IFRC Operation Update

Middle East Complex Emergency



MDRS5002-OU6

Emergency Appeal №: MDRS5002 **Emergency Appeal launched:** 18/10/2023 **Operational Strategy published:** 28/02/2024	**Glide №:** CE-2023-000186-PSE
Operation Update no 6 **Date of issue:** August 2026	**Timeframe covered by this update:** From 18/10/2023 to 31/05/2026
Operation timeframe: initially 26 months *(18/10/2023 - 31/12/2025)* extended until *31/12/2027*	Number of people targeted: 1,363,821
Funding requirements (CHF): CHF 185 million through the IFRC Emergency Appeal CHF 200 million Federation-wide	**DREF amount initially allocated:** CHF 3 million



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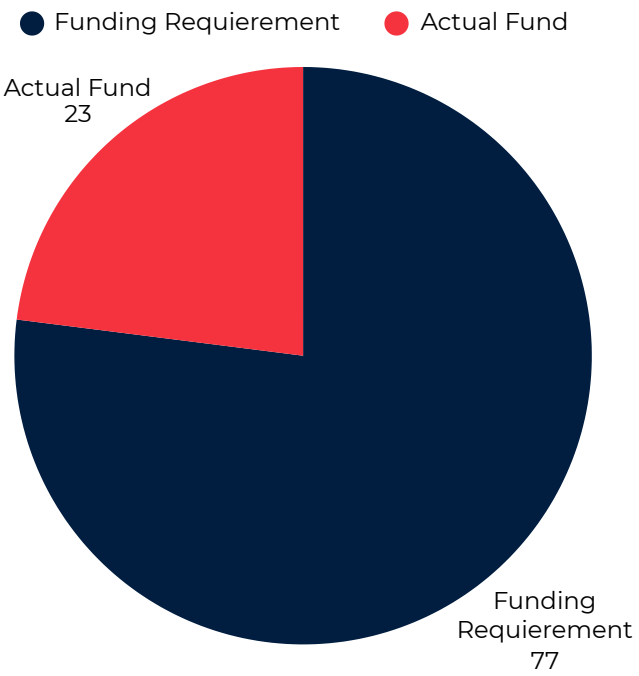
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HOW WE WORK?

All IFRC assistance seeks to adhere to 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, to prevent and alleviate human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

EMERGENCY APPEAL OVERVIEW

FUNDS RAISED VS. FUNDING REQUIEREMENT



*The revised Emergency Appeal has been extended until **31 December 2027** to enable the IFRC and participating National Societies to continue addressing the humanitarian consequences of the Gaza crisis while maintaining the operational readiness and preparedness required to respond to any further regional escalation and evolving humanitarian needs. The extension reflects the protracted nature of the crisis, continued humanitarian needs across the region, and the importance of sustaining both ongoing humanitarian assistance and readiness capacities in an increasingly volatile operating environment.*

*As of the reporting period, **23 per cent** of the revised Emergency Appeal funding requirements has been covered, leaving a **77 per cent funding gap.** The IFRC expresses its sincere gratitude to all donors and partners for their generous support to date and encourages additional contributions to enable National Societies across the region, with the support of the IFRC, to continue delivering life-saving humanitarian assistance, strengthen preparedness capacities, and maintain the readiness required to respond effectively to future humanitarian developments.*

SITUATIONAL OVERVIEW

From September 2025 and up to 31 May 2026, the Middle East crisis remained highly volatile, with Gaza and West Bank continuing to face severe humanitarian needs despite periods of reduced hostilities in Gaza following the October 2025 ceasefire. The regional situation deteriorated further in early 2026 as escalating tensions between Israel and Iran led to direct military confrontation in March, with significant regional spillover. While humanitarian needs remained acute in Gaza and the West Bank, Lebanon was particularly affected, as renewed exchanges between Israel and Hezbollah triggered further casualties, damage to infrastructure, and population movements, especially in the south and areas around Beirut.

While Egypt, Jordan and Syria were less directly affected by active hostilities, they continued to face indirect consequences, including heightened security concerns, pressure on humanitarian preparedness, disruptions to trade and transport, and increased concern over possible regional escalation. Overall, by the end of May 2026, the crisis had evolved from a primarily Gaza-centred emergency into a broader regional instability, compounding existing vulnerabilities across neighbouring countries and underscoring the need for sustained humanitarian support and coordinated regional response.

GAZA

Between August 2025 and 31 May 2026, the humanitarian situation in the Gaza Strip remained catastrophic despite periods of reduced hostilities following the ceasefire announced on 10 October 2025. While the ceasefire created limited opportunities to expand humanitarian assistance, improve market access and support the gradual restoration of essential services, the operating environment remained highly volatile and constrained. Continued insecurity, severe restrictions on humanitarian access and movement, widespread destruction of homes and infrastructure, and persistent shortages of food, water, healthcare, shelter and other essential items continued to drive humanitarian needs. Unexploded ordnance also emerged as a growing protection concern, with OCHA reporting 109 explosive ordnance incidents since the ceasefire, resulting in 49 deaths and 265 injuries.

The regional escalation linked to the Iran–USA–Israel confrontation in early 2026 further complicated humanitarian operations by increasing security risks, disrupting humanitarian supply chains and diverting political attention. By the end of May, Kerem Shalom and Zikim (reopened in mid-April) remained the only operational entry points for humanitarian cargo, while restrictions on aid and essential goods continued to generate chronic shortages across Gaza.

According to the Gaza Ministry of Health (MoH), between the ceasefire announcement on 10 October 2025 and 31 May 2026, 881 people were reportedly killed and 2,621 injured. Overall, WHO reported that between 7 October 2023 and 31 May 2026, approximately 72,941 people had been killed, including more than 21,000 children; 172,967 had been injured, and around 90 per cent of the population had been displaced at least once. An assessment from the Site Management Cluster identified nearly 1,600 active displacement sites by the end of May 2026, hosting an estimated 1.7 million people, almost 88 per cent of whom were living in makeshift shelters with inadequate access to water, sanitation, healthcare, protection and education.

Gaza's infrastructure and essential services have been devastated by the conflict and ongoing violence. A joint Rapid Damage and Needs Assessment estimated that two years of conflict had reversed development by approximately 77 years and projected recovery and reconstruction needs at US$71.4 billion over the coming decade. Military control over 60 percent of the territory and widespread destruction of water and wastewater infrastructure have severely limited access to safe water and sanitation. (OCHA)

The health system remained on the verge of collapse. Approximately 94 per cent of hospitals had been destroyed or damaged since October 2023, while 47 per cent of essential medicines were out of stock by the end of April 2026. By the end of May, only 53 per cent of hospitals and 59 per cent of primary healthcare facilities were partially functional. Trauma, malnutrition, communicable diseases, non-communicable diseases, maternal and neonatal health, mental health conditions and circulating vaccine-derived poliovirus type 2 (cVDPV2) remained major public health concerns (Health Cluster).

Protection risks remain severe. According to the MoH, at least 594 humanitarian workers have been killed since October 2023, including 55 Palestine Red Crescent Society personnel. More than 1,700 health workers, 145 civil defence personnel and 260 journalists have also reportedly lost their lives. At the end of May, nearly the entire population, including over one million children, required protection and mental health and psychosocial support, while more than 58,000 children had lost one or both parents.



WEST BANK

Between August 2025 and 30 May 2026, the humanitarian situation in the West Bank, including East Jerusalem, continued to deteriorate. While the October 2025 ceasefire contributed to a reduction in large-scale hostilities in Gaza, it did not lead to a comparable improvement in the West Bank. Palestinians continued to face intensified movement restrictions, military operations, arrests, demolitions, settler violence, land confiscation and access constraints. These trends deepened protection risks, disrupted livelihoods, and increased the vulnerability of communities already affected by prolonged economic and social pressure. Humanitarian actors reported growing concerns around displacement, particularly among communities exposed to repeated settler attacks, demolition orders and restrictions on access to land, services and livelihoods.

The humanitarian situation in the West Bank continued to deteriorate throughout the reporting period, with violence, displacement and protection concerns remaining at unprecedented levels. As of 31 May 2026, OCHA reported that 1,101 Palestinians in West Bank had been killed; more than 12,384 injured by Israeli forces or settlers since 7 October 2023. Settler attacks incidents, resulting in casualties or property damage, documented since the beginning of 2026 were adding up to over 971 across more than 220 communities—an average of six attacks per day (OCHA). These trends continued to undermine livelihoods, restrict access to essential services, and heighten protection risks across the West Bank.

The regional escalation linked to the Iran–USA–Israel confrontation further heightened tensions and security concerns across the occupied Palestinian territory. In the West Bank, this contributed to a more restrictive environment, with increased vigilance, movement constraints and reduced predictability for humanitarian access and monitoring. By 30 May 2026, the West Bank situation remained marked by worsening protection concerns, shrinking humanitarian space, economic hardship, and growing risks of further displacement. Continued humanitarian support, protection monitoring, advocacy, and assistance to vulnerable households remained essential.

SITUATIONAL OVERVIEW: IMPACTED COUNTRIES

The destabilising effects of the conflict in Gaza, compounded by the recent escalation involving Iran, Israel and the United States, continue to reverberate across the region, significantly affecting neighbouring countries, including Egypt, Jordan, Lebanon and Syria.

LEBANON

Since the escalation of hostilities along Lebanon's southern border in October 2023, the country has faced a progressively worsening humanitarian crisis marked by recurrent displacement, civilian casualties, infrastructure destruction, and deepening socioeconomic deterioration. What began as localised cross-border violence in the aftermath of the Gaza conflict evolved into a nationwide humanitarian emergency, with major escalations occurring between September and November 2024 and again in March 2026. The conflict has particularly affected southern Lebanon, the Bekaa Valley, Beirut's southern suburbs, Baalbek-Hermel, and parts of Mount Lebanon, resulting in widespread disruption to daily life and placing immense pressure on already fragile public systems and vulnerable communities.



The escalation between September and November 2024 triggered a large wave of displacement. According to IOM's Displacement Tracking Matrix, the number of internally displaced persons (IDPs) rose from approximately 110,000 in September 2024 to nearly 850,000 by late October 2024. By late March 2025, Lebanese authorities reported more than 4,000 fatalities, including at least 300 children, and approximately 17,200 injuries. Although a ceasefire was announced in November 2024, violationshostilities, including and continued airstrikes persisted throughout 2025, particularly in southern Lebanon and Beirut's southern suburbs, delaying returns and disrupting recovery efforts. As of October 2025, around 64,000 people remained displaced.



The humanitarian situation was further compounded by renewed violence in Syria in 2025, which triggered additional cross-border displacement into Lebanon, placing additional strain on vulnerable host communities and already overstretched services. Essential services, including healthcare, education, water, and electricity, have been severely disrupted due to infrastructure damage and increased humanitarian needs. Hospitals and schools were damaged or repurposed as collective shelters, further limiting access to basic services and affecting community resilience.

The situation deteriorated dramatically following the renewed escalation of hostilities on 2 March 2026, representing the most severe surge in violence since the November 2024 ceasefire. By 26 May 2026, Lebanon's Disaster Risk Management unit had recorded more than 17,894 acts of violence nationwide, resulting in over 3,185 fatalities and 9,633 injuries. The escalation triggered a massive displacement crisis, with more than 1.2 million people forced to flee their homes, including 130,425 individuals sheltering in 634 collective shelters by the end of May. Many others remained in informal settings or vehicles due to limited shelter capacity.

Although another ceasefire agreement was reached in April 2026, hostilities and airstrikes continue to be reported, particularly in southern Lebanon, contributing to ongoing civilian casualties, displacement, insecurity, and restrictions on humanitarian access. The health sector remains heavily affected, with repeated attacks on healthcare facilities and personnel alongside major disruptions to water, electricity, and education services.

By mid-2026, the combined effects of protracted conflict, repeated displacement, economic collapse, cross-border population movements, and damaged infrastructure had left Lebanon facing a multidimensional humanitarian crisis of extraordinary scale. Humanitarian needs remain critical across protection, shelter, health, food security, water and sanitation, and education sectors, while recovery and reconstruction efforts continue to face significant challenges due to ongoing insecurity and limited resources.

SYRIA

Syria's humanitarian situation continues to reflect the cumulative effects of prolonged conflict, severe economic deterioration, weakened public services and recurrent environmental shocks. More than 90 per cent of the population lives in poverty, while inflation, unemployment and limited livelihood opportunities have left millions without stable sources of income. Essential services remain severely constrained, with more than one-third of hospitals partially or fully non-operational, significantly limiting access to healthcare. Recurrent droughts, water scarcity, declining agricultural production and wildfires continue to undermine livelihoods, increase displacement risks and place additional pressure on already vulnerable communities. Renewed violence, political transition and continued economic deterioration have further compounded these structural challenges, leaving millions of people dependent on humanitarian assistance.

Following the political transition on 8 December 2024, Syria entered a new humanitarian phase characterized by evolving governance structures, changing operational dynamics and large-scale return movements. In response to the changing humanitarian context, the IFRC launched the Syria Complex Emergency Appeal (MDRSY014) to support the Syrian Arab Red Crescent (SARC) in addressing immediate humanitarian needs while supporting early recovery and strengthening community resilience. While the dedicated appeal focuses on humanitarian needs within Syria, the Middle East Crisis Appeal continues to address the regional dimensions of the crisis, including cross-border population movements, spillover effects, regional preparedness and support to neighbouring National Societies.



According to UNHCR, by the end of May 2026, more than 2 million Syrians had returned to their areas of origin since the political transition, including approximately 600,000 refugee returnees from neighbouring countries and beyond and more than 1.4 million internally displaced persons (IDPs) returning within Syria. While these returns reflected improved perceptions of safety in some areas, humanitarian needs remained substantial as many returnees encountered damaged or destroyed housing, limited access to healthcare, education and other basic services, weakened infrastructure, scarce livelihood opportunities and widespread economic hardship. The scale and pace of returns placed additional pressure on communities and public services already struggling to absorb increasing needs.

The regional escalation in early 2026 further affected Syria through heightened regional insecurity, disruptions to transport and humanitarian supply routes, temporary restrictions at border crossings and additional pressure on already fragile services and infrastructure. On 4 March 2026, the Syrian General Authority for Land and Sea Ports temporarily suspended departures through the Jdeidet Yabous (Masnaa) border crossing due to the volatile security situation, while arrivals remained permitted. The crossing reopened approximately two weeks later, restoring cross-border movements and humanitarian access.

The escalation also triggered renewed cross-border movements into Syria. According to the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), as of 1 June 2026, a total of 395,369 movements had been recorded through the four monitored Syrian–Lebanese border crossings into Syria, of which 97 per cent involved Syrian nationals and 3 per cent Lebanese nationals. These movements placed additional pressure on communities already facing severe economic hardship and limited absorption capacity. Key informants reported increased pressure on water supply, healthcare and other essential services already operating under limited capacity, while declining humanitarian assistance in some locations further compounded existing vulnerabilities.

The cumulative impact of prolonged conflict, economic deterioration, political transition, large-scale return movements and recurrent regional escalations has left millions of people in extreme vulnerability. Syria continues to face complex humanitarian pressures arising from internal insecurity, recurrent population movements, deteriorating socioeconomic conditions and localised violence, underscoring the continued need for sustained humanitarian assistance, early recovery interventions, strengthened preparedness and coordinated regional support.

EGYPT

Between October 2023 and 30 April 2026, Egypt remained a central actor in the regional humanitarian response to the Gaza crisis, hosting displaced individuals and families while facilitating the movement of humanitarian assistance destined for Gaza. These efforts took place amid significant domestic socio-economic pressures. The protracted conflict in Gaza and heightened regional instability compounded existing challenges in Egypt, including persistent inflation, currency devaluation, and declining revenues from the Suez Canal.



Following the closure of the Rafah crossing on 7 May 2024, Egypt's ability to facilitate the delivery of humanitarian aid into Gaza was severely constrained. Although the Kerem Shalom crossing remained partially operational, the volume of aid permitted to enter was limited and subject to restrictions and delays. This reduced humanitarian organisations capacity to deliver aid from Egypt, despite the continued availability of stockpiles, medical personnel, and coordination platforms on its territory.

Since March 2025, medical evacuations from Gaza allowed patients requiring specialised treatment to access critical healthcare in Egypt and other countries. However, the evacuation process was repeatedly interrupted before fully resuming in February 2026, underscoring the importance of sustained humanitarian coordination and engagement to preserve access to life-saving services.

The Egyptian Red Crescent Society (ERCS) is formally mandated by the Government of Egypt as the sole consignee for all humanitarian assistance entering Gaza from Egypt. In this capacity, ERCS has played a pivotal role in coordinating, receiving, processing, and facilitating humanitarian aid on behalf of United Nations agencies, international non-governmental organisations, Red Cross and Red Crescent Movement partners, governments, and donors.

A significant development occurred on 27 July 2025, when the Karem Abu Salem (Kerem Shalom) crossing reopened to humanitarian cargo from the Egyptian side after 148 days of complete closure. The reopening came at a critical time following months of severely restricted aid flows that had further exacerbated the humanitarian crisis in Gaza. from 28 July 2025 onwards, the crossing remained operational, although access continued to be affected by occasional temporary closures, restricted working hours and limitations on the type of goods permitted to enter.

Between the reopening of the crossing in July 2025 and the end of the reporting period, ERCS facilitated 186 humanitarian aid convoys into Gaza, transporting a wide range of relief supplies, including food assistance, medical supplies and equipment, relief items, and fuel. These operations demonstrated ERCS's substantial coordination and logistics capacity and its central role in supporting the delivery of humanitarian assistance to Gaza.

In February 2026, border crossing arrangements were loosened to allow the movement of individuals, enabling injured and sick Palestinians, together with accompanying family members, to cross into Egypt for medical treatment and other humanitarian purposes. Although very limited and not meeting the needs, the resumption of these crossings restored an important pathway to life-saving medical care and family reunification, complementing ongoing efforts to facilitate the delivery of humanitarian assistance into Gaza.



