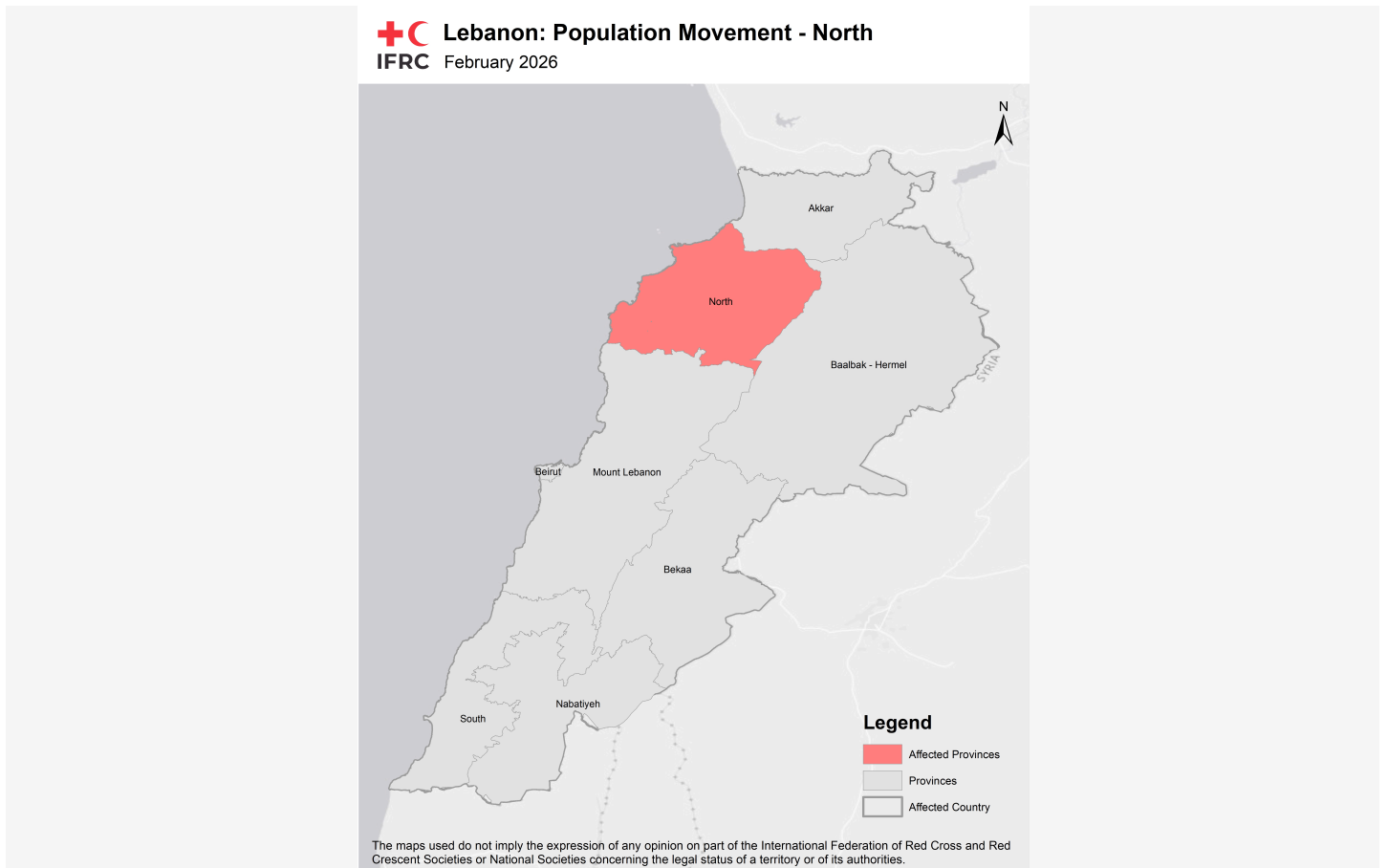




LRC Volunteers during a distribution

Appeal: MDRLB020	Total DREF Allocation: CHF 492,946	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: OT-2026-000019-LBN	People Affected: 8,200 people	People Targeted: 8,200 people	
Event Onset: Sudden	Operation Start Date: 17-02-2026	New Operational End Date: 31-08-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 17-02-2026		Reporting Timeframe End Date: 31-05-2026	
Additional Allocation Requested: 0		Targeted Regions: North	

Description of the Event



Date of event

08-02-2026

What happened, where and when?

Tripoli, Lebanon is facing an acute and rapidly worsening urban hazard linked to widespread structural deterioration and recurring building collapses. The hazard has manifested through multiple incidents in early 2026, most notably the collapse of residential buildings on 8 February on Syria Street in the Bab al-Tabbaneh neighborhood, which resulted in multiple fatalities and injuries and triggered immediate emergency evacuations. These incidents have revealed deeper systemic instability across the city's aging built environment, which is characterized by high-density, poorly maintained structures and long-standing infrastructure deficits.

