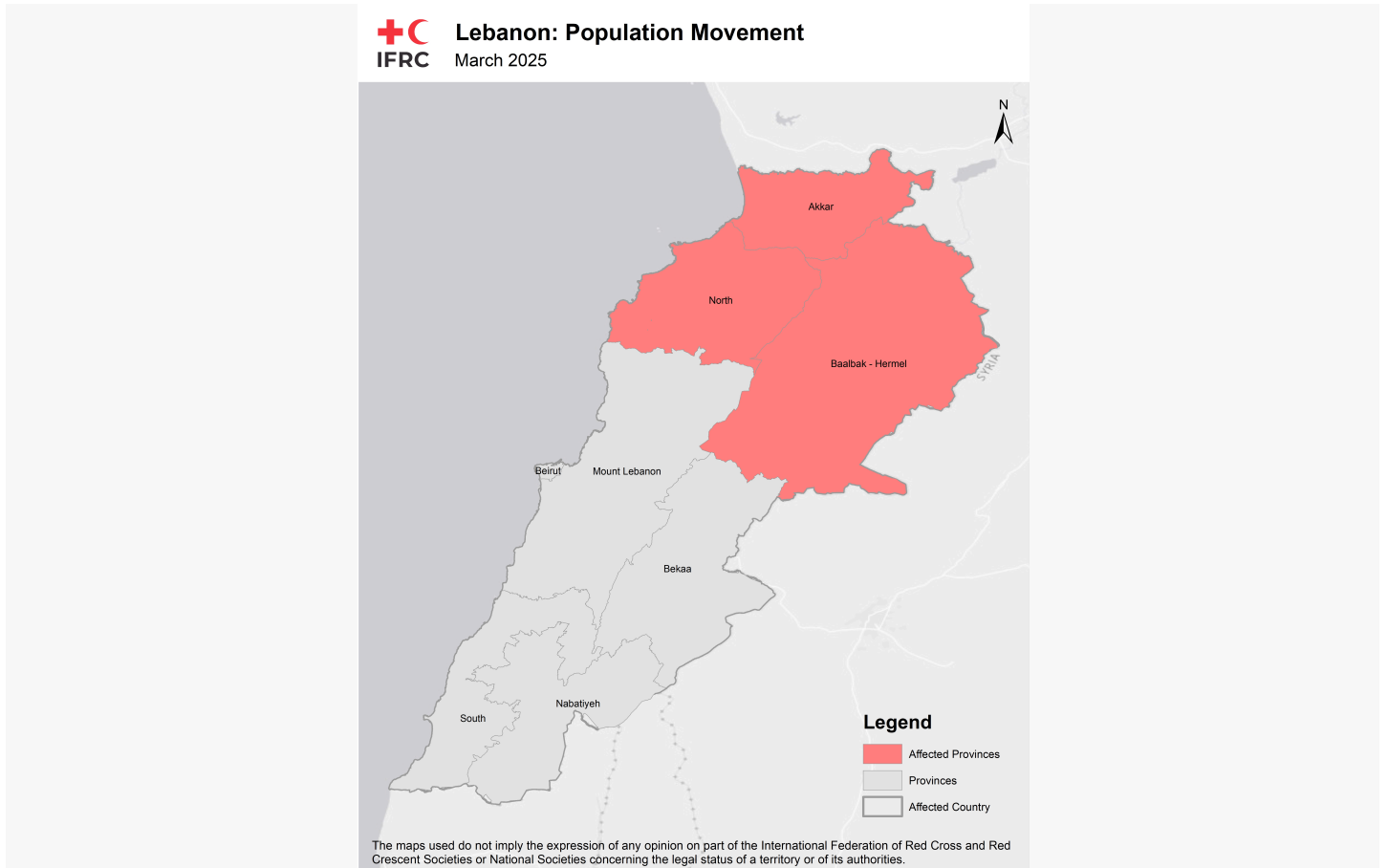




A Lebanese Red Cross volunteer verifying data of targeted people.

Appeal: MDRLB018	Total DREF Allocation: CHF 499,932	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: OT-2025-000033-LBN	People Affected: 101,000 people	People Targeted: 10,628 people	People Assisted: 38,858 people
Event Onset: Sudden	Operation Start Date: 20-03-2025	Operational End Date: 31-08-2025	Total Operating Timeframe: 5 months
Targeted Regions: North, Akkar, Baalbek-El Hermel			

Description of the Event



Date of event

10-03-2025

What happened, where and when?

