

# OPERATION UPDATE

## Lebanon Complex Emergency

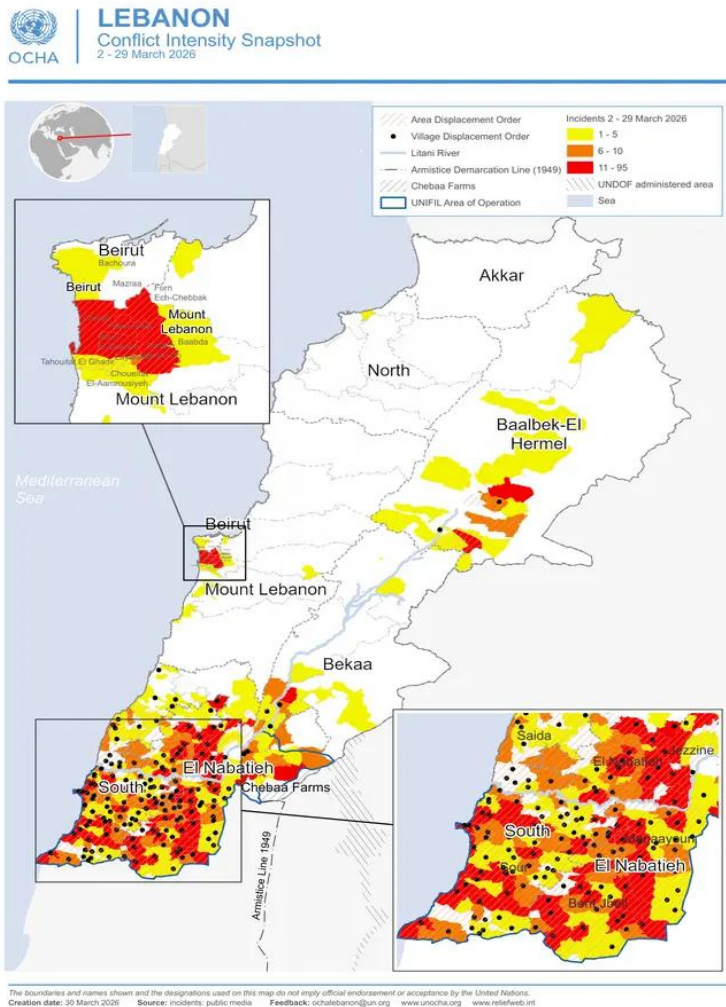
<p><b>Emergency appeal №:</b> MDRLB017  <b>Emergency appeal launched:</b> 05/11/2024  <i>*Revised Emergency Appeal:</i> 16/03/2026  <b>Operational Strategy published:</b> 24/12/2024</p>	<p><b>Glide №:</b>  <a href="#">CE-2024-000196-LBN</a></p>
<p><b>Operation update #4</b>  <b>Date of issue:</b> 09/04/2026</p>	<p><b>Timeframe covered by this update:</b>          From 24/12/2024 to 31/03/2026</p>
<p><b>Operation timeframe:</b> 38 months          (05/11/2024 - 31/12/2027)</p>	<p><b>Number of people being assisted:</b> 1,200,000</p>
<p><b>Funding requirements (CHF):</b>          CHF 80 million through the IFRC Emergency Appeal          CHF 100 million Federation-wide</p>	<p><b>DREF amount initially allocated:</b>          CHF 2,000,000</p>



Credits: Lebanese Red Cross

# A. SITUATION ANALYSIS

## Description of the crisis



Following the escalation of hostilities on the 2<sup>nd</sup> of March 2026, Lebanon is facing a rapidly deteriorating humanitarian situation, representing the most severe surge in violence since the November 2024 ceasefire. What began as concentrated hostilities in the south has quickly expanded across the country, including Beirut’s southern suburbs, the Bekaa Valley, Baalbek-Hermel, and parts of Mount Lebanon. As of the 31<sup>st</sup> of March, according to the Disaster Risk Management, more than 4,727 hostilities have been recorded nationwide, highlighting the sustained intensity and widening geographic scope of the conflict.

A major development on the 24<sup>th</sup> of March includes the expansion of evacuation orders across parts of southern Lebanon, affecting a significant portion of the territory. These measures are leaving communities increasingly isolated and constrained in their movement, heightening protection risks and continuing to shape displacement patterns in the south.

The human impact continues to escalate. According to the Ministry of Public Health (MoPH), between the 2<sup>nd</sup> and the 31<sup>st</sup> of March casualties have exceeded 1,268 fatalities and 3,750 injuries, including women and children, reflecting the disproportionate toll on civilians and the

increasing exposure of densely populated areas to violence. Repeated airstrikes on residential areas and civilian infrastructure underscore the unpredictability of the security environment and the limited options for civilians to seek safety.

The escalation has triggered an unprecedented displacement crisis. As of the 31<sup>st</sup> of March, the national Disaster Risk Management reports 136,201 internally displaced people sheltering in 669 collective shelters, while many others remain in vehicles due to limited access to safe accommodation. In total, more than 1,100,000 people have been forced to flee their homes, highlighting that displacement extends far beyond those in collective shelters, with ongoing evacuation orders driving continuous population movements across multiple regions. This new wave of displacement compounds the situation of approximately 64,000 individuals who remained displaced from the 2024 hostilities, creating a humanitarian emergency of extraordinary scale and placing unprecedented pressure on host communities, collective shelters, and essential services across Lebanon.

A significant number of displaced households are staying with host communities or in informal settings such as unfinished buildings, public spaces, and vehicles, often in overcrowded conditions. These circumstances are intensifying humanitarian needs across shelter, water and sanitation, food assistance, health care, and protection. Vulnerable groups including women, children, older persons, and persons with disabilities face heightened risks,

including family separation, limited access to essential services, and increased protection concerns in congested environments. Displacement patterns remain highly fluid, with many families experiencing repeated displacement as hostilities shift.

At the same time, the conflict is placing severe strain on already fragile public systems. The health sector has been particularly affected, with hospitals damaged or forced to close and dozens of primary healthcare centres no longer operational, severely limiting access to critical and lifesaving services. Since the second of March, 64 attacks on health care have been reported, resulting in 91 injuries and 53 deaths, with health care workers and facilities repeatedly targeted in incidents causing multiple casualties.<sup>1</sup> Other essential services, including water, electricity, and education, are also being disrupted as infrastructure is damaged and public facilities are repurposed to accommodate displaced populations.

Overall, the ongoing escalation has exposed millions of people across Lebanon to the direct and indirect consequences of conflict, creating a humanitarian emergency of significant scale and complexity. The rapid increase in displacement is placing extraordinary pressure on host communities, collective shelters, and already overstretched essential services. As hostilities continue and displacement patterns remain dynamic, humanitarian actors face growing challenges in delivering assistance while adapting to rapidly evolving security conditions and expanding humanitarian needs.

## Summary of response

The Lebanese Red Cross (LRC), established in 1945 and recognized as an auxiliary to public authorities in the humanitarian field, plays a central role in emergency medical and humanitarian response across Lebanon. The National Society operates through 32 branches nationwide, supported by approximately 12,000 volunteers and 400 staff, enabling rapid mobilization during emergencies. Core operational capacities include ambulance and emergency medical services, blood services, primary healthcare and relief assistance, supported by 28 health centres providing medical consultations and psychosocial support.