Following the February incidents, the Government of Lebanon ordered the evacuation of at least 114 buildings identified as at immediate risk of collapse, with affected families eligible for temporary housing support. However, broader assessments indicate that the scale of structural risk extends beyond these buildings, with a significantly larger number of structures across Tripoli requiring further assessment or rehabilitation. Incidents and precautionary evacuations have been concentrated in older, densely built quarters, particularly Bab al-Tabbaneh, Qobbeh/Dahr al-Moghr, and areas along the Abu Ali River corridor, with additional evacuations reported around Bab al-Raml and Nejme Square, as well as in nearby localities including Qalamoun.

The Lebanese Red Cross (LRC) was actively engaged in the immediate response, deploying Emergency Medical Services and Urban Search and Rescue teams to support search and rescue operations, provide on-scene stabilization, and transport injured individuals to hospitals. Blood Transfusion Services were placed on standby, while Disaster Management teams initiated the distribution of essential relief items and supported municipalities in evacuation efforts and coordination throughout the response.

The escalation of hostilities in Lebanon since March 2026 has further compounded the situation in Tripoli by exacerbating pre-existing vulnerabilities. Large-scale displacement across the country has placed increased pressure on host communities and already fragile urban

areas, including in North Lebanon, limiting the availability of safe shelter alternatives and contributing to overcrowding in structurally compromised buildings. At the same time, the conflict has placed significant strain on public institutions and services, reducing the capacity of municipalities and central authorities to address structural risks and implement mitigation measures.

In addition, the shifting of national and municipal priorities toward responding to the evolving conflict and its humanitarian consequences has constrained efforts to address the building safety crisis in Tripoli. Resources and operational focus have been redirected toward large-scale displacement response and life-saving assistance, resulting in delays in structural assessments, rehabilitation works, and enforcement of evacuation measures. Constraints related to access, logistics, and overall response capacity have further limited the ability to implement preventive actions.

As a result, the hazard has produced both acute shocks and compounding secondary impacts, including:

- * Sudden building collapses, causing deaths, injuries, and the loss of homes
- * Immediate perimeter evacuations, disrupting households and generating urgent humanitarian needs
- * Progressive displacement, as additional structures are identified as unsafe
- * Increased exposure to risk due to overcrowding and limited shelter alternatives
- * Psychosocial distress, with families living under the constant threat of collapse
- * Heightened pressure on municipal and humanitarian systems already strained by the broader conflict context

The convergence of structural instability and conflict-driven displacement has therefore transformed a localized urban risk into a broader and evolving humanitarian concern.



LRC and PNS during a field visit to affected site



LRC DMS Volunteers conducting distributions



LRC Volunteers using advanced imaging tools for Search and Rescue operations



EMS volunteers transporting people affected by the collapse

Scope and Scale

Hazard profile and trajectory

Tripoli is experiencing an urban structural-safety emergency characterized by repeated building collapses and rapidly escalating evacuation orders. The most severe recent incident occurred on 8 February 2026 in Bab al-Tabbaneh, resulting in multiple fatalities and injuries, and triggering immediate evacuation of adjacent buildings due to fears of progressive collapse. Authorities subsequently mandated evacuation of 114 high-risk buildings (Cabinet decision on 9 Feb), indicating a systemic, citywide hazard rather than an isolated event.

Scale of people affected and at risk

Using the official decisions and locally reported engineering estimates, the population affected, displaced, or likely to be displaced falls within a broad but evidence-based range:

Tier 1 (immediate evacuation): 114 buildings → approximately 5,472–8,208 people (based on ~12 apartments/building and 4–6 persons/apartment).

Tier 2 (urgent reinforcement): ≥600 buildings → approximately 28,800–43,200 people potentially requiring phased relocation during shoring/retrofit.

Tier 3 (wider deterioration): ~300 buildings at immediate risk and >2,000 with severe issues → 14,400–21,600 and 96,000–144,000 people, respectively, if evacuations expand.

These figures reflect indicative planning ranges pending completion of municipal/engineering assessments and household-level verification; the direction of travel is increasing displacement as inspections progress.

Geographic concentration and exposure. The highest exposure is in older, densely built quarters of Tripoli (e.g., Bab al-Tabbaneh, Qobbeh, Dahr al-Moghr), where aging structures, historic construction irregularities, and under-maintenance intersect with poverty. These areas have recorded consecutive collapses and frequent precautionary evacuations in January–February 2026.

Primary impacts on life and physical safety

Recurrent, sudden collapses create a persistent risk of death or injury for residents who may have little lead time to evacuate, as illustrated by the 8 Feb incident (two-block structure; ~22 residents inside; multiple fatalities; eight survivors extricated). Perimeter evacuations and cordons remain necessary due to the threat of progressive structural failure.

Displacement and shelter impacts

With 114 buildings already deemed unsafe and 114 ordered for evacuation, displacement is dynamic and expanding, driving demand for collective shelters and temporary accommodation. Government measures include temporary housing coverage and enrollment of evacuees in the Aman social protection program; however, overcrowding and pressure on host communities and public facilities are increasing as evacuations scale.

