



FLASH UPDATE

Middle East crisis | MENA

Emergency appeal No: MDRS5002 Emergency appeal launched: 18/10/2023 Operational Strategy published: 28/02/2024	Glide No: CE-2023-000186-PSE
Flash update #3 Date of issue: 01 November 2024	Timeframe covered by this update: From 23/09/2024 to 29/10/2024
Operation timeframe: 26 months (18/10/2023 – 31/12/2025)	Number of people being assisted: 700,000 TBC
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 28, 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.



Photo credit: SARC/ SARC volunteers distributing aid to people displaced from Lebanon. Photo credit: LRC/ Reserved blood units in Tyre blood bank, southern Lebanon.

Disclaimer: *This third 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. As of October 27, 2024, the West Bank has reported 763 deaths and 6,455 injured, while in Gaza, the number of deaths has reached 43,020, with 101,110 individuals reported injured, according to the Gaza Ministry of Health and the Health Cluster of the World Health Organization (WHO), with 90% of the population displaced, resulting in a severe humanitarian crisis¹. Furthermore, the massive escalation of violence in Lebanon, which began in mid-September, continues to exacerbate 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 relentless 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 26, 2024, Lebanese authorities have reported 2,653 deaths and 12,360 wounded. The humanitarian impact is staggering, with internal displacement increasing dramatically. As

¹[occupied Palestinian territory](#)

per the joint IOM, DRM, and LRC report, 834,746 (52% female and 48% male) internally displaced persons (IDPs) have been recorded as of October 27²

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 (MoPH) as of October 26, 189,169 people have been registered in around 1,108 shelters, though 931 of these shelters have already reached full capacity. However, a significant number of displaced individuals remain unregistered, with government estimates indicating that the total number of IDPs is 1.2 million³. 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.

The ongoing violence has severely impacted humanitarian efforts, with repeated **attacks on health workers**. As of October 28, World Health Organization (WHO) reports that 99 health workers have been killed, while over 53 attacks have targeted health facilities, and 27 incidents have involved ambulances, further hindering the already limited access to critical medical services for those affected by the conflict⁴. These numbers add to those recorded in the oPt since October 2023, where, as of September 27, there have been 1,128 attacks on healthcare, leading to 779 fatalities, 1,000 injuries, and the detention of 383 healthcare workers and 81 patients, severely compromising access to medical care⁵. Healthcare personnel and facilities continue to face severe risks, underscoring 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 29, 2024, approximately 473,000 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, 58,728 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 over 10,579 people with chronic illnesses, around 3,072 with disabilities, and 569 unaccompanied minors.

Summary of response

Overview of the host National Society and ongoing response

LEBANON

Following the escalation of hostilities in mid-September, Lebanese Red Cross (LRC) mobilized its emergency service to address immediate humanitarian needs and provide targeted pre-hospital emergency care, focusing on areas most affected by hostilities. Between September 17 and October 27, 2024, LRC conducted 2,125 ambulance missions, transporting 601 injured individuals and 251 deceased. More than 1,215 Emergency Medical Technicians (EMTs) were deployed to support these operations, providing care to those injured in airstrikes and evacuating vulnerable populations. The Blood Transfusion Sector provided 2,418 blood components to hospitals, supported by 58 staff members. Additionally, five Urban Search and Rescue (USAR) vehicles were deployed, extracting 12 individuals from critical situations and 21 deceased people. LRC's primary health services included 13,513 medical consultations and medication distribution. Additionally, the LRC's Disaster Management Sector (DMS) distributed essential items,

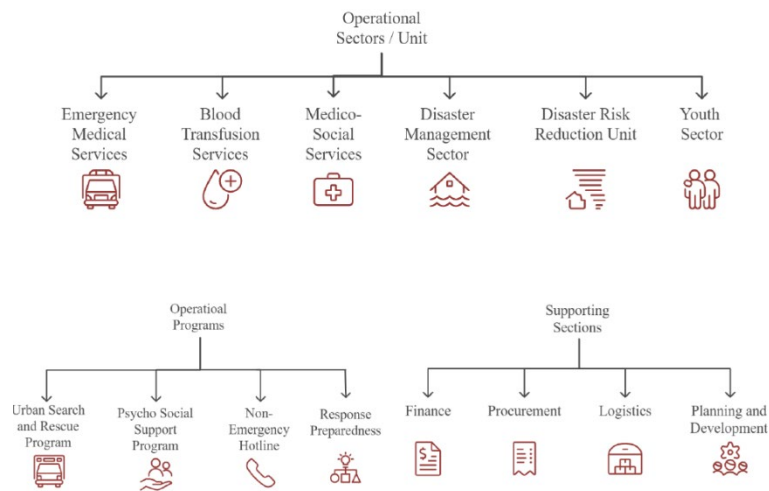
² [Lebanon - Mobility Snapshot - Round 57 - 28-10-2024 | Displacement Tracking Matrix](#). The Lebanese Red Cross (LRC) is responsible for managing household registration at the local level.

