

### Lebanon Complex Emergency



Lebanese Red Cross (LRC) volunteers in Aley receive relief supplies to be stored in a local distribution centre. Photo: LRC

Appeal №: <a href="#">MDRLB017</a>	To be assisted: <b>700,000 people</b>	Appeal launched: <b>05/11/2024</b>
Glide №: <a href="#">CE-2024-000196-LBN</a>	DREF allocated: <b>N/A</b>	Disaster categorization: <b>Red</b>
Operation start date: <b>05/11/2024</b>	Operation end date: <b>31/12/2026</b>	Date: <b>12/24/2024</b>
Operational Strategy Revision	N/A	

\*The Operational Strategy may be revised based on the LRC response for 2025.

**IFRC Secretariat funding requirement: 80 million CHF**  
**Federation-wide funding requirement: 100 million CHF<sup>1</sup>**

<sup>1</sup> The Federation-wide funding requirement encompasses all financial support to be directed to the Operating National Societies in response to the emergency. It includes the Lebanese Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 20 million), as well as the funding requirements of the IFRC Secretariat (CHF 80 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.

# TIMELINE

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- October 2023: Escalation of hostilities in Gaza and localized conflict in southern Lebanon.**
  - 18 October: Initial DREF loan of CHF 500,000 for Lebanon allocated. Multi-country Emergency Appeal launched.**
  - January 2024: Increased hostilities beyond southern Lebanon.**
  - 17 September: Explosion of pagers across Lebanon. Severe escalation of hostilities leads to widespread displacement.**
  - 24 September: Second DREF loan of CHF 2 million for Lebanon allocated.**
  - 5 November: New Emergency Appeal for Lebanon launched.**
  - 27 November: Ceasefire takes effect.**

## DESCRIPTION OF THE EVENT

Lebanon's southern border has become the scene of continuous conflict in the growing hostilities in the region. A dramatic escalation following the explosion of thousands of pagers in September this year has devastated the South of the country, Bekaa Valley, and Beirut suburbs, evoking memories of the 2006 conflict and the profound impact that it had. In October the number of attacks inside the country then rose by over 70 percent as hostilities in southern Lebanon and airstrikes significantly increased.<sup>2</sup> Simultaneously, ground military operations impacted 32 towns and villages along the border, spanning districts from Tyre in the southwest to Marjayun and Hasbeiya in the southeast.

The Lebanese Ministry of Public Health now reports that as of 28 November 2024,<sup>3</sup> over 3,961 people have been killed, including at least 266 children, and 16,520 people have been injured, with one-third of these deaths occurring in October alone. Many of the casualties include women and children, and civilian deaths and injuries continue to rise in general. Entire families have been forced to flee their homes with little time to gather belongings, leaving behind their livelihoods. An estimated 1.3 million people are reported to have been displaced, with over 562,000 estimated to have crossed from Lebanon into Syria since the beginning of hostilities, 62 percent of them Syrians and 37 percent Lebanese nationals.<sup>4</sup>

At 04:00 on 27 November of this year, an agreement took effect allowing over 800,000 people to return to their communities, and as of 5 December<sup>5</sup>, 180,000 displaced people had left collective accommodation shelters. Thus far 1,000 collective shelters have closed following the ceasefire, with 28,184 individuals crossing into Lebanon from Syria. Nearly 3,346 Lebanese have also crossed into Syria, 1,266 from Lebanon and 2,080 from Iraq.<sup>6</sup> Prior to the ceasefire, nearly half of all the displaced people had been living in host settings, in overcrowded conditions, and needed shelter, food and water.

Lebanon was already hosting an enormous number of displaced people even before the recent hostilities. There are over 1.5 million Syrian refugees in the country, only 790,000 of whom are registered, and more than 200,000

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<sup>2</sup> [ACLED 2024](#)

<sup>3</sup> [Lebanon: Flash Update #48](#)

<sup>4</sup> UNHCR Lebanon Emergency Flash Update (29 November 2024)

<sup>5</sup> [IOM Mobility Snapshot - Round 66 Flash Update](#)

<sup>6</sup> [UNHCR Syria Emergency Response Brief](#) (30 November 2024)

Palestinian refugees.<sup>7</sup> In the past year, these groups have been particularly impacted due to the disruption of services and due to pre-existing socio-economic vulnerabilities. There are six Palestinian refugee camps located in the South governorate, with 36 percent of all Palestinians there living in the Saida district and 15 percent living in the Sour district.<sup>8</sup> It is unknown exactly how many of these Palestinians in southern Lebanon have relocated to other camps due to the hostilities, but since the beginning of the ceasefire about 1,813 Syrians have crossed into Syria from Lebanon.

Lebanon also hosts at least 11,000 refugees from other countries as well as a large group of labor migrants<sup>9</sup>, and the escalation of hostilities and internal displacement are leading to increased vulnerabilities for refugees and migrant workers. Reports indicate that migrant workers in Lebanon are left stranded, homeless, trapped, and unable to get to safety. These people are left without phones to communicate with their family or loved ones, as well as without clothes, money, and food, facing dire conditions.

Other crises have cumulatively affected Lebanon as well. The financial crisis of October 2019 led to a tripling in poverty rates among Lebanese citizens, increasing from 12 percent in 2012 to 44 percent in 2022. The local currency lost over 90 percent of its value, leading to skyrocketing inflation, widespread unemployment, and a decline in living standards. Prior to the conflict, key public services, including electricity, water, and waste management, were also significantly curtailed. Water quality and accessibility issues increased due to insufficient infrastructure investment. The COVID-19 pandemic and the Beirut Port explosion both significantly worsened the country's socio-economic situation and public services as well, including increasing unemployment, driving up the cost of essential goods, and straining the national healthcare system.

## Severity of Humanitarian Conditions

Over the past year, southern Lebanon, the Bekaa region, and Beirut's suburbs have been affected by increased airstrikes and ground attacks, which killed 3,961 people, including at least 266 children, and injured 16,520 people as of 28 November 2024.<sup>10</sup> Nearly 80 people were killed and over 265 injured on 26 November alone, the day before the ceasefire came into effect.

These attacks have caused severe damage to water, electricity, transportation, and telecoms infrastructure, with over 4,000 residential buildings destroyed. The cost of damage to buildings and infrastructure, and economic losses caused by the conflict, have exceeded USD 8.5 billion, with USD 3.4 billion in damages to physical structures and USD 5.1 billion in financial losses.<sup>11</sup>

The World Bank has warned of a deepening economic crisis in Lebanon. Lebanon's real gross domestic product (GDP) contracted by 6.6 percent in 2024 due to the ongoing conflict, marking a cumulative decline of over 38 percent since 2019, according to the latest report.<sup>12</sup> The conflict has exacerbated economic challenges, severely impacting consumption, net exports, and key sectors such as tourism.

Lebanon has long endured a severe socio-economic and the recent escalation has further strained the country's overstretched public services. The past year of conflict and pre-existing socio-economic hardships have thus left Lebanon facing an extremely difficult, protracted humanitarian crisis. Even after the ceasefire, a significant percentage of the country's population, including refugees and migrants, are in immense need of humanitarian assistance and long-term support, even as Lebanon enters a potential recovery phase. At the same time, the risk of the ceasefire not holding, with fresh escalation, is ever present, a situation that could have an enormous impact on the humanitarian situation.

**Shelter, Housing and Settlements:** This long-running conflict has led to mass displacement of people, with the majority still hoping to return to their homes following the ceasefire, exacerbating an already dire socio-economic situation in the country. The Lebanese authorities estimate that at the height of the conflict, around 1.3 million individuals were displaced, including many Syrian and Palestinian refugees, with some households

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<sup>7</sup> ACAPS Briefing Note (July 2024)

<sup>8</sup> UNRWA (June 2024); ACAPS Briefing Note (July 2024)

<sup>9</sup> <https://www.acaps.org/en/countries/lebanon/>

<sup>10</sup> Lebanon: Flash Update #48

<sup>11</sup> Interim Damage and Loss Assessment (DaLA) report, World Bank (November 2024)

<sup>12</sup> World Bank. *Lebanon Economic Monitor - Fall 2024 : Mounting Burdens on a Crisis-Ridden Country*

being displaced multiple times. Many people left their homes quickly, without their essential items. Livelihoods have also been severely disrupted, particularly for farming communities.