Livelihoods and local economy

The affected neighborhoods are predominantly low-income and reliant on informal work, small shops, and daily wage labor. Evacuations and access restrictions disrupt income generation, particularly where shops operate on ground floors of residential blocks or within nearby markets. Loss of housing frequently pushes households into debt and negative coping strategies, compounding economic vulnerability following each evacuation episode.

Infrastructure and basic services

Dense urban fabric means collapses and evacuations also disrupt adjacent buildings and local service networks (electricity, water, sanitation). Site security and crowd control by ISF/municipal police and the Lebanese Army are routinely required to maintain access for rescue and inspection teams, reflecting the strain on local systems.

Most affected and vulnerable groups

Populations most likely to face severe impacts include:

Elderly persons (limited mobility; difficulty evacuating quickly; higher health risks under stress).

Children (heightened psychosocial distress; disrupted schooling; increased protection risks in overcrowded shelters).

Persons with disabilities (barriers to evacuation/relocation; accessibility gaps in temporary shelter arrangements).

Women and female-headed households (elevated protection concerns, including GBV risks in collective settings; increased caregiving burdens with fewer resources).

Refugees and informal tenants (often occupying lower-cost, structurally weaker units; fear of eviction or documentation issues may discourage evacuation).

Low-income daily wage workers (immediate income loss when displaced; limited savings increase the risk of remaining in unsafe buildings).

Note: While the vulnerabilities above are grounded in the known profile of affected neighborhoods and standard humanitarian risk patterns, the operationally verified figures relate to evacuation orders, casualty totals, and risk-tier counts documented by authorities and media.

Historical context and comparison

A single building collapse was recorded in the same area ~two years ago; however, it did not precipitate a sustained pattern. By contrast, January–February 2026 has seen multiple collapses/evacuations in quick succession, leading authorities to declare the city disaster-affected and to expand evacuation orders. This demonstrates a step-change from isolated incidents to a systemic urban structural risk.

Humanitarian implications

The scope and scale indicate life-threatening risk (further collapses possible), increasing displacement, and rising needs across shelter, protection, health/EMS, and WASH in collective settings. Given the 114-building evacuation directive, and larger risk tiers identified by municipal and engineering sources, additional evacuation waves are likely, and temporary sheltering remains a critical life-saving intervention to enable safe evacuation and reduce mortality/morbidity risks.

Current displacement patterns show that households evacuated from structurally unsafe buildings in Tripoli are being accommodated primarily in designated collective shelters, hosted temporarily by relatives or neighbors, or seeking short-term rental arrangements where possible. The situation remains fluid, even after municipal and engineering assessments continue to identify additional at-risk buildings, prompting new evacuation waves. Government decisions issued following the 8 February collapse—including the directive to evacuate 114 high-risk buildings—indicate that authorities are developing an approach focused on temporary accommodation coverage and enrollment of evacuated households into the Aman social protection programme as a medium-term measure. This has been followed by the provision of cash assistance to support with rental costs to the affected people.

While broader long-term housing or reconstruction plans have not yet been formally communicated mainly due to the shift in focus towards the escalation in the country, LRC is maintaining regular coordination with the Municipality of Tripoli, the High Relief Committee, and relevant ministries to ensure that the emergency support provided through this DREF aligns with, and does not duplicate, any emerging governmental planning. As the authorities refine their structural-safety mapping and determine the next steps for relocated households, LRC will adapt its role accordingly to ensure coherence between immediate humanitarian support and evolving governmental measures. A major adaptation was the shift towards the provision of kits instead of the structural rehabilitation due to the major structural damages found following the assessments that were conducted.



Source Information

Source Name	Source Link
1. Al Jazeera	https://www.aljazeera.com/news/2026/2/8/building-collapse-in-northern-lebanon-kills-at-least-six
2. L'Orient Today	https://today.lorientlejour.com/article/1494395/government-orders-evacuation-of-114-buildings-in-tripoli-after-collapse-kills-14.html

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

Following internal coordination meetings with the operational sectors, a budget revision was prepared to address variances resulting from exchange rate differences between the approved application and the amount received.

The originally approved quantities and operational scope were maintained. However, procurement outcomes led to cost variations across specific budget line items. Notably, the unit cost of mattresses increased by USD 2.75 following the tender process, resulting in overspending under this line. Conversely, underspending was recorded under the Menstrual Hygiene Management (MHM) kits BLI, which was initially budgeted at USD 38,390 based on an estimated unit cost of USD 38.39. Following tender award, the unit cost was reduced to USD 14.12, generating savings upon procurement of the planned 1,000 kits.

The proposed budget revision therefore seeks approval to reallocate savings from underspent BLIs to offset overspending in other lines, while maintaining the overall budget ceiling, planned outputs, and objectives of the DREF operation.