As part of its auxiliary role, the LRC is closely integrated within national disaster crisis management mechanisms and maintains continuous coordination with relevant government authorities, including the national Disaster Risk Management structures and sectoral ministries. Internally, the National Society activated its emergency coordination mechanisms, including the Gold Cell, to ensure centralized operational oversight, rapid decision-making and nationwide coordination of its response.

Over the past five years, the LRC has responded to multiple emergencies with support from the IFRC through DREF allocations and emergency appeals, including this Lebanon Complex Emergency Appeal launched in 2024. Following the escalation of hostilities in March 2026, the LRC rapidly scaled up its nationwide response, activating emergency mechanisms and mobilizing its operational capacities across affected areas. As of 31 March, 126 ambulances and 378 EMS volunteers were deployed, responding to 3,768 conflict-related emergency missions and assisting more than 15,872 patients, including 423 conflict-related while EMS stations across the country remained fully operational. In parallel, LRC health centres and mobile medical units continued delivering essential services to displaced and affected communities, with over 34,816 people receiving health services across 28 health centres to date, since the start of the escalation. Blood Transfusion Services maintained continuous supply to hospitals, distributing blood units for both conflict-related and routine medical needs while collecting additional donations to meet rising demand, with a total of 3,316 blood units collected since the 2<sup>nd</sup> of March.

Complementing LRC's efforts, the Palestine Red Crescent Society – Lebanon branch (PRCS-L), inaugurated in 1969 with the specific mission of delivering essential health and social services to Palestinian refugees, plays a critical role in the humanitarian health response. PRCS-L operates across 12 refugee camps and is the only Palestinian actor

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<sup>1</sup> WHO: *Lebanon Health Emergency Situation Update #13* (24 March, 2026)

managing hospitals in multiple areas of Lebanon where Palestinian refugees, Syrian refugees, and other vulnerable communities are present. It provides secondary and tertiary healthcare through five hospitals, in addition to clinical and community-based services delivered through seven community healthcare centres, while also promoting health awareness among community members. PRCS-L remains a cornerstone of the humanitarian health response for Palestine refugees in Lebanon, with the operational reach, community trust, and institutional experience necessary to respond effectively to the evolving emergency.

Complementing its medical response, the LRC Disaster Management Sector provided relief assistance to displaced populations, distributing food parcels, drinking water, hygiene kits, blankets, mattresses, and other essential supplies to hundreds of households, while psychosocial support and community outreach activities were conducted in shelters and affected communities by the Medicosocial Sector. Overall, tens of thousands of relief items have been distributed since the start of the escalation, reflecting the scale of the National Society's nationwide mobilization.

This crisis was classified as a RED emergency by the IFRC Secretariat on the 3<sup>rd</sup> of March. As a result of the declaration, a CHF 2 million DREF loan has been approved to support the initial scale-up of response activities. The response is implemented in close coordination with the components of the Red Cross and Red Crescent Movement present in Lebanon, including the IFRC and ICRC, as well as Partner National Societies, ensuring an aligned and complementary collective Movement response in support of the LRC and PRCS-L.

## Needs analysis

The escalation of hostilities triggered a significant humanitarian crisis across multiple regions of Lebanon, resulting in large-scale displacement and growing pressure on already fragile systems. With more than 136,000 newly displaced, in addition to over 64,000 individuals who remain displaced from the 2024 hostilities, the scale and pace of displacement have increased the strain on host communities and public services, particularly in areas already affected by insecurity and population movements.

The crisis is unfolding within the broader context of Lebanon's prolonged economic and financial collapse, which has severely weakened household resilience and coping capacities. Since 2019, the country has experienced a sharp economic contraction, with gross domestic product declining from USD 55 billion in 2018 to approximately USD 21.3 billion in 2022. As a result, an estimated 80 per cent of the population is living in poverty as of 2024.<sup>2</sup> Persistent inflation and rising prices of food and essential commodities have further eroded purchasing power, limiting households' ability to meet their basic needs. Many families have already exhausted their savings and are increasingly resorting to negative coping mechanisms, such as borrowing money, selling productive assets, and reducing food consumption. These structural vulnerabilities significantly limit the ability of affected populations and host communities to absorb additional shocks, intensifying the humanitarian impact of the current escalation.

At the same time, critical systems and essential services are experiencing increasing disruption due to insecurity, infrastructure damage, and operational constraints. Health facilities in several affected areas are operating under considerable pressure. Evacuation alerts and security concerns have forced some hospitals and primary healthcare centres to suspend or reduce services, including in parts of Beirut's southern suburbs. According to the World Health Organization, five hospitals and 50 primary healthcare centres have closed, further restricting access to medical care at a time when trauma cases and emergency health needs are rising. Disruptions to electricity supply and infrastructure are also affecting water and sanitation systems, while educational activities have been suspended in several locations due to safety concerns and displacement. Notably, public schools and all campuses of the Lebanese University have been repurposed as collective shelters for IDPs, interrupting learning for thousands of students

Transportation networks and supply chains are similarly affected by the deteriorating security environment. Movement restrictions, fuel shortages, and insecurity along key routes are limiting the transportation of goods and

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<sup>2</sup> World Bank: Lebanon

humanitarian supplies. Fuel prices have reportedly increased by around 25 per cent since March 4, according to the Lebanese Ministry of Energy, following disruptions to supply routes serving Beirut. These constraints are further affecting access to essential commodities and services, increasing the vulnerability of already affected populations.

In parallel, infrastructure damage and service disruptions are further compounding humanitarian needs. The destruction of homes, combined with ongoing insecurity, has forced many families to seek refuge in collective shelters or with host communities. According to the Disaster Risk Management Unit, 663 collective shelters have been opened nationwide to accommodate displaced populations, with many operating at or beyond their intended capacity. Overcrowding and pressure on services within these shelters are increasing concerns related to access to basic services, protection, and living conditions. Access to safety is also becoming increasingly difficult as the destruction of key bridges in the south has cut off entire districts, isolating over 150,000 people and severely limiting humanitarian access.

At the same time, disruptions to livelihoods and agricultural activities, particularly in southern Lebanon, are affecting access to income and food for many households. Combined with restricted humanitarian access in some areas due to insecurity, movement limitations, and logistical challenges, these factors are contributing to a rapidly evolving humanitarian situation that requires continuous monitoring and adaptation of response efforts.

## **Operational risk assessment**

### **Security and Access Constraints**

Humanitarian operations are facing significant security and access constraints due to the ongoing hostilities and the fluid operational environment. Insecurity, evacuation alerts and evolving displacement patterns are limiting the ability of humanitarian actors to maintain consistent access to affected populations, particularly in areas of southern Lebanon and densely populated urban areas. Despite these challenges, the Lebanese Red Cross continues to maintain operational presence across the country. While some health centres and operational facilities in high-risk areas have been temporarily closed or relocated for safety reasons, the National Society has adapted its response through the redeployment of teams, mobile medical units and strengthened coordination mechanisms to ensure the continuity of life-saving services. The dynamic nature of the situation requires continuous reassessment of operational presence and access routes, while safety considerations for humanitarian personnel and facilities remain a key operational concern.