Lebanon witnessed a new wave of displacement from Syria due to intensified hostilities in the coastal regions, particularly affecting Tartous, Lattakia, Homs, and Hama Governorates.

This displacement led to the arrival of 10,500 new individuals in Akkar and the North Governorate, with the majority (8,828 people) settling in Akkar. These arrivals were in addition to an already vulnerable population of 90,500 displaced persons in Baalback/Hermel, where the movement began at the start of December 2024, to which LRC responded with existing resources.

The movement into Lebanon was exacerbated by insecure roads, forcing many to cross at night on foot through rivers and unsafe areas. Many of the new arrivals, including female-headed households who had lost their spouses in Syria, were sheltered in substandard conditions—either with relatives, in overcrowded homes, or in two large unofficial collective shelters housing approximately 1,500 individuals.

The Lebanese government had not approved the opening of official collective shelters, which limited the humanitarian response options. Municipalities, already under financial strain, expressed difficulties in sustaining assistance without external support.

Scope and Scale

The ongoing crisis led to a significant displacement of over 90,500 individuals into Baalbek-El Hermel towards the beginning of December 2024, followed by an additional movement of 23,000 into Akkar and North Lebanon towards the end of March 2025 (UNHCR, 2025). Many were forced to settle in informal shelters, abandoned buildings, and overcrowded host communities, facing severe shortages of food, clean water, and medical services. The influx overwhelmed local infrastructure, increasing the risk of disease outbreaks, malnutrition, and social tensions.

The most vulnerable groups included children, elderly people, people with disabilities, and female-headed households, many of whom lacked resources, protection, and access to essential services, based on field observations by LRC operational teams. The crisis was particularly severe in Akkar, Tripoli, and Baalbek-El Hermel, where poverty and limited municipal resources made it difficult to absorb large numbers of displaced individuals (UNHCR, 2025).

Historically, Lebanon had faced large-scale displacement crises, including the 2011–2015 Syrian refugee influx, which pushed the country's resources to their limits, the 2006 Lebanon War, and the recent conflict, which resulted in mass internal displacement. Without immediate international support, living conditions were expected to continue deteriorating, and tensions between host communities and displaced populations could have escalated further.

Since the original analysis in March 2025, the displacement situation had significantly evolved. The number of new arrivals from Syria into Akkar and the North Governorate increased from 10,500 to approximately 32,002 individuals, with the majority still settling in Akkar. These arrivals were spread across 35 locations, with particularly high concentrations in Massaoudiye, Hokr ed-Dahri, Hissa, Tall Hmayra, and Tall Bire.

In Baalbek-Hermel, the total displaced population reached approximately 85,327 individuals since the movement began in December 2024, with over 28,000 then residing in informal collective shelters. Protection risks remained critical, as movement continued through insecure and informal border crossings. Despite ongoing advocacy, no official collective shelters were authorized, further straining the humanitarian response. Local municipalities continued to struggle to provide support without additional external assistance.

Source Information

Source Name	Source Link
1. UNHCR Regional Flash Update #17 Syria situation crisis	https://data.unhcr.org/en/documents/details/114985
2. OCHA LEBANON: Flash Update #65	https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-65-escalation-hostilities-lebanon-28-march-2025
3. UNHCR Lebanon: Operational Update, April-May 2025	https://reliefweb.int/attachments/b8eae15c-e4eb-5868-8d77-4e528281b57b/UNHCR%20Lebanon%20-%20External%20Update%20April%20May%202025.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>To ensure an immediate and comprehensive response to the rapid influx of displaced individuals, the Lebanese Red Cross proactively utilized resources from its ongoing partnerships within the Red Cross Red Crescent Movement. This strategic use of existing partner support enabled the LRC to bypass immediate funding constraints and immediately scale up critical services.</p> <p>Key activities supported through these partnership resources included:</p> <p>Distribution of Non-Food Items (NFIs): Pre-positioned stocks and flexible funding were used to quickly distribute essential items like food items and hygiene kits to vulnerable newly arrived families and those sheltered in substandard conditions.</p> <p>Medical Coverage Expansion: Resources were directed toward covering the operational costs of the Mobile Medical Units, ensuring that primary healthcare service could be provided on a wider scale across the affected areas of Akkar and Hermel.</p> <p>This utilization of available partner resources was critical, facilitating a more timely response and broader geographical coverage necessary to meet the immediate, escalating needs.</p>



IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Lebanon Delegation coordinated with members and other stakeholders, ensuring that the response was properly coordinated and enabling the Lebanese Red Cross to respond efficiently and in a timely manner.</p>
Participating National Societies	<p>The Lebanese Red Cross coordinated closely with Partner National Societies to support the operation based on identified needs and priorities. LRC maintained strong partnerships with various PNS present in Lebanon, and their engagement in this response was tailored to align with operational requirements and available resources.</p> <p>LRC ensured regular communication and coordination with PNS to maximize efficiency, avoid duplication, and enhanced the overall impact of the response.</p>

ICRC Actions Related To The Current Event

ICRC was monitoring the most recent influx of Syrian refugees and was assessing its capacity to support in filling assistance and protection response gaps. The ICRC also supports the Tripoli General Hospital, which stands ready to provide healthcare, especially for the weapon-wounded.