In addition, LRC introduced a single new budget line to cover day-shift per diem costs for five teams operating from the Tripoli station. This reflects an operational reprioritization, whereby resources initially allocated to medical equipment maintenance were reduced and reallocated in line with evolving operational needs.

Furthermore, LRC was not able to proceed with the planned rehabilitation works for collective shelters in Tripoli, as most of the shelters identified by the municipality were assessed as not being structurally safe for accommodation. In addition, displaced families were generally not willing to remain in collective shelters, particularly following the provision of cash assistance by the Ministry of Social Affairs to support rental accommodation. Most of the families who did remain in shelter settings were accommodated at the Hospitality Management Institute. In light of this, it is proposed to reallocate the corresponding budget to the procurement and distribution of and additional 3,289 hygiene kits for affected families complemented by food parcels from existing LRC stock, ensuring that resources continue to address immediate humanitarian needs in line with the operational context with the need of 2 months extension to reach full implementation in light of the recent changes.



IFRC Network Actions Related To The Current Event

Secretariat	Coordination meetings have been held between the IFRC and LRC, alongside engagement with various Partner National Societies, to ensure a coherent and well-aligned response.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The response to the 8 February 2026 building collapse in Tripoli involved multiple governmental and local actors alongside the Lebanese Red Cross. The Ministry of Public Health confirmed coverage of medical treatment costs for injured persons, enabling hospital care for those transported from the scene. The Prime Minister's Office and Cabinet convened an emergency meeting and instructed the evacuation of 114 buildings assessed as high risk, with arrangements established for temporary shelter options. The Ministry of Social Affairs indicated that evacuated households would be enrolled in the Aman social protection program. The Municipality of Tripoli coordinated at the local level, including the declaration of a disaster status for the city to facilitate response measures. The Internal Security Forces and municipal police supported the evacuation of adjacent buildings and site access control, and the Lebanese Army provided area security to enable rescue operations. Additionally, the Ministry of Social Affairs also provided cash assistance to the people affected to support with the costs of rental accommodation.
UN or other actors	Community members and local volunteers assisted responders by clearing debris and facilitating movement around the site.

Needs (Gaps) Identified



Shelter Housing And Settlements

Urgent temporary shelter and safe relocation for households evacuated from structurally unsafe buildings, with contingency for additional evacuations as inspections expand. Priorities include:

- (i) activating and managing collective shelters;
- (ii) rental support/host-family assistance where feasible;
- (iii) NFI kits (blankets, bedding, lighting, basic cooking sets); and
- (iv) rapid light repairs/board-ups only where certified safe by engineers. Mapping of available public facilities (schools, community centers) and their use as short-term shelters is underway.

Actual figures will be finalized after completion of structural and household assessments.



The assessments conducted in the identified collective shelters highlighted extensive rehabilitation and safety concerns that would require significant time and resources before the sites could be considered suitable for accommodating displaced families. Structural cracks were identified in several areas, including major vertical cracking along walls, columns and structural joints, raising concerns regarding the integrity and safety of the buildings. In addition, visible signs of water infiltration, ceiling deterioration, humidity damage, and poor maintenance conditions were observed throughout the facilities. Several rooms required substantial rehabilitation works, including repairs to walls and ceilings, waterproofing interventions, electrical and plumbing rehabilitation, debris removal, and general restoration to ensure minimum safety and living standards.

The nature and scale of the identified damage indicated that the required interventions extended beyond quick emergency repairs and would necessitate more comprehensive structural and rehabilitation works.



Livelihoods And Basic Needs

Displacement and restricted access to homes/shops are interrupting daily wage income and micro-businesses. Immediate needs include food assistance, basic household items, hygiene supplies, and re-establishment of small enterprises where possible. Targeted support is required while market access and income sources are disrupted.

Caseload figures remain indicative pending reporting.



Health

Continued prehospital emergency care, referrals, and follow-up for trauma and chronic conditions among evacuated residents; scale-up of Mental Health and Psychosocial Support (MHPSS) due to anxiety, grief, and repeated evacuations; continuity of care for people with NCDs and persons with disabilities; and basic health promotion in shelters (injury prevention, medication management).



Water, Sanitation And Hygiene

In collective shelters and congested host settings, ensure safe water access, adequate sanitation, gender-sensitive bathing facilities, and solid waste management. Immediate hygiene kit distribution and hygiene promotion are required to prevent disease outbreaks.

Any identified gaps/limitations in the assessment

Government authorities, local actors, and the Lebanese Red Cross are jointly conducting ongoing assessments of affected households, families at risk of evacuation, structurally unsafe buildings, and the collective shelters currently in use or identified for potential activation. Due to the further escalation in the country, minimal detailed assessments were conducted as the focus was shifted towards the conflict response.

Operational Strategy

Overall objective of the operation

The operation aims to reduce life-threatening risks and improve the safety, dignity, and well-being of approximately 8,200 people displaced or at risk of displacement due to structural instability and building collapses in Tripoli, by ensuring they have access to safe temporary accommodation, essential household items, and critical life-saving services over a four-month period.