³ [UNHCR Lebanon Emergency Flash Update \(29 October 2024\) - Lebanon | ReliefWeb](#)

⁴ [Lebanon: Flash Update #39 - Escalation of hostilities in Lebanon, as of 28 October 2024 - Lebanon | ReliefWeb](#)

⁵ [World Health Organization \(WHO\) Health Cluster - Occupied Palestinian Territory](#).

including 88,379 food parcels, 29,046 hygiene kits, 35,643 mattresses, 69,088 blankets, and 652,108 other relief items (including water and ready to eat meals). Below is the structure of LRC in their response.



The division of sectors, programs, and sections at the Lebanese Red Cross

Furthermore, 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. Systems were created to improve coordination and aid distribution, collaboration with the Ministry of education was achieved in order to assess schools for their potential use as collective shelters. Additionally, Emergency Operations Rooms were activated across districts to coordinate the response and keep track of the displacement of individuals.

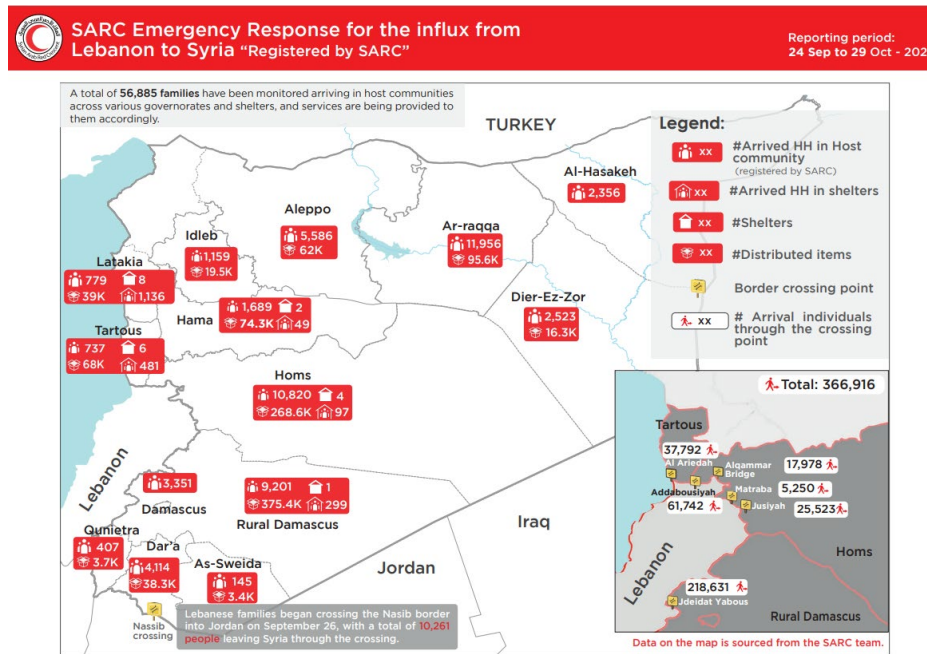
Given that the situation remains extremely volatile and unpredictable, with rapidly evolving humanitarian needs, the Palestinian Red Crescent Society Lebanon branch (PRCS-L) continues to complement LRC's efforts, managing five hospitals, seven community health centers, and 26 ambulances that offer free 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 Safad hospitals. Despite medical supply shortages, PRCS-L managed to supply blood bags to hospitals in South Lebanon and Saida. PRCS-L is also distributing PSS and family kits (including hygiene 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. 2 million CHF from IFRC's Disaster Response Emergency Fund (DREF) was released to LRC within 48 hours of the events on 23 September as part of IFRC's Middle East Crisis Emergency Appeal. Additionally, Partner National Societies have pledged and reallocated millions in funding to support LRC's conflict response. The IFRC Network is also supporting LRC through the donation of goods such as blankets, hygiene kits, non-food items, food and shelter supplies, along with the delivery of essential medical supplies to ensure urgent support reaching those in need. To further support the LRC and PRCS-L, IFRC has deployed a communications coordinator with support from the Netherlands Red Cross, a PMER Delegate, and a procurement officer. Additionally, IFRC has launched another Rapid Response alert for an IM coordinator for Lebanon.

