

Middle East crisis | MENA

Emergency appeal №: MDRS5002 Emergency appeal launched: 18/10/2023 Operational Strategy published: 28/02/2024	Glide №: CE-2023-000186-PSE
Flash update #2 Date of issue: 14 October 2024	Timeframe covered by this update: From 23/09/2024 to 10/10/2024
Operation timeframe: 26 months (18/10/2023 – 31/12/2025)	Number of people being assisted: 700,000
Funding requirements (CHF): CHF 185 million IFRC Secretariat CHF 200 million Federation-wide	DREF amount initially allocated: CHF 3 million at the onset of the crisis, 100% replenished CHF 2 million new loan allocation for Lebanon on 25 Sept CHF 1 million new loan allocation for Syria on 9 Oct CHF 300,000 new loan allocation to ME crisis – regional coordination on 9 Oct

As of October 10, the Middle East Crisis Emergency Appeal, which seeks CHF 200,000,000, is 14% funded. Further funding contributions are needed to enable National Societies in the region, with the support of the IFRC, to continue the preparedness efforts and to scale up their provision of humanitarian assistance and protection to people on the move.



Emergency Medical Teams from the LRC responding to the escalation of hostilities in southern Lebanon. Photo credit: LRC; SARC volunteers distributing aid to people displaced from Lebanon in Tartous on 6 October. Photo credit: SARC

Disclaimer: This second Flash Update has been developed to capture recent developments in Lebanon and Syria, also taking into consideration the regional spill-over effects on neighbouring countries. A more comprehensive operations update, covering all four affected National Societies, will be released in November covering the next reporting period.

A. SITUATION ANALYSIS

Description of the crisis

Since the escalation of hostilities in the **Occupied Palestinian Territories** (oPt), the humanitarian situation in Gaza, and later the West Bank, has dramatically worsened and continues to deteriorate. According to the UN Office for the Coordination of Humanitarian Affairs (UN OCHA) ¹ as of October 8, 2024, at least 41,965 Palestinians have been killed and 97,590 have been injured, with 90% of the population displaced, resulting in a severe humanitarian crisis. Furthermore, the massive escalation of violence in Lebanon, which began in mid-September, is exacerbating the already fragile situation in the region, heavily impacting neighboring countries, particularly Syria.

Lebanon is currently enduring one of the most devastating periods in its history, with hostilities severely affecting the country, particularly in the South, the southern suburbs of Beirut, and the Bekaa region. Over 4,000 residential buildings have been destroyed. As of October 9, 2024, Lebanese authorities have reported 2,141 deaths and 10,099 wounded. The humanitarian impact is staggering, with internal displacement increasing dramatically. As reported in the joint IOM, DRM, and LRC report 689,715 internally displaced persons (IDPs) have been recorded as of October 9, marking a 13% increase since October 6.² This figure continues to rise as the registration process continues.

Almost half of the IDPs are living in host settings, for instance with relatives in other parts of the country. According to the Ministry of Public Health (MoHP) as of October 9, 185,400 people (around 27%) have been registered in around 1,000 shelters, though 807 of these shelters have already reached full capacity. UNRWA also operates 11 emergency shelters specifically for displaced Palestinian refugees in Lebanon, 3 of which have already reached maximum capacity. However, a significant number of displaced individuals remain unregistered, with government estimates indicating that the total number of IDPs could reach up to 1,2 million. This also includes displaced people who are currently living in unfinished buildings, tents, parks and on the streets, highlighting the immense protection risks of this mass displacement crisis.

Moreover, the ongoing violence has severely impacted humanitarian efforts, with repeated attacks on healthcare personnel. As of October 7, 97 health workers have been killed and 198 injured, and at least 98 primary healthcare centers have been forced to close, further hindering the already limited access to critical medical services for those affected by the conflict.³ Healthcare personnel and facilities continue to be exposed to severe risks, with 48 healthcare centers and 128 vehicles affected by the devastation. These alarming numbers underscore the urgent need for adherence to International Humanitarian Law (IHL) and the protection of medical personnel and infrastructure in conflict zones.