### **Logistics and Systems Disruptions**

Logistical and operational systems are experiencing increasing pressure, affecting the delivery and scale-up of humanitarian assistance. The IFRC maintains a global network of humanitarian warehouses, pre-positioned relief stocks and logistics assets to support rapid emergency response. However, disruptions affecting regional transit routes and logistics hubs may pose potential risks to shipment timelines should large-scale mobilization of relief items be required. Fuel shortages, road closures and movement restrictions are constraining the transport of humanitarian supplies and personnel, while disruptions to electricity and transportation networks are affecting water systems, health services and emergency response capacity. Rapid displacement movements are further increasing operational complexity, as needs and population movements continue to evolve faster than the capacity of supply chains and response systems to adapt.

### **Operational and Response Capacity Constraints**

Humanitarian response efforts are increasingly constrained by both structural and operational limitations. Collective shelters hosting displaced populations are operating at or beyond capacity, making it difficult to ensure adequate service delivery and protection monitoring. At the same time, pre-existing funding gaps and reduced operational capacity across key sectors—including health, water and sanitation, and basic services—are limiting the ability of humanitarian actors to respond effectively to the sudden increase in needs. Operational challenges are further compounded by damage to communication and infrastructure systems, as well as administrative and logistical constraints. These factors are affecting coordination mechanisms and slowing response planning in an already rapidly

evolving context, making it more difficult for humanitarian actors to scale up assistance in a timely and coordinated manner.

### **Overwhelmed Healthcare Sector**

Lebanon's healthcare system is currently under severe pressure as patient numbers far exceed available capacity. Hospitals in relatively safer areas are limited in number and are struggling to absorb the large influx of displaced and injured individuals, leading to overcrowding and the rapid depletion of critical medical resources. The situation is further complicated by administrative bottlenecks and the absence of unified admission and referral protocols. In some cases, patients face delays in accessing appropriate care as facilities struggle to determine where they can be admitted or transferred. As a result, a growing number of high-acuity cases are being concentrated in a limited number of functioning hospitals. This convergence is placing enormous strain on medical staff and facilities, exposing underlying structural weaknesses within the health system and further stretching Lebanon's already limited emergency medical capacity.

## **B. OPERATIONAL STRATEGY**

### **Update on the strategy**

The [Lebanon Complex Emergency Appeal](#) was revised and published on 16 March 2026 to reflect the evolving humanitarian context and renewed hostilities. Despite this revision, the [Operational Strategy](#) remains largely unchanged, maintaining the same sectoral priorities, interventions, and overall approach. The update primarily reflects the scaling-up and acceleration of implementation modalities to respond to growing humanitarian needs resulting from continued displacement, infrastructure damage, and increased pressure on health and emergency response systems.

The extension of the operational timeframe until 31 December 2027 reflects the need to sustain these implementation modalities over a longer period, given the protracted nature of the crisis. The updated targets similarly reflect the scaling up of existing interventions, based on ongoing needs assessments and operational data from LRC branches, rather than a change in strategic focus.

Since the initial launch of the appeal in November 2024, renewed hostilities in March 2026 have resulted in additional civilian casualties, damage to residential buildings and critical infrastructure, and massive displacement across several regions of Lebanon. These developments have significantly increased humanitarian needs and placed additional pressure on emergency response systems, health services, and humanitarian actors responding across the country. In this context, the response has transitioned from a combination of preparedness and early response actions to sustained, large-scale emergency operations. This shift has required LRC to operationalize its planned interventions through expanded service delivery and reinforced readiness mechanisms.

In the health sector, this includes the continuous deployment of Emergency Medical Services (EMS) for pre-hospital care, casualty transport and medical evacuations, the scaling up of Blood Transfusion Services (BTS) to ensure uninterrupted supply of blood, and the expansion of Mobile Medical Units (MMUs) to provide primary healthcare and outreach services to displaced and conflict-affected populations. Under integrated assistance, LRC has shifted from pre-positioning and contingency planning to large-scale implementation of relief distributions including food parcels, ready-to-eat meals, blankets, mattresses, and hygiene kits. Shelter support and rehabilitation activities are being implemented in line with the strategy's objective of restoring safe living conditions for displaced and affected households. Similarly, WASH interventions are being scaled up through water distribution, rehabilitation of water and sanitation facilities, and hygiene promotion activities to mitigate public health risks in overcrowded settings.


The Lebanese Red Cross released a [Conflict Preparedness and Response Plan](#) during the first week of March to guide its operational readiness and further illustrate how the operational strategy is being implemented in practice. It

translates strategic priorities into concrete actions. These measures demonstrate how LRC is applying the strategy's built-in flexibility to respond to a rapidly evolving context, ensuring continuity of operations despite increased insecurity, infrastructure damage, and mass displacement. The plan outlines sector-specific preparedness and response measures across LRC's core operational areas, including Emergency Medical Services (EMS), Blood Transfusion Services (BTS), Medical Social Services (MSS), Disaster Management, Disaster Risk Reduction (DRR), and Youth and volunteer mobilization.

## DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

*Disclaimer: The figures presented for the period December 2024 to 2025 reflect only the activities implemented with the support of the IFRC Secretariat. They do not represent the full scope of the Lebanese Red Cross (LRC) response during the reporting period. The Actuals presented in this report cover LRC activities implemented between 2 and 31 March 2026.*

 <b>Shelter, Housing and Settlements</b>		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b> (2-31 March, 2026)	<b>Actual - IFRC Secretariat</b> (Dec 2024- Dec 2025)
	<i># of mattresses distributed to conflict-affected individuals</i>	8,831	
	<i># of blankets distributed to conflict-affected individuals</i>	22,833	
	<i># of collective shelters and public institutions retrofitted or rehabilitated to meet the minimum shelter standard in an emergency context</i>	0	

#### 2026 Response:

Since the beginning of March, LRC Disaster Management teams have distributed 36,473 shelter relief items to displaced households across Beirut, Baalbek-Hermel, Beqaa, Keserwan-Jbeil, Mount Lebanon, North Lebanon and South Lebanon. These distributions include 22,833 blankets, 8,831 mattresses, 1,711 pillows, 6 shelter cleaning kits, and 3,086 insulation mats, aimed at improving shelter conditions for displaced families residing in collective shelters or host communities.

The Disaster Management Sector (DMS) is leading the management of the collective shelter at Camille Chamoun Sports City Stadium in Beirut, a critical site currently hosting 297 households (1,292 individuals). In coordination with the Ministry of Social Affairs (MoSA), DMS volunteers ensure the provision of daily assistance and essential services to residents, while also supporting relief efforts across other temporary shelters.

In parallel, Youth sector volunteers continue to support shelter management activities, including at Antelias Public High School, and Camille Chamoun Stadium. Their support includes registration of new arrivals, needs monitoring,

distribution of essential items, and the organization of psychosocial and recreational activities for displaced children.

The indicator related to the retrofitting or rehabilitation of collective shelters and public institutions to meet minimum emergency shelter standards was not applicable during the current reporting period, as LRC is focusing on the rapid provision of essential relief items and other urgent humanitarian assistance.

Despite efforts to accommodate individuals, the growing number of displaced families continues to place increasing pressure on available shelter capacity and services. Additional challenges include limited shelter availability in some regions, difficulties accommodating certain population groups and rapidly changing population movements, which complicate planning and resource allocation. Further expansion of shelter capacity and relief supplies may be required if displacement continues to increase.