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>No</p>
National authorities	<p>As thousands of Syrians fled the escalating violence in their country, Lebanon’s national authorities grappled with the urgent need to manage the growing humanitarian crisis. With over 90,500 individuals arriving in Baalbek-El Hermel and 23,000 in Akkar and North Lebanon, the situation put immense pressure on government institutions, municipalities, and host communities (UNHCR, OCHA, 2025).</p> <p>The Lebanese Disaster Risk Management (DRM) unit, in coordination with the Ministry of Social Affairs (MoSA) and humanitarian partners, worked to monitor and assess the needs of those arriving. A household profiling exercise was underway in Baalbek and Hermel, with 7,000 families already assessed, aiming to identify the most vulnerable and ensure they received appropriate assistance (UNHCR, 2025). However, with resources already stretched thin, authorities struggled to provide adequate services for the rapidly growing displaced population.</p> <p>At the local level, municipal governments in Akkar, Tripoli, and North Lebanon raised concerns about their limited capacity to respond. Many municipalities faced financial strain and warned that they could not sustain the increasing burden without external support. The Governor of North Lebanon actively engaged with humanitarian organizations, emphasizing the urgent need for shelter solutions, essential services, and measures to prevent tensions between host communities and new arrivals.</p> <p>Despite these efforts, the government’s response remained constrained by financial and political challenges. Formal border crossings, including Arida, Aboudiyeh, and Bqayaa, remained only partially functional, forcing many Syrians to enter through informal crossings. This created gaps in registration and humanitarian assistance, making it difficult to track and support all those arriving. Additionally, while crisis response cells were activated in Akkar and North Lebanon, their capacity was limited, and there was no clear policy on opening formal collective shelters for displaced populations.</p> <p>Lebanese authorities also called for increased support, recognizing that without additional funding and structured assistance, both displaced populations and host</p>



	communities would face deteriorating conditions. As the crisis deepened, the government, in coordination with humanitarian partners, continued to push for a more structured response, but challenges related to infrastructure, social tensions, and economic hardship remained significant obstacles (UNHCR, 2025).
UN or other actors	<p>As Lebanon faced a growing influx of displaced Syrians, the UN and humanitarian organizations mobilized to provide life-saving assistance. UNHCR, in coordination with the Lebanese government, tracked arrivals and assessed urgent needs, with a household profiling exercise already underway in Baalbek and Hermel to identify vulnerable families and ensure targeted aid distribution (UNHCR, 2025).</p> <p>Several humanitarian agencies, including UNHCR, IOM, UNICEF, WFP, and local NGOs, worked to deliver critical assistance such as blankets, mattresses, hygiene kits, and food parcels to displaced families across Akkar, Baalbek-El Hermel, and Tripoli.</p> <p>Given growing shelter needs, agencies such as NRC, UNHCR, and Solidarités International conducted assessments to secure safe and dignified accommodation, although the lack of formal collective shelters remained a key challenge.</p>

Are there major coordination mechanism in place?

The DRM organized shelter for those affected, while the LRC, in agreement with the DRM, supplied mattresses and blankets. LRC teams also worked with key partners, including UNHCR and the WFP, and the Emergency Operations Room (EOR) at the municipality. This collaborative approach was vital for tracking the rising displacement figures, planning necessary interventions, and delivering coordinated aid, as the situation was expected to worsen.

Needs (Gaps) Identified



Shelter Housing And Settlements

The ongoing escalation in Syria has resulted in a continuous influx of displaced individuals into Lebanon, placing significant strain on existing shelter capacities and increasing humanitarian needs. Many families arrived with little to no resources, requiring immediate assistance to secure safe and dignified living conditions. While response efforts were underway, gaps in emergency shelter, collective center rehabilitation, and core relief item distribution remained critical.