Operation strategy rationale

This operation is structured to address immediate life-threatening risks arising from structural instability and recent building collapses in Tripoli, while establishing organized, safe and dignified temporary accommodation for households already evacuated or at risk of



evacuation. The triggering event was the 8 February 2026 collapse in Bab al-Tabbaneh, which resulted in fatalities and injuries and prompted immediate evacuation of surrounding buildings due to fears of progressive failure. In the days that followed, authorities mandated the evacuation of 114 high-risk buildings, confirming that the hazard is city-wide rather than isolated accompanied by the further deterioration of the security situation in the country due to the conflict escalation. These developments define both the urgency and the scale that the operation must address, and underpin the extension of the operational timeframe by two months, bringing the total duration of the intervention to six months to ensure continuity of life-saving assistance and completion of the previously planned activities and the updated ones.

At the core of the strategy is a shelter-led response that makes evacuation feasible in practice: activating and supporting temporary accommodation—particularly collective shelters in public facilities where needed—paired with structured site management to prevent overcrowding and ensure access to basic services. This approach is necessary in Tripoli’s dense urban setting, where facilities such as schools and municipal buildings may be repurposed at short notice but are not designed for prolonged residence and therefore require clear management arrangements for safety, WASH and protection. The shelter component is complemented by essential relief distributions (NFIs) to stabilize households that often depart suddenly with few belongings, thereby reducing negative coping strategies during the emergency phase. Due to the major structural damages identified during the assessments conducted, the rehabilitation of shelters was shifted towards the further distribution of items for affected people. Further information can be found in the summary of changes.

Given the continuing likelihood of further incidents while structural assessments expand, the operation integrates life-saving services delivered by the Lebanese Red Cross: Emergency Medical Services (EMS) for pre-hospital care; Urban Search and Rescue (USAR) for search, extrication and safety checks at affected sites; and Blood Transfusion Services (BTS) on high alert to maintain timely blood availability for receiving hospitals. This integration is deliberate: as new evacuations and occasional structural failures occur, ready EMS/USAR/BTS capacity reduces mortality and morbidity while shelter solutions reduce exposure by enabling people to leave unsafe buildings. The linkage is direct—collapse risk drives displacement; displacement creates urgent shelter needs; shelter activation requires management, supplies and protection; medical and rescue capacities reduce immediate harm.

The strategy is also shaped by several contextual factors. First, the urban density and aging building stock increase the probability of recurrent evacuations, requiring a flexible and scalable model that can expand shelter capacity and sustain EMS/USAR readiness as needed. Second, economic vulnerability and reliance on daily wage income mean that, where markets function and access allows, multi-purpose cash may complement in-kind support to help households meet priority needs (e.g., rent, transport, medicines) and avoid harmful coping, which is an activity currently being addressed by the government. Third, public facilities have finite capacity and must remain functional; structured site management and decongestion planning are therefore integral from the outset. Finally, assessments are ongoing—both building-safety tagging and household verification—so the operation remains intentionally adaptive, with targets and modalities to be refined as more precise figures are validated by municipal/engineering authorities and field teams.

Exit Strategy

The DREF will deliver immediate, life-saving support within the extended six-month timeframe while preparing for an orderly transition. As emergency activities wind down, LRC will coordinate closely with the Municipality of Tripoli, the Order of Engineers, the High Relief Committee, and relevant ministries to align next steps on evacuation follow-up, temporary accommodation options, and any subsequent support led by the authorities or partners. Core LRC capacities (EMS, USAR readiness, BTS, and Disaster Management interventions) will remain operational beyond the DREF period to address time-critical needs as required, while coordination with governmental and humanitarian actors will guide continuity of assistance outside the scope and duration of this operation.

Targeting Strategy

Who will be targeted through this operation?

Target Population and Targeting Logic

Targeted Population

This operation will target households displaced or at immediate risk of displacement due to structural instability and building collapse in Tripoli. The primary beneficiaries are families evacuated from buildings identified as structurally unsafe by the Municipality of Tripoli and technical authorities.

The intervention focuses on:

-Displaced families currently accommodated in collective shelters



- Households under evacuation orders requiring temporary accommodation
- Families unable to secure safe alternative housing despite receiving short-term rental assistance

Rationale for Targeting

The targeting logic is based on life-saving priorities and exposure to structural risk. Households residing in buildings officially declared unsafe face immediate threats to life and safety. Collective shelter rehabilitation is therefore directed toward individuals who:

- Have been forcibly evacuated due to imminent collapse risk
- Lack safe, adequate, and affordable housing alternatives
- Cannot absorb rental costs despite financial assistance
- Are residing in overcrowded or unsafe temporary arrangements

Priority is given to households with limited coping capacity and high protection risks.