#### **2026 Plan:**

LRC will continue to provide emergency shelter support and essential household items to conflict-affected and displaced households, particularly those residing in collective shelters and host communities. Assistance will primarily include the distribution of shelter-related non-food items (NFIs) such as blankets, mattresses, and basic household items to help displaced families maintain minimum living conditions.

Alongside ongoing assistance, the shelter component will place a strong emphasis on preparedness and operational readiness to respond to further displacement. This includes the pre-positioning of emergency shelter materials and NFIs in strategic warehouses, ensuring the readiness of fleet and transport routes, and maintaining warehouse capacity to facilitate large-scale distributions. LRC will also prepare community volunteers and youth teams for surge deployment through refresher orientations to support shelter-related distributions and activities.

To ensure timely and targeted support, LRC will conduct rapid context analysis and micro-level risk assessments to identify priority areas and populations at risk of displacement. These measures will enable the National Society to scale up emergency shelter assistance quickly while maintaining readiness throughout 2026.



## Livelihoods

Female > 18:

Female < 18:

Male > 18:

Male < 18:

### Objective:

*Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods*

### Key indicators:

#### Indicator

*# of food parcels distributed to conflict-affected families*

**Actual**  
(2-31 March, 2026)

**Actual - IFRC Secretariat**  
(Dec 2024- Dec 2025)

8,339

### 2026 Response:

In Akkar, Baalbek-Hermel, Beirut, Bekaa, Keserwan-Jbeil, Mount Lebanon, North Lebanon, and South Lebanon, LRC Disaster Management teams distributed relief items to displaced populations residing in collective shelters or host communities. These include bottled water, ready meals, bread bundles, and 8,339 food parcels distributed across multiple governorates to support families who often lack access to essential food supplies during the first days of displacement.

These distributions aim to support displaced populations currently residing in collective shelters or newly arrived host communities who often lack access to basic household items and essential supplies. In the coming period, relief distributions are expected to continue as additional displacement occurs, with response teams monitoring needs and coordinating with national authorities and humanitarian partners to ensure equitable coverage and avoid duplication of assistance.



Key operational challenges include the uncertainty surrounding the scale of displacement and limited clarity regarding the final destination areas of displaced families, as many individuals remain in transit. Additionally, road congestion and security constraints are affecting the ability of teams to reach affected areas and deliver assistance efficiently. Continued monitoring of population movements will be necessary to adjust distribution strategies and ensure assistance reaches the most vulnerable populations.

### 2026 Plan:

The Lebanese Red Cross will continue to provide food assistance and basic relief support to vulnerable and conflict-affected households, while strengthening operational preparedness to respond to potential increases in humanitarian needs resulting from renewed hostilities. Food parcels and ready meals will continue to be distributed to affected families, particularly those displaced, cut off from markets, or facing deteriorating living conditions.

Alongside ongoing assistance, the plan places a strong emphasis on preparedness and operational readiness. This includes the pre-positioning of food parcels in strategic warehouses, preparing fleet and transport routes, and ensuring warehouse capacity to support high-volume distributions if the situation escalates. In addition, LRC will prepare community volunteers and youth teams for surge deployment through refresher orientations, strengthening its ability to mobilize additional human resources when required.

To ensure that assistance is targeted and responsive to evolving needs, LRC will also conduct rapid context analysis and micro-level risk assessments to identify priority areas and vulnerable communities. These preparedness and readiness measures will enable the National Society to scale up food and basic assistance rapidly while maintaining ongoing support to affected populations throughout 2026.



### Multi-purpose Cash

Female > 18:

Female < 18:

Male > 18:

Male < 18:

<b>Objective:</b>	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b> (2-31 March, 2026)	<b>Actual - IFRC Secretariat</b> (Dec 2024- Dec 2025)
	<i># of families who received unconditional cash</i>	0	250

### 2025 Response:

The Lebanese Red Cross cash response in 2025 was implemented in two complementary phases to address both immediate and sustained humanitarian needs arising from the conflict-affected context. Both phases included transfers of USD 200 to conflict-affected households in Baalbek-Hermel, Mount Lebanon, Nabatieh, and South Lebanon. The \$200 was allocated across food assistance (\$100), basic non-food items (\$45), and WASH needs (\$55).

Phase I, launched in January 2025, focused on rapid relief through a one-time multi-purpose cash transfer of USD 200. Targeting for this phase focused on conflict-affected areas identified through an analysis of the severity of hostilities, levels of damage, and numbers of displaced households. These locations were validated with regional Disaster Risk Management (DRM) units to ensure that assistance reached the most impacted communities while avoiding duplication with other actors. Eligibility criteria required households to meet two mandatory conditions: having a partially or fully damaged home and a monthly household income below USD 500, along with at least one

additional vulnerability factor, such as a larger household size, the presence of pregnant or nursing women, persons with disabilities, or elderly members above 70 years of age.

Building on this foundation, Phase II, initiated in April 2025, transitioned to a more resilience-oriented approach by providing sustained monthly transfers of USD 200 over six months to the most vulnerable households. Households eligible in Phase I were reassessed and categorized into high-, medium-, and low-priority groups based on the number of vulnerability criteria met. This prioritization approach enabled LRC to focus available resources on the most vulnerable households while operating within funding constraints. Targeting was further refined through phone-based assessments and close coordination with DRM units, particularly in areas facing ongoing security challenges. Importantly, the IFRC Secretariat contribution directly supported **250 households during Phase II.**

To ensure the effectiveness, accountability, and responsiveness of the Multi-Purpose Cash Assistance (MPCA) intervention, LRC integrated a robust post-distribution monitoring (PDM) approach throughout both phases. During Phase I, the Disaster Management Sector’s Monitoring, Evaluation, Accountability, and Learning (DMS MEAL) team conducted a nationwide satisfaction survey starting in the second week of April 2025. The survey reached 370 households across all targeted governorates and focused on the performance of the financial service provider, operational challenges, recipient satisfaction, safety concerns, and communication effectiveness between households and the LRC-DMS-EcoSec teams. Findings highlighted the strong impact of the intervention, with 99.7 percent of households reporting satisfaction with the assistance received and 100 percent confirming no safety or protection concerns during the distribution process.

A dedicated PDM exercise for phase II was conducted between August and October 2025. A representative sample of 334 households was surveyed via phone-based interviews by trained MEAL volunteers, ensuring ethical standards, confidentiality, and informed consent. Results indicated that access to cash was largely smooth, with minimal delays or operational issues and no social tensions or security incidents reported. The PDM confirmed the intervention’s strong relevance and effectiveness, with 99 percent of households satisfied, 71 percent reporting the assistance sufficient to cover priority needs, and 73 percent noting improved economic stability despite ongoing inflation. All respondents felt safe and treated with dignity, and cash was primarily utilized for essential expenditures such as food, electricity, healthcare, and debt repayment, demonstrating alignment with the program’s objectives.

**2026 Planned Response:**

While the Lebanese Red Cross successfully implemented its Multi-Purpose Cash Assistance (MPCA) response throughout 2025, the current operational context has required a shift in priorities. Given the rapidly evolving situation and the urgent needs of newly displaced populations, operational efforts are currently concentrated on the provision of essential in-kind assistance, including relief items and emergency support.