Identified Shelter and Settlement Needs:

Emergency Shelter Solutions: Many displaced individuals were without adequate shelter, necessitating the immediate provision of emergency housing options. This included the distribution of tents, tarpaulins, and materials for constructing temporary shelters to protect families from environmental elements.

Rehabilitation of Collective Shelters: Existing structures, such as community centers and mosques, were being repurposed to accommodate displaced populations. These facilities required rehabilitation to ensure they meet basic living standards, including the installation of partitions for privacy, sanitation facilities, and adequate ventilation.

Provision of Core Relief Items: Displaced families lacked essential household items. There was a critical need for CRIs, including blankets, mattresses, kitchen sets, and hygiene kits, to ensure dignity and meet basic daily needs.

Site Planning and Management: With the establishment of new informal settlements, there was a need for proper site planning to ensure safety, accessibility, and the efficient delivery of services.

Winterization Support: Given the weather conditions, there was an urgent need for winterization assistance. This included providing thermal blankets, weatherproofing materials for shelters, and heating solutions to protect vulnerable populations from cold temperatures.





Livelihoods And Basic Needs

The ongoing escalation in Syria has led to a continuous influx of displaced individuals into Lebanon, placing immense strain on already fragile economic conditions and increasing the need for livelihood support and basic assistance. Many arriving families had lost their sources of income and possessed little to no financial resources, making them highly dependent on humanitarian aid to meet their daily needs. While response efforts provided immediate relief, gaps remained in access to food, cash assistance, and livelihood opportunities, leaving many households struggling to survive.

Limited access to income-generating opportunities had severely impacted the ability of displaced families to afford basic necessities such as food, rent, and healthcare. Without financial stability, many were forced to adopt negative coping mechanisms, such as reducing food intake or taking on unsafe and exploitative work.

Additionally, disruptions in local markets and rising demand for essential goods have led to increased food insecurity and inflation, making it even more difficult for displaced families and host communities to afford necessities.



Health

High levels of new displacement and overstretched host communities, particularly in Akkar and Baalbek-El Hermel, continued to face significant barriers in accessing essential healthcare services. Many displaced families arrived without access to medical care, medications, and preventive health services, putting them at risk of worsening health conditions. Comprehensive medical consultations, including triage, diagnosis, and treatment, were urgently needed to manage acute and chronic health conditions, while gaps in medication availability for chronic illnesses such as hypertension, diabetes, and asthma further threaten continuity of care.

Poor living conditions and increased exposure to risks have heightened the need for wound care and follow-up treatment to prevent complications. Additionally, displacement had left pregnant women and children vulnerable to gaps in immunization coverage, increasing the risk of vaccine-preventable diseases. Access to maternal and child health services, including antenatal and postnatal care, breastfeeding support, and sexual and reproductive healthcare, remained insufficient, disproportionately impacting female-headed households and other vulnerable groups.

The lack of access to primary healthcare services exposed displaced individuals to untreated illnesses, complications from chronic diseases, and preventable infections. Overcrowded and unsanitary living conditions further increased the risk of disease outbreaks, including respiratory infections, skin diseases, and waterborne illnesses. Limited healthcare access also affects those with pre-existing conditions, who require urgent medical attention, routine check-ups, and continued treatment to prevent deterioration of their health.

Beyond physical health concerns, the psychological impacts of displacement remained a critical challenge, particularly for women and children. There was an urgent need to expand Mental Health and Psychosocial Support (MHPSS) services to address the emotional and psychological toll of displacement, ensuring that vulnerable populations receive the support they need to cope with trauma and stress.



Water, Sanitation And Hygiene

The ongoing escalation in Syria has led to a steady influx of displaced individuals into Lebanon, significantly increasing pressure on already strained water, sanitation, and hygiene (WASH) infrastructure. Many families arrived with limited access to clean water and proper sanitation, heightening the risk of disease outbreaks and deteriorating living conditions.

Identified WASH Needs:

Access to Safe Drinking Water: Many displaced individuals were settling in areas with limited or no access to clean water sources, increasing the risk of waterborne diseases. Immediate interventions were required to provide safe drinking water through the installation of water tanks, rehabilitation of existing water supply systems, and, where necessary, water trucking services.

Sanitation Facilities: The sudden population increase had overwhelmed existing sanitation infrastructure, leading to inadequate sewage disposal and unhygienic conditions. Limited access to sanitation facilities could lead to open defecation, groundwater contamination, and the rapid spread of waterborne diseases such as cholera and diarrhea, especially in overcrowded shelters and informal settlements. Without proper latrines and waste disposal systems, families were left with unsafe and unhygienic conditions that increased the risk of infection.