Following the ceasefire, an estimated 800,000 people have started to return to their communities, often finding severe destruction, including damaged or destroyed homes and limited access to basic services. But many people also cannot yet return to their communities because their homes have been destroyed, as well as due to restrictions and safety concerns.

Prior to the ceasefire, around half of all displaced people had been living in host settings, often in overcrowded conditions. The Lebanese Government opened 1,145 collective shelters in public schools and other buildings, which have accommodated over 190,700 people based on the household registration efforts of LRC and the Government.<sup>13</sup>

But there is still significant uncertainty about the safety of many areas, particularly southern districts. Many residential buildings have been severely damaged or destroyed, which will leave a significant portion of the population in need of shelter and heat during the winter months.

**Migration and displacement:** Of the 1.5 million Syrian refugees in Lebanon, 369,055 have moved back to Syria due to the escalation in hostilities.<sup>14</sup> An additional 192,739 Lebanese citizens have also fled to Syria and it is possible that many of these people will return again, or have already returned, following the ceasefire and new escalation in Syria. Since 23 September 2024, 58,500 refugees were identified who had been secondarily displaced within Lebanon, 98 percent of them Syrian. This places individuals and families who are already in precarious situations in even more dire need of humanitarian support. Now, following the dismantling of the ruling government in Syria in early December, many Syrians have begun returning to their country from Lebanon. However, the situation for Syrian refugees remains precarious and their legal protections in Lebanon and other countries may be revoked. The situation in Syria is still very unstable too, and many people remain hesitant to return there due to the uncertainty of how the conflict and political context will evolve. Reports indicate that many of the 176,000 registered migrant workers in Lebanon have been left stranded, homeless, and unable to find safety or meet even their most basic needs.<sup>15</sup>

**Health and Water, Sanitation & Hygiene (WASH):** Already strained by the economic crisis, COVID-19 and the 2020 Beirut Port explosion, Lebanon's health sector faces critical shortages of medical staff and supplies, making it increasingly challenging to meet the needs of displaced people and those with chronic health conditions. Since October 2023, there have been 158 attacks on healthcare facilities, with 241 health workers killed and 292 injured while on duty. LRC has deployed Mobile Medical Units (MMUs) to mitigate this, but the overall healthcare system in Lebanon remains severely overwhelmed. Even when not directly targeted, emergency medical services and hospitals are struggling to treat injured people amid dwindling resources.

The hostilities have also severely damaged civilian infrastructure, including water and sanitation facilities, cutting off access to clean water for tens of thousands of people. The lack of effective sanitation services, with most wastewater treatment plants non-operational due to power shortages, heightens the risk of disease outbreaks like cholera, which was already severely affecting Lebanon by late 2022.

**Food Security and Livelihoods:** Large-scale displacement of people, as well as the significant economic impacts of the conflict, has heightened demand for essentials like bread, water and shelter, placing the market system under pressure, with prices already significantly inflated in some areas.

**Protection, Gender & Inclusion (PGI):** Various drivers of protection risk impact communities in Lebanon, many of which existed before the current crisis, such as heightened exposure to violence, deprivation and coercion. The ongoing crisis is likely to lead to a rise in negative coping strategies and increasing overall child protection needs, especially among vulnerable populations.

With limited information to date, it is difficult to provide a clear picture of the situation. However, it is widely recognized that women often face increased vulnerability in conflict situations, including heightened risks of SGBV, displacement and barriers to accessing health care and essential services. The current conflict will only amplify protection risks for women due to weakened services, including an overwhelmed judicial system, economic crisis and accessibility of protection actors to affected women.

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<sup>13</sup> Lebanese General Secretariat of the Supreme Defence Council, Situation Report #39



<sup>14</sup> Syrian Arab Red Crescent (SARC) registration data, 29 October 2024

<sup>15</sup> [The New Humanitarian \(October 2024\)](#)

# CAPACITIES AND RESPONSE

## National Society response capacity

### National Society capacity and ongoing response

Lebanese Red Cross (LRC)	
	
Core areas of operation	
	
Number of staff	400
Number of volunteers	15,000
Number of branches	32

The Lebanese Red Cross (LRC) was established in 1945 as an auxiliary to the public authorities, providing effective and efficient humanitarian assistance to vulnerable communities in Lebanon. It is the main provider of pre-hospital care in the country, responding as well to natural hazards and man-made disasters. With a wide array of partners, LRC is the leader in both first aid and disaster response. Their Emergency Medical Services unit (EMS) enjoys high credibility and acceptance among the population. LRC has 32 local branches, 51 EMS stations, 4 operating rooms, 13 blood banks, 42 dispensaries and 15 mobile clinics. They have 2,754 EMS volunteers and 1,400 youth volunteers, who show tremendous commitment and professionalism in their work. LRC is therefore uniquely positioned to fill the gaps in the country's healthcare system.

LRC has the capacity to quickly scale up its emergency response as well, as demonstrated during the war with Israel in 2006 and in the aftermath of the Beirut port explosion in 2020. They benefit from high levels of trust and acceptance, unique access across the country and recognized neutrality and impartiality. Within the five-kilometre 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.

LRC's Disaster Risk Reduction (DRR) Unit has been a key part of this response, focusing on mitigating disaster risks and strengthening resilience. The DRR Unit has activated **21** Emergency Operations rooms across the country, providing technical support, tracking displaced populations and coordinating with local authorities. It has also worked on developing contingency plans in collaboration with municipalities, identifying local resources and ensuring that communities are equipped to respond effectively to the crisis. Additionally, Community Emergency Response Teams (CERTs) have been established and trained in high-risk areas, with over **83** teams equipped with medical supplies and first aid to bolster local response capacity.

The National Society focuses on providing immediate assistance in departure areas, conducting rapid needs assessments for vulnerable groups and delivering essential items such as ready meals, blankets, mattresses, hygiene items and medical support across all health sectors. The EMS team has played a critical role in responding to the escalating conflict, their dispatching rooms and stations have remained fully operational, and they have coordinated rescue missions and emergency care across all conflict zones despite security threats and logistical challenges. Since the onset, EMS teams have mobilized **918** ambulances and **2,754** volunteers. In addition to their primary rescue operations and response to regular medical emergencies, EMS volunteers have facilitated the distribution of medical supplies and food to critical areas like the South and Bekaa.



To complement LRC's comprehensive conflict response, the Palestinian Red Crescent Society's Lebanon branch (PRCS-L) operates seven Community and Healthcare Centres that offer clinical services, health awareness and community resilience activities, and Psycho-social Support (PSS). PRCS oversees the management of five hospitals in Lebanon that provide secondary and tertiary healthcare as well. They have 26 ambulances for emergency medical services, each equipped with necessary medical supplies, with 800 staff members and 252 volunteers across Lebanon.

LRC's Urban Search & Rescue (USAR) teams have been fundamental in supporting the response, too. They have been dispatched to areas heavily affected by airstrikes, particularly in southern regions and newly impacted areas such as Beirut and Jiyeh. Their primary mission has been to retrieve civilians trapped under debris or collapsed buildings. Equipped with specialized tools and medical supplies, USAR teams have successfully conducted multiple missions to date, rescuing trapped individuals and providing critical on-site medical care. Their prompt actions have not only saved lives but have also ensured the timely transport of survivors to hospitals by EMS.

The current overall level of need has outstripped available government assistance, however, leading to a significant shortfall in 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. LRC Mobile Medical Units have thus 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 has used 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. **Inter-facility transport:** In cases where patients require specialized care or transfer between healthcare facilities, EMS arranges inter-facility transport, ensuring seamless transitions and continuity of medical treatment.
6. **Evacuations:** LRC prioritizes safe evacuation for vulnerable populations, including patients from hospitals and residents of elderly homes, utilizing appropriate medical transportation resources.

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 programme, reflecting a broader commitment to addressing the multi-faceted nature of crises.

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 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 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 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 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.