JORDAN

Between October 2023 and 31 May 2026, Jordan remained at the forefront of one of the region's largest and most complex humanitarian crises. Despite facing significant socio-economic pressures and hosting one of the world's highest proportions of refugees per capita, Jordan served as a critical humanitarian gateway for populations affected by conflict and violence in Gaza, the West Bank, Lebanon, and Syria.

As the auxiliary to the public authorities in the humanitarian field, the Jordan National Red Crescent Society (JNRCS) played a central role in the regional humanitarian response, demonstrating strong operational capacity, humanitarian leadership, and readiness. Leveraging Jordan's strategic location, JNRCS established a Red Cross and Red Crescent (RCRC) logistics hub, to facilitate the reception, storage, coordination, and onward dispatch of humanitarian assistance from Movement partners to Gaza and the West Bank. Through close coordination with the IFRC, ICRC, Partner National Societies, and national authorities, JNRCS supported the movement of life-saving relief supplies despite significant access and operational constraints.

JNRCS also played a leading role in supporting medical evacuation from Gaza. In coordination with national authorities and Movement partners, it facilitated the reception and transit of medical evacuees and their accompanying family members arriving in Jordan for specialised treatment. In addition to providing healthcare services through the JNRCS hospital, the National Society ensured comprehensive humanitarian support throughout their stay, including accommodation, food, transportation, psychosocial support, hygiene items, and other essential services, helping to preserve their dignity and wellbeing during a highly vulnerable period.

Beyond the Gaza response, JNRCS further strengthened its regional humanitarian role by supporting the first humanitarian convoy from Jordan into Syria following the country's political transition, in coordination with the IFRC, Jordanian authorities, and the Syrian Arab Red Crescent. The Logistics Cluster also activated operations in Jordan to support the humanitarian response in Lebanon, facilitating the movement of humanitarian relief supplies from Jordan to conflict-affected communities.

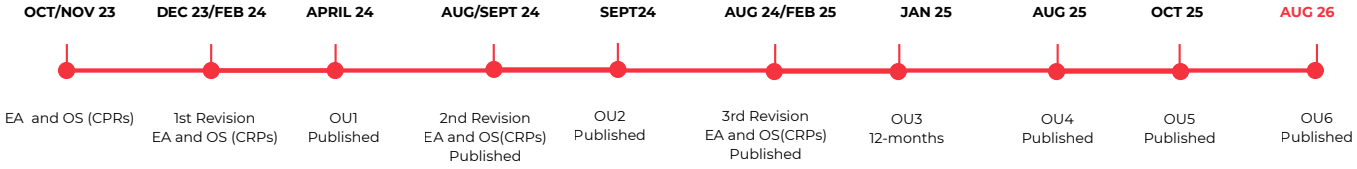
Meanwhile, escalating regional tensions since 2023, including developments related to the conflict involving Israel and Iran in 2025 and 2026, increased the risk of humanitarian consequences within Jordan. In response, JNRCS maintained a high level of preparedness and operational readiness, strengthening its emergency response capacity, contingency planning, volunteer mobilisation, and coordination mechanisms to enable a rapid and effective response to emergencies affecting communities across the country.

The evolving regional context continues to underscore JNRCS's critical role, both as a national humanitarian actor and as a trusted regional partner, facilitating humanitarian access, delivering life-saving assistance and serving as an important operational hub for the Red Cross and Red Crescent Movement's response across the Middle East.

UPDATE ON STRATEGY

Timeline October 2023 - May 2025

Middle East Crisis



In view of the protracted nature of the Middle East crisis and its continuing humanitarian consequences across the region, the Middle East Complex Emergency Appeal has been extended until 31 December 2027. Nearly three years after its launch, humanitarian needs in Gaza remain severe, driven by ongoing displacement, extensive destruction of critical infrastructure, restrictions on humanitarian access, and sustained pressure on essential services, particularly healthcare. Although periods of reduced hostilities have provided temporary relief, needs remain immense and require sustained support. At the same time, conditions in the West Bank have continued to deteriorate, with increasing displacement, movement restrictions, protection concerns, and reduced access to essential services.

The need for regional support mechanisms also remains significant. Egypt and Jordan continue to play a critical role as humanitarian logistics hubs facilitating the reception, storage, and onward movement of humanitarian assistance destined for Gaza. They are also serving as key countries supporting Palestinian medical evacuees and their accompanying family members. With medical evacuations continuing and thousands of patients requiring specialised treatment unavailable within Gaza, sustained assistance to medical evacuees and accompanying family members remains an important component of the operation. In recent months, this support has been strengthened and scaled up through the Egyptian Red Crescent Society and the Jordan National Red Crescent Society to address growing and evolving needs.

Recurrent regional tensions and escalations continued to have humanitarian, operational, and preparedness implications across neighbouring countries, underscoring the importance of maintaining readiness capacities and scalable response mechanisms. Investments in preparedness, contingency planning, pre-positioning of relief items, emergency coordination, and chemical, biological, radiological and nuclear (CBRN) readiness remain essential to enable National Societies to respond rapidly to emerging humanitarian needs and evolving risk scenarios.

The extension of this Emergency Appeal is driven not only by persistent humanitarian needs in Gaza and the West Bank, but also by the continued relevance and added value of a flexible regional response mechanism. While the Lebanon and Syria Complex Emergency Appeals address the broader humanitarian impacts and domestic needs arising from crises in their respective countries, this multi-country Emergency Appeal focuses specifically on complementing the PRCS's response efforts and addressing the wider regional consequences of the Gaza crisis.

Its regional structure enables the IFRC and participating National Societies to adapt to changing humanitarian priorities, fluctuating access conditions, medical evacuation requirements, and potential spillover effects across the region. It also provides the flexibility required to mobilise resources, maintain logistics capacities, strengthen preparedness, support humanitarian access efforts, and scale up assistance where and when needs emerge. This flexibility has proven valuable throughout the response and remains essential to ensuring an effective, coordinated, and adaptable humanitarian operation through 2027.

The operation's overall strategic direction of the operation remains unchanged and will continue to focus on regional logistics support, integrated assistance, and preparedness, while adapting activities and resources to evolving humanitarian needs and operational realities.

The operation will continue to focus on the following strategic pillars:

1. Humanitarian Logistics and Supply Chain Support
Maintain and strengthen regional logistics capacities for the reception, clearance, storage, transport, and onward delivery of humanitarian assistance destined for Gaza. The operation will continue supporting humanitarian supply chains through key regional hubs, adapting to evolving access arrangements, operational constraints, and fluctuating aid flows.

2. Integrated Assistance and Support to Medical Evacuees
Continue providing integrated humanitarian assistance to medical evacuees, accompanying family members, stranded Palestinians, and other crisis-affected populations requiring support in neighbouring countries. Building on the expansion of medical evacuation support, activities will place increased emphasis on assistance delivered through the Egyptian Red Crescent Society and the Jordan National Red Crescent Society. This will include accommodation support, cash assistance, health services, mental health and psychosocial support, essential medicines, and medical equipment to strengthen National Society capacity to address the ongoing needs of medically vulnerable evacuees.

3. Regional Preparedness and Operational Readiness
Strengthen preparedness capacities across participating National Societies to anticipate and respond to further humanitarian deterioration, sudden escalations, cross-border population movements, disruptions to humanitarian access, public health threats, and evolving CBRN-related risks. Preparedness efforts will focus on pre-positioning relief stocks, strengthening coordination mechanisms, enhancing emergency operations management, supporting contingency planning, and maintaining scalable response capacities that can be activated as circumstances evolve.

OPERATIONAL CONSTRAINTS AND RISKS

This response builds on lessons learned from previous National Society operations, with an emphasis on preparedness, alignment with humanitarian mandate, and adaptability to rapidly changing conditions. Ongoing gap analyses support the identification of emerging needs and operational adjustments, in a context of limited resources and overstretched capacities.

CONSTRAINTS

Limited humanitarian access: In Gaza, border crossing closures and restrictions on the entry of humanitarian assistance entry into Gaza continue to hinder the timely and effective delivery of essential goods and services. These constraints have contributed to the accumulation and potential deterioration of relief supplies and impeded the provision of urgent medical and other assistance. In Lebanon, access constraints caused by bombardments have eased following the ceasefire, although insecurity continues to affect some areas. Across the region, humanitarian access remains highly dependent on evolving political and security developments, border management measures, and administrative procedures, resulting in unpredictable planning horizons and reduced operational flexibility.

Medical evacuation and return arrangements: JNRCS and ERCS continue to receive and provide comprehensive care for patients evacuated from Gaza. However, the absence of a clear and predictable return timeline for patients and accompanying family members after treatment results in prolonged stays in Jordan and Egypt. This requires continued accommodation, food, psychosocial support, case management and other essential services, placing additional pressure on hospital capacity and operational resources while limiting the ability to receive new medical evacuation cases. Fluctuations in the pace and authorisation of medical evacuations also create challenges for health service planning, staffing and resource allocation within National Societies supporting the evacuation pathway.

RISKS

Security risks: The volatile and rapidly evolving security environment across the occupied Palestinian territory, Lebanon and Syria continues to pose serious risks to humanitarian personnel, volunteers, facilities, assets and operational continuity. In Gaza, despite periods of reduced hostilities following the October 2025 ceasefire, continued violence, movement restrictions, explosive ordnance contamination and incidents affecting humanitarian and medical personnel continue to threaten PRCS staff and volunteers and disrupt access to affected communities. In the West Bank, military operations, settler violence, arrests, movement restrictions and interference with emergency medical services continue to generate significant safety and access risks. In Lebanon, the renewed escalation of hostilities in March 2026, followed by continued airstrikes and localised insecurity despite the April 2026 ceasefire, has increased risks to personnel, facilities and field movements, particularly in southern Lebanon, the Bekaa Valley and other affected areas. In Syria, political and security conditions remain fluid, with localised hostilities, targeted violence, explosive ordnance, criminality and foreign military activity posing continued risks to staff, volunteers and humanitarian operations. Jordan and Egypt remain comparatively stable but continue to face potential spillover risks, including airspace and border disruptions, heightened public tensions and sudden changes in the regional security environment. Regional airspace closures, temporary suspension of commercial flights, and sudden border or transit disruptions may also affect the deployment of personnel, movement of humanitarian cargo and continuity of regional coordination. Prolonged exposure to high-risk operating conditions also increases the likelihood of fatigue, psychosocial distress and burnout among frontline personnel.

The ***IFRC and National Societies*** continue to review contingency plans, strengthen security monitoring, maintain staff movement and communication protocols, provide safety briefings and protective equipment, and coordinate closely with Movement partners and relevant authorities.

Protection-related risks: Ongoing violence, repeated displacement, access restrictions and the deterioration of essential services across Gaza, the West Bank, Lebanon and Syria continue to expose affected populations to significant protection risks. Women, children, older persons, persons with disabilities, injured people, female-headed households and people separated from their families are particularly vulnerable to violence, exploitation, abuse, discrimination and exclusion from assistance. Key concerns include family separation, gender-based violence, child protection risks, trafficking and exploitation, psychological distress, loss or absence of civil documentation, and barriers to accessing healthcare, shelter, information and humanitarian services. In Gaza and the West Bank, repeated displacement, movement restrictions and insecurity further limit access to safe services and protection referral pathways. In Lebanon and Syria, insecurity, damaged infrastructure and limited services may result in prolonged or secondary displacement and create risks associated with premature or unsafe returns. In Jordan and Egypt, medical evacuees, accompanying family members and other displaced people may face prolonged separation, uncertain legal or residency arrangements, financial hardship and limited access to specialized protection and case-management services. Restrictions on humanitarian access, damage to infrastructure and limited availability of specialised service providers may reduce access to protection case management, legal assistance, rehabilitation services, mental health and psychosocial support, and other essential referral pathways for people with specific protection needs.

The ***IFRC and National Societies*** continue to mainstream Protection, Gender and Inclusion across all interventions and strengthen safe referrals, inclusive targeting, accessible information, family-link services and confidential community feedback and complaints mechanisms.

Population movement risks: Population movements across the region remain fluid, large-scale and difficult to predict. In Gaza, repeated displacement continues to affect most of the population, with many families living in overcrowded or makeshift shelters and facing limited access to basic services, livelihood opportunities and safe areas. In the West Bank, military operations, settler violence, demolitions and movement restrictions continue to drive localized displacement and increase the risk of further forced movement. In Lebanon, the renewed escalation of hostilities in March 2026 triggered large-scale displacement, while ongoing insecurity, damaged housing and disrupted services continue to delay safe and sustainable returns in affected areas. In Syria, the political transition and regional developments have contributed to increased refugee and internally displaced person returns, including arrivals from Lebanon; however, localised insecurity, limited services, housing shortages, economic hardship and explosive ordnance continue to create risks of secondary displacement and renewed cross-border movement. In Jordan and Egypt, population movements remain closely linked to medical evacuations, family reunification and other humanitarian pathways from Gaza, while prolonged stays and uncertain return arrangements place additional pressure on accommodation, healthcare, protection and case-management services. Further deterioration of the regional security environment could trigger additional cross-border population movements, requiring rapid adaptation of humanitarian assistance and contingency planning by National Societies.

The ***IFRC and National Societies*** continue to monitor sudden changes in border access, security conditions or regional hostilities that could trigger further displacement and require rapid adaptation of humanitarian assistance and preparedness measures.

Logistics and warehousing risks: The ongoing escalation in the Middle East continues to present significant logistics, warehousing, and supply chain risks across the region. Since the closure of access routes into Gaza in March 2025, humanitarian supplies have accumulated in Jordan and Egypt, leading to increased warehousing and inventory holding costs, greater storage capacity requirements, and heightened risks of stock deterioration, damage, and expiry. Restricted access and distribution bottlenecks have further disrupted supply chain flows, limiting the timely delivery of critical assistance. In Lebanon, operational continuity has been affected by procurement delays and challenges associated with the ERP rollout, reducing supply chain visibility and impacting the efficiency of procurement and inventory management processes. In Syria, liquidity constraints and a low burn rate of available funds continue to hinder procurement planning, supplier engagement, and programme implementation. In Jordan, persistent ERP functionality and information management challenges are affecting data accuracy, inventory tracking, and operational decision-making, while in Egypt, limited human resource capacity and gaps in reporting compliance are constraining supply chain oversight and operational efficiency. Collectively, these factors increase operational costs, reduce supply chain responsiveness, and heighten the risk of disruptions to humanitarian programme delivery across the region. Changes in customs procedures, import approvals, border operating arrangements and regional transport routes may result in additional delays and increased transportation costs, affecting the timely delivery of humanitarian assistance.

The ***IFRC and National Societies*** continue to coordinate closely on supply chain challenges. Thanks to those coordination efforts IFRC is able to deliver lifesaving humanitarian goods from Jordan and Egypt to Gaza. At the same time delays and blockages remain due to lack of import approvals.

Financial and funding risks: Significant funding gaps remain a major risk to the continuity, scale and quality of the regional response. With only 23 per cent of the revised Emergency Appeal funding requirements covered, available resources remain insufficient to meet evolving humanitarian needs and sustain preparedness through the extended operational timeframe. Donor fatigue, competing global emergencies, reductions in humanitarian financing and restrictive earmarking may limit the operation's ability to redirect resources as needs and access conditions change. Inflation, currency depreciation, liquidity and banking constraints, sanctions-related due diligence requirements, and rising procurement, transport, warehousing and insurance costs may further reduce the purchasing power and timely availability of funds. In addition, delayed transfers, procurement processes and administrative approvals may affect programme delivery. Continued underfunding may result in the prioritisation, reduction or suspension of planned activities and may also weaken essential enabling functions, including staffing, monitoring, safeguarding, accountability, logistics and operational preparedness. Continued funding shortfalls may limit the operation's ability to respond to emerging needs, scale up life-saving interventions, sustain preparedness and contingency measures, maintain critical operational capacities, and support recovery activities as the humanitarian situation evolves.

The ***IFRC and National Societies*** continue to engage donors and partners, monitor funding gaps, expenditure and cash-flow forecasts, and prioritise critical life-saving and preparedness activities. They also advocate for flexible funding, adjust budgets and implementation plans as the context evolves, and escalate liquidity, banking, procurement and compliance bottlenecks to facilitate their timely resolution.

Fraud and corruption risks: The scale, complexity and geographic spread of the operation, combined with emergency procurement, large-volume relief movements, remote management, liquidity constraints and limited access for monitoring, increase exposure to fraud and corruption. Potential risks include manipulation of beneficiary or distribution records, diversion or theft of relief items, unauthorised stock movements, conflicts of interest, collusive procurement, overpricing, falsified invoices or supporting documentation, duplicated or irregular payments, and misconduct by suppliers, contractors or other third parties. Restricted access and reduced opportunities for physical verification may further weaken oversight and delay the detection of irregularities.

The ***IFRC and National Societies***, in line with the IFRC Fraud and Corruption Prevention and Control Policy, continue to apply and strengthen segregation of duties, procurement and vendor due diligence, authorisation and payment controls, stock reconciliations, documentation checks, staff awareness, confidential reporting channels and risk-based monitoring. The effectiveness of these controls requires regular review and adaptation as access conditions, staffing levels, operational modalities and emergency procedures evolve.

Public health and continuity-of-services risks: Damage to health and WASH infrastructure, shortages of medicines, medical supplies, fuel and equipment, overcrowded displacement settings, water scarcity, inadequate sanitation and accumulated waste continue to increase the risk of communicable disease outbreaks and deterioration in chronic, maternal, neonatal and emergency health conditions. These risks are particularly acute in Gaza and Syria and affect displaced populations and overstretched host communities in Lebanon, Jordan and Egypt. Interruptions to ambulance services, hospitals, primary healthcare facilities, blood services, disease surveillance, medical evacuation pathways and referral systems may delay or prevent access to life-saving care and result in avoidable morbidity and mortality. Disruptions to cold-chain systems, vaccination activities and the supply of essential medicines may further increase public health risks. Prolonged exposure to conflict, displacement and uncertainty continues to increase mental health and psychosocial needs among affected populations, volunteers, and frontline responders. In addition, interruption of rehabilitation services for conflict-related injuries may result in longer-term health impacts among affected populations.