LRC is preparing to launch the first phase of its emergency cash assistance programme in April. This initial phase will provide one-time payments of \$45 per household, with an additional \$20 per household member, capped at \$145 per family. The intervention aims to support vulnerable families affected by the ongoing hostilities, helping them meet urgent needs and stabilize household livelihoods during this crisis.

	<b>Health &amp; Care</b> <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
<b>Objective:</b>		<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>	

	Indicator	Actual	Actual – IFRC Secretariat
		(2-31 March, 2026)	(Dec 2024- Dec 2025)
Key indicators:	<i># of conflict-affected people injured transported, disaggregated by sex</i>	423	15
	<i># of conflict-affected individuals evacuated, disaggregated by sex</i>	267	16
	<i># of conflict-related dead bodies managed and transported</i>	85	36
	<i>% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner</i>	N/A	98%
	<i>% of patients served during the day (by days shift teams)</i>	N/A	65.7%
	<i># of non-conflict related emergencies patients served, disaggregated by sex</i>	15,449	71,264
	<i># of ambulances mobilized on site</i>	126	239
	<i># of EMS volunteers who responded to the conflict</i>	378	1,488
	<i># of calls received on LRC's emergency hotline '140'</i>	N/A	248,639
	<i># of trained and coached EMDs</i>	N/A	20
	<i># of coaching sessions conducted</i>	N/A	150
	<i># of ambulances maintained</i>	N/A	1,238
	<i># of days shift teams assured</i>	N/A	588
	<i># of days when dayshift teams were active</i>	N/A	243
	<i># of EMS volunteers trained on First Response/EMTs</i>	N/A	687
	<i># of drivers trained</i>	N/A	172
	<i>% of health staff trained and who have met the competency standards in their respective field of expertise</i>	N/A	100%
	<i># of blood components distributed to conflict-affected people</i>	822	
	<i># of blood units collected</i>	3,316	

<i># of MMU deployments</i>	193
<i># of health services provided through MMUs and HC</i>	62,019
<i># of individual support sessions conducted</i>	2,503
<i># of people who attended group awareness sessions conducted for conflict affected people</i>	102
<i># of people reached with MHPSS services</i>	102

**2025 Response:**

During 2025, LRC delivered extensive emergency and health services across Lebanon. Within the evolving context, Emergency Medical Services (EMS) teams transported 15 conflict-affected injured individuals and safely evacuated 16 civilians, ensuring timely access to lifesaving care. In parallel, 36 conflict-related dead bodies were managed and transported with dignity and in line with humanitarian standards.

Through IFRC Secretariat contributions, a total of 1,488 EMS volunteers responded to the emergency, supported by 239 ambulances deployed on-site, with a total of 1,683 deployments recorded throughout the reporting period. Across the response, 71,264 patients received prehospital emergency care and transportation, while 248,639 calls were received through the LRC emergency hotline (140), reflecting sustained reliance on EMS services despite the reduction in conflict-related incidents.

Service quality remained high, with 98% of beneficiaries reporting assistance was safe, accessible, and accountable, while 65.7% of patients were served during the day through 588 dayshift teams across 243 days of coverage.

Service continuity and fleet readiness were reinforced through sustained logistics support. A total of 1,238 maintenance actions were conducted across EMS ambulances, representing the cumulative number of maintenance interventions rather than the number of distinct vehicles serviced.

Finally, quality assurance and professionalization were key achievements. The support was able to train 687 EMS volunteers in First Response/EMT competencies and 172 drivers, while 20 Emergency Medical Dispatchers (EMDs) received targeted capacity building through 150 coaching sessions. As a result, 100% of health staff met competency standards, reflecting a fully compliant medical workforce.

Additionally, the Palestine Red Crescent Society – Lebanon branch continues to play a vital role in the ongoing humanitarian response by ensuring inclusive and equitable access to healthcare services. PRCS-L is providing free health services to Palestinian refugees, as well as to individuals of all nationalities, including displaced populations affected by the crisis. The response is delivered through five hospitals and five operational community healthcare centres, noting that two centres have become non-operational due to the escalation of hostilities.

In parallel, PRCS-L has actively supported emergency medical evacuations, deploying 28 ambulances to assist in the evacuation of hospitals and the safe transfer of patients. Through these efforts, PRCS-L is contributing significantly to alleviating pressure on the health system and ensuring continuity of care for vulnerable and conflict-affected communities.

**2026 Response:**

Emergency Medical Services (EMS) teams of the Lebanese Red Cross maintained a strong operational presence in response to the evolving conflict situation, mobilizing 126 ambulances and deploying 378 EMS volunteers to support emergency response efforts. During the reporting period, EMS teams transported 423 conflict-affected

injured individuals and evacuated 267 people from affected areas to safer locations and medical facilities. In addition, 85 conflict-related deceased individuals were respectfully managed and transported in accordance with humanitarian standards. Alongside the conflict response, EMS teams continued to provide essential services to the wider population, responding to 15,449 non-conflict-related emergency cases.



Through LRC's Medico-Social Sector (MSS), health support was further reinforced with the deployment of 184 Mobile Medical Units (MMUs), which, together with health centers, delivered 62,019 health services to people in need. As of 31 March 2026, 29 Lebanese Red Cross health centers remained operational, while six centers (Nabatiyeh, Bablieh, Zrariah, Saida, Bint Jbeil, and Chiyah) were temporarily closed due to the security situation. Despite these constraints, health services continued to be provided in high-risk "red zone" areas through operational centers in Baalbek, Hermel, and Sour. To further expand access to healthcare, on the 31<sup>st</sup> of March, 9 mobile medical units were deployed across 9 locations, supporting six municipalities and three collective shelters in several regions, including Beirut, Baalbek-Hermel, Zahle, Akkar, Chouf, Saida, Jbeil, and Batroun.

In parallel, MSS teams also provided mental health and psychosocial support to individuals affected by the crisis. During the reporting period, 2,503 individual psychosocial support sessions were conducted to assist people experiencing distress, while 102 individuals attended group awareness sessions conducted for conflict-affected people.



Blood services also played a critical role in supporting emergency care, with 3,316 blood units collected and 822 blood components distributed to conflict-affected patients to ensure the availability of lifesaving transfusions through LRC's Blood Transfusion Services (BTS).



Despite the scale of these operations, the response has faced several operational challenges. EMS volunteers have been exposed to significant risks while operating in conflict-affected areas, particularly during night missions and in locations subjected to repeated strikes, requiring teams to work under high pressure while ensuring their own safety and that of the injured individuals they assist. Tragically, these risks materialized on 9 March, when an EMS volunteer was killed while responding to a mission to assist individuals impacted by airstrikes, underscoring the extreme dangers faced by humanitarian responders on the ground. Access constraints have also affected operations, as security clearance is not always granted for missions when roads are considered unsafe, potentially delaying emergency response times. Additionally, the evacuation of patients has been complicated by the limited capacity of hospitals, many of which are currently operating at full occupancy.

**2026 Plan:**

The Lebanese Red Cross will continue to deliver life-saving health services through its core health pillars—Emergency Medical Services (EMS), Blood Transfusion Services (BTS), and Medico-Social Services (MSS)—while strengthening preparedness and operational readiness to respond to potential escalations in hostilities and increased humanitarian needs.