## **LRC's ongoing response**

LRC has been pivotal in responding to the recent escalation in conflict. Following the pager explosions on September 17 and 18, they quickly mobilized, deploying 297 ambulances and 810 EMS teams. Since October 2023, they have treated and or transported over 1,143 patients, conducted over 67,000 ambulance missions and offered nearly 193,000 medical consultations, and medical services have been provided through mobile medical units and healthcare centres. Over 55,000 blood units have been distributed by LRC as well, as part of the humanitarian response in southern Lebanon, the Beka'a region and South Beirut.

LRC has distributed 1,129,370 ready-to-eat meals and bread bundles, 110,821 food parcels, 45,882 hygiene kits, 45,977 mattresses and 78,532 blankets to displaced people in collective shelters and other vulnerable groups too. Through their urban Search & Rescue teams, they have also extracted over 40 people, both dead and alive, from destroyed buildings.

For more information on LRC's response to the ongoing complex emergency in Lebanon please refer to the [IFRC GO platform](#) and the [LRC website](#).

## **Capacity and response at the national level**

LRC has played a central role in strengthening coordination at the national and local levels, working closely with government structures, municipalities and ministries to enhance response efforts. The Disaster Risk Reduction (DRR) unit has supported these efforts by creating systems to improve coordination and aid distribution. DRR has supported government in facilitating 21 Emergency Operations Rooms (EORs) across Lebanon, including national EORs at the Grand Serail and various others at governorate and municipal levels. These EORs have deployed over 90 trained volunteers, who have provided technical support, tracked IDPs, mapped available services and facilitated overall coordination. The presence of these EORs has fostered seamless communication between local authorities, the DRM Unit and international organizations, ensuring a coordinated response to the unfolding crisis. In partnership with Key Ministries, DRR have collaborated with the Ministry of Education and Higher Education (MEHE) to train public school health and environment supervisors on conflict awareness, evacuation planning and practical emergency drills. They have also worked with the Ministry of Public Health (MoPH) to conduct vaccination campaigns, and have supported the Emergency Surveillance Unit (ESU) in data collection and health surveillance efforts. The Ministry of Interior and Municipalities (MoIM) has benefitted from technical support for centralized coordination through the EORs too, enhancing governmental response capabilities.

## **International capacity and response**

### **Red Cross Red Crescent Movement capacity and response**

#### **IFRC membership**

IFRC will continue to mobilise technical and financial support to LRC through the Country Delegation in Lebanon and through the Regional Office for MENA, based in Lebanon as well. It has set up a dedicated coordination architecture for the broader crisis in the Middle East and actively engages the membership to work together to support a collective and strategic response. To date more than 20 PNSs have supported LRC's response to the conflict through over CHF 11 million in bilateral and multi-lateral funding, in-kind donations and technical expertise. This includes Austrian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Egyptian Red Crescent, Emirates Red Crescent, French Red Cross, German Red Cross, Hong Kong Red Cross, Italian Red Cross, Japanese Red Cross, Netherlands Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent, among others. Many of these partners have continued to provide support to LRC during the recent escalation, while many international staff have been relocated from the country.

<b>Name of Partner</b>	<b>Health &amp; Care</b>	<b>Integrated Assistance</b>	<b>Protection &amp; Prevention</b>	<b>NS Capacity Building</b>	<b>Details</b>
<b>Danish RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: Medical Social Services (MSS), Mental Health and Psychosocial Support (MHPSS), Protection, Gender and Inclusion (PGI). Activities: Focus on enhancing the MHPSS and PGI framework. DRC will also facilitate safe and unified referral systems for specialized services and put emphasis on caring for staff and volunteers.</i>
<b>Netherlands RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>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.</i>
<b>Canadian RC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: EMS and MMS Activities: M&amp;E and technical expertise in the health sector, including international procurement of medicines and development of training materials.</i>
<b>Spanish RC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: Health, BTS Activities: Providing essential analysis materials to BTS, supporting Medical Services, and enhancing the LRC volunteering management system.</i>
<b>British RC</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sector: DM, BTS Activities: 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.</i>
<b>Austrian RC</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: WASH Activities: Supporting WASH initiatives in public schools and Informal Tented Settlements (ITS).</i>
<b>German RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: Disaster Risk Reduction (DRR), Economic Security Activities: Support in areas like DRR and EcoSec, including training support, anticipation, and developing fast-track procedures for operations.</i>
<b>Swedish RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: DM, BTS Activities: Contributed to procurement of reagents, consumables and blood bags for the conflict response.</i>
<b>French RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Sectors: BTS, DRR</i>
<b>Qatar RCS</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Sectors: Disaster Management (DM), Health, Migration</i>
<b>Norwegian RC</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Sectors: DM, EMS, MMS</i>



## ICRC

The ICRC has been present in Lebanon since 1967, working to ensure that people affected by armed conflict receive humanitarian protection and assistance, and helping vulnerable communities to meet their essential needs. ICRC in Lebanon has committed to focusing on three priorities:

- 1) ensuring that war-wounded individuals have access to high-quality medical and surgical care;
- 2) ensuring protection through dialogue, neutral intermediary role, and PFL; and
- 3) ensuring that people affected by conflict, including IDPs, have access to essential basic needs.

Movement partners in Lebanon - LRC, ICRC, IFRC, and the exceptionally large number of PNSs - have established longstanding collaboration and partnerships, reflecting a complementary approach. This Emergency Appeal is part of a Movement-wide approach, based on the response priorities of LRC.

## International Humanitarian Stakeholder capacity and response

At the country level, the Red Cross and Red Crescent National Societies provide humanitarian services in close cooperation with external stakeholders in their respective countries, including the relevant national agencies leading the response, national and international humanitarian aid organizations, and local and central departments of relevant ministries. A UN Flash Appeal was launched, including the requirements of UN agencies and non-governmental organizations, to provide assistance in support of the Government-led relief effort as a coordinated planning framework for the international response to the significant humanitarian needs in the country.

Significant UN agencies and INGOs are present in Lebanon, responding to the emergency. In partnership with LRC and the ICRC, IFRC has engaged in inter-agency coordination through the Humanitarian Country Team (HCT) since the start of this crisis. IFRC is also engaged at the global leadership level under the Inter-Agency Standing Committee (IASC) structure.

The Lebanese Red Cross also coordinates closely with UNIFIL to ensure the safety, accessibility and effectiveness of its humanitarian efforts, led by an LRC liaison officer dedicated to this collaboration. Through real-time information sharing, UNIFIL helps LRC teams navigate high-risk areas, particularly near the southern border, enhancing their safety. The collaboration also provides logistical support, such as safe passage across checkpoints, enabling LRC to reach and aid affected populations swiftly.

## OPERATIONAL CONSTRAINTS

**Protection of staff and volunteers:** The conflict has added the additional challenge of retaining skilled staff and volunteers in Lebanon. For LRC, 16 volunteers have sustained minor injuries, and 14 ambulances have been damaged because of hostilities. Nevertheless, the National Society continues to deliver pre-hospital care and medical evacuations across the country, including the conflict zones.

**Limited resources:** Hospitals are overwhelmed with casualties and face severe shortages of supplies. Government authorities at the national and local levels are now heavily dependent on LRC for ambulance services, blood transfusion, relief distribution and coordination efforts to meet the immense needs of people affected by the conflict. This puts significant pressure on LRC's financial and human resources. LRC is committed to filling critical gaps, but more international support is urgently needed.

**Mass displacement:** More than 1.3 million people have been displaced during the height of the conflict in Lebanon, putting immense pressure on temporary shelters and host communities. Most of the displaced people are still moving frequently, making it harder to provide consistent humanitarian aid and stable services.

**Supply chain disruptions:** The conflict has disrupted supply chains, delaying essential deliveries of items. Suppliers are increasingly asking for cash payments, two of the main border crossings between Syria and Lebanon are out of order due to airstrikes and only limited airlines are flying to Beirut airport. Some airlines have restarted flights in and out of Beirut following the ceasefire, but they remain limited.

**Humanitarian access:** Despite the ceasefire, the continued hostilities underscore the ceasefire's fragility. Humanitarian access and delivery of humanitarian aid continue to be challenged due to the unstable situation. The humanitarian space is under pressure, as violence against healthcare and protections issues of LRC health workers, volunteers, and medical facilities obstructs access to healthcare, delivery of health services, and hampers the ability to safely access all people in need.