The ongoing conflict in Lebanon is significantly leading to widespread population movement into Syria, placing additional strain on the already dire humanitarian situation in the country. Based on the [SARC Emergency Response Report](#), as of October 10, 2024, approximately 270,895 people have entered Syria mainly through the Jdaidet Yabous crossing in Rural Damascus, and other crossing points in Homs and Tartous have seen tens of thousands arriving. In total, 29,817 families have been registered, receiving critical assistance at various border crossings and shelters. Population crossing from Lebanon into Syria is predominantly Syrian (85%), with 15% being Lebanese nationals. Of those registered, 58% are children under 18, and 53% are women. A significant portion of the population faces heightened vulnerabilities, including

¹ [Humanitarian Situation Update #227 | Gaza Strip \[EN/AR/HE\] | OCHA \(unocha.org\)](#)

² [Lebanon - Mobility Snapshot - Round 52 - 10-10-2024 | Displacement Tracking Matrix \(iom.int\)](#). The Lebanese Red Cross (LRC) is responsible for managing household registration at the local level.

³ Ministry of Public Health, Lebanon; Lebanon OCHA Flash Update #33 – Escalation of hostilities in Lebanon, as of 7 October

over 4,350 people with chronic illnesses, around 1,300 with disabilities, and 243 unaccompanied minors. After crossing the borders, people on the move are heading towards different governorates in Syria, with Homs receiving the most households at 8,008 HHs, rural Damascus with 5,675 HHs, Aleppo receiving 3,817 HHs, Ar-Raqqah with 3,160 HHs, Daraa receiving 2,714 HHs, Latakia with 1,506 HHs, Damascus 1,228 HHs, and other governorates receiving varying numbers of displaced people. Additionally, 7,800 Lebanese nationals have crossed the Syrian borders into Jordan using Syria as a transit route to access Amman airport on their way to their final destination.

Summary of response

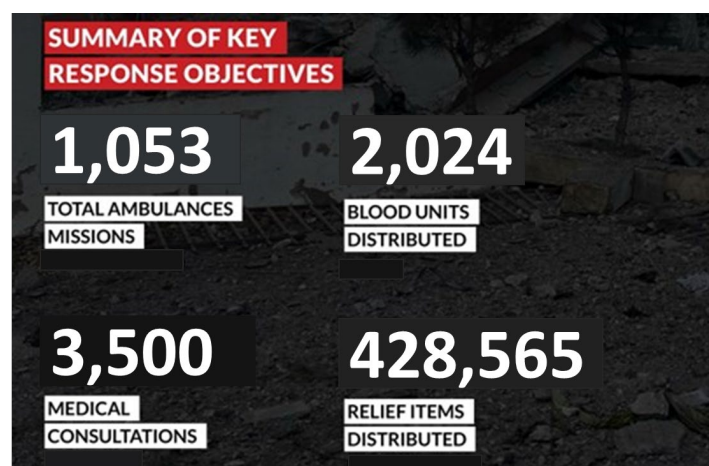
Overview of the host National Society and ongoing response

LEBANON

The Lebanese Red Cross (LRC), with over 15,000 volunteers and 456 staff members across 32 branches, serves as Lebanon's primary provider of prehospital care. Since October 2023, LRC has led humanitarian efforts, offering crucial support to conflict-affected populations, displaced persons, and host families. LRC's services include Emergency Medical Services (EMS), blood transfusions, and primary healthcare. It also plays a key role in national disaster response, migration, and crisis management, operating as an auxiliary to public authorities.

Following the escalation of hostilities in mid-September, LRC mobilized its teams to address immediate humanitarian needs. Between September 17 and October 7, 2024, LRC conducted 1,053 ambulance missions, transporting 209 injured individuals and 117 deceased. More than 1,215 Emergency Medical Technicians (EMTs) were deployed to support these operations. The Blood Transfusion Sector provided 2,024 blood components to hospitals, supported by 53 staff members. Additionally, five Urban Search and Rescue (USAR) vehicles were deployed, extracting 10 individuals from critical situations. LRC's primary health services included 3,500 medical consultations and medication distribution.

LRC's disaster management sector distributed 53,402 food parcels, 13,230 hygiene kits, 24,125 mattresses, 32,086 blankets, and 305,722 other relief items (including water and ready meals). LRC has also embedded 70 DRR volunteers in the 20 Emergency Operation Rooms at the governorate level to support the government with efficient coordination of all humanitarian efforts and registration of displaced households.