Hygiene Promotion and Supplies: Overcrowded shelters and informal settlements lacked essential hygiene items, heightening the risk of communicable diseases. Insufficient hygiene supplies and poor hygiene practices contributed to the transmission of communicable diseases, particularly among children and vulnerable individuals. Lack of soap, sanitary materials, and handwashing stations made it difficult to maintain personal hygiene, further exacerbating health risks.

Solid Waste Management: The accumulation of solid waste in displacement sites posed significant health hazards. Poor solid waste management could create unsanitary living conditions, attracting rodents and insects that spread diseases, while uncontrolled waste accumulation increases the risk of respiratory infections and other public health hazards. Without proper waste collection and disposal mechanisms, informal settlements and shelters may face severe environmental and health challenges.

Operational Strategy

Overall objective of the operation

This DREF allocation supported the Lebanese Red Cross in deploying mobile medical units and distributing relief, shelter items, and hygiene kits in response to the influx of 23,000 into Akkar and North Lebanon that occurred in March 2025, following the initial movement of over 90,500 displaced individuals into Baalbek-El Hermel in December 2024. Over three months, LRC prioritized medical assistance and essential relief distributions in the most affected areas, including Akkar, Tripoli, and Baalbek-El Hermel, ensuring urgent support to displaced populations and host communities while coordinating with local and humanitarian partners to maximize impact.

Operation strategy rationale

The allocation of DREF funds underscored the Lebanese Red Cross's immediate response to the humanitarian needs arising from the recent mass influx of displaced individuals from Syria. This intervention was designed to provide direct medical and relief assistance to the most affected populations in Akkar, Tripoli, and Baalbek-El Hermel over a three-month period, ensuring that urgent needs were met while complementing broader humanitarian efforts in Lebanon.

This operation was aligned with and complemented the ongoing emergency response to the conflict in Lebanon, which had already placed immense pressure on humanitarian services and host communities. While the Lebanese Red Cross's conflict response focused on emergency medical services, relief assistance, and support to internally displaced persons (IDPs) within Lebanon, this DREF-funded intervention addressed the additional burden created by the influx of refugees, ensuring that displaced individuals from Syria received essential healthcare, food, and hygiene support without compromising ongoing emergency response efforts. Both operations were implemented in parallel and coordinated to avoid duplication and ensure effective resource allocation.

With this DREF allocation, the Lebanese Red Cross deployed mobile medical units to provide essential healthcare services, including triage, diagnosis, treatment, referral procedures, wound care, vaccinations, health education, and sexual and reproductive health services. These services were targeted toward displaced individuals, addressing critical health concerns and ensuring continuity of care for those with chronic conditions.

In parallel, the Lebanese Red Cross Disaster Management Sector distributed ready-to-eat parcels, food parcels, hygiene kits, and blankets to meet the basic needs of displaced families. These relief efforts were immediate and targeted, ensuring that assistance reached the most vulnerable populations in temporary shelters, collective centers, and informal settlements while complementing food security and relief efforts already being carried out under the broader emergency appeal.

This intervention focused entirely on direct response. All medical and relief distributions were deployed as needs arose, ensuring a rapid and adaptable response to the evolving crisis while strengthening ongoing humanitarian efforts across Lebanon.

Targeting Strategy

Who was targeted by this operation?

This operation targeted 10,628 of the most vulnerable displaced Syrians in Akkar, Tripoli, and Baalbek-El Hermel, where 23,000 were displaced in March 2025 following the initial displacement of over 100,000 arrivals in December 2024 (UNHCR, OCHA, 2025). Given the scale of displacement, targeting focused on individuals with the greatest humanitarian needs, including children, the elderly, pregnant women, individuals with chronic illnesses, and those in informal shelters with limited access to health services and basic necessities.

To ensure efficient and needs-based targeting, the Lebanese Red Cross coordinated closely with UN agencies, local authorities, and other humanitarian actors to identify gaps and avoid duplication of assistance. LRC's intervention complemented existing relief efforts by



focusing on mobile medical services, emergency relief distributions, and hygiene support in areas where humanitarian coverage remained limited. Additionally, LRC worked alongside local and international partners to ensure that host communities also received assistance, particularly in areas where the influx of displaced individuals had placed increased pressure on existing services and infrastructure.

Mobile medical units provided triage, diagnosis, treatment, vaccinations, wound care, sexual and reproductive health services, and referrals, ensuring lifesaving medical care. Relief distributions focused on families with no income or inadequate shelter, providing ready-to-eat meals, food parcels, hygiene kits, and blankets.