SYRIA

Meanwhile, in response to the large movement of people from Lebanon into Syria, the Syrian Arab Red Crescent (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 that have responded to 3,759 cases, treating 2,670 people on-site and transferring 1,089 to medical facilities. Over 37,030 individuals have been provided transportation from border areas to their final destinations. SARC has equipped shelters in Homs, Rural Damascus, and Hama while distributing 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 70,257 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 19,157 beneficiaries through Mobile Health Units and to 7,324 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 \(EN\)](#).

Some of the most important distributed items:

NFI Non-Food Items & shelters:

117,948 Blankets	21,266 Plastic sheets	11,851 Clothes
71,548 Mattresses	20,967 Kitchen sets	41,082 Jerry-cans
66,151 Sleeping mats	21,787 Solar lamp	

Food items:

115,411 Date bars	
7,148 Canned-Food parcels	
20,192 Food parcels	
187,107 Instant food items	

WASH and Hygiene items:

267,612 Water bottles
15,127 Diapers bags
7,042 Sanitary napkins
6,425 Hygiene kits

The IFRC is supporting SARC by reaching the affected population through bread, hygiene parcels, and water, volunteer mobilization, vehicle maintenance, facilitation of services for incoming individuals (e.g., legal assistance), and the placement of emblems on SARC buildings and vehicles. In the upcoming period, efforts will focus on supporting the distribution of hygiene parcels, food parcels, canned foods, and diapers.

EGYPT

The Egyptian Red Crescent Society (ERCS) continues experiencing severe challenges in delivering aid to Gaza, primarily due to the ongoing restricted flow through Kerem Shalom and the closure of the Rafah crossing point after May 2024, which led to trucks being blocked with sealed loads. With the crossing still closed and strict limitations imposed by Israeli authorities, the limited access has significantly hindered the flow of humanitarian aid, making it

exceedingly difficult for ERCS to ensure timely and effective assistance to those in need. The closure resulted in more than 2.700 trucks as of September 2024 in Al Arish with a high impact on costs associated with the vehicles blocked, estimated at more than CHF 2M per month.

However, the ERCS, with support from the IFRC, has made notable progress in scaling up its logistics and improving the efficiency of aid delivery to ensure readiness to deliver items as soon as the Rafah border reopens. Key achievements include the deployment of Mobile Storage Units (MSUs) to enhance temporary storage capacity, facilitating faster and more organized distribution of supplies. Warehousing in Al-Arish has been expanded to store and inspect shipments in transit, significantly reducing the need to keep goods on trucks, which helps lower truck detention costs and alleviate shipment backlogs. ERCS has also bolstered its logistics capabilities by acquiring additional forklifts and trucks. Another major accomplishment is the implementation of a Relief Tracking System, which monitors shipments to Gaza—both international and local—ensuring a coordinated and efficient aid response. Moreover, the IFRC is supporting the Egypt Delegation by deploying a Supply Chain Coordinator, Procurement Officer, and Finance and Admin Coordinator, aiming to optimize logistical and financial support in the region. Details of ERCS response can be found on our joint dashboard: [Microsoft Power BI](#)

In addition to these logistical improvements, ERCS continues to provide comprehensive support to medical evacuees and their families, offering mental health services, housing, food, and healthcare across all 14 Governorates, in close collaboration with the Ministry of Social Solidarity and the Ministry of Health and Population.