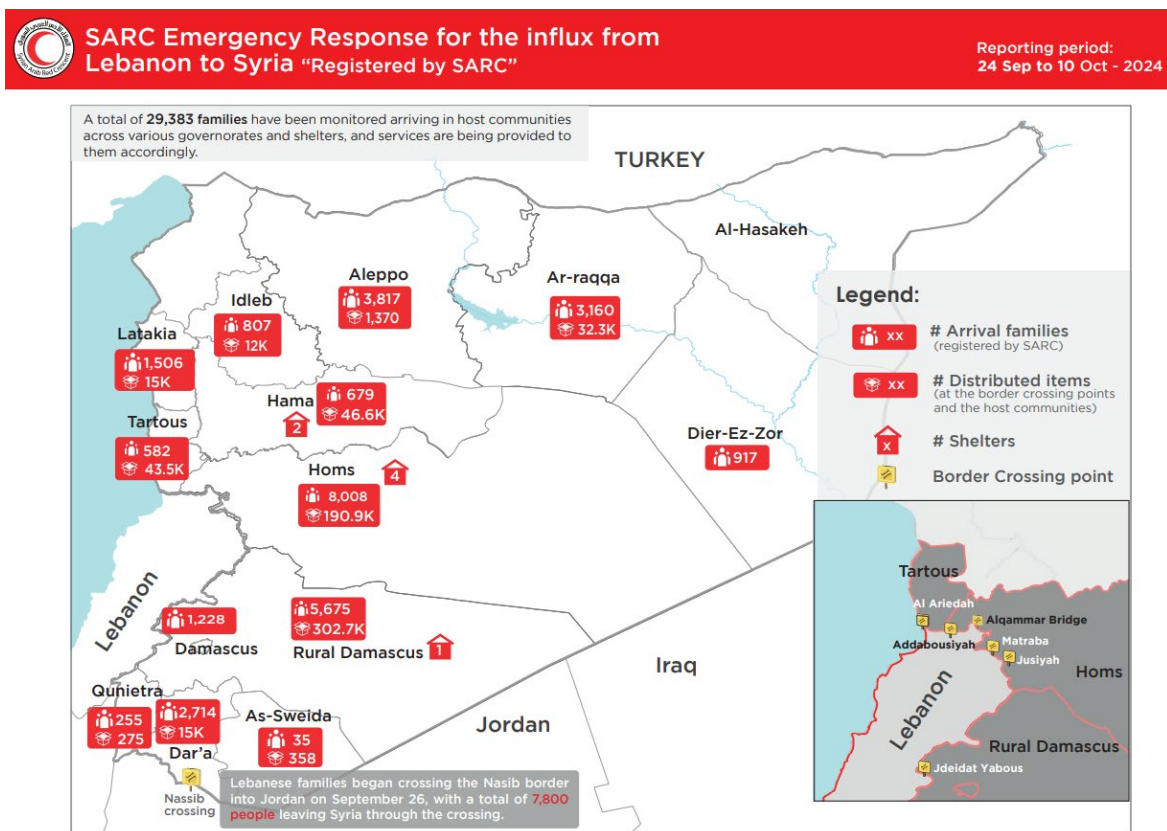
The Palestinian Red Crescent Society Lebanon branch (PRCS-L) continues to complement LRC's efforts, managing five hospitals, seven community health centers, and 26 ambulances that offer free primary and secondary healthcare to Palestinian refugees and other vulnerable groups. PRCS-L has been actively treating conflict-related injuries across several facilities, including Hamshari and Balsam hospitals. Despite medical supply shortages, PRCS-L managed to supply blood bags to hospitals in South Lebanon and Saida. PRCS-L is also collaborating with UNRWA by distributing MHPSS kits and dignity kits to Palestinian refugees who have been displaced from the camps in the south to the newly established emergency shelters.

In response to the escalating crisis, the IFRC has been actively supporting LRC with the mobilization of further resources to sustain the scaled-up operation. This has been made possible by the immediate release of 2 million CHF in new funding from IFRC's Disaster Response Emergency Fund (DREF), while IFRC also relies on partners that support the ongoing regional Emergency Appeal for the Middle East crisis. Moreover, the IFRC Network has shipped a total of 10 ambulances, three 4WD vehicles, and 1 Mobile Health Unit, with 14 more ambulances in the pipeline from Dubai. To further support the Lebanese Red Cross and PRCS-L, IFRC has deployed a Communications Coordinator with support from the Netherlands Red Cross and launched two more Rapid Response alerts for a PMER Delegate and a Procurement specialist.