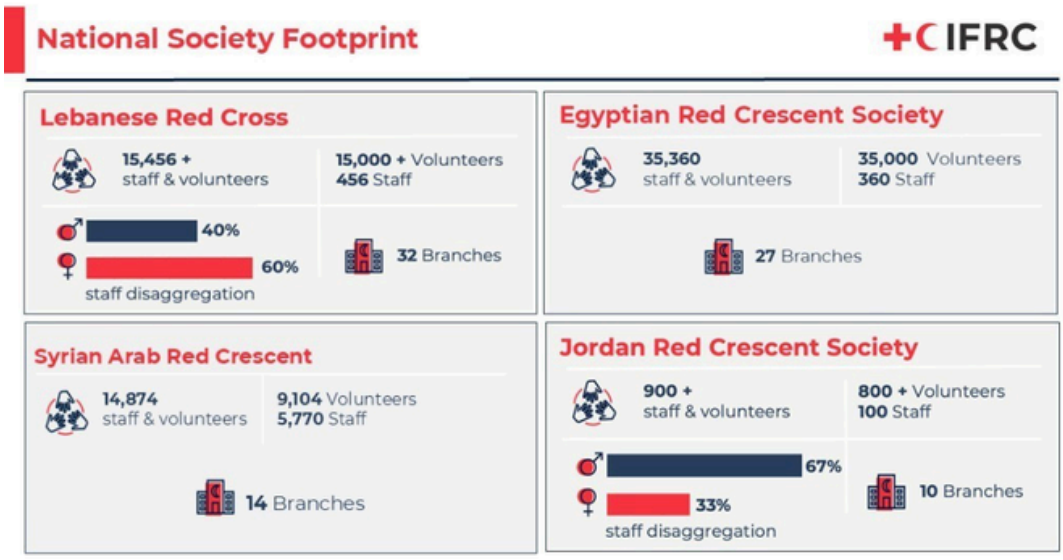
The ***IFRC and National Societies*** continue to strengthen continuity planning, pre-position critical health and WASH supplies, support disease surveillance and infection prevention, maintain referral and medical evacuation arrangements, and reinforce National Society emergency health capacities.

Reputational, misinformation and data-protection risks: The highly politicised and sensitive operating environment increases the risk that misinformation, disinformation, harmful narratives, politicisation of humanitarian assistance or perceptions of partiality may undermine community trust, humanitarian acceptance and access, while increasing threats to staff and volunteers. Allegations concerning aid diversion, beneficiary selection, operational delays, personnel conduct or misuse of the Red Cross and Red Crescent emblems may also affect the credibility of National Societies, the IFRC and the wider Movement. Inconsistent public communication, inaccurate reporting or delays in responding to emerging narratives may further increase reputational exposure. The collection and sharing of sensitive beneficiary, patient, medical evacuation and protection data also create risks of unauthorised access, disclosure, misuse or harm to affected individuals. In addition, the rapid dissemination of misinformation through social media and digital platforms may amplify inaccurate narratives and increase reputational risks for humanitarian actors.

The ***IFRC and National Societies*** continue to strengthen coordinated and evidence-based communication, community engagement and feedback mechanisms, monitoring of the information environment, informed consent, secure data management, access controls and timely escalation of reputational or data-protection incidents.

SUMMARY OF THE RESPONSE

With support from the IFRC, the National Societies of Lebanon, Syria, Egypt, and Jordan have been at the forefront of the humanitarian response to the ongoing Middle East crisis. In each country, context-specific strategies have been rolled out to meet the diverse and evolving needs of displaced individuals, host communities, and other vulnerable groups impacted by the conflict. Efforts have centred on delivering life-saving aid, enhancing logistics capacities, and bolstering preparedness for potential escalations. The following is an overview of the response efforts undertaken by each National Society to date.



LEBANON

Since the escalation of hostilities in the occupied Palestinian territories (oPt) in October 2023, the Lebanese Red Cross (LRC) has played a central role in responding to the spillover effects along Lebanon's southern border. LRC has assisted conflict-affected communities, displaced people, and host families, including Lebanese, Syrian, and Palestinian populations. In parallel, it has strengthened preparedness through armed conflict awareness sessions, evacuation drills, and contingency planning with local stakeholders. Its Disaster Risk Reduction (DRR) activities included establishing and training 21 Community Emergency Response Teams (CERTs) in high-risk areas, in first aid, firefighting, search and rescue, and crisis management.

As the country's primary provider of pre-hospital emergency care, LRC has remained at the forefront of the response. Its interventions include ambulance and blood transfusion services, primary healthcare, psychosocial support (PSS), and the distribution of essential relief items. In response to growing needs, LRC scaled up its operations, pre-positioned relief supplies and coordinated with the relevant authorities to support the uninterrupted delivery of assistance to conflict-affected communities, displaced people and host communities across the country.

In the wake of the escalation of hostilities in mid-September 2024, LRC swiftly mobilised its emergency services to address urgent humanitarian needs and provide targeted pre-hospital care in the areas most affected by the conflict. Between October 2023 and November 2024, LRC conducted 3,125 ambulance missions, transporting 1,178 injured individuals and 448 deceased individuals.

Following the renewed escalations on 2 March 2026, LRC deployed 126 ambulances and 378 emergency medical services (EMS) volunteers. As of May 2026, they had responded to 7,565 conflict-related emergency missions and assisted more than 39,450 patients, including 1,041 conflict-related missions while EMS stations across the country remained fully operational.

LRC 's response also included extensive primary healthcare services. Between October 2023 and June 2025, Medico Social Services (MSS) teams conducted 223,652 medical consultations and distributed 348,040 medicines. During the March 2026 escalations, LRC health centres and mobile medical units continued to deliver essential services to displaced and conflict- affected communities. Since the escalation began more than 88,588 people have received health services through 30 health centres. Additionally, Blood Transfusion Services (BTS) maintained an uninterrupted supply to hospitals, distributing blood units for both conflict-related and routine medical needs while collecting additional donations to meet increased demand.

Concurrently, LRC's Disaster Management Sector (DMS) has continued to provide essential relief items, including food parcels, hygiene kits, mattresses, blankets, drinking water, and ready-to-eat meals, to affected communities. Importantly, since the March 2026 escalation, the DMS has also led the management of the collective shelter at Camille Chamoun Sports City Stadium in Beirut, a critical site currently hosting around 400 households (1,559 individuals). In coordination with the Ministry of Social Affairs (MoSA), DMS volunteers provided residents with daily assistance and essential services to residents, while supporting relief efforts in other temporary shelters.

LRC has played a key role in strengthening coordination at national and local levels, working closely with government institutions, ministries, and municipalities. Coordination mechanisms were established to streamline aid distribution and response activities. In collaboration with the Ministry of Education, assessments were conducted to identify schools suitable for use as collective shelters. Emergency Operations Rooms were activated in several districts to manage response activities and monitor population displacement. LRC also work in close collaboration with the Ministry of Public Health (MoPH), MoSA, Disaster Risk Management (DRM) Unit, Lebanese Armed Forces (LAF), and Internal Security Forces (ISF). It leads or participates in coordination forums involving national and international actors, including OCHA and UNHCR, to ensure a harmonised and effective response.

Complementing LRC's efforts, the Palestine Red Crescent Society – Lebanon Branch (PRCS-L) expanded its healthcare and social support for Palestinian refugees, particularly those living in refugee camps. PRCS-L continued to provide essential services, including free medical care and psychosocial support, to the most vulnerable communities affected by the conflict.

It is important to note that following the launch of the Lebanon Complex Emergency Appeal (MDRLB017), most emergency response activities have been implemented and reported under that appeal. Consequently, subsequent support provided through the Middle East Crisis appeal focused primarily on strengthening preparedness, operational continuity, and institutional capacity. This included emergency preparedness support to emergency preparedness through response planning trainings, live simulations, and preparedness exercises aimed at enhancing coordination and response readiness. Two Toyota Fortuner vehicles were also procured to strengthen operational mobility and response capacities. Additional support was provided for the maintenance of the LRC fleet, the renovation of three LRC branches, and the continued operation of the LRC Hotline Services Centre (1760). Furthermore, the appeal contributed to sustaining the operational capacity of PRCS-L through the coverage of staff salaries for April 2026.

SYRIA

Since the beginning of the crisis, the Syrian Arab Red Crescent (SARC), supported by the IFRC, has strengthened its preparedness for potential population movements from Lebanon into Syria. Measures included maintaining Disaster Management and Emergency Medical Services (EMS) vehicles, procuring protective emblems for SARC buildings and assets, ensuring fuel availability, and servicing fire extinguishers.

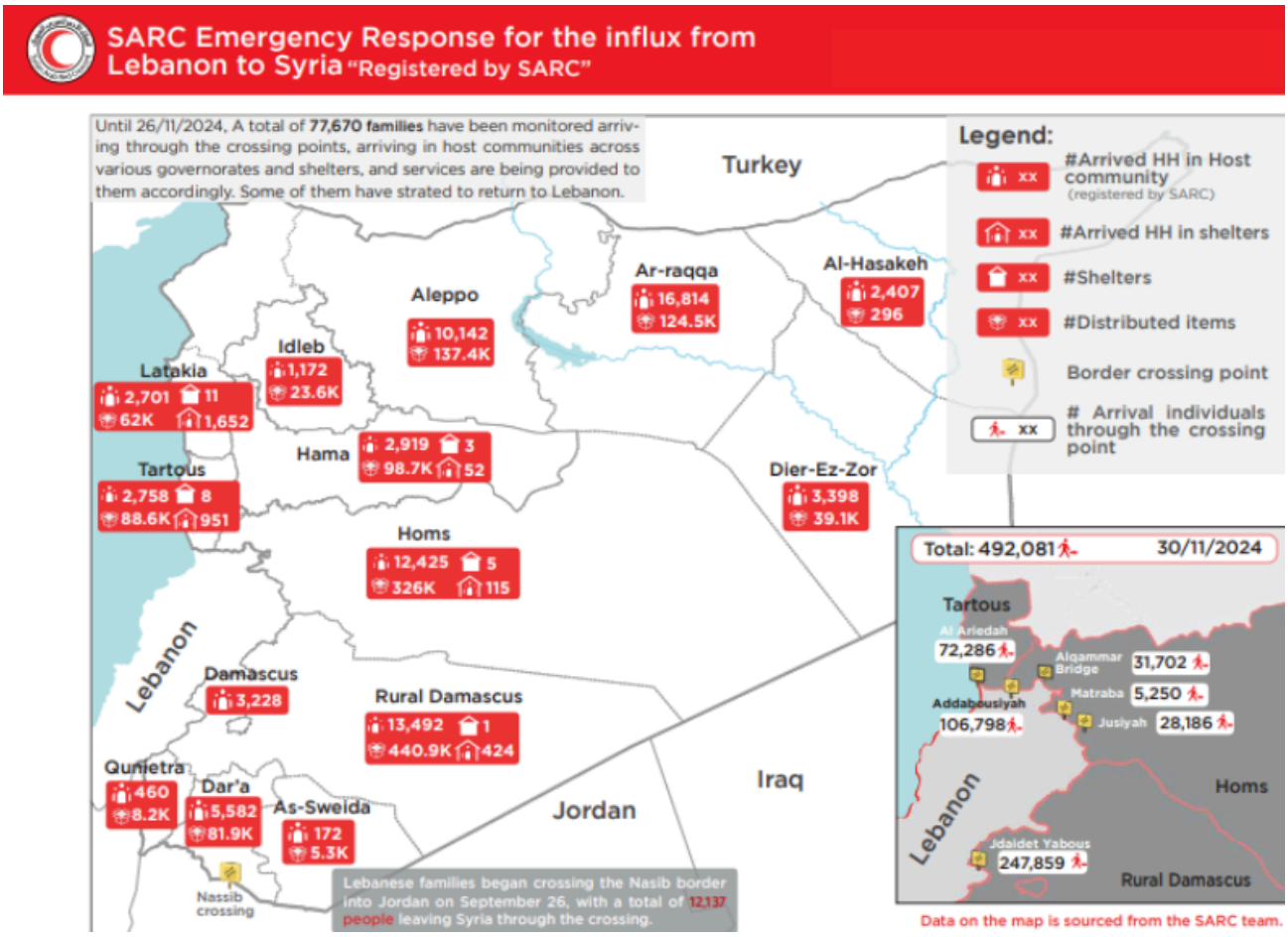
At the outset of the response, SARC also pre-positioned essential relief supplies, including hygiene parcels, mattresses and water. Warehouses were prepared to store non-food items (NFIs), while temporary shelter areas were established to assist people arriving through border crossings.

The escalation of violence in Lebanon from September 2024 intensified regional instability and triggered internal displacement and cross-border movements involving both Syrian and Lebanese nationals. These movements placed further pressure on Syria's already overstretched humanitarian system, which continued to face severe economic hardship, disrupted public services and the lasting effects of natural disasters.

In response, SARC expanded its emergency services at the Syrian Lebanese border crossings. With support from the IFRC Middle East Complex Crisis Emergency Appeal, SARC rapidly scaled up its operations. Volunteers were mobilised in round-the-clock shifts to provide bread, water, psychosocial support and other immediate assistance. The appeal also supported the distribution of food, hygiene kits, medical consumables, and mattresses.

Beyond immediate relief, SARC provided medical assistance, primary healthcare, psychosocial support and legal aid, and the distribution of relief items. Among registered arrivals, 77 per cent were Syrian nationals, many of whom had chronic health conditions or disabilities, while children under 18 represented 56 per cent of those registered. Initial assessments found that 89 per cent of families required urgent food assistance, 44 per cent needed shelter, 30 per cent required healthcare and 60 per cent needed psychosocial support to address displacement-related distress.

From December 2024, movements through Syria's border crossings, including those with Lebanon, increased sharply following changes in the country's political landscape. The evolving context and increasingly complex movement patterns also made it more difficult to consistently identify and document the reasons for travel between Syria and Lebanon.



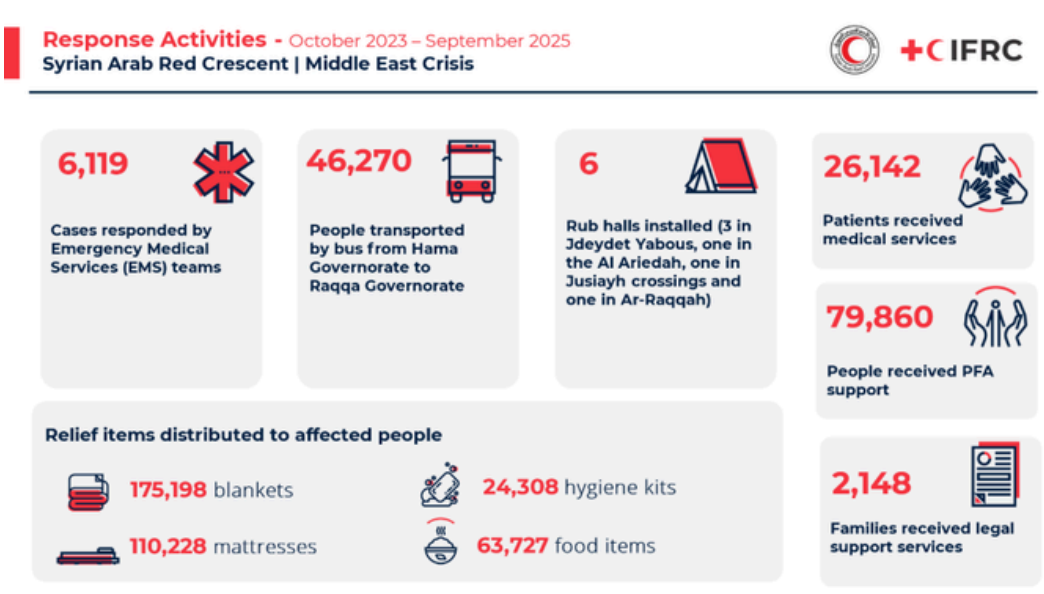
In response to the large-scale movement of people from Lebanon into Syria, SARC maintained a continuous presence at border crossings, registering new arrivals and responding to urgent humanitarian needs. Humanitarian Service Points (HSPs) were activated at key entry points to provide essential services. SARC delivered a broad range of assistance, including emergency medical services, psychological and legal support, protection services, access to water, and relief items tailored to identified needs and available resources. As women and children accounted for most arrivals, trained volunteers prioritised assistance to people with heightened vulnerabilities, including pregnant women, older people and persons with disabilities.

SARC's Disaster Management team mobilised 700 volunteers working around the clock, supported by 100 Emergency Medical Services (EMS) vehicles and mobile health units. The teams responded to 6,119 cases, providing on-site treatment to 4,282 individuals and referring 1,837 to medical facilities. SARC also facilitated the transportation of more than 46,270 individuals from border areas to their destinations across the country. In parallel, SARC also equipped shelters in Homs, Rural Damascus, and Hama while distributing food items and other essential supplies like blankets, sleeping mats, jerry cans, solar lamps, water bottles, diaper bags, and hygiene kits.

Psychosocial support and psychological first aid services were provided to 79,860 people, with particular attention given to child protection and family reunification. The Community Engagement and Accountability's (CEA) teams maintained feedback mechanisms and ensured that data were disaggregated by sex, age, and disability (SADD) enabling assistance to be better prioritised according to vulnerability. In addition, 26,142 people received medical services through mobile health units (MHUs), while mobile medical teams assisted a further 11,651 people.

Despite more than a decade of protracted crisis, SARC remains steadfast in its commitment to delivering life-saving assistance to vulnerable populations. Its teams operate under extremely challenging conditions, responding to urgent needs amid the compounded impacts of conflict, economic instability, and climate-related shocks. The ongoing response demonstrates the resilience and dedication of SARC's staff and volunteers in navigating and managing an increasingly complex humanitarian landscape.