JORDAN

The Jordan National Red Crescent Society (JNRCS) is also currently facing significant challenges in delivering aid due to the closure of critical border crossings. These challenges include navigating approvals from Israeli authorities, restricted truck access, and issues with damaged goods. In response, JNRCS is scaling up its logistics operations and expanding its warehousing and storage capacity to better manage these complexities, with critical support from the IFRC. More details and updated figures can be found on our joint dashboard: [Microsoft Power BI](#)

Beyond these logistical enhancements, JNRCS remains committed to providing extensive support to returnees, medical evacuees and their families. In this reporting period, JNRCS supported in the transportation of a medical evacuee in coordination with other actors.

Additionally, the IFRC enhanced its Jordan Delegation capacities by deploying a HR in Emergencies Officer, Finance Officer, and Admin Officer, ensuring that essential support functions are operational on the ground, optimizing logistical and financial assistance in the region, especially since the Jordan team and NS are also under added pressure hosting relocated staff since the escalations in Lebanon.

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, IM Coordinator, Mobilization Officer, and the Federation-wide Data Collection & Analysis Coordinator, Communications Coordinator and Supply Chain Coordinator.

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 security and protection risks where active conflict

delays LRC access to affected areas, making it dangerous for LRC teams to deliver aid. Additionally, mass displacement makes it harder for LRC to provide consistent humanitarian aid and maintain stable services. The National Society also faces logistics and supply chain disruption as the conflict is delaying essential delivery of items.

The critical needs of the affected population in Lebanon include urgent support in healthcare, shelter, and psychosocial services due to widespread displacement and infrastructure damage. As of late October 2024, **834,746 internally displaced persons (IDPs)** have been reported, significantly increasing the demand for shelter. Many IDPs are residing in overcrowded, temporary accommodations, such as unfinished buildings and outdoor settings, lacking adequate protection and sanitation facilities.

Healthcare access is severely limited due to infrastructure damage, resulting in a high demand for PRCS-L and LRC medical services. Essential needs include **medicines, medical consumables, and fuel** for hospital operations, with many health facilities facing shortages of blood supplies and medical equipment. Psychosocial support (PSS) is also vital, especially for displaced children and caregivers dealing with trauma and increased anxiety due to the conflict. Expanded hygiene awareness and communicable disease prevention campaigns have reached over 3,645 individuals in high-risk communities to mitigate public health risks.

These needs highlight the urgent requirement for sustained resources and logistical support to address both the immediate and long-term challenges faced by displaced and vulnerable populations.

In order to continue responding to evolving needs in the country, LRC urgently 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, medical equipment and fuel to ensure the availability of life-saving supplies. Urgent response priorities also include strengthening Emergency Medical Services and taking concrete steps to protect medical missions and reinforce the Red Cross emblem. Furthermore, PRCS-L is continuing to seek support for the procurement of medicine and medical supplies, and other equipment for the laboratories and operating rooms, instruments and protective gear for ambulances, dignity kits, food, and water for staff and fuel for hospitals and vehicles, training for staff and volunteers, and other investments in the overall response capacity of health facilities.

SYRIA

SARC is already facing multiple challenges in responding to the ongoing crisis, especially after the earthquake and economic collapse and the multiple outbreaks and responses including the internal challenges and the ongoing situation in the middle east that affects all the region.

Since the influx from Lebanon is now less due to the targeting of several border points, the burden now shifted toward the shelters and the host communities, the cold weather adds complexity, with urgent needs for mattresses and blankets, winter clothes, and winter items, Hygiene kits, kitchen sets and cooking facilities and canned food and dry food parcels, although a lot of needs been covered for now but the unpredictable crises raise the risk of continuity against the limited resources. The host communities that already exhausted from the ongoing crisis in Syria and the multiple challenges that are already faced in Syria, this will add an additional Tasks and needs on SARC to respond to the massive needs of both host communities and displaced people.

Furthermore, healthcare and medical assistance are required within and beyond the confines of the shelters. Concurrent efforts to promote health and hygiene practices are necessary to mitigate the risk of disease outbreaks. It is imperative to address the damage inflicted upon essential public services infrastructure, including sewage systems, water wells, and hospitals. Restoring family links, legal assistance, psychosocial support, and cash-based assistance are all required for the emergency response.

JORDAN and EGYPT

Although the ERCS and JNRCS are not directly affected by the recent escalation in Lebanon, they continue to face significant challenges in delivering humanitarian aid to Gaza. These challenges include unpredictable access at border crossings, restrictions on truck entries, and logistical issues such as damaged goods and unclear restrictions on materials imposed by Israeli authorities. Despite these obstacles, efforts are underway to coordinate across multiple levels and actors, aiming to overcome these logistical hurdles and ensure the smooth delivery of aid.