LRC coordinated with local authorities, community leaders, and humanitarian partners to ensure a needs-based, impartial response, prioritizing refugees most affected by the crisis.

Explain the selection criteria for the targeted population

The selection criteria for relief distribution and health interventions followed a systematic, needs-based approach, ensuring that assistance reached those most in urgent need. Decisions were guided by continuous assessments and coordination alongside the DRM to prioritize the most vulnerable populations and allocate resources effectively.

For health interventions, there were no specific selection criteria, as services were provided on a needs basis, prioritizing individuals requiring immediate medical attention to save lives and reduce suffering efficiently. For shelter and basic needs, the focus was on displaced individuals who lacked adequate living conditions and essential supplies.

Total Assisted Population

Assisted Women	20,110	Rural	0%
Assisted Girls (under 18)	-	Urban	0%
Assisted Men	18,748	People with disabilities (estimated)	0%
Assisted Boys (under 18)	-		
Total Assisted Population	38,858		
Total Targeted Population	10,628		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Overlapping interventions or lack of coordination with other humanitarian organizations may result in gaps or duplications in aid delivery	Strengthen coordination through humanitarian working groups, conduct regular inter-agency briefings, and use shared data systems to track assistance and avoid duplication
Some affected populations may be difficult to reach due to security risks, road closures, or infrastructure damage	Deploy mobile response teams with flexible operational plans, work closely with local authorities and community leaders to facilitate safe access, and identify alternative distribution sites when direct access is not possible
Delays in the procurement, transportation, or distribution of relief items due to supply chain disruptions or road access issues	Establish alternative supply routes and maintain the local supplier agreements to ensure timely delivery. Implement real-time tracking of shipments to monitor and address delays proactively



Please indicate any security and safety concerns for this operation:

Given the heightened tensions in the North Bekaa area, characterized by security incidents and airstrikes, the Lebanese Red Cross (LRC) is implementing a cautious operational approach. While actively intervening on the ground to provide essential aid, the LRC prioritizes the safety of its personnel and beneficiaries. Therefore, all actions are conducted with careful consideration of the prevailing security risks, and in full coordination with Lebanese official authorities, ensuring a responsible and measured response.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Shelter Housing And Settlements

Budget: CHF 12,276

Targeted Persons: 800

Assisted Persons: 576

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of blankets distributed to affected individuals	800	576

Narrative description of achievements

576 blankets were procured and stored as replenishment to those distributed in the North and the Bekaa regions prior to receiving the DREF items.

The planned distribution of blankets was critically impacted by a confluence of procurement delays, primarily linked to prolonged disbursement of approved project funds. This extended timeline meant that, by the time the procurement process was successfully finalized and the items were available, the period of peak, acute need for such support had diminished among the target population.

Challenges

The misalignment between delivery timelines and seasonal humanitarian needs substantially reduced the relevance and immediate impact of the planned intervention: the planned blanket distribution faced a significant operational challenge due to a convergence of procurement delays, largely stemming from the prolonged disbursement of approved project funds. These delays extended the procurement timeline beyond what was initially anticipated. As a result, by the time the procurement process was completed and the blankets became available for distribution, the period of peak and acute need among the target population had already passed.



Livelihoods And Basic Needs

Budget: CHF 233,749

Targeted Persons: 7,500

Assisted Persons: 22,500

Targeted Male: 11,250

Targeted Female: 11,250

Indicators

Title	Target	Actual
# of food parcels distributed to affected families	1,500	3,000
# of ready to eat parcels to affected families	1,500	1,500

Narrative description of achievements

The initial intervention strategy aimed to provide sustained support, targeting 1,500 highly vulnerable families with three consecutive monthly rounds of assistance (First round being RTEs followed by two rounds of food parcels). However, unforeseen external challenges, specifically protracted procurement and financial disbursement processes, necessitated a strategic revision of the distribution model.

Instead of prioritizing the frequency of support, the approach was adapted to prioritize geographic coverage and overall reach. By limiting assistance to a single, essential round per household, the operation successfully scaled its impact, reaching a total of 4,500 families—significantly exceeding the original household target. This adaptation ensured maximum relevance and provided immediate aid to a much broader segment of the newly arrived population.

The distribution strategy employed a differentiated approach to food security. Ready-to-Eat parcels were allocated to 1,500 families without access to cooking facilities to address their immediate nutritional needs, complemented by the distribution of food parcels to 3,000 other affected families.