## **FEDERATION-WIDE APPROACH**

The Lebanon Complex Emergency Appeal is part of a Federation-wide approach based on the response priorities of LRC and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies and the funding ask of the IFRC secretariat.

### **Membership Coordination**

LRC was part of the pilot countries for the IFRC Network's New Way of Working initiative, which was piloted in 14 countries. Participation in the pilot has established strong coordination structures in Lebanon with monthly Movement coordination meetings and regular Membership coordination meetings organised by LRC. This has resulted in effective coordination, leveraging the collective strength of the IFRC Network through shared resources, knowledge, and learning. These efforts are currently being harnessed to support the significant contributions of Participating National Societies to the LRC response plan for this complex emergency.

This Emergency Appeal will facilitate linkages between all response activities, including activities funded domestically or through bilateral contributions to LRC, and will assist in leveraging the capacities of all members of the Federation in-country.

### **Movement Coordination**

IFRC plays a constructive and proactive role in supporting the collective Movement response, working closely with LRC and ICRC.

Given the current context, robust and constant coordination with ICRC is ensured at all levels to maximize the impact of the Red Cross Red Crescent Movement. A "mini summit" was held on 25 September to agree on the strategic direction for the Movement response and to agree on appropriate coordination structures. Coordination efforts in Lebanon are guided by Movement Coordination Mechanisms, which have been continuously strengthened, particularly following the conflict escalation in September 2024. Bi-weekly operational Movement Coordination meetings are now conducted, complemented by regular tripartite meetings at the strategic level.

## **OPERATIONAL STRATEGY**

### **Vision**

This Operational Strategy aims to deliver a comprehensive response to the escalation of hostilities in Lebanon, considering pre-existing challenges within the country, and addressing the immense needs of people affected. LRC will work to address the needs of people who have been affected either directly, due to displacement, loss of family, property and livelihoods, or indirectly through psycho-social or long-term socio-economic impacts. Building on LRC's far-reaching local presence and experience in large-scale humanitarian interventions and emergency response - with the support of the IFRC Secretariat and capacities of the global IFRC network - this

strategy aims to address the immediate and mid-to-long-term recovery needs of the affected population, with a particular focus on the most vulnerable communities, including host and refugee populations.

The complementarity of Movement partners and stakeholders is critical to ensuring that the Operational Strategy can be implemented with the proper coordination mechanisms and oversight. Every effort will be made to ensure there is close collaboration and understanding of the interventions to achieve an effective and well-coordinated response.

## Targeting

### People to be assisted

LRC is concentrating its response efforts on populations facing the greatest risk and displacement due to the recent escalation. They have prioritized the most severely impacted areas, including southern Lebanon, the Bekaa region and the southern suburbs of Beirut, where widespread infrastructure damage has critically affected access to healthcare, shelter and essential services. Simultaneously, PRCS-L has a specific mandate to work in the Palestinian refugee camps, serving those who are displaced as well as those who are still residing in conflict zones.

Women, children, the elderly, people with chronic illnesses and people with disabilities are at increased risk and may require access to specialized health and protection services. LRC targets particularly vulnerable and/or marginalized groups, including internally displaced people (IDPs), refugees, stateless people and ethnic minorities. These groups continue to face significant challenges in terms of inclusion in society.

### The needs of particular concern include:

- people living in heavily conflict-affected areas;
- people living in informal accommodation and collective centres;
- households with children under the age of 5;
- unaccompanied children;
- households with pregnant or lactating women;
- single parent/caretaker households;
- single women;
- households with members over the age of 60;
- households with members who have disabilities;
- households with members who have severe chronic illnesses or other significant health issues;
- people belonging to marginalized groups; and
- vulnerable refugee and migrant groups.

### Considerations for Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA)

In line with the principled humanitarian approach, Protection will be provided and mainstreamed based on priority needs, and not on legal status or category. IFRC will ensure that support is provided to host communities in their efforts to assist affected populations, including but not limited to IDPs, while also considering their vulnerabilities and immediate needs.

LRC will prioritize people from groups of concern and at high risk of further harm, including pregnant and lactating women, children, people with disabilities, separated family members, elderly, people with chronic illnesses as well as minority groups. Additionally, LRC will continue to strengthen PGI mainstreaming in all of its services, according to the minimum PGI standards in emergencies. This also involves the establishment of child-friendly spaces, for instance in collective shelters.

To ensure that affected people are able to safely access services, LRC will use referral pathways to protection services and provide referrals as needed. It will also raise awareness among affected populations on protection risks, such as human trafficking and gender-based violence (GBV). Internal safeguarding mechanisms will be

strengthened as well, for instance by providing refresher briefs and on-the-job training to all staff and volunteers on Prevention of Sexual Exploitation and Abuse (PSEA).

Community Engagement & Accountability (CEA) is central to all of this, ensuring that the support provided is based on people's diverse needs and preferences. Building on LRC's strong CEA capacity, feedback mechanism and well-functioning "1760" hotline, a multi-channel Complaints & Feedback Mechanism is under development, including digital feedback forms and community feedback sessions to understand relevance and the effectiveness of the response and inform programme adjustments. LRC also conducts regular Post-distribution Monitoring (PDM) for its programmes through volunteers and feedback systems.

## PLANNED OPERATIONS

Since the onset of the crisis in 2023, LRC has led the humanitarian response as the main provider of pre-hospital care in the country. It has focused on readiness actions for potential escalation while already assisting those in conflict-affected areas, displaced individuals and host families. The main LRC response activities are ambulance services and pre-hospital care, blood transfusion, primary healthcare and PSS, urban Search & Rescue (SAR) and the distribution of essential relief items and food. Following the dramatic escalation of hostilities in September 2024, LRC quickly scaled up all of its key services, successfully building on its preparedness efforts. In parallel, LRC's Disaster Risk Reduction (DRR) unit supported the Lebanese Government to activate 21 Emergency Operations Rooms (EORs) across Lebanon. LRC volunteers are strategically embedded in the EORs to provide technical support, to track IDPs and to facilitate overall coordination at the national, governorate and municipal level.

Given that the situation remains extremely volatile, with rapidly evolving humanitarian needs, this Emergency Appeal aims to ensure sustainable support for LRC's operational priorities until December 2026. The protracted nature of the crisis requires a shift to an integrated approach that encompasses LRC's immediate response to the escalation of hostilities, as well as a robust plan to address the immense longer-term impact on the population in Lebanon, including recovery efforts. This Emergency Appeal aims to provide direct assistance to 600,000 people affected by the conflict, while ensuring maximum flexibility to adapt response activities based on the evolution of the situation and the anticipated recovery needs.

The humanitarian response from LRC is complemented by specific response activities from PRCS-L. This branch offers free health and social services to Palestinian refugees, Syrian refugees, migrant workers and other vulnerable groups through hospitals and through community and healthcare centres that are strategically embedded in Palestinian camps. The PRCS-L health facilities that are located in conflict zones, for example in Saida and southern Beirut, are critical to ensuring continuous access to healthcare despite damage to infrastructure and safety concerns.

### **Through this Emergency Appeal, LRC is pursuing several priorities:**

**Health services:** Due to the destruction or closure of healthcare infrastructure in the country, a significant increase in health services is urgently needed. LRC is mandated by the Government of Lebanon to be the main provider of ambulance services in the country, and they are part of the Government's disaster coordination mechanism. LRC operates 51 ambulance stations both permanent and temporary, 13 blood transfusion centres, 36 primary healthcare centres, 8 MMUs and 21 disaster management centres, with over 12,000 volunteers across the country. In addition, PRCS-L has a specific mandate of responding to the secondary and tertiary healthcare and psycho-social needs of Palestinian refugees in Lebanon through seven Community and Healthcare Centres and five hospitals.<sup>16</sup>

**Urban Search & Rescue (USAR):** With the massive destruction of residential buildings around the country resulting from the conflict, the need to scale up LRC's USAR capacities is more important than ever, in order to locate and extract people when buildings have been destroyed. Currently, LRC operates 15 USAR teams and five SAR vehicles to extract injured and dead people and provide transport to safer areas and hospitals. Even with the ceasefire in place, the situation remains fragile and new attacks could necessitate the rapid deployment of USAR teams at any moment.