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. Since September the security situation has escalated in Lebanon with operation by IDF in Lebanon leading to mass displacement of persons and destruction of infrastructure.

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. Access is currently limited or restricted in both Egypt and Jordan.

Population movement: The escalation of war has led to displacement of persons both internally in Lebanon and externally to Syria. This risk poses an implication on the capacity of the NSs involved in terms of resources and personnel to ensure delivery of needed humanitarian aid. Health and Hygiene, and PGI/PSEAH related risks will more likely be a secondary risk in the shelters or camps hosting the displaced persons. PGI and Child safeguarding analysis is ongoing and active PGI activities are integrated in the response. Also, migration cases may increase, and this will need monitoring to integrate it accordingly.

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. With some grants ending in December 2024 the funding gap will more likely increase and hence impact the operation capacity to meet the operation costs and meeting the needs of beneficiaries

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). Recent escalation in Lebanon may result to increased cost of materials and shortages in some cases and may affect cost or availability of materials in Syria

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

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](#) and [JNRCS Country Response Plans \(CRP\)](#) have already been published. This revision aims to respond to the evolving situation, focusing on improving humanitarian assistance, protecting vulnerable populations, and coordinating efforts effectively. It reflects the National Societies' commitment to addressing the immediate needs posed by the ongoing conflict. For more detailed information on the JNRCS and LRC's response under this intervention, please refer [here](#).

The [SARC](#) and [ERCS Country Response Plans \(CRP\)](#) are currently under review and will be published along with the Operational Strategy in the coming days. The **Operational Strategy** will further elaborate on the updated Emergency Appeal and Country Response Plans, which were initially revised in August 2024. It will take into account the current escalation in Lebanon, largely maintaining the existing focus without yet transitioning to the early recovery phase, due to the ongoing instability in the region. For further details on SARC and ERCS strategy, please refer to [Flash Update #2](#).

Coordination and Preparedness

Since the onset of the crisis in October 2023, the IFRC has worked in close collaboration with all Red Cross and Red Crescent Movement partners as well as external stakeholders. Regular coordination meetings are conducted with Partner National Societies, the IFRC, and the ICRC to ensure effective Movement and Membership coordination. This coordination is managed at the respective country levels, with the MENA Regional Office providing a strategic overview in collaboration with regional departments, partners, and donors.

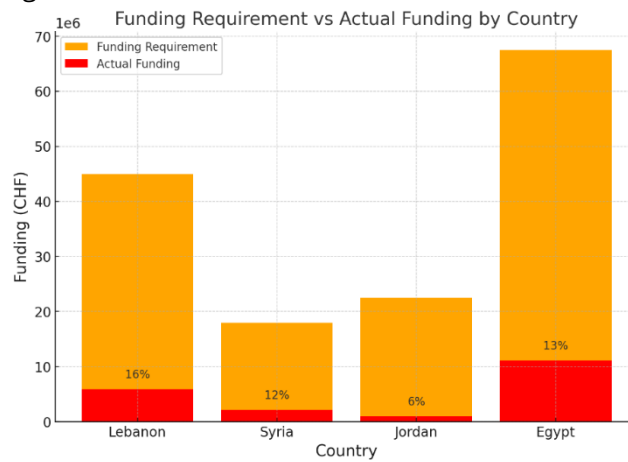
As highlighted in the response sections to date, prepositioned stocks—including trauma kits, ambulances, and Mobile Health Units (MHUs), which were procured as part of the preparedness measures and to complement the readiness of National Societies—were swiftly deployed when the needs became evident in Lebanon. At the time of reporting, efforts to replenish these deployed items are underway, depending on available funding. Furthermore, additional items to address upcoming winter needs have been identified and highlighted through the Middle East crisis preparedness mobilization table. 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 mobilization guidelines, IFRC will facilitate and support those coordination efforts. For more detailed information on the mobilization tables, please [click here](#).

B. FUNDING

As of 27 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

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

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 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 move⁷.

⁷ Please note that the data regarding Egypt no longer includes financial support for the PRCS hospital in Cairo.

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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.