SYRIA

The Syrian Arab Red Crescent (SARC) operates with 9,104 volunteers and 5,770 staff members across 14 branches and 94 sub-branches nationwide. SARC specializes in emergency medical services, disaster management, water and sanitation, primary healthcare, livelihoods, multi-purpose cash assistance, early recovery, and protection services, including psychological support. As part of the High Relief Committee, it coordinates relief efforts with UN agencies, INGOs, and national authorities. Since 2011, SARC has expanded significantly, serving over six million internally displaced persons, host communities, and returnees annually, making it the largest humanitarian organization in Syria.

In response to the large movement of people from Lebanon into Syria, the SARC has been continuously active at border crossings, registering arrivals and addressing urgent needs. Humanitarian Service Points (HSPs) have been activated at key border crossings to provide essential services. SARC provides a range of emergency support to the affected people, including emergency medical services, psychological and legal support, protection, water, and relief items based on availability and individual needs. Considering that the majority of arrivals are women and children SARC has dedicated volunteers to prioritize people with vulnerabilities like pregnant women, the elderly, and people living with disabilities.



SARC's Disaster Management team, consisting of 700 volunteers working in 24-hour shifts, has deployed 100 EMS vehicles and mobile health units. These units have responded to 2,059 cases, treating 1,590 people on-site and transferring 469 to medical facilities. Over 22,250 individuals have been provided transportation from border areas to their final destinations. SARC has equipped shelters in Homs, Rural Damascus, and Hama to accommodate 350 displaced families while distributing 76,102 date bars, 164,028 instant food items, and other essential supplies like blankets, sleeping mats, jerry cans, solar lamps, water bottles, diaper bags, and hygiene kits.

SARC has also provided psychosocial and psychological first aid to 56,884 people, with a special focus on child protection and reuniting lost children with their families. Community Engagement and Accountability (CEA) teams are ensuring feedback mechanisms are in place and incorporating Sex, Age, and Disability Disaggregation (SADD) in data collection to prioritize vulnerable beneficiaries. Medical services were provided to 12,487 beneficiaries through Mobile Health Units and to 3,413 beneficiaries through mobile medical teams, amongst other services.

For more updated figures and specific data regarding SARC's humanitarian response, please refer to the [SARC Emergency Response Report \(EN\)](#). For details of IFRC support to SARC, please refer to [IFRC GO - Emergency](#). IFRC are currently in discussions with SARC to identify further areas of support in coordination with other partners and resources available in-country.

JORDAN and EGYPT

No new updates on the current escalation are available beyond the information in [Flash Update #1](#)

REGIONAL

In response to the Middle East crisis at the multicounty level, IFRC continues to support National Societies by deploying key personnel, including the Audio-Visual Officer, Information Management Coordinator, and SPRM, while Rapid Response alerts have been issued for the Communications Coordinator, Supply Chain Coordinator, and Mobilization Officer positions.

Highlighted Needs

Needs analysis

LEBANON

The Lebanese Red Cross (LRC) has been instrumental in responding to the recent escalation of hostilities but continues to face significant operational challenges. These include operating in conflict zones where the safety of volunteers and staff cannot be fully guaranteed, mass displacement that makes it more challenging to reach all people in need, especially those staying outside of the official shelters, and a substantial funding gap, with only 12% of needs funded. The National Society is also facing increasing challenges with procurement and supply chain, for instance, due to price hikes and limited transport options, especially after the attack on the main border crossing between Syria and Lebanon. Urgent response priorities include strengthening Emergency Medical Services, replenishing medical stocks, addressing ambulance shortages, and bolstering Mental Health and Psychosocial Support (MHPSS) and Disaster Management efforts.

To be able to continue responding to the rapidly evolving needs across the country, the Lebanese Red Cross urgently asks for financial support and in-kind contributions from partners. The most urgent in-kind needs are essential relief items for displaced people, such as hygiene kits, mattresses and blankets, water bottles, food parcels, and ready meals, tailored to the most immediate needs. In addition, LRC relies on donations to continue running its core health services (Emergency Medical Services, Blood Transfusion Services, and Medical-Social Support), which include increased demand for medicine, medical supplies, and medical equipment, to ensure the availability of life-saving supplies. The most urgent needs identified by PRCS-L include a shortage of medicine, medical supplies, and medical

equipment to ensure adequate medical care for those affected by the explosions and attacks, as well as people with chronic health issues who no longer have access to their regular health care facilities due to the conflict situation.⁴

SYRIA

SARC faces multiple challenges as it addresses the ongoing crisis. The installation of additional toilets is critical to accommodate the rising influx of displaced people. Enhanced coordination with LRC is essential, especially for Lebanese nationals without documentation at the border. Operational support is needed for running costs and warehousing. The cold weather adds complexity, with urgent needs for clothing, heating, and adequate overnight shelters. There is also a lack of tents, and hygiene kits for three-day use for people on the move, including diapers and menstrual products, are needed. Additionally, floodlights and solar-powered lights are required.