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<sup>16</sup> Lebanese Red Cross can respond in the hospitals outside the camps (Hamshari-Nasera).


**Food Security and Shelter:** Providing adequate food and support in shelters 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 aims to distribute multi-purpose cash assistance, food parcels and essential items, ensuring that people’s immediate needs are met.

**Water & Sanitation:** Access to clean water and proper sanitation facilities is a priority to prevent the spread of waterborne diseases. 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.


**Recovery:** Even if the ceasefire holds for now, in the coming months and years hundreds of thousands of people will remain in dire need of support to regain stable living arrangements, livelihoods and both their physical and mental health. As the situation remains highly uncertain, the details of the recovery activities planned by LRC will be outlined more clearly in the forthcoming Operational Strategy. This will include a strong focus on health services, cash for rehabilitation and shelter solutions for IDPs.

## INTEGRATED ASSISTANCE

	<b>Shelter, Housing and Settlements</b>	Female > 18: 3,750	Female < 18: 3,750	<b>CHF 6 million</b>
		Male > 18: 3,750	Male < 18: 3,750	<b>Total target: 15,000</b>
<b>Objective:</b>		<b>Communities in crisis-affected areas, as well as people who are stranded and evacuees, are supported to restore and strengthen their safety and well-being through emergency shelter, settlement solutions and relief items.</b>		
<b>Priority actions:</b>		<ul style="list-style-type: none"> <li>• Conduct rapid assessments to identify critical needs and pre-position core relief items through existing framework agreements.</li> <li>• Pre-position and distribute emergency stocks of shelter items such as blankets, mattresses and other household items.</li> <li>• Pre-position and distribute shelter kits and kitchen sets.</li> <li>• Retrofitting and rehabilitation of housing units.</li> <li>• Provide cash for the rehabilitation of housing units in the form of a top-up to the MPCA.</li> </ul>		
<b>Winterization</b>		<ul style="list-style-type: none"> <li>• To address increased need during the winter months, LRC will scale up and adapt the in-kind goods being distributed to displaced people.</li> <li>• Distribution of fuel e-vouchers.</li> </ul>		


	<b>Food Security and Livelihoods</b>	Female > 18: 27,500	Female < 18: 27,500	<b>CHF 7 million</b>
		Male > 18: 27,500	Male < 18: 27,500	<b>Total target: 110,000</b>
<b>Objective:</b>		<b>Improve food security for crisis-affected populations.</b>		
<b>Priority actions:</b>		<ul style="list-style-type: none"> <li>• Pre-position and distribute food parcels for sustained support.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Distribute ready-to-eat meals, bread and canned food for conflict-affected populations.</li> <li>• Conduct livelihood activities based on thorough assessments.</li> </ul>
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 <b>Multi-purpose Cash (MPC)</b>	Female > 18: 25,000	Female < 18: 25,000	<b>CHF 23 million</b>
	Male > 18: 25,000	Male < 18: 25,000	<b>Total target: 100,000</b>
<b>Objective:</b>	<b>Crisis-affected populations in vulnerable situations have their needs addressed through cash assistance.</b>		
<b>Priority actions:</b>	Establish Cash & Voucher Assistance (CVA) interventions including: <ul style="list-style-type: none"> <li>• MPC programme with monthly assistance for 20,000 conflict-affected households. Quality of all Cash programming will be strengthened by comprehensive monitoring and evaluation, including regular post-distribution monitoring (PDM).</li> <li>• LRC to launch a top-up for MPC programme to address the additional needs and costs during the winter months, based on need.</li> </ul>		


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

### (MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT [MHPSS]/COMMUNITY HEALTH)

 <b>Health &amp; Care</b> <i>(Mental Health and Psychosocial Support [MHPSS]/Community Health/Medical Services)</i>	Female > 18: 125,000	Female < 18: 125,000	<b>CHF 22 million</b>
	Male > 18: 125,000	Male < 18: 125,000	<b>Total target: 330,000</b>
<b>Emergency Medical Services (EMS)</b>	<b>Total target:</b> N/A (services are on demand)		
<b>Objective:</b>	<b>Save lives by providing access to effective and free pre-hospital emergency care and transportation to the population in Lebanon.</b>		
<b>Priority actions:</b>	<ul style="list-style-type: none"> <li>• Provide onsite, pre-hospital emergency care services, casualty transport, and support to various medical teams.</li> <li>• Transport/support of wounded and injured patients.</li> <li>• Manage and transport dead bodies.</li> <li>• Evacuate vulnerable civilians from conflict affected areas to safer areas (elderly home residents, hospitals, etc.).</li> </ul>		




	<ul style="list-style-type: none"> <li>• Ensure the readiness of EMS vehicles through regular maintenance.</li> <li>• Procure and pre-position the necessary equipment, kits, and ambulances to ensure readiness.</li> <li>• Equip volunteers with the relevant safety equipment.</li> </ul>
<b>Blood Transfusion Services</b>	<b>Total target: 50,000</b>
<b>Objective:</b>	<b>Deliver Safe, quality blood products to patients in Lebanon.</b>
<b>Priority actions:</b>	<ul style="list-style-type: none"> <li>• Collect blood units.</li> <li>• Distribute blood units to hospitals.</li> <li>• Directly support conflict-affected people with blood transfusions.</li> <li>• Recruit blood donors through the blood donor call centre.</li> </ul>
<b>Primary Health Care (PHC) &amp; MHPSS</b>	<b>Total target: 280,000</b>
<b>Objective</b>	<b>Contribute to reducing mortality and morbidity of the population by improving access to quality chronic, acute and preventive health services.</b>
<b>Priority actions:</b>	
<b>Primary Health Care (PHC)</b>	<ul style="list-style-type: none"> <li>• Deploy MMU teams to respond to primary healthcare needs.</li> <li>• Provide medical consultations and healthcare services.</li> <li>• Provide pharmacy services.</li> <li>• Conduct health promotion sessions.</li> </ul>
<b>MHPSS</b>	<ul style="list-style-type: none"> <li>• Conduct MHPSS support sessions for patients and their families, and group support sessions.</li> <li>• Procurement of PSS kits to be ready for MHPSS activities.</li> <li>• Distribute dignity kits to women and children.</li> <li>• Caring for staff and volunteers.</li> </ul>
<b>Immunization</b>	<ul style="list-style-type: none"> <li>• Provide routine immunization services through Mobile Vaccination Units (MVUs) and Primary Health Care Centres.</li> <li>• Conduct outreach activities to inform people on accessing routine immunization services.</li> </ul>


 <b>Water, Sanitation and Hygiene (WASH)</b>	Female > 18: 32,500	Female < 18: 32,500	<b>CHF 9 million</b>
	Male > 18: 32,500	Male < 18: 32,500	<b>Total target: 100,000</b>
<b>Objective:</b>	<b>Comprehensive WASH support is provided to people affected by the hostilities, resulting in an immediate reduction in the risk of water-related diseases and an improvement in dignity for the targeted population.</b>		
<b>Priority actions:</b>			

<b>Access to safe and clean water</b>	<ul style="list-style-type: none"> <li>• Distribute drinking water to the affected population.</li> <li>• Ensure the availability of water sources and respond immediately to shortages through rehabilitation, repairs, aquatabs, water tanks, water bottles, and monitoring water quality.</li> </ul>
<b>Access to safe sanitation</b>	<ul style="list-style-type: none"> <li>• Provide access to effective sanitation solutions for affected populations.</li> <li>• Rehabilitation of sanitation infrastructure in institutions including schools and HCCs.</li> </ul>
<b>Hygiene promotion</b>	<ul style="list-style-type: none"> <li>• Conduct educational sessions to promote hygienic practices among shelter residents and host communities.</li> <li>• Pre-position and distribute hygiene kits for the affected population.</li> <li>• Distribute disinfection kits to the affected population.</li> <li>• Pre-position and distribute household cleaning kits.</li> </ul>


## PROTECTION AND PREVENTION

(PROTECTION, GENDER AND INCLUSION [PGI], COMMUNITY ENGAGEMENT AND ACCOUNTABILITY [CEA], MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