Through **EMS**, LRC will maintain nationwide ambulance coverage to provide pre-hospital emergency care, trauma stabilization, and medical evacuations, including response to conflict-related injuries and routine emergencies. Preparedness measures will include regular technical checks of the ambulance fleet, reinforcement of dispatch capacity, and readiness of trained EMS volunteers to ensure rapid deployment and effective response during mass casualty incidents.

The **BTS** will continue to ensure the continuous collection, testing, and distribution of safe blood products to hospitals across the country, with particular attention to maintaining adequate stocks to respond to trauma cases. Preparedness efforts will focus on maintaining donor mobilization mechanisms, pre-positioning critical consumables and reagents, and ensuring the functionality of cold-chain systems and blood storage facilities to sustain operations during periods of heightened demand.

Through **MSS**, LRC will continue to provide primary healthcare services, mobile medical consultations, and mental health and psychosocial support (MHPSS) to vulnerable and conflict-affected populations. Preparedness measures will include maintaining the readiness of mobile medical units, healthcare personnel, and outreach teams, enabling the rapid deployment of services to displaced populations and underserved communities.

Across the health sector, LRC will also prioritize preparedness and surge capacity, including the readiness of trained staff and volunteers, strengthening coordination and dispatch mechanisms, and maintaining the operational capacity of health facilities and services. These measures will allow the National Society to sustain essential health services while scaling up emergency medical response and healthcare support throughout 2026 if the situation deteriorates.



**Water, Sanitation and Hygiene**

Female > 18:	Female < 18:
Male > 18:	Male < 18:

**Objective:** *Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

Key indicators:	Indicator	Actual (2-31 March, 2026)	Actual - IFRC Secretariat (Dec 2024- Dec 2025)
	# of hygiene kits distributed to conflict-affected families	9,909	
	Volume of drinkable water distributed in litres	85,410	

**2026 Response:**

Between 2 and 31 March 2026, the Lebanese Red Cross conducted targeted relief distributions in Akkar, Baalbek-Hermel, Beirut, Bekaa, Keserwan-Jbeil, Mount Lebanon, North Lebanon, and South Lebanon. During this period, 9,909 hygiene kits were distributed to conflict-affected families, and 85,410 litres of safe drinking water were provided to meet basic needs. These operations prioritized households in high-risk and red zone areas, ensuring assistance reached the most vulnerable populations. Relief efforts were coordinated with local authorities and community networks to maximize coverage and avoid duplication, complementing ongoing medical, psychosocial, and emergency response activities as part of the LRC’s comprehensive humanitarian response.

Additionally, at the Camille Chamoun Stadium shelter, which is managed by LRC, water and sanitation rehabilitation works are ongoing, implemented by LRC in coordination with other partners, to improve access to safe water and adequate sanitation facilities within the site.



**2026 Plan:**

LRC will continue to support basic water, sanitation, and hygiene needs of conflict-affected and displaced populations, particularly those residing in collective shelters and communities with limited access to safe water and sanitation services. WASH assistance will include the distribution of hygiene kits and essential hygiene items, alongside community outreach and hygiene promotion activities to reduce public health risks.

The WASH component will also prioritize preparedness and operational readiness to respond to potential increases in humanitarian needs. This includes the pre-positioning of hygiene kits and WASH-related supplies, ensuring the readiness of fleet and logistics systems, and maintaining warehouse capacity to support large-scale distributions. Community volunteers and youth teams will be prepared for surge deployment through refresher orientations to support hygiene promotion, distributions, and outreach activities.

To guide response planning, LRC will conduct rapid context analysis and localized risk assessments to identify communities most at risk of water and sanitation gaps during displacement or service disruptions. These preparedness measures will allow the National Society to rapidly scale up WASH assistance and support public health protection throughout 2026 if conditions deteriorate.



## Protection, Gender and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

**Objective:** *Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

Key indicators:	Indicator	Actual (2-31 March, 2026)	Actual – IFRC Secretariat (Dec 2024- Dec 2025)
	# of child friendly spaces operated	42	
# of children participated in child friendly spaces	663		

### 2026 Response:

Medico social Sector (MSS) teams continued to prioritize the well-being of children affected by the crisis through the establishment and operation of safe and structured environments. A total of 42 child-friendly spaces were operated, providing 663 children with access to recreational, educational, and psychosocial support activities. These spaces offered a sense of normalcy and safety, helping children cope with stress, strengthen their resilience, and engage in positive social interaction despite the challenging circumstances.



## Community Engagement and Accountability

**Objective:** *Communities in high-risk areas are prepared for and able to respond to disaster*

Key indicators:	Indicator	Actual (2-31 March, 2026)	Actual – IFRC Secretariat (Dec 2024- Dec 2025)
	# of calls received through the non-emergency hotline	8,510	

### 2026 Response:

A total of 8,510 calls were received through the hotline during the reporting period. Of these, 5,805 calls were related to Blood Transfusion Services (BTS), while 2,705 concerned general inquiries and complaints, including 971 calls that were conflict related. While BTS hotline operates 24/7, general inquiries and complaints are currently managed between 8:00 and 21:00, with the capacity to scale up 24/7 coverage if required by further escalation or increased needs.

During the reporting period, all inquiries were addressed with accurate and up to date information, following close coordination and collaboration with relevant sectors to ensure data alignment with evolving situation. In parallel, the hotline team maintained its capacity to manage regular daily calls unrelated to the conflict, ensuring continuity of standard service delivery without disruption.

**2026 Plan:**

In 2026, LRC will maintain community engagement and information channels to support preparedness and response activities during potential conflict escalation. A key component is the 1760 non-emergency hotline, which will continue to operate as a central communication channel for the public to access information about LRC services, request assistance, and receive guidance during emergencies. Operational readiness of the hotline will be maintained to ensure continuity of communication and referral services during periods of increased demand.

LRC will also continue to support community outreach and awareness activities through its volunteer network, particularly youth and community teams, to disseminate safety messages, raise awareness on available services, and support communication with affected populations. These activities contribute to maintaining community trust, improving access to information, and supporting operational sectors in identifying emerging needs during preparedness and response operations.

Preparedness efforts will therefore focus on maintaining communication channels, volunteer engagement, and outreach capacity, enabling LRC to sustain community-level engagement and information dissemination throughout 2026 while supporting response activities if the humanitarian situation deteriorates.

## Enabling approaches



### National Society Strengthening

<b>Objective:</b>	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
<b>Key Indicators:</b>	<b>Indicator</b>	<b>Actual</b> (2-31 March, 2026)	<b>Actual – IFRC Secretariat</b> (Dec 2024- Dec 2025)
	<i># of staff and volunteers participating in the MHPSS PGI trainings</i>	1,024	

**2026 Response:**

Since the escalation, Mental Health and Psychosocial Support (MHPSS) and Protection, Gender and Inclusion (PGI) capacities were further strengthened through targeted trainings for staff and volunteers. A total of 1,024 participants were reached, including 878 trained in Psychological First Aid (PFA) and 146 in Gender-Based Violence (GBV) prevention and response. These efforts aimed to enhance frontline responders’ ability to provide safe,

ethical, and inclusive support to affected populations, ensuring that protection principles and psychosocial considerations are effectively integrated across all interventions.