Targeting of Vulnerable Groups

Within the displaced population, special attention is given to vulnerable individuals, including:

- Older persons
- Persons with disabilities and reduced mobility
- Pregnant and lactating women
- Female-headed households
- Children (particularly unaccompanied or separated minors)
- Migrants and refugees residing in the affected area
- Individuals with chronic illnesses

Vulnerability screening is conducted during registration and shelter allocation. Measures to support vulnerable groups include:

- Allocating ground-floor or accessible shelter spaces
- Installing ramps, handrails, and adapted WaSH facilities
- Ensuring adequate lighting and privacy partitions
- Coordinating referrals to health, protection, and social services where needed
- Data Sources and Identification of Vulnerability

Targeting is informed by:

- Structural safety assessments conducted by the Municipality of Tripoli and the Order of Engineers
- Rapid needs assessments carried out by the Lebanese Red Cross Disaster Management teams
- Household-level registration and vulnerability screening at collective shelters
- Coordination with local authorities and community representatives

Additionally, LRC's Emergency Medical Services, Urban Search and Rescue, and Blood Transfusion Services are available to all individuals who request or are referred to these services, irrespective of displacement status or nationality. These services operate on a needs-based, impartial basis and are accessible through on-scene deployment, hotline/dispatch activation, or referral from authorities and humanitarian partners. Service delivery prioritizes life-threatening conditions, time-critical rescue, and trauma care, while ensuring safe transfer and follow-up to appropriate facilities.

These data sources allow prioritization based on exposure to structural risk, displacement status, household composition, and specific vulnerabilities, ensuring that assistance is directed toward those most at risk and least able to cope.

Explain the selection criteria for the targeted population

The operation will target households residing in buildings officially declared structurally unsafe in Tripoli and subject to evacuation due to collapse risk. Priority is given to families who are already displaced and accommodated in collective shelters, as well as those newly evacuated who are unable to secure safe and adequate alternative housing despite receiving short-term financial assistance.

The targeting logic is risk-based and life-saving. Assistance focuses on households exposed to immediate structural danger and with limited coping capacity, ensuring that evacuation measures are feasible and that families are not forced to remain in unsafe buildings due to lack of shelter options.

Within the affected population, special consideration will be given to vulnerable groups, including older persons, persons with disabilities, pregnant and lactating women, female-headed households, children, migrants, refugees, and individuals with chronic illnesses. Vulnerability screening will be conducted during registration, and accessible spaces and adapted facilities will be prioritized to ensure safe, dignified, and inclusive temporary accommodation.



Total Targeted Population

Women	2,050	Rural	-
Girls (under 18)	2,050	Urban	-
Men	2,050	People with disabilities (estimated)	-
Boys (under 18)	2,050		
Total targeted population	8,200		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
<p>Continued Structural Failures and Escalation of Displacement</p> <p>The ongoing risk of additional building collapses may lead to a sudden increase in displacement beyond the initially targeted caseload. This could overstretch collective shelter capacity, relief stocks, and operational resources.</p>	<p>The operation is adopting a flexible and scalable response model, including continuous coordination with municipal authorities to receive updated structural assessment data. Contingency planning is allowing for the rapid expansion of shelter capacity if needed, and stock monitoring mechanisms will support timely replenishment of relief items. Regular analysis is being conducted to anticipate potential increases in caseloads.</p>
<p>Limited Availability and Suitability of Collective Shelters</p> <p>Public facilities available for temporary accommodation may have limited capacity and may not meet minimum standards for prolonged habitation, increasing risks of overcrowding, inadequate WASH services, and protection concerns.</p>	<p>Early identification and technical assessment of potential shelter sites was conducted to ensure minimum safety and service standards. Temporary upgrades, including minor repairs, partitioning for privacy, and WASH improvements are implemented where required. Shelter management systems and</p>



	site coordination mechanisms were established to regulate occupancy levels and maintain organized service delivery.
<p>Community Resistance or Reluctance to Evacuate</p> <p>Some households may refuse evacuation due to economic hardship, fear of property loss, or lack of trust in temporary solutions. This may limit the life-saving impact of the operation.</p>	<p>Community engagement and awareness-raising activities are conducted in coordination with local authorities to explain the risks of remaining in unsafe buildings and the support available in collective shelters. Clear communication channels were established to address concerns and complaints. Protection-sensitive approaches were applied to ensure that shelter conditions uphold dignity and safety, encouraging compliance with evacuation measures.</p>
<p>Protection Risks and Social Tensions in Collective Shelters</p> <p>Overcrowding and prolonged displacement may increase risks of gender-based violence, child protection concerns, health issues, or tensions between displaced populations and host communities. These risks could undermine the safety and dignity objectives of the operation.</p>	<p>Structured shelter and site management were established, including clear codes of conduct, complaint and feedback mechanisms, and dedicated safe spaces where feasible. Coordination with protection actors and local authorities are ensuring referral pathways are active. Regular monitoring will allow early identification of tensions or protection risks, enabling timely corrective action.</p>
<p>Please indicate any security and safety concerns for this operation:</p> <p>The operation in Tripoli presents several safety and security risks that may directly affect staff and volunteers, particularly during assessments, evacuations, and collective shelter management.</p> <p>The primary concern relates to structural hazards. Teams operating in areas with unsafe or partially collapsed buildings may be exposed to falling debris, unstable staircases, or sudden structural failure. Access to such sites will therefore be strictly coordinated with municipal authorities and technical engineers, and entry into declared unsafe buildings will be avoided unless officially cleared. Where necessary, personal protective equipment (PPE) will be used.</p> <p>Crowd-related tensions during evacuations or relief distributions may pose risks to volunteers, especially if affected households are distressed or frustrated. To mitigate this, clear communication, organized registration and distribution systems, and complaint mechanisms will be implemented. Volunteers will receive guidance on safe crowd management and de-escalation practices.</p> <p>Finally, health and occupational risks, including exposure to dust, debris, unsanitary conditions, and physical strain from handling relief items, may affect staff and volunteers. Occupational safety protocols, safe lifting practices, hygiene measures, and basic health precautions will be enforced to reduce these risks.</p>	
<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>No</p>