Immediate needs include the distribution of non-food items such as family hygiene kits, small hygiene kits (on the move), blankets, mattresses, MHM kits, and dignity kits. Immediate food distribution and nutritional support are critical. Access to clean water, adequate sanitation facilities, and hygiene supplies is essential. Setting up water tanks, ensuring regular water trucking, and promoting hygiene practices in addition to setting up latrines, especially at the border points are essential to prevent the outbreak of diseases. Medical care, restoring family links, legal assistance, psychosocial support, and cash-based assistance are all required for the emergency response.

JORDAN and EGYPT

No new updates on the current escalation are available beyond the [Flash Update #1](#)

Operational risk assessment

IFRC has established processes to manage risks effectively and to ensure it is balanced with the response actions of National Societies. This approach includes prevention and mitigation of safeguarding risks, financial risks, reputational risks, and other risks related to large-scale emergency operations. Duty of care is ensured for all staff under the management of the IFRC and security risk management continues to inform the scope and scale of the IFRC's presence in all countries. The IFRC takes bold and risk-informed humanitarian actions while prioritizing the safety and security of its entire staff complement throughout the response. Some of the potential major risks that may affect the operation include:

Security and safety risks: Due to the ongoing conflict, the security situation continues to deteriorate without any ceasefire or pause to the conflict. The instability in the region is leading to further complications, triggering further massive displacement, increasing complex humanitarian crises, and the potential risk of escalating into a broader regional conflict, as tensions continue to rise across multiple neighboring countries.

Access risks: The security context poses a significant challenge in accessing some of the areas of operation, with limited protection for staff and volunteers' assistance to the affected population. The prolonged crisis will have an impact on the staff and volunteers' well-being working and responding within the countries affected.

Funding risk: Funding poses a greater impediment to the operation owing to the growing needs because of the expanding and prolonging of the crisis and this will affect the implementing national societies capacity to effectively respond.

Economic and supply chain risks: Syria, Lebanon, and Egypt have been struggling with inflation in recent years, and with the escalating conflict, the economies especially Lebanon and Syria may see the increased cost of humanitarian materials and impact on supply chain costs (eg. shipping costs).

⁴ Mobilization tables for Lebanon excludes the in-kind needs from PRCS L. A separate table will be shared separately with partners in the coming days.

Safeguarding and protection risks: Population movements within Lebanon and between the countries increase the risk of SGBV, trafficking, family separation, and the inability to access legal support or protection mechanisms to support mental health, prevent exploitation, and provide or even coordinate referrals to relevant services providers. Failing to mitigate Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV), and child protection risks would indeed significantly endanger the most vulnerable groups such as children, displaced populations, and women-headed households, among others.

Technological risks: Additionally, the growing threat of cyberattacks presents significant digital security risks, potentially compromising sensitive data and disrupting critical humanitarian operations.

RESPONSE STRATEGY

Update on the strategy

In responding to the ongoing crisis, the strategic priorities of the National Societies have remained largely consistent in recent weeks. For further details, please refer to [Flash Update #1](#).

One year later, the protracted nature of the complex crisis is increasingly highlighting the need for a more integrated approach that combines humanitarian response with long-term development and resilience-building efforts. However, current actions remain heavily focused on immediate response due to the extremely volatile situation and escalating hostilities. This necessitates prioritizing emergency assistance and direct relief to address the rapidly evolving humanitarian needs.

In line with this, the LRC is set to present its updated Country Response Plan (CRP) in the coming days addressing the recent escalation in the country. This revision aims to respond to the evolving situation, focusing on improving humanitarian assistance, protecting vulnerable populations, and coordinating efforts. The plan reflects the LRC's commitment to addressing the immediate needs posed by the ongoing conflict.

In Syria, SARC will publish its updated response plan, mobilization table, and log frame in the coming days. The revised plan will list the immediate needs for SARC's response strategy to the influx of people from Lebanon, its scenario planning, and target groups. This plan will complement in more detail the updated emergency appeal and country response plan initially revised in August 2024.