Since November 2024, following the change in government in Syria, the operational context became more complex, particularly in distinguishing population movements related to the crisis in Lebanon from those associated with Syria's political transition. To reflect this evolving context, the IFRC launched the Syria Complex Emergency Appeal (MDRSY014) and revised reporting arrangements clearly separate preparedness and response activities. Under this approach, the Middle East Complex Crisis (MEC) Appeal continues to support preparedness measures, while response activities implemented within Syria are reported under the Syria Complex Situation EA. This delineation clarifies the objectives and scope of each operation, reduces the risk of duplication and strengthens the coherence of humanitarian programming across the two appeals.



EGYPT

The Egyptian Red Crescent Society (ERCS), mandated by the Egyptian government, has been at the forefront of managing aid logistics into Gaza while addressing the needs of displaced individuals and evacuees within Egypt. ERCS's pivotal role derives from its auxiliary status to the Egyptian government and its unique access to operate within the Sinai Peninsula's security zone.

In coordination with the Palestine Red Crescent Society (PRCS), UN agencies and other humanitarian partners, ERCS has overseen international and domestic aid deliveries from Egypt to Gaza, managing aid supported by 61 countries and 52 organisations. Its role has included receiving and storing supplies at logistics hubs in Al-Arish, Ismailia, and Cairo, as well as managing complex screening procedures at border crossings such as Rafah and Karem Abu Salem and Kerem Shalom. ERCS has also supported the evacuation of dual nationals and foreign citizens, medical evacuees and their accompanying family members.

These operations have faced significant challenges, particularly restrictions on items permitted to enter Gaza and frequently changing or unpredictable shipment requirements. Despite these constraints, ERCS has continued to facilitate the delivery of humanitarian assistance on behalf of UN agencies and International Non-Governmental Organisations (INGOs) through the Karem Abu Salem/Kerem Shalom crossing.

Aid flows increased significantly during the temporary ceasefire between 17 January and 1 March 2025. During this period, ERCS dispatched an average of 80 trucks per day carrying assistance for PRCS, with up to 200 trucks dispatched on peak days. These shipments were in addition to deliveries facilitated for other humanitarian actors. During the ceasefire alone, ERCS managed approximately 9,500 truckloads of assistance, including more than 2,000 for PRCS, alongside deliveries for UN agencies and INGOs.

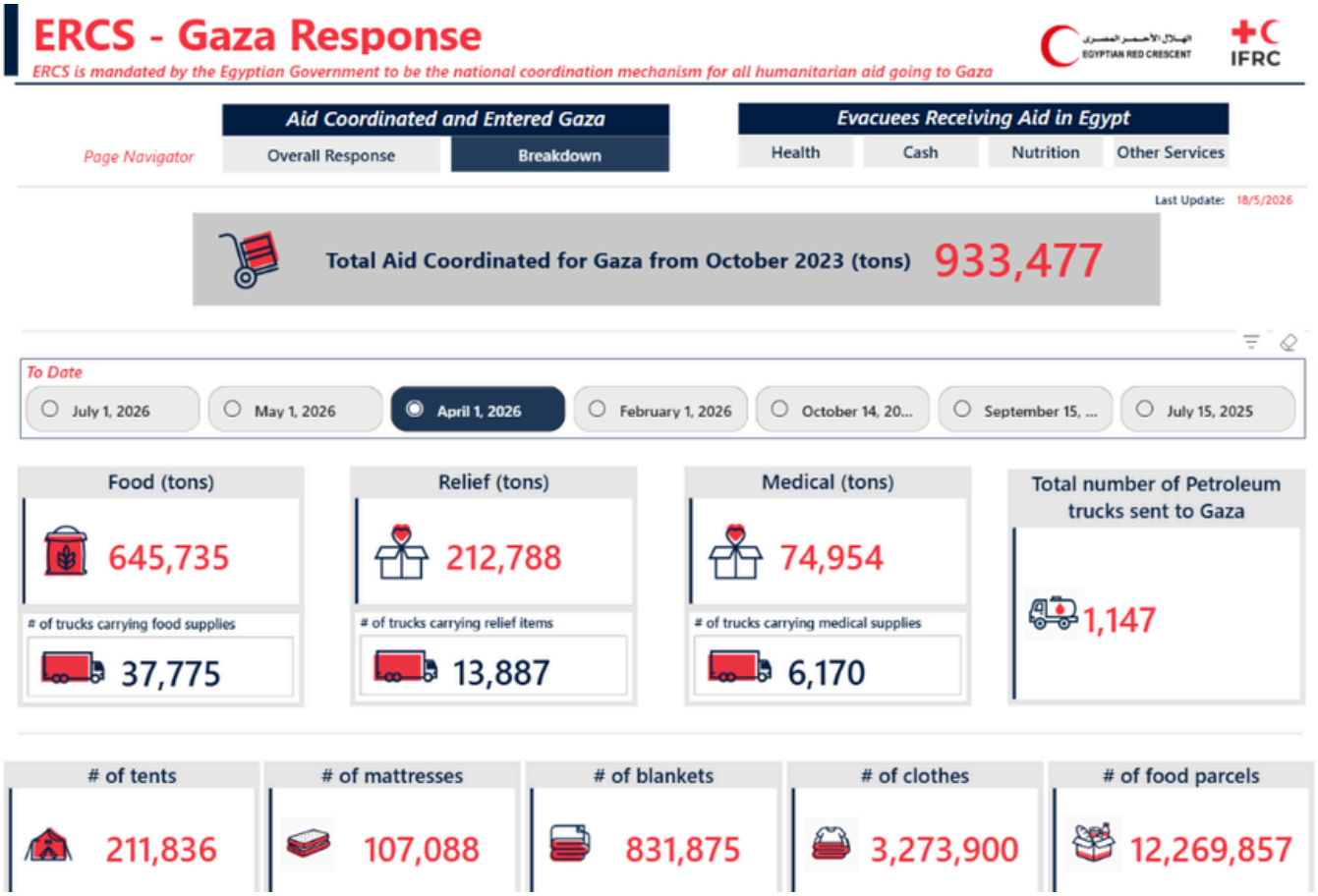
Between 27 July 2025 and 30 April 2026, ERCS arranged the movement of more than 30,000 trucks carrying over 500,000 tonnes of humanitarian aid. Since the beginning of the crisis in 2023, ERCS has managed the delivery of a total of 933,477 tonnes of humanitarian aid, equivalent to 58,979 truckloads, in addition to approximately 45,737 tonnes of fuel. The humanitarian aid included 645,735 tonnes of food, 212,788 tonnes of relief items, and 74,954 tonnes of medical supplies.

In parallel, ERCS has supported Palestinian medical evacuees and accompanying family members arriving in Egypt since the beginning of the crisis. Following the reopening of the Rafah crossing for limited movements at the end of February 2026, ERCS resumed these services to support new arrivals. While the Egyptian Ministry of Health is responsible for their medical treatment, ERCS has provided essential complementary services, including basic healthcare, mental health and psychosocial support (MHPSS), food, water, multipurpose cash assistance and relief items.

These services are being delivered at Humanitarian Service Points (HSPs) near the Rafah border crossing and at accommodation centres hosting evacuees, with particular attention given to pregnant women, children, and individuals with chronic illnesses. From the beginning of the operation until the end of the ceasefire in March 2025, ERCS facilitated the transportation of 7,277 medical evacuees and 15,752 accompanying family members to receive medical treatment.

The Rafah crossing reopened for limited movement of people at the end of February 2026. Between its reopening and April 2026, 401 medical evacuees and 690 accompanying family members crossed from Gaza into Egypt. This reportedly brought the cumulative totals since the beginning of the crisis in 2023 to 7,678 medical evacuees and 16,442 accompanying family members.

ERCS also supported the evacuation of 107,087 dual nationals and foreign citizens transiting through Egypt. Since the end of February 2026, it has also supported the voluntary return of 1,945 individuals to Gaza, in close coordination with the relevant authorities and humanitarian partners. ERCS provided logistical support and assistance throughout the process. This intervention reflects its continued role in facilitating cross-border humanitarian movements, adapting to the evolving needs of affected people, and maintaining support across both evacuation and return pathways.



Source: Microsoft Power BI

To sustain and scale up its response, ERCS has significantly expanded its logistics and supply chain capacity. This has included upgrading its logistics hubs and warehouses in key locations such as Al-Arish, Ismailia, and Cairo. New infrastructure, including Mobile Storage Units (MSUs) and bonded warehouses, was established to accommodate growing stockpiles and reduce reliance on trucks for storage, thereby lowering detention costs and addressing backlog issues.

ERCS expanded its bonded warehousing capacity by establishing a second bonded warehouse covering 50,000 sqm, where 35 mobile storage units (MSUs) were installed. It also constructed a permanent 7,000 sqm steel-framed warehouse, bringing the total bonded storage space in Al-Arish to 57,000 square meters. The bonded status granted by the Egyptian government, allows international humanitarian assistance to be offloaded and stored without incurring customs fees, thereby significantly reducing demurrage and detention costs, and streamlining aid delivery operations.

ERCS now operates 13 warehouses, which are currently well-stocked and remain ready to dispatch aid as soon as their entry is authorised by the Israeli authorities. However, continued restrictions on the aid entering Gaza remain a major challenge. Stored items require regular inspection to ensure that they remain fit for use. This is an intensive and costly process requiring coordination among customs authorities, donors, and inspection teams.

During the reporting period, a logistics surge mission provided technical support to strengthen ERCS's warehousing and supply chain capacity. Building on previous work, the mission supported the assessment and restructuring of key warehouse facilities in Zeinhome, Ismailia, 10th of Ramadan, and Al Arish. This included designing a 10,000 m^2 strategic warehouse and conducting preliminary planning for a 90,000 m^2 regional logistics hub.

The mission developed technical layouts, warehouse action plans, maintenance policies, safety protocols and operational guidance for cold chain management and warehouse operations. Capacity-strengthening activities also included technical presentations on humanitarian warehousing standards and ongoing operational coordination with ERCS counterparts. The mission contributed to measurable improvements in warehouse performance, including better use of available space, improved accessibility, more efficient layouts, and strengthened facility integrity. The improvements enhanced ERCS's preparedness and logistics capacity for humanitarian response.

JORDAN

Since the escalation of hostilities in the occupied Palestinian territory (oPt), the Jordan National Red Crescent Society (JNRCS) has assumed an expanded role in the regional response of the International Red Cross and Red Crescent Movement, with an increased strategic focus on humanitarian logistics, medical evacuation support, cross-border operations, and humanitarian diplomacy.

In coordination with IFRC, JNRCS has served as the Movement's main logistics hub in Jordan, managing customs clearance, warehousing, repackaging, and dispatch of aid to PRCS. The Madaba logistics hub was significantly scaled up following the closure of the Rafah crossing on 7 May 2024, as the Jordan Corridor became a critical alternative for delivering assistance. Since then, JNRCS has coordinated more than 797 metric tonnes of humanitarian assistance, including 419.94 tonnes delivered directly to Gaza and 240.83 tonnes procured locally in Jordan. Supplies have been transported through King Hussein Bridge and Karam Abu Salem, helping to maintain support to vulnerable communities despite significant access restrictions.

JNRCS has also facilitated aid deliveries to Syria in coordination with the Syrian Arab Red Crescent (SARC), the IFRC, and the Jordanian authorities, reinforcing its role in regional solidarity and cross-border humanitarian response.

The JNRCS hospital in Amman provides comprehensive, multidisciplinary medical and humanitarian care for medical evacuees from Gaza, in coordination with national and international partners. Services include urgent and specialised clinical treatment, surgical interventions, intensive care, and post-operative rehabilitation for complex cases that cannot be treated in Gaza. In addition to medical care, essential medicines, and diagnostic services, while accompanying family members are provided with accommodation, food assistance, psychosocial support, and basic humanitarian services to ensure dignity and stability throughout the treatment period. The hospital also facilitates referrals when needed, contributing to the broader humanitarian medical evacuation pathway supported by the Jordanian Medical Corridor initiative.

Another cornerstone of JNRCS's response has been its comprehensive support the in transit medical and humanitarian evacuees from Gaza. As Jordan became a key transit and care point, JNRCS provided multi-sectoral assistance, including protection, safe and dignified transportation, temporary accommodation, access to quality medical care, psychosocial support, clothes vouchers and any essential needs while they are in Jordan. These services were provided in coordination with national authorities, sister National Societies, UN agencies, INGOs, Embassies, and diplomatic missions.

Services were delivered with a strong protection focus, particularly for women, children, older persons, and people with disabilities, to ensure safety, dignity, and continuity of care from the border crossing to the destination. Risk mitigation strategies were embedded at every step throughout the process, including initial coordination, border-crossing arrangements, medical stabilisation, safe transit, and follow-up at the destination.
Notably, JNRCS introduced medical escort services for critically ill evacuees transferred from Jordan to third countries. One particularly complex case involved 15 hours of continuous care during international airport transits and 16 hours of in-flight medical support, demonstrating the National Society's capacity to undertake complex humanitarian missions. Coordination with sister National Societies in destination countries helped ensure safe reception, immediate assistance, and family reunification where possible.

JNRCS further strengthened its humanitarian diplomacy role by leveraging its auxiliary mandate to the Jordanian Government to facilitate humanitarian access, support regional coordination, and advocate for the protection of civilians and adherence to International Humanitarian Law. In this context, the National Society engaged in high-level coordination with national and international stakeholders. A joint Movement Diplomacy briefing note was also developed and adopted to harmonise messaging on key humanitarian priorities and reinforce collective humanitarian diplomacy efforts. As regional tensions expanded beyond Gaza, including heightened instability linked to the escalation between Israel and Iran, JNRCS maintained a high level of operational readiness and coordination to anticipate and respond to potential humanitarian impacts within Jordan and the wider region.



RESPONSE

LOGISTICS

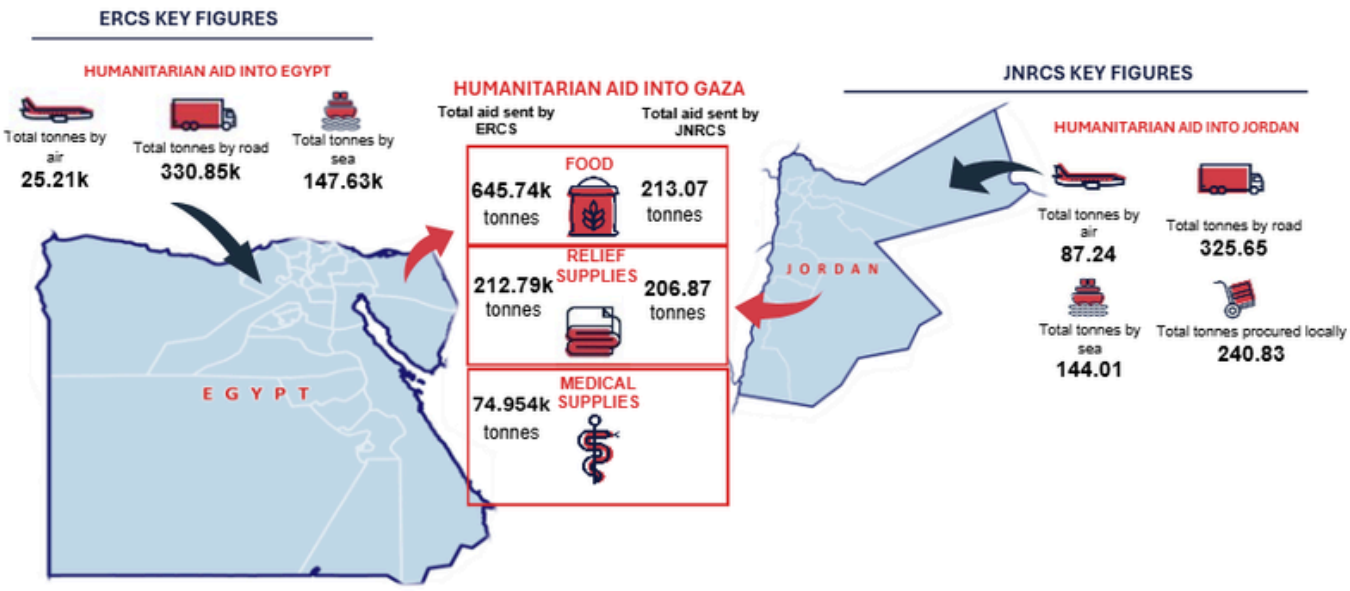
Logistics operations continued to underpin the regional humanitarian response, despite persistent restrictions on access to Gaza and increasingly complex supply-chain requirements. Egypt and Jordan remained the principal staging points for humanitarian assistance, with the Egyptian Red Crescent Society (ERCS) and the Jordan National Red Crescent Society (JNRCS) managing the reception, customs clearance, storage, repackaging and onward movement of supplies on behalf of Movement partners and other humanitarian actors.

During the reporting period, changes in border arrangements and inspection procedures required logistics teams to continually adjust transport routes and delivery plans. The limited capacity of crossings, lengthy approval processes, restrictions on items classified as dual-use, and changing documentation and packaging requirements contributed to delays and the accumulation of humanitarian stocks in Egypt and Jordan. Congestion was further compounded by uncertainty over shipment schedules and the limited predictability of access into Gaza.

The ceasefire that took effect in October 2025 created opportunities to increase the movement of humanitarian assistance, although access remained constrained and uneven. ERCS continued to coordinate humanitarian flows through Egypt, including the management of large volumes of assistance awaiting clearance and onward dispatch. In Jordan, JNRCS maintained its role as a key Movement logistics hub, facilitating deliveries through the Jordan corridor and adapting consignments to meet inspection and cross-border requirements.

The regional escalation involving Iran, Israel and the United States from March 2026 placed additional pressure on these already complex logistics operations. Temporary airspace closures, disruptions to regional transport routes and heightened border and security measures across the region affected the movement of personnel and humanitarian supplies. In Egypt and Jordan, logistics teams had to adjust shipment schedules, review transport routes and strengthen contingency planning to maintain supply-chain continuity. The escalation contributed to additional delays, higher transportation costs and reduced operational predictability, compounding the access constraints already affecting humanitarian deliveries to Gaza.

IFRC worked closely with ERCS, JNRCS, the Palestine Red Crescent Society (PRCS), ICRC and other Movement partners to strengthen coordination, address operational bottlenecks and improve the visibility and management of humanitarian stocks. These combined efforts helped sustain the flow of food, medical supplies, water and other essential items, although the scale and regularity of deliveries continued to fall short of the immense humanitarian needs in Gaza.