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 219,387
Targeted Persons: 5,000
Targeted Male: -
Targeted Female: -



Indicators

Title	Target	Actual
# of Shelter relief related items distributed at individual/ household level in emergency context	10,550	2,723
# of preliminary and technical assessments conducted at collective shelters/institutions in emergency context	30	6
# of collective shelters and/or public institutions retrofitted or rehabilitated to meet minimum shelter standard in emergency context	0	0

Progress Towards Outcome

The original plan developed with the municipality aimed to evacuate families within one month and accommodate them in collective shelters to be identified by the municipality and subsequently assessed and retrofitted or rehabilitated by the Disaster Management Sector teams. The initial arrangement was for these families to stay in the collective shelters for a maximum period of one week, after which they would receive cash assistance to enable them to rent alternative accommodation and transition out of the shelters.

However, the municipality was only able to identify six potential shelters, all of which were assessed by the DMS technical teams. The assessment results indicated that these structures were not structurally safe, making it impossible to proceed with retrofitting or rehabilitation works. As a result, only one shelter (the Maahad Al Fundouki building) was opened to host displaced families. This situation significantly slowed the evacuation process, particularly as many residents have been reluctant to leave their homes in the absence of a clear and sustainable alternative shelter solution proposed by the municipality.

Additionally, the recent escalation of hostilities and renewed displacement placed further pressure on the municipality, diverting attention and resources away from addressing the issue of buildings identified for evacuation. This has further delayed the overall process.

Despite these challenges, efforts are ongoing to strengthen coordination with the municipality and reassess the situation in order to facilitate the evacuation process. It is anticipated that the targeted families will be evacuated before the end of the DREF timeframe. However, due to the current situation a timeframe extension has been requested.

If collective shelters are not secured by the municipality, the requested shelter kits will still be procured but maintained as contingency stock. These kits were originally intended to be used in collective shelters following retrofitting works to create internal partitions and organize space for displaced families.

Furthermore, the budget line allocated for the retrofitting and rehabilitation of collective shelters and/or public institutions will not be utilized as the municipality is unable to secure suitable shelters for the evacuation of the targeted families and shifting priorities and will be reallocated to procure additional hygiene kits to be distributed to affected people alongside food parcels that will be utilized from LRC existing stock.



Budget: CHF 171,198

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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# of ambulance patients served	-	0
# of blood units delivered to patients	-	0
# of USAR missions conducted	-	0
# of extracted individuals during a USAR mission	-	0

Progress Towards Outcome

LRC introduced a single new budget line to cover day-shift per diem costs for five teams operating from the Tripoli station while still maintaining the overall budget. This reflects an operational reprioritization, whereby resources initially allocated to medical equipment maintenance were reduced and reallocated in line with evolving operational needs.

Reporting on health-related interventions is conducted through the Lebanese Red Cross's holistic One Programme Approach reports for Emergency Medical Services and Blood Transfusion Services, which are scheduled for release in June. Data from these reports that are related to the DREF will be extracted and analyzed to further highlight the contribution of the DREF operation and accordingly reflected in upcoming DREF updates.



Water, Sanitation And Hygiene

Budget: CHF 69,906

Targeted Persons: 5,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of NFIs distributed to the communities with awareness messaging	4,289	667

Progress Towards Outcome

LRC has proceeded with the distribution of NFIs based for the displaced families.

Additionally, the originally approved quantities and operational scope were maintained. However, procurement outcomes led to cost variations across specific budget line items. Notably, underspending was recorded under the Menstrual Hygiene Management (MHM) kits BLI, which was initially budgeted at USD 38,390 based on an estimated unit cost of USD 38.39. Following tender award, the unit cost was reduced to USD 14.12, generating savings upon procurement of the planned 1,000 kits which was then reallocated to cover the increase in cost of items within the Shelter Housing and Settlements thematic.