The Lebanese Red Cross continues to reinforce its operational capacity to respond to the escalating humanitarian situation across the country. Emergency preparedness measures implemented prior to the escalation allowed rapid mobilization of resources and personnel across multiple sectors. On March 31, 2026 121 ambulances and 363 EMS volunteers were mobilized to support emergency response operations, while Blood Transfusion Services maintained 90% operational capacity of human, equipment, and facility resources and 92% availability of essential logistics infrastructure to sustain service delivery. Operational continuity was further strengthened through contingency planning measures, including the establishment of a backup operational center in Beit Meri to ensure disaster recovery capacity should the main headquarters be affected.

Additional preparedness measures included verification of ambulance fleet readiness, replenishment of fuel reserves and medical supplies, strengthening dispatch and communication systems, and pre-positioning response teams in high-risk areas. These actions enabled rapid deployment and reduced response times despite the challenging operational environment. Moving forward, LRC will continue strengthening surge capacity, volunteer deployment mechanisms, and logistics readiness to sustain operations as the situation evolves.

However, the response places significant pressure on National Society resources, particularly due to the high operational tempo, security risks to volunteers, and displacement of staff in certain regions, including the temporary closure of the Nabatieh BTS center and displacement of eight staff members. Continued institutional support and resource mobilization will be critical to maintain operational resilience.

#### **2026 Plan:**

LRC will continue to strengthen its institutional and operational capacities throughout 2026 to sustain essential humanitarian services and ensure readiness to respond to potential escalation of hostilities. Building on its nationwide network of volunteers, branches, and operational sectors, LRC will prioritize maintaining the operational readiness of its core services, including Emergency Medical Services, Blood Transfusion Services, Disaster Management, and health programs, while ensuring that staff and volunteers remain equipped and prepared to respond to emerging humanitarian needs.

Efforts will focus on reinforcing volunteer management and surge capacity, including refresher orientations and preparedness activities to ensure that community volunteers and youth teams can be rapidly mobilized in support of emergency operations. Operational readiness will also be supported through the maintenance of fleet, logistics systems, warehouses, and operational facilities, ensuring that LRC can sustain high-volume relief operations and emergency medical services if required.

In addition, LRC will continue strengthening coordination, information management, and operational planning mechanisms across its sectors and branches. These measures will support effective decision-making, enable timely deployment of resources, and ensure continuity of essential services during periods of increased demand. Through these efforts, the National Society aims to maintain its ability to deliver principled humanitarian assistance while adapting to the evolving operational context throughout 2026.



## **Coordination and Partnerships**

### **Objective:**

*Communities in high-risk areas are prepared for and able to respond to disaster*

### **External Coordination**

The Lebanese Red Cross actively engages with international stakeholders and development agencies, participating in the Humanitarian Country Team (HCT) and the OCHA Emergency Operations Center (EOC) for collaborative efforts with global bodies and development agencies. This involvement underlines the commitment to effective coordination and cooperation. The LRC aligns its initiatives with the United Nations (UN) framework, engaging in sectoral and bilateral meetings with UN agencies. This strategic alignment ensures the synchronization of efforts with international frameworks, enhancing the impact and reach of LRC's humanitarian efforts. Furthermore, the organization collaborates closely with the International Organization for Migration (IOM) and the Disaster Risk Management (DRM) Unit. This collaboration contributes to the Displacement Tracking Matrix (DTM) Mobility Snapshot, a crucial resource for displacement data in Lebanon. Working in tandem with IOM and the UN Disaster Risk Management (DRM) Unit, LRC contributes to the generation of valuable insights that inform effective responses to mobility and displacement challenges within the region.

LRC also continues to coordinate closely with key national authorities including the Ministry of Public Health (MoPH), Ministry of Social Affairs (MoSA), Ministry of Education and Higher Education (MEHE), and the National DRM Unit.

A key strength of PRCS-L lies in its coordination with national and international partners. The organization works closely with UNRWA, the Lebanese Ministry of Public Health, and the Lebanese Civil Defense to ensure alignment with national health priorities and emergency response efforts. It also maintains strong collaboration within the Red Cross and Red Crescent Movement, including the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and the Lebanese Red Cross, particularly in areas such as emergency medical services and referral systems.

### **Membership and Movement Coordination**

The response is implemented in close coordination with the components of the Red Cross and Red Crescent Movement present in Lebanon, including the IFRC, ICRC, and Partner National Societies, ensuring an aligned and complementary Movement-wide response in support of the Lebanese Red Cross. To facilitate effective coordination and strategic guidance, LRC maintains close engagement with Movement partners and has activated a tripartite emergency coordination mechanism with IFRC and ICRC. This structure supports joint planning, information sharing, and the alignment of operational priorities, enabling a coherent and coordinated Movement response to evolving humanitarian needs.



## **Secretariat Services**

### ***Partnerships & Resource Mobilization***

LRC continues to coordinate with national authorities and humanitarian partners to support response activities across sectors. Engagement with relevant government entities, including the Ministry of Public Health, the Ministry of Social Affairs, and the National Disaster Risk Management Unit, remained essential to ensure alignment with national coordination mechanisms and facilitate the delivery of humanitarian assistance to affected populations.

In parallel, engagement with Partner National Societies (PNS) has focused on information sharing and preparedness measures, including early discussions on potential technical or financial support should the situation further escalate. These exchanges aim to ensure that Movement partners remain informed of operational developments and are able to mobilize support if required. To strengthen situational awareness and coordination across the Movement, several information management products are currently under development. These include a consolidated regional dashboard, updated impact mapping, and a Movement coordination

tracking tool, which will support decision-making and operational alignment among affected and at-risk National Societies.

The Lebanon Complex Emergency Appeal continues to serve as the primary Federation-wide funding mechanism supporting LRC's response to the evolving crisis. The appeal was originally launched to support the Lebanese Red Cross (LRC) in addressing the protracted humanitarian impacts of address the protracted humanitarian impacts associated with the broader Middle East crisis and has been periodically adjusted to reflect emerging operational needs and developments in the region. The current escalation and its potential spillover effects are consistent with the risk scenarios and response priorities already reflected in the appeal framework, allowing the operation to maintain continuity in preparedness and response activities. As such, the existing appeal provides a flexible platform for mobilizing resources, scaling up humanitarian assistance, and ensuring coordinated support from the IFRC network and Partner National Societies in alignment with the evolving operational context in Lebanon.

### ***Planning Monitoring Evaluation & Reporting (PMER)***

Planning and reporting mechanisms remain active across LRC response to ensure timely information management and operational coordination. The Planning and Development Section continues to compile daily operational reports consolidating data from multiple sectors, providing situational analysis, operational updates, and key indicators to support leadership decision-making and coordination with national authorities and partners.

Data collection and monitoring were conducted across sectors including EMS, BTS, Medico-Social Services (MSS), Disaster Management Sector (DMS), and DRR units. These monitoring efforts tracked operational indicators across sectors. In the coming period, PMER functions will continue consolidating operational data, supporting sectoral reporting, and facilitating information sharing with relevant stakeholders to ensure transparency and accountability.

Challenges remain in ensuring data accuracy and timeliness due to rapidly changing displacement figures, multiple reporting channels, and technical issues affecting digital reporting systems in some districts. Continued technical support and coordination with field teams will be required to improve data consistency and reporting reliability.

