (IOM): Collaborates with IOM and the DRM Unit to produce the DTM Mobility Snapshot, a key resource for displacement data in Lebanon.

Quality and accountability

For the operation's Federation-wide indicator framework and data collected, please refer to [IFRC GO](#).

The Lebanese Red Cross (LRC) has established a dedicated Technical Support Unit (TSU) within its Planning and Development Section Unit. This unit collaborates closely with sector-specific Project Planning, Monitoring, Evaluation, and Reporting (PMER) teams, playing a pivotal role in creating a comprehensive Monitoring Evaluation Accountability and Learning (MEAL) framework and ensuring institutional Community Engagement and Accountability (CEA) within LRC. This framework will use the Indicator Tracking Table (ITT) below to measure the progress towards the intended results and inform standard operations reports and donor reports, facilitating efficient reporting and decision-making.

A PMER Delegate was engaged between August 2021 till April 2023, culminating in the development of a PMER Guideline and toolkit. These resources are currently under review, with plans for their implementation across various sectors soon. Additionally, LRC executed two program evaluations with the Canadian Red Cross and with the Swedish Red Cross for the Reproductive Health Program and WASH Program respectively. There were no specific evaluations conducted during this reporting period. Furthermore, the PMER Senior Officer's role extends to providing professional support and ensuring quality assurance to enhance the timely delivery of emergency readiness and response efforts.

The Lebanese Red Cross (LRC) is also unwavering in its commitment to ensuring due diligence and upholding the highest standards of ethical conduct during its response to the complex challenges posed by war. In line with its core principles and humanitarian values, LRC prioritizes the safety, dignity, and well-being of all affected individuals. This commitment extends to robust mechanisms for the prevention of sexual exploitation and abuse (PSEA), the protection of children, vigilance against fraud and corruption, and adherence to Code of Conduct. LRC maintains a

stringent code of ethics, comprehensive training for its staff and volunteers, and a dedicated oversight framework to guarantee that all actions and interactions are rooted in the principles of humanity, neutrality, impartiality, and independence, as well as respect for human dignity.

Sector/Area	Indicators	Target	Lebanon code
Health and care	# of conflict-affected people injured transported, disaggregated by sex		L1.1
	# of conflict-affected civilians evacuated, disaggregated by sex		L1.2
	# of conflict-related dead bodies managed and transported		L1.3
	# of non-conflict related emergencies patients served, disaggregated by sex		L1.4
	# Blood components distributed to conflict affected people	24,000	L1.5
	# Blood components distributed to hospital directly	15,600	L1.6
	# Blood Units Collected	36,000	L1.7
	# Blood Donors Appointments fulfilled	900	L1.8
	# of MMU deployments	600	L1.9
	# of medical consultations provided through MMUs and HCs, disaggregated by sex	75,000	L1.10
	# of medication services provided through MMUs and PHCs	105,000	L1.11
	# of Child friendly space operated	1,200	L1.12
	# of children participating in child friendly space, disaggregated by sex	24,000	L1.13
	# group support sessions		L1.14
	# of people who attended group sessions, disaggregated by sex		L1.15
	Number of people reached with MHPSS services, disaggregated by sex		L1.16
	Number of vaccines administered		
Number of RC/RC primary health care facilities that carried out routine vaccination activities per month			
Number of people reached by volunteers during outreach with information on how to access routine immunization services			
Food security and livelihood	# of people received ready meals, disaggregated by sex	7,500 meals	L2.1
	# of families who received food parcels	5,000 families	L2.2
	# of people receiving cash for rehabilitation assistance	1,000 individuals	L2.3
Cash and voucher	# of families who received unconditional cash	20,000 families	L2.4
WASH	# of conflict affected families receiving hygiene kits	1000 Families	L3.1
	# of conflict affected families receiving disinfection kits	1000 Families	L3.2
	# of conflict affected families receiving drinking water packs	1000 Families	L3.3
Shelter, housing and settlements	# conflict affected individuals receiving mattresses, disaggregated by sex	5,000 individuals	L4.1
	# conflict affected individuals receiving blankets, disaggregated by sex	5,000 individuals	L4.2
	# conflict affected families receiving cash for rent assistance	500 families	L4.3
Protection and Prevention and CEA	Number of calls received through the non-emergency hotline (disaggregated by calls for information and requests, feedback and complaints, others)		L5.1
National Society Strengthening	Number of volunteers and staff provided with PSS services, disaggregated by sex		L6.1
	Number of volunteers and staff trained on CFM complaint and feedback mechanism protocols and beneficiary engagement, disaggregated by sex		L6.2
	Number of staff and volunteers attended PGI, PSEA, and child safeguarding trainings and briefings, disaggregated by sex		L6.3

ANNEX 1: NATIONAL SOCIETY RESPONSE PLAN – FEDERATION-WIDE FUNDING REQUIREMENT THROUGH VARIOUS CHANNELS

HNS Plan Total Requirements	Appeal Requirements (through IFRC)	HNS Fundraising
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FUNDING REQUIREMENTS (CHF)

Planned Operations	46,121,000	42,121,000	1,864,131
Shelter and Basic Household Items	1,982,000	1,982,000	140,950
Livelihoods	6,265,000	6,265,000	
Multi-purpose Cash	8,320,000	8,320,000	199,500
Health and Care	27,976,000	23,976,000	530,901
Water, Sanitation & Hygiene	1,431,000	1,431,000	
Protection, Gender, and Inclusion	147,000	147,000	
Community Engagement and Accountability	0	0	
Education	0	0	
Migration	0	0	
Risk Reduction, Climate Adaptation and Recovery	0	0	
Environmental Sustainability	0	0	
Non-Earmarked			992,780
Enabling Approaches	8,910,000	7,420,000	36,010
Coordination and Partnerships	0	0	
Secretariat Services	0	490,000	6,280
National Society Strengthening	8,910,000	6,930,000	29,730
Total	55,031,000	49,541,000	1,498,747

Contact information.

For further information specifically related to this operation, please contact:

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- **IFRC Regional Office for Health, Disasters, Climate & Crises (HDCC) Unit:** Dr. Hosam Faysal, Regional Head of Health, Disasters, Climate & Crises (HDCC) Unit – MENA, email: Hosam.Faysal@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

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For In-Kind Donations and Mobilisation table support:

- **IFRC Regional Office for MENA:** Cornelis Dees, Regional Head of GHS&SCM unit; Cornelis.Dees@ifrc.org

Reference



Click here for:

- [Link](#) to the Emergency Appeal and updates
- [Link](#) to the Mobilization Table