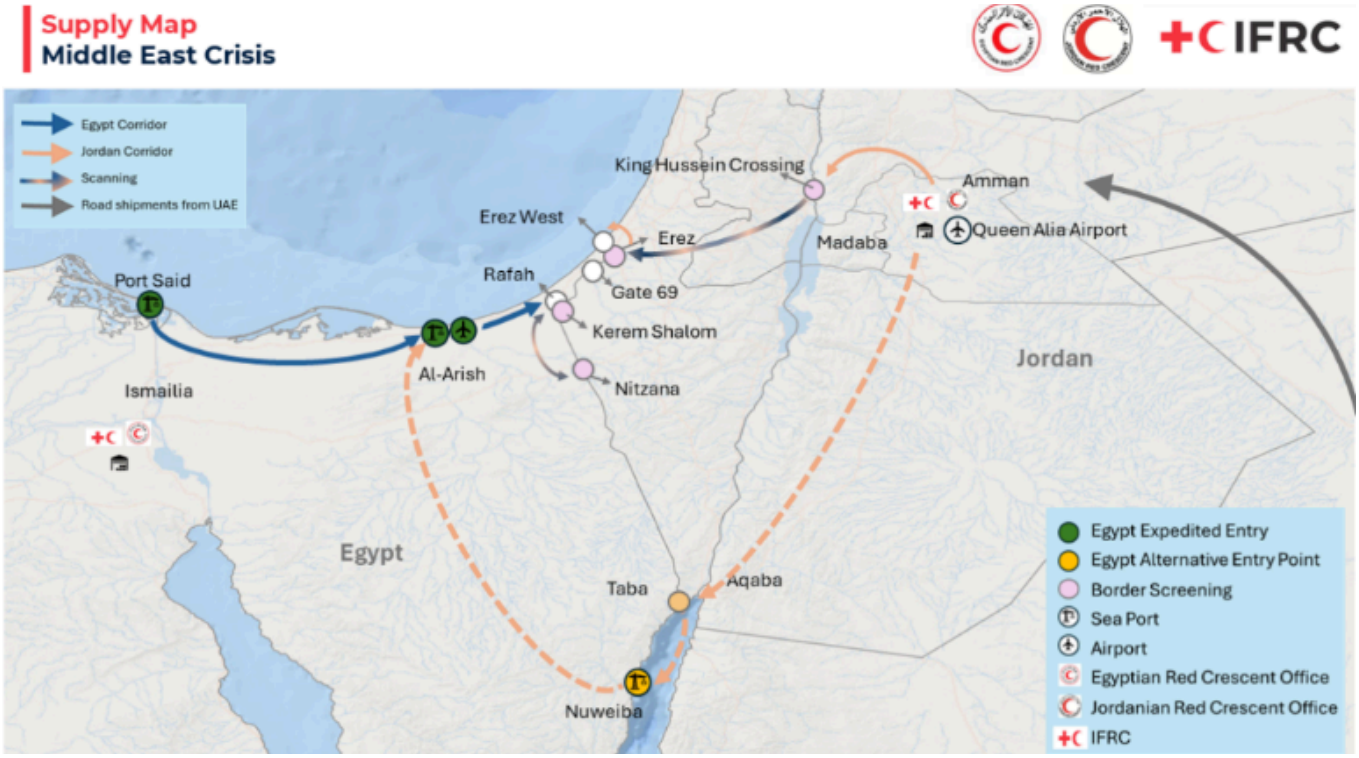


Source: OCHA snapshot, June 2026

EGYPT

The ongoing emergency response to the Gaza conflict in Egypt is strongly focused on logistics and led by the ERCS. Since the onset of the crisis, ERCS has been officially mandated by the Egyptian government to manage and oversee the movement of all humanitarian aid from Egypt to Gaza, regardless of its source, including the Red Cross Red Crescent Movement (RCRC), UN Agencies, governments and public authorities, international or local NGOs, or private donors. This mandate encompasses customs clearance, receipt, screening and storage of shipments, as well as the coordination of aid dispatch from the Egyptian side into Gaza.

In its auxiliary role to the public authorities, ERCS works closely with the Palestine Red Crescent Society (PRCS), the IFRC, the ICRC, Partner National Societies, UN agencies, international and local NGOs, private donors, and relevant public authorities' actors. This coordination facilitates timely updates on priority needs and ensures the streamlined delivery of essential humanitarian aid into Gaza.



To meet growing logistical demands, ERCS has significantly scaled up its warehousing infrastructure and operational capacity. A governmental decree waiving fees on all donations consigned to ERCS has helped streamline operations and reduce the financial burden on humanitarian actors.

In August 2024, the Egyptian authorities authorised ERCS to establish its first bonded warehouse in Al-Arish, a city in the North Sinai Peninsula, approximately 56 km from the Rafah border. The warehouse was established on a plot covering approximately 5,000 square metres. In mid-November 2024, the authorities granted additional approval to convert other ERCS warehouses in Al Arish into temporary bonded facilities, helping to address shipment backlogs and reduce truck detention costs.

A second bonded warehouse has since been established, on a 50,000 square meter site and currently accommodates 35 mobile storage units (MSUs). In addition, a 7,000-square-metre steel-framed structure covered warehouse has been constructed to further strengthen ERCS's logistics capacity. Thus, the total area of bonded warehouses is 57,000 square metres.

Alongside these infrastructure investments, ERCS strengthened its internal capacity by providing supply chain and logistics training to 133 staff members and volunteers, comprising 113 men and 20 women.

In April 2024, a logistics hub was established in Ismailia, providing 2,300 square metres of covered operational space and an additional 10,000 square metres of open land pending reclamation. Once completed, the additional area is expected to accommodate eight MSUs, further expanding ERCS's warehousing capacity.

The closure of the Rafah crossing in May 2024 severely restricted access to Gaza and disrupted aid delivery. ERCS subsequently routed aid through the Karem Abu Salem/Kerem Shalom crossing until its closure at the beginning of March 2025. Operations through this route resumed following its partial reopening on 27 July 2025, although access remained subject to significant restrictions, inspections and delays.

ERCS's longer-term logistics development plan aims to strengthen supply chain management, emergency response readiness, and supply chain resilience. With support from the IFRC, standard operating procedures for shipping and medical logistics have been developed to improve the reception, sorting, processing, and tracking of humanitarian shipments. These measures have reinforced ERCS's capacity to manage the complex and evolving logistical requirements associated with the delivery of humanitarian assistance to Gaza.

JORDAN

Logistics has emerged as a critical pillar of the humanitarian response to the Gaza conflict, with the Jordan National Red Crescent Society (JNRCS) playing a central role in addressing operational challenges. In February 2024, JNRCS began receiving aid shipments, including blankets and Hygiene Kits, with the first shipment provided by the Canadian Red Cross. This marked the first step in exploring the Jordanian route as a complementary to the Egypt corridor. Recognising its potential, other Partner National Societies subsequently began using the Jordan route to deliver assistance to Gaza.

Following the closure of the Rafah border crossing on 7 May 2024, Jordan transitioned into a complementary logistics hub for many Partners National Societies (PNSs). Drawing on its strategic location and strengthened logistics infrastructure, JNRCS significantly scaled up its operations to accommodate growing demand and facilitate the delivery of humanitarian assistance to Gaza.

From late August 2024, further restrictions prevented JNRCS from dispatching assistance to the Palestine Red Crescent Society (PRCS) in Gaza. Consequently, relief supplies accumulated in JNRCS warehouses, resulting in extended storage periods, an urgent need for additional warehouse space, increased financial pressure, and growing concerns over the expiry of critical items, including food, medicines and hygiene kits. In response, JNRCS, together with the IFRC and ICRC, intensified its humanitarian diplomacy efforts to facilitate the resumption of deliveries.

Following the January 2025 ceasefire agreement, JNRCS maintained operational readiness and succeeded in resuming aid deliveries to PRCS. Five humanitarian aid deliveries were successfully received by PRCS in Gaza. Despite the continued restrictions and operational affecting the Jordann corridor, JNRCS was able to transfer essential humanitarian supplies, reaffirming its commitment to supporting the Gaza response and upholding the Movement's humanitarian principles under highly constrained conditions. However, following the end of the ceasefire in March 2025, access conditions deteriorated again, leading to renewed delays, restrictions and uncertainty regarding onward deliveries.

To accommodate the growing volume of Red Cross Red Crescent humanitarian assistance entering Jordan, JNRCS significantly expanded its storage and operational capacity. A new 1,500 m^2 steel-framed warehouse was constructed, while the main warehouse at JNRCS headquarters was upgraded though the installation of a new racking system and the rehabilitation of an additional 500 m^2 of storage space. Additional capacity was secured by renting 2,000 m^2 of warehouse space in Al Qastal, and 500 m^2 through a service provider in Madaba. JNRCS also utilised three rub halls with a combined area totalling approximately 1,000 m^2, as well as three additional 210 m^2 rub halls donated by the Turkish Red Crescent. Collectively, these facilities increased JNRCS's operational storage capacity to approximately 6,130 m^2, significantly strengthening its logistics and surge capacity, and enabling the efficient reception, storage, and dispatch of humanitarian supplies for operations in Jordan and cross-border assistance to Gaza.

Furthermore, the Emergency Operations Centre (EOC) and the Logistics Hub in Madaba were fully rehabilitated and furnished and are now fully operational. These improvements have strengthened the coordination, oversight, and overall management of JNRCS's logistics operations.

Aid Reception, Management and Delivery

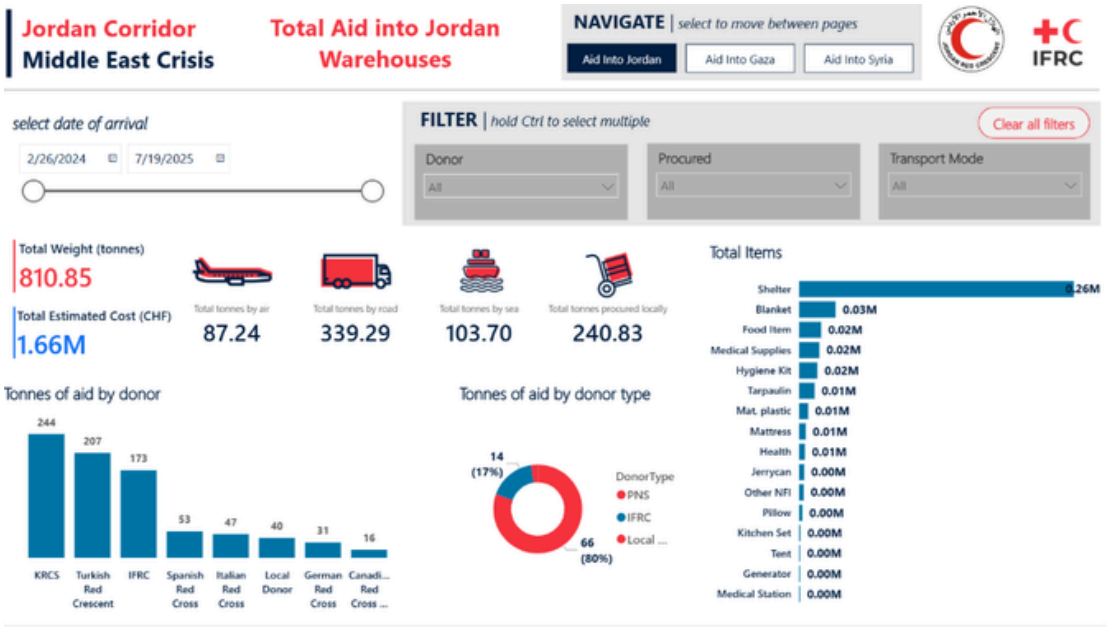
In parallel with expanding its logistics infrastructure, JNRCS prioritised strengthening its internal systems and operational procedures. Efforts focused on updating logistics guidelines, shipping instructions, SOPs, and dashboards to enhance efficiency, traceability, transparency, and accountability throughout the supply chain. This comprehensive approach covers the entire process, from the initial request from partner and approval by PRCS to the final delivery of aid in Gaza. It includes the preparation and verification of documentation, customs clearance, transport coordination, storage, repalletisation, and the facilitation of approvals through the UN2720 Mechanism.

JNRCS maintained close coordination with the Logistics Cluster to streamline and harmonise aid-delivery efforts. It also continuously adapted its procedures to evolving complex delivery requirements to minimise the risk of consignments being rejected or delayed. This multifaceted logistics strategy reflects JNRCS's agility to ensure a consistent and effective flow of humanitarian aid to Gaza.

Following the end of the ceasefire in March 2025, restrictions on the movement of humanitarian from Jordan into Gaza were significantly tightened, and access through the Jordan humanitarian corridor became increasingly limited. Use of the corridor was restricted to a small number of organisations registered and authorised by the Israeli authorities, resulting in substantial operational challenges, delays in aid delivery, and reduced humanitarian access to populations in need. In response, JNRCS has maintained close coordination with the ICRC to explore alternative arrangements for dispatching relief items through available humanitarian routes. In parallel, coordination among JNRCS, IFRC, and the ERCS was strengthened to facilitate the dispatch of humanitarian consignments through Egypt as an additional operational route.

As a result of these parallel but evolving corridors, JNRCS is currently relying primarily on its own storage capacities, with no rented warehouses actively in use at present. Given the ongoing delays in approvals, fluctuating access conditions, and unpredictable onward shipment timelines, significant operational pressure is being placed on JNRCS to sustain warehousing, inventory management, and logistics services across its facilities. These conditions are generating increasing financial and operational strain. Sustained reliance on JNRCS storage and logistics infrastructure is expected to continue beyond 2026, underscoring the need for continued support to maintain operational readiness and the continuity of humanitarian supply-chain services.

To optimise logistical operations, JNRCS collaborated with the IFRC to develop two comprehensive warehouse dashboards. The first tool provides real-time visibility into humanitarian aid received and delivered, bolstering transparency and efficiency in operations.



JNRCS further strengthened its logistics operations by developing a second warehouse dashboard focused on storage utilisation, item categorisation and shipment tracking. The dashboard enables more efficient monitoring of inventory levels, expiry dates, and shipment status, thereby improving warehouse management and improving decision-making. Planned upgrades include advanced filters to identify items approaching expiry and monitor shipment volumes, further strengthening logistics oversight.

JNRCS also uses the dashboard to identify at-risk items, prioritise shipments, and ensure transparency and accountability throughout the supply chain. In parallel, JNRCS also maintains active engagement with donors and partners to promptly address documentation and labelling discrepancies. Ongoing construction of permanent storage facilities reflects JNRCS's commitment to reducing logistical bottlenecks and ensuring the timely delivery of humanitarian aid.

LOGISTICS CHALLENGES

EGYPT

Restricted and unpredictable humanitarian access

The humanitarian operation supporting Gaza has continued to face severe logistical and access constraints despite substantial investments by the Egyptian Red Crescent Society (ERCS) to strengthen its response capacity. Recurrent border closures have disrupted aid movements, resulting in the accumulation of thousands of tonnes of humanitarian supplies, increased storage and transportation costs, and heightened risk of spoilage and expiration. Following the closure of the Rafah crossing on 7 May 2024, more than 2,000 aid trucks were stranded awaiting clearance.

Although the ceasefire that took effect on 19 January 2025 enabled ERCS to resume aid deliveries through the Kerem Shalom crossing on behalf of humanitarian organisations, operations remained constrained by intermittent crossing closures, severe congestion at the Kerem Shalom offloading area, restrictions on truck movements on the Palestinian side, and fluctuating daily truck quotas. Aid deliveries were again suspended between 2 March and 27 July 2025 before resuming under similarly restrictive conditions.

Administrative and clearance barriers

Humanitarian shipments have been subject to multiple layers of inspections and administrative clearance procedures, significantly delaying aid movements. Aid convoys have undergone up to four separate inspection stages, including manual checks, with delays ranging from several hours to several days. Restrictions on the import of items classified as "dual-use," including certain medical supplies and solar-powered equipment, have frequently resulted in delays or rejection, even where prior approvals had been obtained.

Following the closure of Rafah, the Karem Abu Salem/Kerem Shalom (KS) crossing became the sole entry point for humanitarian assistance from Egypt, further increasing congestion and limiting throughput capacity. Operational requirements have also changed repeatedly. The reduction in the permitted pallet height from 170 to 160 centimetres required pre-loaded cargo to be repalletised, creating additional costs and delaying dispatch.

Warehousing, inventory management, and operational readiness

Extended border closures and interruptions to aid deliveries have resulted in the prolonged storage of significant volumes of humanitarian supplies. During the suspension of deliveries between 2 March and 27 July 2025, ERCS managed growing quantities of relief items, resulting in escalating warehousing and inventory management costs. Regular inspections were required to monitor expiration dates and maintain appropriate storage conditions, particularly for food and medical supplies.

To reduce the logistical burden, ERCS secured authorisation from the Egyptian authorities in October 2024 to transfer incoming humanitarian cargo to bonded warehouses, reducing truck waiting costs while maintaining significant warehousing and inventory management requirements. Throughout the operation, ERCS has maintained flexible warehousing and logistics capacity that can be rapidly adjusted as access conditions evolve, ensuring operational readiness to resume large-scale humanitarian assistance whenever access permits. ERCS also continues to engage with Egyptian authorities and humanitarian partners to facilitate the flow of assistance whenever humanitarian access conditions allow.

Barriers to medical evacuations

Access restrictions have also significantly affected medical evacuation operations. Between March 2025 and February 2026, the Rafah crossing remained closed for medical evacuations, preventing many critically ill and injured patients from accessing specialised treatment outside Gaza. Patients evacuated before the closure were also largely unable to return following treatment.

Following the partial reopening of crossing points in February 2026, only approximately 17 per cent of evacuated patients were able to return, leaving many patients and accompanying family members stranded outside Gaza. They have faced prolonged displacement, family separation, emotional distress, and growing financial challenges related to accommodation, daily living expenses, and ongoing healthcare needs. Children, older people, and those with chronic health conditions have been particularly affected. The prolonged disruption of medical evacuation pathways has also placed additional pressure on Gaza's already overwhelmed health system and left thousands without access to essential care.