### ***Humanitarian Diplomacy***

The Lebanese Red Cross, as auxiliary to the public authorities, continues to lead humanitarian diplomacy efforts to support a principled and effective response, with the support of the IFRC and Movement partners. Engagements with authorities, diplomatic missions, donors and humanitarian stakeholders are ongoing to advocate for the protection of LRC volunteers, humanitarian workers and the medical mission, in line with International Humanitarian Law and humanitarian principles.

In a rapidly evolving and increasingly complex context, these efforts also emphasize the need for flexible, timely and sustained support to enable the National Society to adapt to shifting humanitarian needs and maintain continuity of essential services nationwide.

Humanitarian diplomacy activities are carried out in coordination with the IFRC, the ICRC and Partner National Societies, in line with the Seville 2.0 Agreement. Regular engagement with the diplomatic community, including embassies, donors and multilateral partners, takes place through briefings, field visits and bilateral exchanges to strengthen understanding of operational priorities, resource gaps and access constraints.

The IFRC supports these efforts by facilitating coordinated outreach across its global network, equipping partners with timely analysis, evidence and clear operational priorities. Communications activities complement humanitarian diplomacy by highlighting the central role of the LRC as a trusted and nationwide responder,

amplifying the visibility of its staff and volunteers through targeted messaging, media engagement and regular operational updates, in coordination with Movement partners.

### **Security**

The ongoing escalation of hostilities continues to present significant safety and security challenges for operational teams and volunteers working in conflict-affected areas. Since the beginning of March, multiple areas across Lebanon experienced airstrikes and security incidents, requiring response teams to operate under heightened alert conditions. Safety considerations led to several operational adjustments to reduce risks to staff and volunteers. One Emergency Medical Services station in the central south area was relocated to a safer facility within a hospital building to improve security conditions and facilitate faster patient transfers. Similarly, a center located in the suburbs of Beirut near Dahye was evacuated to a safer location within the city due to the proximity of airstrikes.

IFRC regional and local security teams are actively working to safeguard operations and personnel. Their efforts include continuously monitoring and analyzing the security environment to identify trends and issues that may impact the IFRC and the broader Red Cross and Red Crescent Movement. The teams maintain strong internal and external security networks, participate in relevant forums, and systematically assess risks to ensure timely implementation of mitigation measures and contingency plans. They provide guidance to IFRC and LRC management on operational adjustments, develop tailored security plans and procedures, and ensure compliance with IFRC's Minimum Security Requirements (MSR). Additionally, these teams promote and disseminate IFRC security tools and initiatives, strengthening the overall safety culture and enabling humanitarian operations to continue effectively in a challenging context.

## **C. FUNDING**

To date, only **10.4 per cent** of the funding requirements of the Emergency Appeal have been covered. While the IFRC expresses its sincere gratitude to donors for their support to date, additional and urgent contributions are critically needed to address the significant funding gap.

This need has become even more pressing following the escalation of hostilities in March 2026, which has further intensified humanitarian needs and placed considerable operational and financial pressure on the ongoing response. Adequate funding is essential to enable the Lebanese Red Cross, with the support of the IFRC, to sustain lifesaving humanitarian assistance and scale up response efforts, while also supporting early recovery actions for affected communities.

# Operational Strategy

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/11-2026/3	Operation	MDRLB017
Budget Timeframe	*	Budget	APPROVED

Prepared on 07 Apr 2026

All figures are in Swiss Francs (CHF)

### MDRLB017 - Lebanon - Complex Emergency

Operating Timeframe: 05 Nov 2024 to 31 Dec 2026; appeal launch date: 05 Nov 2024

## I. Emergency Appeal Funding Requirements

<b>Total Funding Requirements</b>	<b>80,000,000</b>
<b>Donor Response* as per 07 Apr 2026</b>	<b>8,331,155</b>
<b>Appeal Coverage</b>	<b>10.41%</b>

## II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	324,597	194,758	129,839
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	5,356,792	5,099,835	256,957
PO05 - Water, Sanitation & Hygiene	65,411	39,246	26,164
PO06 - Protection, Gender and Inclusion	0	0	0
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	643,524	196,488	447,036
PO10 - Community Engagement and Accountability	0	0	0
PO11 - Environmental Sustainability	0	0	0
<b>Planned Operations Total</b>	<b>6,390,324</b>	<b>5,530,328</b>	<b>859,996</b>
EA01 - Coordination and Partnerships	2,200	1,324	876
EA02 - Secretariat Services	325,672	35,439	290,232
EA03 - National Society Strengthening	1,271,693	1,189,699	81,994
<b>Enabling Approaches Total</b>	<b>1,599,565</b>	<b>1,226,462</b>	<b>373,103</b>
<b>Grand Total</b>	<b>7,989,889</b>	<b>6,756,790</b>	<b>1,233,099</b>

## III. Operating Movement & Closing Balance per 2026/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	10,331,155
Expenditure	-6,756,790
<b>Closing Balance</b>	<b>3,574,365</b>
Deferred Income	0
Funds Available	3,574,365

## IV. DREF Loan

* not included in Donor Response	Loan :	2,000,000	Reimbursed :	0	Outstanding :	2,000,000
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# Operational Strategy

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/11-2026/3	Operation Budget	MDRLB017
Budget Timeframe	*	Budget	APPROVED

Prepared on 07 Apr 2026

All figures are in Swiss Francs (CHF)

### MDRLB017 - Lebanon - Complex Emergency

Operating Timeframe: 05 Nov 2024 to 31 Dec 2026; appeal launch date: 05 Nov 2024

#### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
Bloomberg	83				83		
DREF Response Pillar				2,000,000	2,000,000		
European Commission - DG ECHO	3,729,609				3,729,609		
French Government	936,194				936,194		
Hong Kong Red Cross, Branch of the Red Cross Socie	4,637				4,637		
Italian Government Bilateral Emergency Fund (from Ita	1,823,332				1,823,332		
Japanese Red Cross Society	29,378				29,378		
Latvian Red Cross (from Latvian Government*)	18,870				18,870		
On Line donations	1,505				1,505		
Red Crescent Society of the Islamic Republic of Iran	79,835				79,835		
Spanish Government	451,885				451,885		
Swedish Government	255,827				255,827		
Swiss Government	1,000,000				1,000,000		
<b>Total Contributions and Other Income</b>	<b>8,331,155</b>	<b>0</b>	<b>0</b>	<b>2,000,000</b>	<b>10,331,155</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>10,331,155</b>	<b>0</b>	

## Contact information

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

### In the Lebanese Red Cross

- **Secretary General:** Mr. Georges Kettaneh, Secretary General LRC: [georges.kettaneh@redcross.org.lb](mailto:georges.kettaneh@redcross.org.lb)

### In the IFRC

- **IFRC Regional Office for Disasters, Climate & Crises (DCC) Unit:** Raja Assaf, acting Regional Head of Disasters, Climate & Crises (DCC) Unit – MENA; [raja.assaf@ifrc.org](mailto:raja.assaf@ifrc.org), phone: +961 71 910896
- **IFRC Country Delegation:** Ruben Romero, Head of Delegation- Lebanon & Iraq; [ruben.romero@ifrc.org](mailto:ruben.romero@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **IFRC MENA Regional Office:** Yara Yassine, Regional Head –Strategic Engagement and Partnerships; [yara.yassine@ifrc.org](mailto:yara.yassine@ifrc.org)

## 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.