	<b>Disaster Risk Reduction (DRR)</b>	Female > 18: 10,000	Female < 18: 10,000	<b>CHF 5.5 million</b>
		Male > 18: 10,000	Male < 18: 10,000	<b>Total target: 20,000</b>
<b>Objective:</b>		<b>Vulnerable people and communities are made safer and more resilient by establishing collaboration on Community-based Disaster Risk Management (CBDRM).</b>		
<b>Priority actions:</b>		<ul style="list-style-type: none"> <li>• Conduct eVCA workshops followed by supporting the community based on their identified needs.</li> <li>• Conduct multi-hazard awareness sessions through diverse modalities.</li> <li>• Conduct DRR capacity building trainings and workshops.</li> <li>• Distribute and provide relevant equipment (e.g., Green Equipment, fire safety equipment, FA kits, medical equipment, winterization equipment, SAR equipment, medical consumables etc.).</li> <li>• Conduct community resilience planning and community early warning workshops.</li> </ul>		


	<b>Protection, Gender and Inclusion (PGI)</b>	Female > 18: 7,000	Female < 18: 5,500	<b>CHF 1 million</b>
		Male > 18: 7,000	Male < 18: 5,500	<b>Total target: 25,000</b>

<b>Objective:</b>	<b>Affected populations are safe from harm, including violence, abuse, exploitation, discrimination and exclusion, and their needs and rights are met.</b>
<b>Priority actions:</b>	<ul style="list-style-type: none"> <li>• Work toward alleviating the challenges faced by unaccompanied and separated children through: <ul style="list-style-type: none"> <li>○ Restoring Family Links (RFL);</li> <li>○ establishing child-friendly spaces; and</li> <li>○ conducting referrals to internal and external stakeholders in a safe and inclusive manner.</li> </ul> </li> </ul>
<b>PGI adaptation</b>	<ul style="list-style-type: none"> <li>• Strengthen PGI mainstreaming in all services according to the minimum PGI standards in emergencies.</li> <li>• Establishment of child-friendly spaces in collective shelters.</li> <li>• Ensure that PGI analyses guide response plans in all assessments.</li> <li>• Establish referral pathways to protection services and provide referrals as needed.</li> <li>• Raise awareness among affected populations on protection risks.</li> </ul>
<b>PSEA and Safeguarding</b>	<ul style="list-style-type: none"> <li>• Educate staff and volunteers on safe referral pathways for Child Protection and Sexual and Gender-based Violence (SGBV) cases.</li> <li>• Disseminate code of conduct and existing PGI policies among staff and volunteers.</li> <li>• Conduct Safe Identification and Referral/Linkage training to volunteers and staff.</li> <li>• Collaborate with the CEA team to ensure the proper handling of sensitive complaints and establish inclusive reporting mechanisms for protection cases, among others.</li> </ul>
<b>Restoring Family Links (RFL)</b>	<ul style="list-style-type: none"> <li>• Actively search for missing individuals and issue reports on the captured, deceased and hostages.</li> </ul>

 <b>Community Engagement and Accountability (CEA)</b>	Female > 18:	Female < 18:	<b>CHF 500,00</b>
	Male > 18:	Male < 18:	<b>Total target: N/A</b>
<b>Objective:</b>	<b>The diverse needs, priorities and preferences of the affected communities guide the response, ensuring a people-centred approach through meaningful community participation.</b>		
<b>Priority actions:</b>			
<b>Integrating CEA across the response and strengthening institutional capacity</b>	<ul style="list-style-type: none"> <li>• Mainstream CEA approaches and considerations throughout the response so that staff and volunteers have the knowledge and capacity to effectively engage the people affected, including through training of staff and volunteers.</li> </ul>		

<b>Establishing mechanisms that enable communities and key stakeholders to participate in planning and guiding the response.</b>	<ul style="list-style-type: none"> <li>• Provide prioritized, timely, accurate and trusted information to the affected population based on information needs and their preferred information channels.</li> <li>• Build on the well-functioning 1760 hotline.</li> </ul>
<b>Establishing mechanisms to collect, respond to, and use community feedback to guide the response.</b>	<ul style="list-style-type: none"> <li>• Set up the multi-channel Complaints &amp; Feedback mechanism including digital feedback forms and community feedback sessions to inform programme adjustments.</li> <li>• Conduct post-distribution monitoring and surveys to identify community satisfaction with the services provided and new needs.</li> </ul>

## Enabling approaches

 <b>National Society Strengthening</b>	Female > 18:	Female < 18:	<b>CHF 4 million</b>
	Male > 18:	Male < 18:	<b>Total target: NA</b>
<b>Objective:</b>	<b>LRC responds effectively to the wide spectrum of evolving crises and its auxiliary role in responding to displacement and disasters is well-defined and prioritized.</b>		
<b>Priority actions:</b>			
<b>Response readiness</b>	<ul style="list-style-type: none"> <li>• Support capacity strengthening in all sectoral and thematic areas, including but not limited to key cross-cutting focus areas such as logistics, Cash, CEA and PGI.</li> <li>• Enhancing processes, systems and support services in all sectors to ensure adherence to humanitarian standards of quality and accountability.</li> <li>• Support the identification of operational gaps and preparedness at the branch level.</li> </ul>		
<b>Volunteer Management Development</b>	<ul style="list-style-type: none"> <li>• Conduct targeted training sessions for volunteers to align with the evolving needs of humanitarian response, ensuring that they are equipped with the latest knowledge and skills.</li> <li>• Create a system for the swift deployment of volunteers to various sectors, enhancing the ability to respond to sudden increases in demand.</li> <li>• Streamline the onboarding process for new volunteers, ensuring that they are quickly brought up to speed with essential protocols and practices.</li> <li>• Provide consistent staff welfare and PSS to volunteers, recognizing the importance of their mental well-being in sustaining a resilient force.</li> <li>• Support strong connections between branches and headquarters structures.</li> </ul>		
<b>PGI and Safeguarding</b>	<ul style="list-style-type: none"> <li>• Conduct training on PSEA and Child Protection for all volunteers and staff to minimize safeguarding risks with affected communities, and among staff and volunteers.</li> </ul>		

	<ul style="list-style-type: none"> <li>Establish Safeguarding mechanisms to mitigate risks of Sexual Exploitation and Abuse, Gender-based Violence (GBV) and Child Protection within response.</li> </ul>
<b>Supporting LRC's auxiliary role</b>	Coordinate with government entities including the Ministry of Defence (MoD), Ministry of Public Health (MoPH), Ministry of Interior and Municipalities (MoIM), Disaster Risk Management Unit (DRM), Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Directorate General of Security (DGS), Civil Defence (CD), local authorities and regional governors.

 <b>Coordination and Partnerships</b>	Female > 18:	Female < 18:	<b>CHF 0</b>
	Male > 18:	Male < 18:	<b>Total target: NA</b>
<b>Objective:</b>	<b>Technical and operational complementarity is enhanced through cooperation among the IFRC membership, with the ICRC as well as with key external actors.</b>		
<b>Priority actions:</b>			
<b>Membership coordination</b>	<ul style="list-style-type: none"> <li>Strengthen existing and established membership coordination mechanisms supporting the response.</li> <li>Consolidate and harmonise multilateral and bilateral support provided to LRC through a Federation-wide approach.</li> <li>Regular coordination with partners supporting the operation who are not in country.</li> <li>Harmonised planning, monitoring, and reporting among the IFRC members with LRC in lead.</li> <li>Provide consolidated information to the wider membership, including those who not present in-country.</li> <li>Represent the IFRC network at various external forums involving various stakeholders (governments, donor community, humanitarian community).</li> </ul>		
<b>Movement coordination</b>	<ul style="list-style-type: none"> <li>Promote a Movement-wide coordination in line with Seville 2.0 and agreed during the Mini Summit to maximize the collective impact of the Movement.</li> <li>Support the Movement tripartite and operational coordination platform for a collaborative and inclusive coordination.</li> <li>Organize monthly meetings with partners and weekly internal meetings to exchange updates and address critical issues.</li> <li>Coordinate with all Movement components to provide support to LRC.</li> <li>Coordination with LRC and ICRC on security, logistics, communications and other technical areas.</li> </ul>		
<b>Engagement with external partners</b>	<ul style="list-style-type: none"> <li>Ensure a streamlined and collaborative approach to humanitarian work in Lebanon by fostering regular dialogue and coordination with external partners.</li> </ul>		



**IFRC Secretariat Services**

Female > 18:	Female < 18:	<b>CHF 1.8 million</b>
Male > 18:	Male < 18:	<b>Total target: NA</b>

**Objective:**

**IFRC is working as one organization, delivering what it promises to National Societies and volunteers, and leveraging the strength of the communities with whom they work as effectively and efficiently as possible.**

**Priority actions:**

**International coordination and coordination of the IFRC network**

- IFRC and LRC will work together to coordinate international support and an enhanced response capacity.
- Enhance coordination at all levels, from local to global.
- Strong commitment to collaborate through effective coordination and communication among partners.
- Provide key services to integrated National Societies, including but not exclusively on procurement, transportation, accommodation, and security management.