Challenges

- A challenge in accelerating the food distribution timeline involved necessary delays inherent in the procurement of both food parcels and Ready-to-Eat (RTE) items. To ensure the safety and quality of aid provided, compliance requirements mandated the finalization of laboratory testing and internal approvals for all food-related commodities. This technical vetting process, while essential for upholding accountability and standards, contributed to a longer procurement cycle than initially anticipated, thereby delaying the start of the food distribution component.



Budget: CHF 82,923

Targeted Persons: 3,300

Assisted Persons: 10,565

Targeted Male: 4,149

Targeted Female: 6,416

Indicators

Title	Target	Actual
# of unique beneficiaries in MMUs(disag. by age, gender and nationality)	0	7,083
# of attendees in MMUs(disag. by age, gender and nationality)	3,300	10,565

Narrative description of achievements

The Mobile Medical Units have been successfully responding to the urgent primary healthcare needs of the displaced populations and host communities in Akkar and Hermel and their surrounding cadasters, reaching more individuals than targeted. The response was built on strong coordination with the Disaster Risk Management (DRM) Unit and the Ministry of Public Health (MoPH), which helped to ensure an efficient and needs-based deployment.

The MMUs operated across several localities, covering cadasters Al-Massoudieh, Amaret el Baykat, Btourram, Chir Hmairine, El



Aabboudiye, Haouchab, Hissa, Tall Bire, and Tall Hmayra in Akkar, with an average of 9 working days in each.

As well as the cadasters of Bdita, Biyout el Hajj Hassan, Bouaida, Charbine, Chouaghir, Ed Daoura el hermel, El Ain, Fakehe, Halbata, Harabta, Hermel, Jdaide Fekehe, Kouakh, Mansoureh, Mazraat Beit Et Tachm, Moqraq, Mrah Beit Aalaoui, Mrah Sejoud, Nabi Osmane, Qasr, Ras Baalbek, Toufiqiye, Zighrine and Zighrine Et Tahta in Hermel, with an average of 4 working days in each.

Service delivery proceeded smoothly, grounded in a high level of cooperation and adaptability. While initial familiarization with procedures, such as the requirement for medical screening before medication, was necessary, communities quickly adjusted, which facilitated efficient response. Effective communication and coordination with other Mobile Medical Unit actors were established, preventing duplication of efforts and ensuring communities received uninterrupted, needs-based services. The LRC's long-standing presence and credibility were key to building the trust required to ensure access to those most in need.

Lessons Learnt

- Reliable and regularly updated population data is essential for effective planning, coordination, and resource allocation. Strengthening mechanisms for information-sharing with local authorities is a priority.
- Flexibility in operations, including the ability to temporarily relocate or pause services, is necessary to protect teams while maintaining service continuity in other areas.
- Flexible outreach strategies may be needed to reach displaced populations who are engaged in labor, particularly in remote agricultural areas.
- The mobility of displaced populations requires agile planning and rapid adaptation of service delivery to shifting population dynamics.
- Proactive communication and outreach are crucial to ensure that affected populations are aware of available services and understand how to access them.
- Strengthened coordination with other actors is equally important to avoid duplication and maximize collective impact.

Challenges

The response also faced several challenges that affected planning and service delivery:

- Inaccurate data: Population figures provided by local authorities were often inconsistent and not regularly updated. This led to discrepancies between expected and actual numbers of displaced people in certain localities, affecting planning, allocation of resources, and coverage.
- Safety and security concerns: Tensions at the community level created risks for staff at certain times. To prioritize safety, temporary adjustments in service provision were required, including pausing operations in some locations until the environment stabilized.
- Overcrowding and privacy issues: In some localities, the high demand for services created crowded conditions that made it challenging to provide care in spaces that fully respected patient confidentiality.
- Limited accessibility of beneficiaries: Many displaced people sought informal work, often in agriculture, which took them to remote areas and required long working hours. This made it difficult to reach them within the standard operating hours of the MMUs.
- Constant population mobility: The displaced population frequently moved from one locality to another, making it challenging to maintain accurate data and adapt service provision in a timely manner.
- Communication and outreach: Reaching displaced communities and ensuring they were aware of available services was at times difficult. Some individuals were not informed about the MMU's presence or did not know how to access services, highlighting the importance of proactive outreach and information dissemination.



Water, Sanitation And Hygiene

Budget: CHF 128,555

Targeted Persons: 10,628

Assisted Persons: 31,775

Targeted Male: 15,887

Targeted Female: 15,888

Indicators

Title	Target	Actual
# of Hygiene kits distributed to affected families	2,125	6,355



Narrative description of achievements

The hygiene kit distribution component demonstrated the operation's adaptive capacity and commitment to maximizing coverage. The initial target for hygiene kits was significantly surpassed, achieving a final distribution of 6,355 kits to families across the affected governorates.