Due to the shift in operational strategy from the planned rehabilitation of shelters to the distribution of additional assistance to affected households, the Lebanese Red Cross will procure an additional 3,289 hygiene kits for distribution. Each affected family will receive three hygiene kits, those procured through DREF funding. These distributions will be complemented by food parcels provided from LRC's existing stocks.



Secretariat Services

Budget: CHF 9,431
 Targeted Persons: 0
 Targeted Male: -
 Targeted Female: -

Indicators

Title	Target	Actual
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National Society Strengthening

Budget: CHF 23,025
 Targeted Persons: 0
 Targeted Male: -
 Targeted Female: -

Indicators

Title	Target	Actual
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About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will be implemented through the local Disaster Management branch team in Tripoli alongside EMS stations and BTS centers in Tripoli and surrounding area alongside specialized USAR team from the national level. It is expected that approximately 200 trained volunteers will be mobilized for implementation, supported by 20-30 technical and coordination staff at headquarters levels. The number may be adjusted depending on the scale of the intervention

The DM volunteers will be responsible for the operational implementation of activities. Their roles will include conducting rapid needs assessments, supporting evacuation processes when required, registering displaced households, distributing relief items, and assisting in the organization and day-to-day management of collective shelters. Volunteers trained in shelter and site coordination will help structure living spaces, monitor occupancy levels, and ensure basic standards related to safety, privacy, and protection are maintained.

EMS volunteers will be responsible for providing prehospital emergency care to individuals affected by collapses, evacuations, or related incidents. Their tasks include conducting on-scene triage, stabilizing patients, providing first aid, and ensuring safe ambulance transport to designated medical facilities.

USAR volunteers will support operations focused on search, extrication, and technical safety assessments at sites affected by structural instability. Their work includes deploying specialized equipment to locate trapped individuals, conducting surface and limited-space rescue, ensuring safe entry, debris management, and extraction procedures.

BTS technicians will ensure the continuous availability of safe blood products for hospitals treating casualties. Their responsibilities include maintaining high operational readiness across BTS centers, overseeing blood collection, testing, processing, and stock management, and coordinating closely with EMS and hospital staff to supply required blood types in a timely manner. BTS technicians will also support emergency donor mobilization if demand increases and ensure that all blood safety protocols are strictly followed.



At headquarters level, relevant technical focal points will provide guidance, monitoring, and quality assurance, ensuring that standards, safety protocols, and reporting requirements are met. Overall accountability and coordination between field and headquarters will ensure coherent implementation and effective resource management throughout the operation.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes, the volunteer teams engaged in this operation reflect the gender, age, and cultural diversity of the communities being assisted. The Lebanese Red Cross maintains a volunteer base composed of women and men of different age groups, linguistic backgrounds, and cultural identities, consistent with the diversity of Tripoli and the surrounding areas. This diversity enables teams to provide inclusive, culturally appropriate, and context-sensitive support.

If there is procurement, will it be done by National Society or IFRC?

National Society

How will this operation be monitored?

The Lebanese Red Cross has a structured monitoring system in place to ensure the effective implementation and accountability of this operation. Dedicated teams within the operational components are responsible for the day-to-day monitoring of activities, ensuring that medical and relief interventions are delivered efficiently and reach the intended beneficiaries.

These operational sectors are supported by a specialized technical team within LRC's Planning and Development Section, which includes PMEAL (Planning, Monitoring, Evaluation, Accountability, and Learning) and CEA (Community Engagement and Accountability) specialists.

This unit provides technical oversight to enhance responsiveness and adaptability in service delivery.

Regular eld reports, activity tracking, and beneficiary feedback mechanisms will be used to assess progress, identify challenges, and ensure continuous improvement throughout the response. Findings from monitoring efforts will inform decision-making and operational adjustments, ensuring that the response remains needs-driven, transparent, and accountable.

Please briefly explain the National Societies communication strategy for this operation

The Lebanese Red Cross communication strategy for this operation focuses on ensuring clear, timely, and effective information sharing with stakeholders and the public. The LRC teams will oversee the dissemination of updates on the response, using various communication channels to inform and engage audiences.

Field teams and sector leads will provide regular operational updates, ensuring that key information about the intervention is documented and shared internally. Coordination with local authorities, humanitarian partners, and relevant stakeholders will help maintain transparency and ensure that response efforts align with identified needs.

The approach will remain flexible and adaptable, allowing for adjustments based on evolving operational priorities.



Budget Overview



DREF OPERATION

Code - Lebanese Red Cross
Response To Evacuated Families in Tripoli, Lebanon

Operating Budget

Planned Operations	460,491
Shelter and Basic Household Items	259,763
Livelihoods	0
Multi-purpose Cash	0
Health	171,198
Water, Sanitation & Hygiene	29,530
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	32,455
Coordination and Partnerships	0
Secretariat Services	9,431
National Society Strengthening	23,025
TOTAL BUDGET	492,946

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact:

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

IFRC focal point for the emergency: Raja Assaf, Roving Ops manager, raja.assaf@ifrc.org

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National Society Hotline: 1760

[Click here for the reference](#)