JORDAN

JNRCS continues to face significant challenges in facilitating aid delivery and medical evacuations in response to the Gaza crisis, operating in a volatile, restrictive, and rapidly evolving environment.

Restricted and unpredictable humanitarian access:
Frequent, often unannounced crossing closures and limits on the number of authorised trucks and convoys have disrupted the delivery of life-saving assistance. As a result, significant quantities of aid remain stranded in Jordan.

Administrative and clearance barriers :
Humanitarian shipments are subject to multiple layers of pre-approval and must align with agreed humanitarian delivery priorities, limiting JNRCS's flexibility in scheduling and routing. Unexplained delays or denials and sudden changes in requirements, including the reclassification of items as "dual use," changes in consignee eligibility, and reduced pallet-height limits, frequently require repalletisation and reprocessing, placing additional pressure on logistics capacity.

Since May 2025, only back-to-back convoys have been permitted, requiring customs inspection and clearance at the border. Requirements such as consigning shipments only to organisations registered in Israel further complicate documentation, coordination, and scheduling.

Warehousing and expiry risks:
Prolonged crossing closures have led to substantial stockpiling in JNRCS warehouses, constraining storage capacity and increasing the risk that medical supplies and perishable items will expire. The management and disposal of expired goods also generate additional costs and operational inefficiencies.

Barriers to medical evacuations:
JNRCS has supported medical evacuations to Jordan and third countries, but operations face frequent cancellations, procedural delays, and limited advance information about patients' conditions. Many cases involve unaccompanied children or patients requiring urgent and specialised care, including cancer and cardiac patients and women in late-stage pregnancy. This requires continuous operational readiness, specialised medical preparation, and strong protection coordination.

The return of patients to Gaza after treatment remains a major challenge, as movements require approval from the Israeli authorities and guarantees of safe and dignified return. In some cases, patients who had received approval and begun the return process were prevented from proceeding and sent back to Jordan. JNRCS must consequently accommodate and support them for extended periods, increasing costs for food, accommodation, and essential items while reducing its capacity to receive new medical evacuees.

INTEGRATED ASSISTANCE

As part of the IFRC's comprehensive response to the Middle East Crisis, Integrated Assistance interventions have been implemented to address critical needs across Shelter, Food Security, Cash Assistance, Health and Care, Water, Sanitation and Hygiene (WASH), Migration, Protection and Prevention, and Community Engagement and Accountability (CEA) sectors. The combined efforts in Egypt, Jordan, Syria, and Lebanon have sought to support displaced populations, host communities, and those most affected by the ongoing humanitarian challenges. Below is a narrative breakdown by country and sector, reflecting progress, constraints, and key achievements.

SHELTER, HOUSING, AND SETTLEMENTS

Shelter remains one of the most immediate needs across the Middle East Crisis response. Displacement, damage to infrastructure, and limited access to shelter materials have exacerbated the vulnerabilities of affected populations. The National Societies, together with IFRC, have implemented targeted interventions to provide safe, dignified, and accessible shelter solutions. Activities include the establishment of temporary shelters, the provision of essential non-food items (NFIs), and the assessment of public infrastructure for collective housing. Despite challenges, significant progress has been made to meet the urgent shelter needs of medical evacuees, host communities, and displaced populations.

EGYPT

The Egyptian Red Crescent Society (ERCS), in support of the Palestinian Red Crescent Society (PRCS), helped the establishment of two camps and a field hospital in Khan Yunis/Gaza, during the early month of the crisis. Located approximately 24 km from the Egyptian border, the camps were designed to accommodate more than 10,000 individuals and were equipped with 24 latrines, four septic tanks, two generators, and eight water tanks with bladders.

Despite ongoing shortages of critical WASH and shelter supplies, ERCS has continued to provide essential items to evacuees in Egypt. Assistance included the distribution of 3,947 blankets, 184 beds, 1,030 pillows and mattresses, 10,501 clothing items, and 15,164 children's kits.

SYRIA

Following the escalation of the regional crisis from October 2023, Syria experienced significant population movements due to the regional crisis and escalating hostilities in Lebanon, as well as due to the political context in Syria. In response, SARC mobilised 700 volunteers and staff, supported by 100 vehicles, and established Humanitarian Service Points (HSPs) at key border crossings to address urgent needs.

To support these efforts, assessments were conducted in 11 shelters across Rural Damascus, Homs, and Tartous. Critical infrastructure enhancements included the installation of six rub halls: three at Jdeydet Yabous, one at the Al Ariedah crossing, one at the Jusiyah crossing, and one in Ar-Raqqa. A covered waiting area was also constructed in Safiyan, Ar-Raqqa, to protect from the sun, while three power generators with floodlights were installed at the Jdeydet Yabous crossing. Additionally, 474 shelter units were rehabilitated and clad in Al Herjalleh shelter in Rural Damascus, and 12 fire extinguishers were installed at the Jdeydet Yabous crossing to enhance safety measures.

SARC prioritised the pre-positioning of relief items to make timely and adequate humanitarian assistance at the time of a crisis of displacement. This means that during the same period, SARC distributed 175,198 blankets, 110,228 mattresses, 103,992 sleeping mats, 32,934 plastic sheets, 32,801 kitchen sets, 34,075 solar lamps, and 26,443 clothing items. The efforts underline SARC's commitment to meeting urgent needs, ensuring the safety of the displaced populations amidst a dynamic humanitarian crisis.

The scale and scope of assistance expanded significantly after December 2024, following changes in the political landscape and growing humanitarian needs, which prompted the launch of a dedicated Emergency Appeal for Syria. The figures above therefore reflect cumulative shelter activities funded and concluded under this Middle East Crisis (MEC) Appeal.

LEBANON

Despite two ceasefire agreements, violence persisted throughout the reporting period, particularly in southern Lebanon, including continued airstrikes. Combined with constant population movements, these conditions have hindered the safe return of many displaced individuals to their homes. A significant number of internally displaced people (IDPs) remain in collective shelters and other temporary accommodation, where they continue to require humanitarian assistance.

In response to these needs, the Lebanese Red Cross (LRC) prioritised the distribution of shelter items. Between the onset of the crisis and January 2025, its Disaster Management Sector (DMS) distributed 58,660 mattresses and 102,591 blankets to people affected by the hostilities. Since October 2023, the Lebanese Red Cross has also supported the rehabilitation of 26 collective shelters and distributed shelter kits, each comprising two tarpaulins and a toolkit with essential repair tools, to facilitate shelter repairs.

Following the escalation of hostilities in September 2024 and the subsequent launch of the Lebanon Complex Emergency Appeal, shelter-related activities under this Middle East Crisis Appeal were completed and pursued by the dedicated country-specific Appeal launched to address rapidly growing needs. The figures above therefore reflect the cumulative shelter activities funded and concluded under this Middle East Crisis (MEC) Appeal.



FOOD SECURITY AND LIVELIHOODS

Food security remains a challenge among populations affected by displacement and conflict. The protracted conflict has exacerbated food insecurity, disrupted supply chains, and strained resources in host communities. The National Societies, supported by IFRC, have focused on the distribution of food parcels, ready-to-eat meals, and targeted nutritional support for immediate food security needs. Extra attention has been paid to vulnerable groups, including children, pregnant women, and displaced families, to avoid malnutrition.

EGYPT

The Egyptian Red Crescent Society (ERCS) has established the "Humanitarian Kitchen" Food Supply Centre in Sheikh Zouid City, North Sinai, near the Rafah border. Fully operational since March 2024, the centre has been a crucial source of food assistance. Initially launched to provide hot meals during Ramadan, the kitchen supported Palestinian families in Gaza, Palestinians living in Egypt. More than 163,700 people received ready meals, with over 1,628,546 hot meal and 750,000 dry meals distributed in Ramadan 2024: there are two meals in the holy month of Ramadan, a main meal, which is Iftar, with 747,280 hot Iftar meals distributed, and the Suhoor supper, with 560,499 Suhoor cold meals distributed. In addition, more than 1.87 million loaves of bread were provided for Palestinians, primarily in Gaza; 32,552 infant formula cans, and 7,090 food parcels were distributed within Egypt.

The closure of the Rafah crossing forced ERCS to halt the delivery of hot and cold meals to Palestinian families residing in Gaza. Despite this, ERCS decided to maintain the kitchen operations to ensure sustained food assistance in North Sinai and has resumed the delivery of bread loaves after the partial re-opening of Karem Abu Salen / Kerem Shalom.

Among the humanitarian aid sent to Gaza, ERCS facilitated the delivery of 645,735 tonnes of food. Including 12,269,857 food parcels and 3,222,258 cans of infant formulas

SYRIA

The Syrian Arab Red Crescent (SARC) delivered comprehensive food assistance to meet the needs of affected populations by distributing 68,727 food parcels, 11,103 canned food parcels, 195,974 instant food items, and 141,777 date bars. Overall, 208,181 people received food parcels, and 195,754 people benefitted from ready-to-eat meals, under this Appeal.

To strengthen preparedness and enhance the efficiency of future response operations, SARC initiated the renewal of its long-term framework agreements for food parcels and canned goods. Once finalised, these agreements are expected to streamline procurement processes, significantly reduce lead times, and ensure a consistent supply of locally sourced food items, thereby enabling SARC to respond more rapidly to increasing humanitarian needs when procurement conditions allow.

However, progress in local procurement was constrained by the political transition following the change in government in December 2024, compounded by continued economic and financial instability. Changes to policies governing the use of local currency, increased reliance on payments denominated in US dollars, and persistent liquidity constraints disrupted local markets and procurement systems.

Consequently, SARC was unable to carry out its planned local procurement activities throughout 2025 and during part of 2026.

LEBANON

Since October 2023, the Lebanese Red Cross (LRC) Disaster Management and Youth sectors have played a key role in supporting communities affected by the regional conflict, distributing 271,526 food parcels, 1,570,188 ready-to-eat meals, and 119,511 bread bundles to vulnerable individuals across impacted areas.

Following the escalation of hostilities in September 2024, and the resulting deterioration of the humanitarian situation, Food Security and Livelihoods activities under this Appeal were completed and transitioned to the dedicated Lebanon Complex Emergency Appeal launched to respond to the evolving and growing needs in Lebanon. The figures presented above therefore remain cumulative under this Appeal period.



MULTI-PURPOSE CASH

Cash assistance has proved to be one of the most efficient and dignified ways to address the immediate needs of the affected population. By enabling families to identify their immediate needs, cash interventions support dignity and stimulate local economic activities. The National Societies, supported by IFRC, have provided mechanisms for cash support from initial emergency distributions to more structured and monitored approaches, also establishing partnerships with financial providers.

EGYPT

Cash and Voucher Assistance (CVA) is not supported under this Appeal in Egypt. However, through complementary programming implemented in collaboration with the National Cash Working Group and partner organisations, the Egyptian Red Crescent Society (ERCS) provided cash assistance to 1,913 families (CHF 250,873) and 426 individual Palestinian evacuees (CHF 15,400), for a total disbursement of CHF 266,273. The initial phase of the intervention used a cash-in-hand modality, with distributions carried out at hospitals and beneficiaries' places of residence. To assess the effectiveness of the assistance, ERCS conducted a Post-Distribution Monitoring (PDM) exercise during the second half of 2024, surveying 329 CVA recipients. Findings confirmed that cash assistance played an important role in helping recipients meet immediate needs, including food, shelter, and essential household items.

Building on the PDM findings and beneficiary feedback, particularly regarding access for undocumented individuals, ERCS refined its delivery mechanism to improve both efficiency and inclusiveness. The organisation transitioned from direct cash distributions to digital delivery channels through partnerships with financial service providers, including Fawry Plus, enabling more secure, accessible, and scalable assistance. This transition reflects ERCS's continued efforts to strengthen the effectiveness and reach of its CVA programme.

Looking ahead, ERCS plans to further expand its CVA programme to provide both immediate relief and longer-term support. The programme will increasingly utilise established distribution networks, including the Egyptian Postal Service, to ensure the secure and efficient delivery of assistance. The planned expansion aims to reach approximately 10,000 individuals while supporting both basic needs and, where appropriate, vocational training and livelihood opportunities to strengthen beneficiaries' self-reliance.

ERCS also plans to further strengthen community engagement through regular consultations and participatory approaches, ensuring that programme design and implementation remain responsive to the evolving needs and priorities of affected populations.

LEBANON

Under this Appeal, the Lebanese Red Cross (LRC) implemented a two-phase Cash and Voucher Assistance (CVA) programme to support conflict-affected households.

PHASE I Cash Response:
Beginning in January 2025, LRC launched the first phase of the programme, providing a one-time emergency transfer of USD 200 per household structured to cover key needs:

- $100 allocated for food assistance
- $45 for basic non-food items
- $55 for water, sanitation, and hygiene (WASH) support.

Targeting focused on conflict-affected areas with high levels of damage and displacement and was validated in coordination with regional Disaster Risk Management (DRM) units. Eligible households were required to have a partially or fully damaged home, a monthly household income below USD 500, and at least one additional vulnerability criterion.

Between January and April 2025, LRC assisted 1,552 households across Baalbek-Hermel, Mount Lebanon, Nabatieh, and South Lebanon. A Post-Distribution Monitoring (PDM) survey conducted with 370 households demonstrated very high levels of satisfaction, with 99.7 per cent of respondents satisfied with the assistance received and 100 per cent reporting no safety or protection concerns related to the distribution process.

PHASE II CASH RESPONSE:
In April 2025, LRC launched the second phase of the cash response, transitioning from one-off assistance to monthly transfers of USD 200 over a six-month period for the most vulnerable households in the same target areas. Households supported during Phase I were reassessed and prioritised according to their vulnerability, ensuring that available resources were directed to those with the greatest needs.

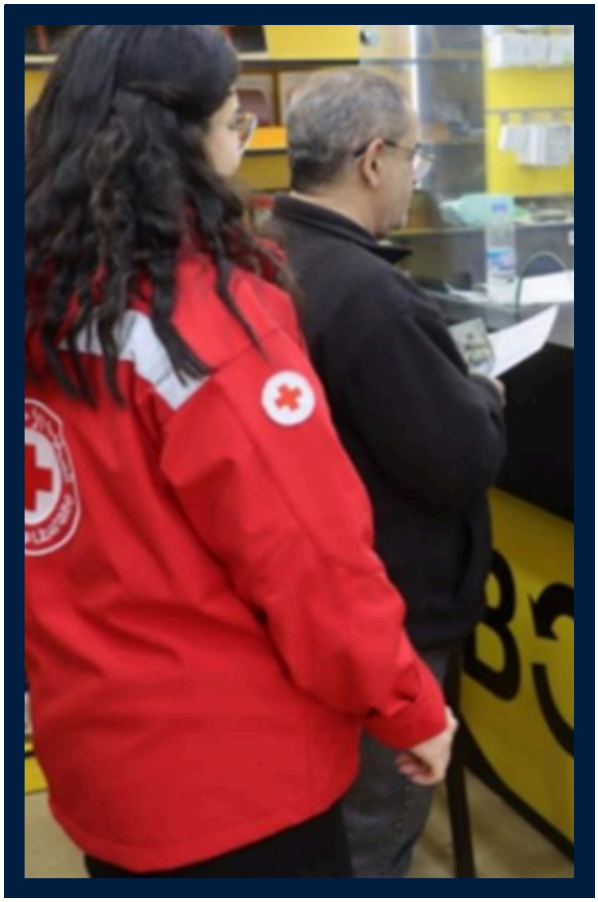
Between May and June 2025, 287 households received two monthly cash transfers of USD 200 under this Appeal, bringing the total number of households assisted through the appeal to 1,839. A PDM exercise conducted in August 2025 with 334 households found that access to assistance was delivered smoothly, with minimal operational challenges and no reported security incidents or social tensions.

The findings confirmed the effectiveness of the intervention, with 99 per cent of households reported being satisfied with the assistance received, 71 per cent stated that it was sufficient to meet their priority needs, and 73 per cent reported improved economic stability despite ongoing inflation and the high cost of living. All respondents indicated that they felt safe and were treated with dignity throughout the process. Cash Assistance was primarily used to meet essential needs, including food, electricity, healthcare, and debt repayment.

JORDAN

In coordination with embassies, diplomatic missions, and several Partner National Societies (PNS), JNRCS supported families in transit from Gaza by providing urgent cash vouchers to meet their essential needs during their temporary stay in Jordan. Rapid assessments conducted upon arrival revealed that many families, including women and infants, arrived without clothing or personal belongings.

JNRCS distributed conditional cash vouchers to enable the purchase of critical items such as baby formula, diapers, women's hygiene products, and basic clothing. This timely assistance helped uphold the dignity of vulnerable families and provided much-needed relief as they awaited onward travel or reunification with relatives.



HEALTH & CARE

The humanitarian health response remains a cornerstone of the IFRC's work for the protection and assurance of the well-being of both the displaced populations and host communities. Limited and heavily damaged healthcare infrastructure, overstretched systems, and continued hostilities have contributed to increased health needs within crisis-affected contexts. The IFRC and National Societies have focused on mobile clinics, field hospitals, and psychosocial support interventions as priorities to ensure accessible lifesaving healthcare. Emphasis has been placed on ensuring inclusive services for vulnerable groups, including children, the elderly, and individuals requiring mental health support.

EGYPT

Building on earlier experience, the Egyptian Red Crescent Society (ERCS) operates Humanitarian Service Points (HSPs) at strategic locations, with a particular focus on hospitals treating Palestinian patients. In Al Arish, ERCS maintained a dedicated humanitarian hub in Al Sabil, the main area accommodating the families of medical evacuees. This hub also featured a polyclinic offering essential primary healthcare services.