**Technical support and human capacity**

- Ensure efficient appeal and pledge management through adequate personnel.
- Scale-up surge and response capacity for emergencies.
- Enhance security management capacity in support of the Membership to enable the scale-up of operations.

**Strategic Partnerships and Resource Mobilization**

- Coordination of joint resource mobilization strategy for Movement and non-Movement partners.
- Participates with LRC in the Humanitarian Country Team (HTC) and OCHA Emergency Operations Centre for collaboration with international bodies and development agencies.
- Explore new partnerships to support the operation.

**Communications**

- Support communications and visibility aligned with the priorities outlined in the Operational Strategy and those of the LRC and broader RC/RC Movement.
- Continue updating the key messages of the LRC response every quarter, amplifying the work of LRC staff and volunteers.
- Supporting LRC in handling media requests.
- Collaborating with LRC and ICRC to roll out the Health-in-Danger campaign.

**Quality Assurance & Accountability**

- Providing Planning, Monitoring, Evaluation & Reporting (PMER) support to ensure set-up and continuity of Federation-wide processes.
- Setting up structured monitoring, data collection and reporting mechanism for Federation-wide reporting. Maintain an enhanced Federation-wide risk management process.



	<ul style="list-style-type: none"> <li>Federation-wide risk register, contingency planning and business continuity plan.</li> </ul>
<b>Logistics and Supply Chain Support</b>	<ul style="list-style-type: none"> <li>Facilitate global supply chain and logistics services including procurement of in-kind items (for distribution) and engaging financial service providers (for cash assistance activities).</li> <li>Support LRC and PRCS-L logistics and supply chain needs.</li> <li>Manage IFRC Mobilization Table.</li> </ul>

<b>Humanitarian Diplomacy (HD)</b>	Female > 18:	Female < 18:	<b>CHF 200,000</b>
	Male > 18:	Male < 18:	<b>Total target: NA</b>

<b>Objective:</b>	<b>The IFRC network conducts effective humanitarian diplomacy and LRC's capacities and competencies in humanitarian diplomacy are supported and strengthened to enhance their positioning with national and local authorities, as well as external actors.</b>
<b>Priority actions:</b>	
<b>Engagement with external stakeholders</b>	<ul style="list-style-type: none"> <li>Support bilateral engagement by the LRC with local and national authorities, embassies, humanitarian actors and international stakeholders to address specific operational and policy-level challenges.</li> <li>Facilitate LRC engagement in multi-lateral capitals such as New York, Geneva and Brussels through IFRC offices and presence there.</li> <li>Support Movement coordination on HD.</li> <li>Conduct external engagement as relevant with key national, regional and global actors in the view of positioning LRC and achieving better humanitarian outcomes in Lebanon.</li> </ul>
<b>Provision of technical support and capacity strengthening initiatives</b>	<ul style="list-style-type: none"> <li>Support the development of an influencing strategy and/or action plan.</li> <li>Organize training sessions and/or workshops in influencing skills, set up peer-to-peer LRC participation in training sessions.</li> <li>Provide technical support to LRC in their influencing activities.</li> </ul>
<b>Development of HD tools, products and briefing documents</b>	<ul style="list-style-type: none"> <li>Gather data and develop analyses that support HD arguments.</li> <li>Develop outputs like key messages, advocacy reports and policy briefs.</li> <li>Support in drafting of briefing documents for IFRC leadership engagement on the crisis.</li> </ul>

## Risk management

Along with risks defined further in the table below, [IFRC Minimum Security requirements](#) apply to all IFRC personnel throughout the operation. A security risk assessment will be conducted for the operational areas if needed, and risk mitigation measures will be identified and implemented. All IFRC personnel must, and Red Cross and Red Crescent staff and volunteers are encouraged to, complete the IFRC Stay Safe e-learning courses, such as Stay Safe 2.0 Global Edition Levels 1-3. In addition, the IFRC MENA Regional Office is supporting security management to address this situation. A country-specific risk register for Lebanon has been created and is updated monthly. This is then compiled into monthly Risk Reports for the operation with clear mitigation measures and tracking of actions taken to reduce the identified risks. Risk management is part of the Movement wide coordination structure and is included as a critical subject for all the coordination meetings at all levels.

Risk	Likelihood	Impact	Mitigating steps
<p><b>Funding gap:</b> Insufficient funds pose a risk to business continuity.</p>	3	5	<ul style="list-style-type: none"> <li>Proactive donor engagement and fundraising.</li> <li>Proactive public communications and coverage of the situation to raise awareness and attract further funding.</li> </ul>
<p><b>Escalation of hostilities:</b> Significant deterioration in the operating context exacerbates the existing crisis and needs on the ground as well as the security of personnel and volunteers.</p> <p>In September 2024, the security situation in Lebanon deteriorated with the start of a more intense phase of Israeli military operations in Lebanon. A ceasefire was reached on 27 November 2024, but some incidents still occurred in South Lebanon and Bekaa.</p>	4	5	<ul style="list-style-type: none"> <li>Scenario planning informing the operational strategy and country response plans in place.</li> <li>Ongoing situation monitoring at the country and regional levels.</li> <li>Contingency planning in close coordination with all Movement partners in the country (specifically ICRC).</li> <li>Updating the minimum-security requirements in Lebanon.</li> <li>All personnel are briefed on relocation, hibernation and evacuation procedures.</li> <li>Relocation of non-critical staff at high-risk locations.</li> <li>Periodic needs assessments advising the prioritization of activities.</li> <li>Business continuity is in place to continue operating and supporting National Societies.</li> <li>Security of context.</li> <li>Continued HD efforts on upholding: the ceasefire; the protection of civilians, humanitarian workers and the medical mission; and safe and unimpeded humanitarian access.</li> </ul>
<p><b>Highly politicized environment:</b> Risk of misinterpretation of humanitarian actions potentially leading to reputational damage.</p>	4	5	<ul style="list-style-type: none"> <li>Humanitarian Diplomacy (HD) and communications efforts to underline and explain RCRC commitment to fundamental principles, including the humanitarian principles.</li> <li>Monitoring of, and reactions to, rumours or miscommunication, including on social media.</li> <li>The IFRC regularly communicates our statutes, fundamental principles and position in the sector with all partners.</li> </ul>
<p><b>Safeguarding:</b> Affected populations are exposed to harm while accessing our programmes</p>	3	4	<ul style="list-style-type: none"> <li>Capacity strengthening of staff and volunteers on PGI, PSEA and Child Safeguarding, and ensure adherence to the code of conduct.</li> </ul>