This expanded reach was a direct result of reallocating funds originally earmarked for mattresses to the procurement of additional hygiene kits. This adaptation ensured resources addressed the most pressing needs—sanitation and hygiene—without incurring further delays that would have resulted from the mandatory lab testing required for reallocating funds to food items. By shifting the strategy from a smaller caseload receiving multiple rounds to a much larger caseload receiving one round, the LRC ensured 6,355 families received essential hygiene support

Lessons Learnt

The distribution of hygiene kits provided key insights for future responses:

Financial Responsiveness: The ability to move funds quickly (from mattresses to hygiene kits) proved necessary for keeping the assistance relevant and timely as the context changed rapidly.

Prioritizing Reach: Changing the plan to prioritize reaching more families (6,355 families, one round) over supporting a smaller group for longer (1,500 families, three rounds) was an effective way to address the immediate, large-scale needs resulting from the population movement.

Procurement Streamlining: The successful expansion of the hygiene kit distribution highlighted the continued need for simpler and faster procurement and fund disbursement processes to prevent delays that affected other essential items.



Secretariat Services

Budget: CHF 10,403

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of lessons learned workshops conducted	1	1



National Society Strengthening

Budget: CHF 32,025

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
-------	--------	--------



Narrative description of achievements

The Lebanese Red Cross Headquarters played a critical enabling role by providing oversight, coordination, and compliance support, ensuring the integrity and effectiveness of this intervention while allowing frontline teams to focus fully on delivering humanitarian assistance and maintaining responsible resource management.

HQ's essential contributions included:

Operational Enablement: HQ facilitated operational efficiency through administrative oversight and dedicated logistical support. It managed procurement and the supply chain to ensure the timely delivery of vital aid to affected areas.

Accountability and Compliance: HQ maintained financial transparency by monitoring budgets, processing payments, and ensuring strict compliance with donor and organizational funding requirements. This was coupled with technical guidance and continuous monitoring to uphold quality and efficiency in all service delivery.

Strategic Coordination: HQ actively managed coordination and partnerships, engaging with UN agencies, other humanitarian organizations, and Red Cross Red Crescent Movement partners to enhance collaboration, prevent duplication of efforts, and maximize the overall impact of the collective response.

Challenges

- A significant challenge impacting the response timeline was the late transfer of approved operational funds. Although the LRC proactively utilized existing resources to initiate immediate relief, the delayed arrival of dedicated project funding created difficulties in maintaining the necessary scale and sustainability of services. This delay necessitated a reliance on limited internal and pre-positioned stocks, particularly impacting procurement cycles and the sustained coverage needed to address the rapidly escalating needs of the newly displaced population.



Financial Report

DREF Operation

Selected Parameters			
Reporting Timeframe	2025/3-2025/10	Operation	MDRLB018
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 27/Nov/2025

All figures are in Swiss Francs (CHF)

MDRLB018 - Lebanon - Population Movement

Operating Timeframe: 20 Mar 2025 to 30 Jun 2025

I. Summary

Opening Balance	0
Funds & Other Income	499,932
DREF Response Pillar	499,932
Expenditure	-471,156
Closing Balance	28,776

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	11,527	12,276	-749
PO02 - Livelihoods	219,483	218,924	559
PO03 - Multi-purpose Cash			0
PO04 - Health	77,862	77,664	198
PO05 - Water, Sanitation & Hygiene	120,709	120,401	308
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	30,512		30,512
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	460,093	429,265	30,828
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	9,768	9,865	-97
EA03 - National Society Strengthening	30,071	32,025	-1,955
Enabling Approaches Total	39,839	41,891	-2,052
Grand Total	499,932	471,156	28,776



Contact Information

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

National Society contact: Georges Kettaneh, Secretary General, georges.kettaneh@redcross.org.lb, +961 1 372 802

IFRC Appeal Manager: Ruben Romero, Head of Lebanon IFRC Delegation, ruben.romero@ifrc.org

IFRC Project Manager: Hussein Shamas, Officer, Programme, hussein.shamas@ifrc.org

IFRC focal point for the emergency: Nader Bin Shamlan, Operations Coordination Lead-MENA, Nader.binshamlan@ifrc.org

Media Contact: Mey Al Sayegh, Head of Communications - IFRC MENA, mey.elsayegh@ifrc.org

National Society Hotline: 1760

[Click here for reference](#)