The other Country Response Plans, together with the revision of the Operational Strategy, which will be published in early November, will largely maintain the current focus and will not yet incorporate the early recovery phase, given the ongoing instability

Coordination and Preparedness

Since the beginning of the crisis in October 2023, IFRC has closely collaborated with all Red Cross / Red Crescent Movement partners and external stakeholders. Regular coordination meetings with Partner National Societies, IFRC, and ICRC are in place to ensure effective Membership and Movement coordination.

In Lebanon, more than 10 Partner National Societies are supporting the Lebanese Red Cross conflict response through bilateral funding, in-kind donations, and/or multilateral support through the IFRC Emergency Appeal. IFRC continues to coordinate and support the Membership to ensure relevant and complimentary support to the National Society. LRC, ICRC, and IFRC also held a Mini-Summit on 25 September, two days after the severe escalation of hostilities, to trigger a collective Movement response with effective coordination mechanisms. This involves regular

tripartite meetings between the LRC Secretary-General and the Heads of Delegations from ICRC and IFRC, complemented by daily Movement EOC meetings between LRC, ICRC and IFRC focal points focusing on operational plans and issues.

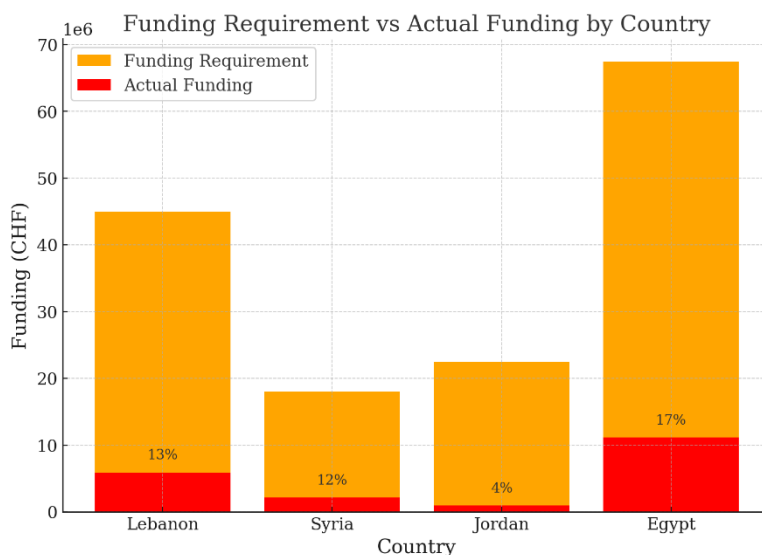
At a regional level, IFRC coordinates with ICRC’s logistics hub in Amman, enhancing preparedness and sharing information. This operation highlights and advances required regional preparedness actions beyond the country-specific targeted activities. This allows the IFRC to support National Societies with maximum flexibility depending on the rapidly evolving situation. Prepositioned medical kits and ambulances continue to be mobilized to Beirut as needed following the recent escalation. IFRC also remains committed to supporting SARC's preparedness for hostilities and response, with ongoing efforts to maintain vehicles, secure buildings, and ensure the provision of essential supplies.

In-kind contributions from the IFRC network are encouraged but must be well-coordinated with LRC and SARC to align with local priorities in line with the relevant mobilisation guidelines, IFRC will facilitate and support those coordination efforts. For more detailed information on the mobilisation tables, please [click here](#)⁵.

SARC is working closely with Movement partners, the High Relief Committee, UN agencies, INGOs, and other authorities to maximize the collective humanitarian response for returnees and refugees. They are enhancing information sharing to ensure a more coordinated and effective response. As the situation worsens, there is growing interest from partners in receiving detailed and up-to-date information on regional developments.

B. FUNDING

As of 10 October, 14%⁶ percent of the funding requirements of the revised Emergency Appeal have been covered. There remains a substantial funding gap across all countries, with actual funding significantly below the required amounts. This highlights the urgent need to secure additional resources to meet essential humanitarian needs.



The IFRC expresses its gratitude to donors and kindly encourages further contributions to fill the 86% percent funding gap to enable the National Societies in the region, with the support of the IFRC, to continue with humanitarian assistance efforts as well as the required preparedness actions. Further funding contributions are

⁵ Mobilisation tables for Lebanon excludes the in-kind needs from PRCS L. A separate table will be shared separately with partners in the coming days.

⁶ Percentage provided does not consider income funding direct to PRCS for response in Opt

needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts and provide humanitarian assistance and protection to people on the move.

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Reference documents



Click here for:

- [Link to IFRC Emergency landing page](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and

promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.