<p>impacting well-being and trust in our work.</p>			<ul style="list-style-type: none"> <li>• Training of staff and volunteers on safe referral pathways for SGBV cases.</li> <li>• Improve collaboration with SGBV and protection actors to enhance the response, including community awareness and safe referrals.</li> <li>• Collaborate with the CEA team to ensure the proper handling of sensitive complaints and establish reporting mechanisms for protection cases among others.</li> <li>• Mainstreaming PGI and CEA in implementation activities, notably when doing CVA, to ensure the targeting of the most vulnerable and to ensure information of targeted and non-targeted populations.</li> </ul>
<p><b>Deteriorating economy:</b> Lebanon has been grappling with a multi-faceted humanitarian crisis since late 2019, which has been exacerbated by a series of events that have led to instability and economic and financial downturns.</p>	4	5	<ul style="list-style-type: none"> <li>• Improved cash management leading to less FX losses and gains.</li> <li>• Framework agreements signed with suppliers for the most-used relief items including standard food parcels, hygiene kits and dignity kits.</li> <li>• Bulk procurement and commodity pre-positioning in advance.</li> <li>• Tracking exchange rates and advising programme team to revise budgets due to significant exchange rate shift.</li> <li>• Ensure flexibility around budgets with the potential for price spikes factored in.</li> <li>• Keeping minimum stock of fuel in case of evacuation of staff.</li> <li>• Updated risk register for NS.</li> </ul>
<p><b>Extreme events:</b> Extreme weather events or an earthquake resulting in further humanitarian needs and impacting the current response.</p>	3	3	<ul style="list-style-type: none"> <li>• Continuous monitoring of the situation through meteorological services.</li> <li>• Contingency planning and business continuity.</li> <li>• Continued preparedness and maintenance of pre-positioned essential items.</li> <li>• Continued focus on DRR and climate adaptation.</li> <li>• Scenario planning with revision of planned activities temporarily replacing the response operation of the affected areas, depending on the scale of the disaster.</li> <li>• Complete readiness checklist with the respective National Societies.</li> </ul>

## Quality and accountability

As part of the IFRC mandate to ensure quality and accountability, measures are in place at the national level. With the rise of emergencies in the MENA region, IFRC has tailored its strategy globally, regionally, and at the country level for a more quality- and accountability-focused approach by creating a coherent, complementary and context-relevant system as a fundamental and critical requirement for National Societies. Several priorities have surfaced for this response:

## 1. Performance and quality assurance

This will be mainstreamed throughout all operations. Complementarity among information management, results monitoring, evaluation, reporting, risk management and community engagement will be ensured to achieve quality programming and accountability toward communities.

## 2. Creating efficient monitoring systems

IFRC and Federation partners will continue to support LRC in refining efficient, effective and feasible monitoring processes to make sure that practical indicators are identified, verified, documented and shared publicly when relevant. Technical units are ensuring that proper steps are taken for post-distribution monitoring (PDM) and that these are followed up together with input from the PMER and Quality Assurance units at IFRC MENA Regional Office. Sensitive reports will be acted upon according to the defined timeline.

## 3. Federation-wide Approach

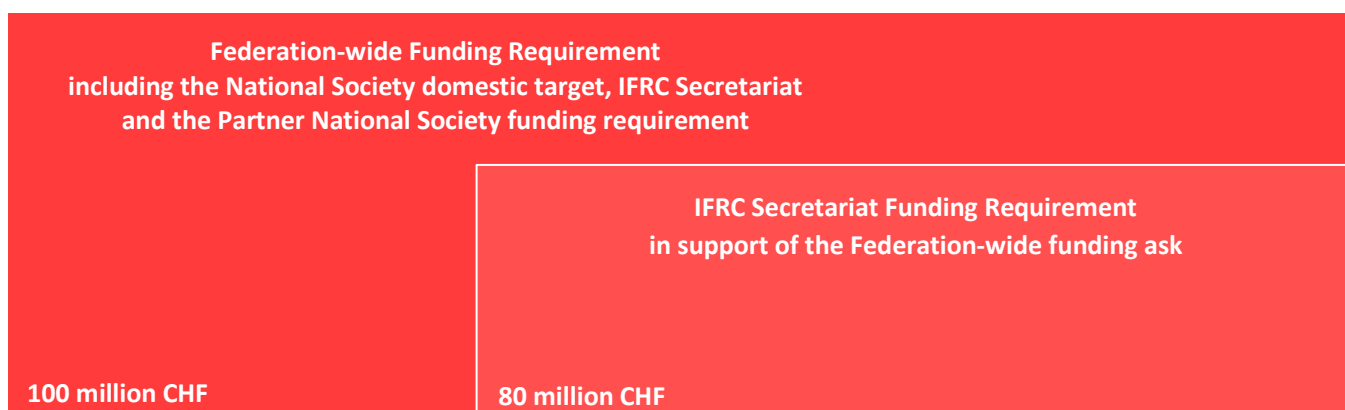
The Appeal is an opportunity to reaffirm the need for a collective picture of the Federation and its memberships' contributions in response to the acute crisis and the need to regularly have coherent, consistent and quality data on agreed indicators.

The Federation-wide list of indicators, defined for the initial phase of the operation, is as follows. This list will be updated and will include new indicators as the operation evolves.

Sector/Area	Code	Federation-wide Indicators (aligned with the ME Crisis ITT)
Shelter, Housing and Settlements	1.1	# conflict-affected individuals receiving mattresses, disaggregated by sex
	1.2	# conflict-affected individuals receiving blankets, disaggregated by sex
	1.3	# conflict-affected families receiving cash for rent assistance
Food Security and Livelihoods	2.1	# of people received ready meals, disaggregated by sex
	2.2	# of families who received food parcels
Multi-purpose Cash (MPC)	3.1	# of families who received unconditional cash
Health & Care	4.1	# of conflict-affected people who are injured, transported, disaggregated by sex
	4.4	# of conflict-affected civilians evacuated, disaggregated by sex
	4.5	# of conflict-related dead bodies managed and transported
	4.7	# of non-conflict-related emergency patients served, disaggregated by sex
	4.8	# of blood components distributed to conflict-affected people
	4.9	# of blood components distributed to hospitals directly
	4.10	# of blood units collected
	4.11	# of blood donors' appointments fulfilled
	4.12	# of MMU deployments
	4.13	# of medical consultations provided through MMUs and HCs, disaggregated by sex
	4.14	# of medication services provided through MMUs and PHCs
	4.15	# of child-friendly spaces operated
	4.16	# of children participating in child-friendly space, disaggregated by sex
	4.17	# group support sessions
	4.18	# of people who attended group sessions, disaggregated by sex
	4.19	# of people reached with MHPSS services, disaggregated by sex
	4.20	# of vaccines administered
4.21	#of RC/RC primary healthcare facilities that carried out routine vaccination activities per month	

	4.22	# of people reached by volunteers during outreach with information on how to access routine immunization services
<b>WASH</b>	5.1	# of conflict-affected families receiving hygiene kits
	5.2	# of conflict-affected families receiving disinfection kits
	5.3	# of conflict-affected families receiving drinking water packs
<b>Protection, Gender and Inclusion (PGI)</b>	6.1	# of staff and volunteers trained on PGI, PSEA and Child Safeguarding, and staff adhering to code of conduct, disaggregated by sex
	6.2	Number of RFL services provided
	6.3	Number of children accessing child-friendly spaces, disaggregated by sex
<b>Community Engagement &amp; Accountability (CEA)</b>	8.1	Number of calls received through the non-emergency hotline (disaggregated by calls for information and requests, feedback and complaints, others)
<b>National Society Strengthening</b>	9.1	Number of volunteers and staff provided with PSS services, disaggregated by sex
	9.2	Number of volunteers and staff trained on CFM complaint and feedback mechanism protocols and beneficiary engagement, disaggregated by sex

## Federation-wide funding requirement\*



*\*For more information on Federation-wide funding requirement, refer to section, "Federation-wide Approach".*

# BREAKDOWN OF THE IFRC SECRETARIAT FUNDING REQUIREMENT



## OPERATIONAL STRATEGY

[MDRLB017](#) - Lebanon

### Complex Emergency Appeal

#### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>74,000,000</b>
Shelter and Basic Household Items	6,000,000
Livelihoods	7,000,000
Multi-purpose Cash (MPC)	23,000,000
Health	22,000,000
Water, Sanitation and Hygiene (WASH)	9,000,000
Protection, Gender and Inclusion (PGI)	1,000,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	5,500,000
Community Engagement and Accountability (CEA)	500,000
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>6,000,000</b>
Coordination and Partnerships	0
Secretariat Services	1,800,000
National Society Strengthening	4,000,000
Humanitarian Diplomacy	200,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>80,000,000</b>

*All amounts in Swiss francs (CHF).*



## Contact information

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

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### For In-kind Donations and Mobilization table support:

- **Supply Chain Management Unit, MENA Regional Office:** Cornelis Jan Dees, Regional Head, email: [cornelis.dees@ifrc.org](mailto:cornelis.dees@ifrc.org)

### Reference



[Click here for the IFRC Lebanon Complex Emergency landing page](#)