As part of its health and humanitarian response, Among the humanitarian aid facilitation into Gaza, ERCS coordinated the entry of 6,170 trucks carrying 74,954 tonnes of medical aids. ERCS provided 37,477 medical consultations for palestinians in Egypt (either crossing the borders or stranded in Egypt) and distributed 54,499 medicines. ERCS also conducted 16,771 health awareness sessions. Activities focus on primary health care, health awareness, and rehabilitation for discharged medevac persons, their companions, and include vulnerable members of host communities. The organisation also distributed 258 prosthetic limbss. A total of 178,570 mental health and psychosocial support (MHPSS) interventions were provided, reaching 21,881 affected individuals, including 11,291 children, and 236 ERCS volunteers.

From the onset of the crisis , the Egyptian Red Crescent Society (ERCS) has supported over 7,678 medical evacuees and 16,442 accompanying family members in accessing life-saving treatment in Egypt. The Ministry of Health and Population facilitated these efforts by deploying ambulances to transfer patients to designated governmental medical facilities. In collaboration with Embassies, ERCS supported the evacuation of third-country nationals and their families living in Gaza, facilitating the transit of 107,087 dual citizens and family members through Egypt.

In response to the influx, ERCS scaled up recruitment efforts, particularly in governorates with large Palestinian populations or proximity to the Gaza border. Orientation and capacity-building sessions were conducted to equip volunteers and health personnel with essential skills in emergency response, mental health and psychosocial support (MHPSS), community health, and other critical areas. Egyptian physicians with various specialisations were also integrated into the operation to strengthen treatment and referral capacities for Palestinian patients at accommodation sites.

ERCS faced several operational challenges during the medical evacuation response. The closure of the Rafah crossing and May 2024 and the breakdown of the ceasefire and the subsequent re-closure of Rafah for medical evacuations in March 2025 both disrupted the entry of medical evacuees, leaving thousands of severely injured persons in Gaza without access to life-saving health assistance outside Gaza.

The ERCS, with support from the IFRC, plans to strengthen assistance to medical evacuees arriving in Egypt by improving access to essential healthcare services. Planned interventions include providing critical medications to ensure continuity of treatment for evacuees with acute and chronic health conditions, as well as procuring medical equipment for ERCS blood banks, rehabilitation centres and ERCS health facilities. These investments will enhance ERCS's capacity to deliver life-saving blood transfusion services, rehabilitation care, and specialised medical support to injured and medically vulnerable evacuees, while enhancing the National Society's preparedness to respond to ongoing medical evacuation needs arising from the regional crisis.

SYRIA

The Syrian Arab Red Crescent (SARC) has been actively addressing critical health needs, delivering emergency medical support, rehabilitation, and community-based care to vulnerable populations affected by the ongoing crisis. Through its Emergency Medical Services (EMS), SARC transferred 1,837 cases from border crossings to medical facilities and provided on-site treatment to 4,282 individuals at these locations.

Mobile medical units (MMUs) and primary healthcare clinics (PHCs) have played a vital role in reaching undeserved and hard-to-reach areas. A total of 26,142 individuals received care through the Mobile Health Units, while 11,651 were assisted by Medical Mobile Teams. Additionally, 3,138 patients accessed clinic-based services; 1,850 received nutritional support, and 1,773 benefitted from physical rehabilitation services. To further support those with mobility challenges, 41 mobility aids, including one provided to a child, were distributed.

Community-Based Health and First Aid (CBHFA) initiatives reached 31,327 beneficiaries, providing vital health education and first aid support aimed at strengthening community resilience and reducing health risks. In parallel, psychological first aid (PFA) was extended to 79,860 individuals.

LEBANON

Amid ongoing conflict and recovery efforts in Lebanon, the Lebanese Red Cross (LRC) has played a critical role in delivering health and care services to affected populations. With a focus on emergency medical services, primary healthcare, blood services, mental health support, and immunisation, the LRC's interventions have reached tens of thousands of people, helping to address both immediate needs and longer-term health challenges.

Up until the end of November 2024, Emergency Medical Services (EMS) volunteers transported 1,288 people with conflict-related injuries and 448 deceased individuals. Additionally, 107 conflict-affected people were treated on-site. Over 3,215 ambulance missions were carried out with the deployment of more than 1,200 Emergency Medical technicians (EMTs) following the escalation of hostilities in September 2024.

In parallel, blood services were essential to sustaining critical care. The LRC collected 58,219 units of blood and delivered 15,993 blood components to conflict-affected individuals.

To respond to the collapse or reduced functionality of many local health facilities, the Medico Social Services Sector (MSS) deployed 1,331 Mobile Medical Units (MMUs) to provide medical services directly to affected communities. These units delivered 223,652 medical consultations and supplied 348,040 medication services through both MMUs and Primary Health Care Centres (PHCs). These interventions helped fill urgent healthcare gaps and ensured continuity of care for those displaced because of the conflict. Moreover, an Iveco vehicle was purchased to support emergency health operations through its use as a Mobile Medical Unit (MMU), enhancing the National Society's ability to deliver timely medical services in affected and hard-to-reach areas.



Additionally, immunisation activities continued across primary healthcare facilities and through Mobile Vaccination Units (MVU). Between December 2024 and April 2026, a total of 217,916 vaccines doses were administered to 91,123 children in addition to 108,481 individuals who received key messages on how to access routine immunisation services, supporting disease prevention and strengthening community health resilience.

Mental health and psychosocial support (MHPSS) activities remained limited in scale during the reporting period, primarily due to shifting operational priorities and ongoing population movements. Nevertheless, youth and children continued to benefit from group sessions focused on life skills, and many participated in longer-term initiatives under the Humanitarian Values and Principles (HVP) programme. Although no formal Psychological First Aid (PFA) sessions were conducted during this time, these structured activities contributed meaningfully to promoting mental well-being and strengthening resilience among vulnerable communities.



JORDAN

As part of its emergency response operations, the JNRCS places a strong emphasis on delivering Health and Care services to Jordanian returnees, the Palestinian Jordanians residing in the occupied Palestinian territory (oPt), as well as to humanitarian and medical evacuees. In close coordination with Jordanian authorities, embassies, diplomatic missions, UN agencies, INGOs, and Red Cross Red Crescent (RCRC) partners, JNRCS plays a key role in facilitating the safe evacuation of individuals and families.

JNRCS has supported more than more 1000 people evacuated from Gaza for different types of humanitarian evacuations. A significant component of this work involves evacuees transiting through Jordan, who generally remain in the country for short periods (typically a few days) before travelling onward to a third country for medical treatment, family reunification, or education. During this transit period, JNRCS provides health services to safeguard evacuees' dignity and safety and ensure continuity of care. These services include:

- Comprehensive medical assessments
- Issuance of "fit-to-fly" certificates
- Hospital admission for specialised care
- Stabilisation and referral of critical cases
- Provision of medications
- Coordination with airport medical facilities and airlines to facilitate patient travel
- Medical escort services for critical cases requiring care during transit.

Medical evacuation to Jordan is another key pillar of the JNRCS response. JNRCS successfully facilitated the evacuation of 102 patients with 111 accompanying persons from Gaza to the Jordan Red Crescent Hospital, where they received comprehensive medical care and treatment.

The Hospital provides specialised healthcare services to evacuated patients, from Gaza, many of whom require urgent or complex medical interventions. Services include emergency reception and initial assessment; specialised medical care; diagnostic and laboratory services; nursing care; rehabilitation and physiotherapy; mental health and psychosocial support (MHPSS); and referrals to other medical facilities when required.



Photo Credits : Monther Al-Humaidi / Jordan National Red Crescent Society
Jordan Red Crescent Society providing medical care to a child evacuated from Gaza at the Jordan Red Crescent Hospital in Amman

To further strengthen its capacity to respond to the growing number and increasingly complex needs of medical evacuees, JNRCS is working on modernising and expanding the JNRC Hospital. This includes equipping the hospital with essential medical equipment and specialised diagnostic and treatment capabilities to enable a wider range of services to be provided in-house. These investments will reduce reliance on external medical facilities and improve the overall cost-effectiveness of the response. Planned equipment and systems include:

- CT Scanning equipment.
- MRI equipment.
- Advanced laboratory equipment and diagnostic systems.
- Sterilisation equipment and sterilisation management systems.
- High-efficiency particulate air HEPA filtration and air-handling systems.

JNRCS is also upgrading critical hospital systems, including the Infection Prevention and Control (IPC) infrastructure and the Health Information System (HIS), to enhance patient safety, improve the quality and efficiency of healthcare delivery, and strengthen data management and reporting. In parallel, the hospital is expanding its clinical services and infrastructure to accommodate more medical evacuees and provide timely, comprehensive, and high-quality care for patients arriving from Gaza and the West Bank, while maintaining preparedness to respond to future humanitarian needs.

Small Steps Toward Hope: Nizam's Recovery Journey

At just six years old, Nizam arrived at the Jordan Red Crescent Hospital carrying both the physical and emotional burden of a conflict-related injury. Sustaining injuries to his chest and back, Nizam's condition affected his spinal cord and weakened his lower limbs, making it difficult for him to walk independently. Despite these challenges, he began his treatment journey with one goal in mind, to regain his ability to take his own steps once again.

Upon admission, Nizam was enrolled in an intensive physiotherapy programme that continued for more than a month. Through a carefully structured rehabilitation plan, he gradually progressed from basic exercises to more advanced mobility training. His determination, combined with the dedicated support of the medical team, led to significant improvements in his condition. By the end of his rehabilitation period, Nizam was able to walk with the assistance of a brace and specialised orthopedic footwear. Each step represented more than physical progress; it was a milestone that brought renewed confidence and joy to both Nizam and the healthcare professionals who supported him throughout his recovery. The medical team closely monitored his progress, providing continuous care with patience, compassion, and encouragement.

Recognising that recovery extends beyond physical healing, the Jordan Red Crescent Hospital also ensured that Nizam received comprehensive psychosocial support. Through recreational and social activities, including birthday celebrations, visits to parks, and quality time with his mother and siblings who accompanied him from Gaza, Nizam was given opportunities to reconnect with his childhood and regain a sense of normalcy.

These moments of joy and human connection played an important role in rebuilding his self-confidence and emotional well-being. They helped him look beyond his injury and believe in the possibility of a brighter future.
Today, Nizam's story stands as a powerful example of resilience and hope. His journey reflects the impact of integrated medical, rehabilitation, and psychosocial support in helping children affected by conflict rebuild their lives. Through every step of his recovery, Nizam has demonstrated that healing is possible and that hope can indeed be restored one step at a time.

His experience highlights the commitment of the Jordan Red Crescent Hospital to providing comprehensive, person-centred care for wounded and sick children from Gaza, helping them move beyond pain and toward new beginnings.





WATER, SANITATION AND HYGIENE (WASH)

EGYPT

The Egyptian Red Crescent Society (ERCS) has played a pivotal role in addressing water, sanitation and hygiene (WASH) needs arising from the Gaza crisis, both within Gaza and in Egypt. In Egypt, ERCS distributed 37,597 hygiene kits and 133,608 bottles of water, while delivering over 35,800 hygiene promotion and WASH awareness sessions to Palestinian evacuees and host communities, helping to reduce public health risks and promote safe hygiene practices. In support of the humanitarian response in Gaza, ERCS also facilitated for other organisations the delivery of 1,220 latrines and more than 2.6 million hygiene items, contributing to improved sanitation conditions and access to essential hygiene supplies for affected communities.

SYRIA

The Syrian Arab Red Crescent (SARC) has been proactively delivering WASH services to address the critical needs of displaced populations at border crossings and temporary shelters. To ensure access to clean water, SARC installed three water tanks at the Jdeidet Yabous and Al Ariedah crossings and 14 additional tanks in the shelters located in Lattakia and Hama. These efforts were complemented by water trucking via cisterns, ensuring a consistent supply of potable water to both border points and shelter sites.

To support sanitary maintenance, 25 plastic waste bins were distributed, managed by 22 cleaning workers, to ensure waste collection and overall hygiene. In addition, four prefabricated field toilet units were installed at the crossings, connected to the sewage network connections, and equipped with lighting and water tanks. Regular maintenance activities were carried out to ensure the continued functionality and cleanliness of all WASH facilities.

In addition to water infrastructure, SARC distributed essential WASH and hygiene items, including 294,404 water bottles, 17,378 diaper bags, 9,179 sanitary napkins, 24,308 hygiene kits, and 62,832 jerry cans. These measures were critical in mitigating health risks, improving sanitation, and ensuring continued access to safe drinking water for displaced individuals.

To enhance sanitation facilities, SARC established gender-segregated latrines at border crossings, incorporating accessibility features such as ramps for people living with disabilities. The latrines were strategically located in private areas, equipped with floodlights to improve safety and security, and connected to existing wastewater infrastructure. To maintain hygiene and sanitation standards, plastic waste bins were installed, with dedicated teams assigned to waste management and cleaning activities.

Following the political transition and changes in the Syrian context in December 2024, WASH activities under this Appeal were concluded and transitioned to the Syrian Complex Emergency Appeal to better address the evolving humanitarian needs in the country and avoid any duplication in reporting. The figures presented above are therefore cumulative and reflect activities implemented under this Appeal up to the point of transition. Activities carried out thereafter are reported under the Syrian Complex Emergency Appeal.

LEBANON

As part of its hygiene and water, sanitation, and hygiene (WASH) interventions under this Appeal, the LRC distributed 77,618 hygiene kits to conflict-affected families. These kits provided households with the necessary supplies to maintain personal and domestic hygiene despite disrupted services and overcrowded living conditions, particularly in temporary shelters and host communities. Ensuring access to safe drinking water also remained a priority, with LRC distributing 505,579 litres of potable water to conflict-affected families, providing a critical lifeline for communities facing water shortages or contamination risks due to damaged supply systems.

Following the escalation of hostilities in September 2024, and the subsequent deterioration of the humanitarian situation in Lebanon, WASH activities under this Appeal were concluded and transitioned to the dedicated Lebanon Complex Emergency Appeal which was launched to address the increasing evolving needs. The figures presented above are therefore cumulative for activities implemented under this Appeal.

JORDAN

JJNRCS ensures that all medical evacuees arriving from Gaza have access to clean water and receive essential hygiene kits upon admission and during their stay in Jordan. A total of 348 hygiene kits have been distributed, with one kit provided per family The kits support basic hygiene and infection prevention, particularly given the vulnerable health conditions of patients and their companions. This assistance forms an integral part of the broader package of care provided at the Jordan Red Crescent Hospital, complementing medical treatment with preventive public health measures that help reduce the risk of disease transmission and maintain dignified living conditions throughout the evacuation and recovery process.

MIGRATION

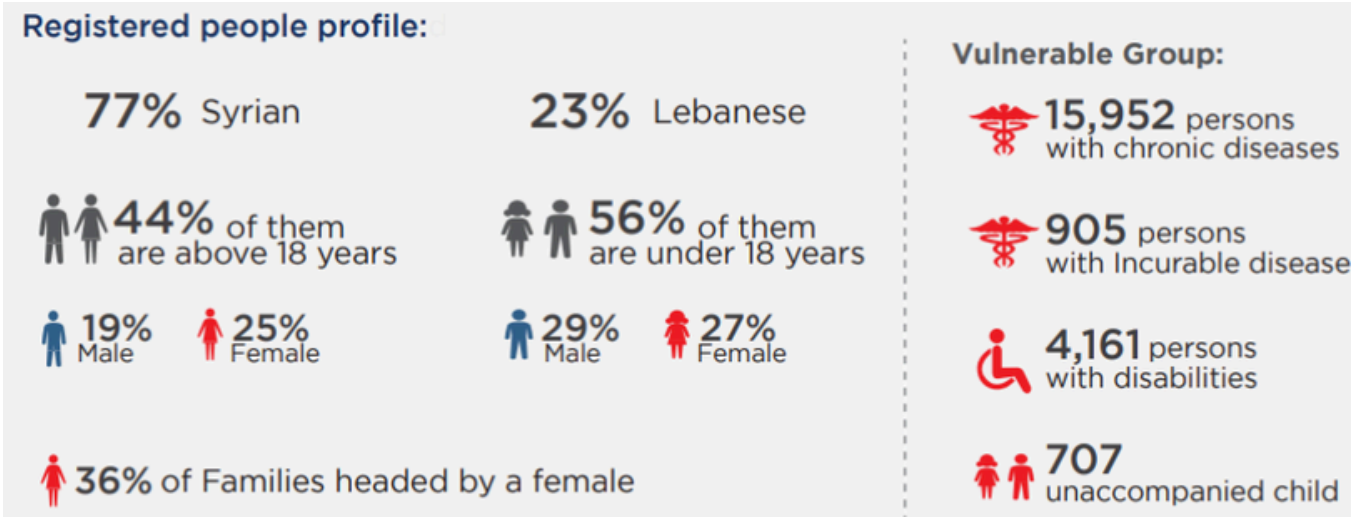
Ongoing conflict and instability have triggered widespread displacement, often separating families and heightening risks of exploitation, trafficking, and violence, particularly for children, women, and older persons. In response, National Societies have delivered essential services, including family tracing and reunification, to protect people on the move, restore family links, and help families rebuild their lives amid the turmoil. Strengthening safe migration and reunification systems remains critical to safeguarding dignity and reducing the long-term impact of displacement.

EGYPT

As part of its response, ERCS has prioritised support for displaced individuals and families, particularly those separated during their journey. To address this need, ERCS has facilitated communication services to help reconnect separated families. The organisation has set up 3,987 internet hotspots, enabling displaced individuals to reach loved ones and access critical information. In addition, ERCS has processed 63 tracing cases to locate missing family members, resulting in the successful reunification of five families. Through its comprehensive communication services, ERCS has facilitated a total of 91,307 calls, helping ensure that displaced individuals can restore family links, remain connected with their families.

SYRIA

Between September 26 and November 30, 2024, Syria experienced significant population movements resulting from the ongoing regional crisis and escalating hostilities in Lebanon. In response, the Syrian Arab Red Crescent (SARC) deployed extensive resources at border crossings to address urgent humanitarian needs, establishing Humanitarian Service Points (HSPs) at key locations. According to Syrian official sources, 581,000 individuals entered Syria from Lebanon through all border crossing points, with 492,081 crossing via official checkpoints. SARC completed the registration process for 359,085 individuals, ensuring that services were provided accordingly.



The registered population consisted of 77 per cent Syrians and 23 per cent Lebanese, underscoring the broad impact of the regional crisis on both communities. Among the registered individuals, 44 per cent were over 18 years of age, with males accounting for 19 per cent and females for 25 per cent, while 56 per cent were under the age of 18, including 29 per cent males and 27 per cent females. Notably, 36 per cent of the registered families were headed by women, highlighting a particularly vulnerable demographic.

The data also revealed significant health and protection needs: 15,952 individuals were living with chronic diseases, and 905 were diagnosed with incurable conditions, requiring continuous medical support. Additionally, 4,161 individuals were identified as people with disabilities, reinforcing the importance of accessible and inclusive services. The registration of 707 unaccompanied children further underscored the urgent need for strengthened child protection and family reunification mechanisms.

Transportation services played a critical role in supporting the movement of displaced individuals, with buses provided to facilitate transfers from border crossings to destinations across all Syrian governorates. In Hama Governorate, additional buses were deployed to support onward travel to Raqqa Governorate.
From September to November 2024, SARC transported 14,802 families, comprising 46,270 individuals, to their destinations. Additionally, 18,980 people were safely evacuated from within Lebanese borders to Syrian border points after roads became impassable. SARC also facilitated the dignified transfer of the remains of 12 deceased individuals from Lebanon to their families.

SARC provided family tracing and reunification services to 18 families, processing 45 search requests for missing persons and 20 reunification requests, which remain under follow-up. Additionally, the SARC team managed a total of 1,270 cases, referring 703 of them for specialised support. Telephone services were offered to help families contact their relatives. To address the needs of separated children, SARC distributed 1,750 bracelets bearing essential information, reuniting 180 children with their families.

In addition, SARC delivered legal services to 12,148 families at border crossings, addressing various legal inquiries and providing free consultations. Families were given contact information for legal consultants and hotlines to ensure ongoing support. These comprehensive efforts highlight SARC's dedication to upholding dignity, protection, and inclusion in its humanitarian response.

The political transition in Syria that began in December 2024 significantly reshaped the country's security landscape, generating new waves of instability and triggering unexpected population movements both into and out of the country. This period saw two concurrent migration trends, a marked return of people to Lebanon following truce agreements related to the broader Middle East crisis. Secondly, a surge in arrivals of Syrians from multiple countries, including Lebanon, is largely attributable to the governmental changes in Syria.

LEBANON

The Lebanese Red Cross implemented a wide range of activities to ensure that all affected populations, regardless of background or status, received essential assistance and protection during the crisis. In response to the complex needs of internally displaced persons (IDPs), the LRC provided critical services such as shelter, food, and psychosocial support to help restore stability. Simultaneously, it coordinated with partners to assist individuals crossing into Syria, ensuring safe transit, emergency relief, and urgent medical care. These efforts aimed not only to meet immediate needs but also to uphold dignity, safety, and resilience for those affected.

PROTECTION AND PREVENTION

The ongoing conflict has heightened risks for women, girls, and other vulnerable groups, underscoring the urgent need to continue mainstreaming Protection, Gender, and Inclusion (PGI) across all National Society responses and provide specialised services such as Restoring Family Links (RFL) and Psychosocial First Aid (PFA).

EGYPT

The ERCS remains firmly committed to fostering a safe and inclusive environment for all. By addressing the diverse needs and vulnerabilities of those they serve, the ERCS places protection at the core of its humanitarian response.

In collaboration with national and international partners, ERCS systematically integrates protection measures across its operations, with particular emphasis on psychosocial support (PSS) and healthcare services. To reinforce these efforts, ERCS organised a dedicated briefing for its teams, training 18 staff members on key safeguarding principles. The organisation also completed a comprehensive Child Safeguarding Risk Analysis and developed an accompanying action plan, both of which have been endorsed by the organisation's management.

ERCS established six learning spaces for Palestinian children, providing educational and life skills support. A total of 112 life skills sessions were delivered, reaching 388 children, while literacy and numeracy sessions engaged 335 children, strengthening their foundational learning. In addition, two training sessions were conducted for 37 volunteers, equipping them to facilitate education and life skills activities and effectively support children's learning and development.

SYRIA

The Syrian Arab Red Crescent (SARC) continues to provide extensive emergency and relief services to arrivals, adhering to essential PGI principles. This approach involves classifying data by sex, age, and disability (SADD) to ensure that services are inclusive and prioritise the most vulnerable groups. Efforts are made to raise awareness about PGI principles, which are continuously disseminated across all SARC branches, and to integrate minimum standards for protection, gender, and inclusion into emergency response plans across all relevant programmes.

Within this response, as part of its psychosocial support efforts, SARC provided psychological first aid to 79,860 individuals. In parallel, 11,333 children participated in creative and recreational activities designed to support emotional well-being, while 4,824 beneficiaries engaged in structured psychosocial activities. The team also managed and referred 1,270 cases, including 703 referrals made for specialised services.

Awareness sessions reached 55,646 individuals, addressing key protection themes such as child protection, psychological support, gender-based violence, and prevention of sexual exploitation and abuse. Specifically, 7,635 beneficiaries were sensitised to child protection issues, 9,907 to psychological support, 8,303 to gender-based violence, and 18,389 to preventing sexual exploitation and abuse.

In line with its child protection commitments, SARC provided 1,750 children with identification bracelets, an important safeguard against family separation. These efforts contributed to the successful reunification of 180 separated children with their families. Additionally, 61 children accessed services in child-friendly spaces designed to provide a safe and supportive environment.

To further support vulnerable groups, SARC distributed 4,055 protection items, including 3,136 dignity kits, 701 mental health and psychosocial support kits, and 218 educational kits.

LEBANON

The Lebanese Red Cross Youth Sector established youth-friendly spaces within shelters to provide safe and supportive environments for displaced youth. In February 2026, the LRC Governing Board approved the organisation's Prevention of Sexual Exploitation and Abuse (PSEA) and Child Safeguarding policies, together with their accompanying Codes of Conduct (CoCs). Staff and volunteers engaged in the response have since received refresher training on these policies, formally acknowledged their completion, and signed the newly developed CoCs.

Protection, Gender and Inclusion (PGI) principles continued to be systematically integrated across the response, with activities adapted based on monitoring findings. To further institutionalise this commitment, LRC appointed a dedicated PGI Officer under the Secretary General in November 2024 to strengthen and oversee the integration of PGI standards across all operations. Throughout the reporting period, the IFRC Regional PGI Coordinator continued to provide technical support to the National Society to further strengthen PGI mainstreaming.



In parallel, the LRC's Mental Health and Psychosocial Support (MHPSS) and PGI Induction Course was comprehensively revised, updated, and standardised. The enhanced training is now being rolled out across the Medical Social Services (MSS), Disaster Risk Reduction (DRR), Disaster Management Services (DMS), and Youth Sector. New trainers are being coached and validated by relevant technical teams to ensure quality delivery.

LRC has also developed a targeted psychosocial support programme for women at risk of gender-based violence (GBV). The programme includes a structured 12-session curriculum, and a cohort of social workers has been trained by the MHPSS and PGI team to facilitate its implementation. These social workers are currently conducting outreach activities, with full programme implementation planned during the reporting period.

JORDAN

JNRCS has significantly advanced its commitment to PGI by completing and operationalising contextualised PGI and safeguarding policies and standard operating procedures. These frameworks are now actively guiding all response activities, ensuring that protection considerations are systematically embedded across operations.

To support effective implementation, JNRCS has delivered targeted training to staff and volunteers engaged in the response, strengthening their capacity to apply PGI and safeguarding principles in practice and ensuring compliance with established standards. In parallel, functional coordination mechanisms have been established with key stakeholders across Jordan, and destination countries, reinforcing multi-level collaboration and improving the continuity of protection services throughout evacuation and reunification pathways.

Through these efforts, JNRCS is enhancing its ability to identify and respond to the needs of the most vulnerable individuals, particularly during sensitive processes such as medical evacuations and family reunifications. Protection is being mainstreamed across all stages of the operation, with close coordination with local authorities, embassies, Red Cross and Red Crescent Movement partners, and broader humanitarian actors, contributing to a more coherent and rights-based response.

Operationally, JNRCS has initiated a set of targeted protection activities designed to ensure dignity, safety, and inclusion. These include:

- Identification and support of individuals with specific needs
- Assistance for persons with disabilities, older persons, and children
- Gender-sensitive and age-appropriate service delivery
- Safeguarding measures for children and vulnerable adults
- Confidential referral pathways for protection concerns
- Promotion of dignity, inclusion, and equitable access to services

Collectively, these interventions aim to strengthen protection outcomes and ensure equitable access to assistance across all aspects of the response.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

Community Engagement and Accountability (CEA) remains a crucial approach across humanitarian interventions, ensuring that the voices and perspectives of affected populations are heard and integrated into the response. The IFRC and National Societies have implemented a range of CEA activities to ensure that community voices inform decision-making. These included regular feedback collection and analysis, the formation of community-based protection networks, and the use of culturally appropriate monitoring tools. Despite operational challenges, these efforts have enhanced transparency, trust, and responsiveness, helping to ensure that humanitarian assistance remains inclusive and aligned with the evolving needs and priorities of affected populations.

EGYPT

The Egyptian Red Crescent Society has embedded robust feedback mechanisms across its operations to ensure its interventions are responsive to the specific needs and concerns of the affected communities. Accessible channels, such as ERCS hotlines and regular community visits in Egypt, enable individuals to voice concerns, ask questions, and provide input and feedback. These two-way communication mechanisms are instrumental in fostering trust, promoting transparency, and strengthening the relationship between the ERCS and the people it serves.

In response to the Gaza crisis, the ERCS has actively worked to empower local communities in North Sinai, fostering resilience and enhancing their capacity to manage the ongoing emergency. Through the establishment of logistics hubs and mobile storage units in key areas such as Al-Arish, the ERCS has created local employment opportunities and engaged community members in aid delivery through its branch in Al-Arish. Capacity-building activities, including training in disaster preparedness, first aid, community health, and psychosocial support, have equipped both staff and residents with essential skills to respond to immediate and future needs.

Partnerships with local leaders and community-based organisations have been central to equitably aid, tailored to local priorities. These efforts not only address urgent humanitarian needs but also contribute to strengthening the long-term preparedness and self-reliance of North Sinai communities.

SYRIA

Community Engagement and Accountability remain a cornerstone of the SARC emergency and relief services, ensuring that the needs of affected communities are identified and addressed with transparency, dignity, and respect. Upon arrival, individuals received hotline numbers to facilitate direct access to information and assistance. Essential details about equipped shelters, including their location and available services, were also shared to facilitate informed decision-making and ensure access to safe spaces.

To enhance safety and resilience, life-saving information was disseminated to all arrivals. Feedback mechanisms, including feedback boxes and additional communication channels, were established within shelters, allowing individuals to share concerns, suggestions, or grievances. This feedback was actively reviewed, responded to, and referred to relevant departments for timely action.

To promote cultural sensitivity and foster trust among the diverse communities served, SARC deployed gender-balanced teams. This approach ensured inclusive support, particularly for women and children, while upholding cultural norms. These efforts reflect SARC's commitment to accountability, trust-building, and delivering needs-based services to the most vulnerable.

LEBANON

The Lebanese Red Cross (LRC) has mainstreamed Community Engagement and Accountability across its operations to promote transparency, trust, and ensure effective communication with affected communities. Through diverse channels, including television, social media, and its non-emergency hotline (1760), the LRC consistently disseminates timely information about its response activities. Volunteers, regularly briefed on interventions across affected areas, play a central role in promoting the hotline and gathering community feedback during field activities.

The non-emergency hotline functions both as an accessible information source and a vital feedback mechanism, enabling the collection of concerns, complaints, and questions. This approach helps overcome barriers such as limited access and varying literacy levels. These two-way communication efforts have strengthened the LRC's ability to remain responsive and adaptive. In areas where direct data collection is hindered by insecurity, the LRC complements its understanding with secondary data and coordination with local and international partners, ensuring that its response remains community-driven and evidence-informed.

JORDAN

JNRCS, serving as the logistics hub for the Red Cross and Red Crescent Movement's response to the Gaza crisis, plays a central role in receiving medical evacuees from Gaza and the West Bank. These include critically ill or injured individuals, including children, who are either receiving medical treatment in Jordan or transiting to third countries for further care and family reunification.

CEA is fully integrated into this response to ensure that evacuees and their families receive timely, clear information about medical procedures, travel plans, rights, and next steps. JNRCS has activated the feedback and complaint mechanisms at medical and transit facilities, supported by dedicated teams and trained volunteers who also provide psychosocial support and address concerns through safe and confidential channels. In close coordination with protection and tracing services, JNRCS ensures that individuals are treated with dignity, kept informed throughout the process, and actively involved in decisions that affect their lives.



PREPAREDNESS

REGIONAL READINESS

As the Middle East crisis has become increasingly protracted and regionalised, the IFRC has continued to support the Palestine Red Crescent Society (PRCS) and National Societies across the region to strengthen operational readiness and respond to evolving humanitarian needs.

Throughout the reporting period, preparedness planning was continuously reviewed and adapted against evolving regional scenarios, including renewed hostilities, population movements, disruptions to humanitarian supply routes and airspace, the reopening or closure of border crossings, and chemical, biological, radiological and nuclear (CBRN) risks. This informed the positioning of personnel, relief stocks and technical capacities, as well as business continuity and contingency arrangements at both country and regional levels.

In response to continued regional instability and heightened humanitarian risks, the IFRC further strengthened readiness investments across the region to enhance emergency preparedness and response capacity. Dedicated readiness funding supported National Societies in Jordan, Lebanon and Syria, together with regional coordination mechanisms, to strengthen CBRN preparedness, procure specialised emergency response equipment and personal protective equipment, reinforce logistics and operational capacities, and enhance the preparedness of staff and volunteers through targeted training and capacity-building activities. These investments complemented existing contingency planning and ensured that National Societies remained operationally prepared to respond rapidly to evolving regional risks.

In Lebanon, the renewed hostilities reinforced the need to maintain a high level of operational readiness. The IFRC continued to support the Lebanese Red Cross (LRC) in strengthening emergency preparedness through contingency planning, business continuity measures, pre-positioning of critical relief supplies and personal protective equipment, and investments to enhance CBRN preparedness. Readiness support also included the procurement of specialised equipment, targeted training and capacity-building for staff and volunteers, and the reinforcement of coordination and operational systems to enable a rapid, safe and effective response should humanitarian needs escalate.

The IFRC continued to strengthen coordination among PRCS, the Egyptian Red Crescent Society (ERCS) and the Jordan National Red Crescent Society (JNRCS), including through the logistics coordination platform chaired by PRCS. This supported joint planning for different humanitarian access scenarios and helped align supply chain capacities, available stocks and operational requirements for the movement of humanitarian assistance into Gaza. Coordination with the International Committee of the Red Cross (ICRC), Federation members, public authorities, United Nations agencies and other humanitarian partners also continued, particularly in relation to humanitarian access, security, operational complementarity and preparedness for further regional escalation.

The IFRC MENA Regional Office continued to provide technical support across several interconnected areas, including contingency planning, humanitarian diplomacy, business continuity, supply chain management, information management, communications, safeguarding, resource mobilisation and National Society development. National Society capacities and readiness levels were periodically reviewed to identify operational gaps, prioritise preparedness investments and ensure that countries remained equipped to deliver a timely, safe and accountable humanitarian response as the regional context continued to evolve.

STRENGTHENING NATIONAL SOCIETY PREPAREDNESS

To strengthen readiness and coordination for channelling humanitarian assistance into Gaza, ERCS and JNRCS continued to reinforce their supply chain and warehousing capacities. This included investments in logistics infrastructure, warehouse management and operational systems, as well as planning for different border-access scenarios. These efforts aimed to ensure that both National Societies could manage accumulated stocks, adapt to changing inspection and documentation requirements, and scale up the reception and dispatch of assistance if additional crossings or delivery routes became available.

In Syria, the Syrian Arab Red Crescent (SARC) implemented readiness measures based on scenarios anticipating an escalation in Lebanon and its potential spillover effects. Protective emblems, logos and flags were provided for SARC buildings, assets and vehicles to strengthen their identification and protection. In anticipation of fuel shortages, SARC maintained minimum fuel reserves to help sustain essential operations. Fire extinguishers were also procured, and vehicles were assessed and serviced to ensure their operational readiness.

National Societies also strengthened preparedness by reinforcing safeguarding mechanisms and tools. JNRCS and ERCS completed child safeguarding risk analyses and developed detailed action plans to address the risks identified. LRC and SARC continued working towards the completion of their respective analyses and action plans during the reporting period.

CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR (CBRN) PREPAREDNESS

Following the regional escalation in 2025, the IFRC allocated dedicated preparedness funding to strengthen Chemical, Biological, Radiological and Nuclear (CBRN) readiness across Lebanon, Syria, Jordan and the MENA Regional Office. Through a total allocation of CHF 750,000 (CHF 200,000 each for Lebanon, Syria and the Regional Office, and CHF 150,000 for Jordan), National Societies enhanced preparedness through targeted procurement, capacity strengthening and community preparedness activities to reinforce their ability to respond to potential CBRN-related emergencies.

Lebanon: The Lebanese Red Cross strengthened its operational readiness through the procurement of specialised CBRN personal protective equipment (PPE), detection devices and response equipment for frontline responders. Procured items included CBRN protective suits, respirators, chemical gloves and boots, full-face masks with canisters, chemical and radiation detection equipment, decontamination and waste management materials, triage supplies, and other emergency response equipment. In parallel, specialised training and capacity-building activities were conducted to strengthen responder readiness and ensure the safe use of the newly procured equipment.

Syria: The Syrian Arab Red Crescent initiated the procurement of specialised PPE and safety equipment to strengthen emergency response readiness and enhance the protection of staff and volunteers. Procurement processes covered chemical protective coveralls, respirator masks, protective gloves, safety glasses, sterile gloves and associated transportation services. Concurrently, SARC advanced preparations for specialised training on CBRN preparedness, emergency response, and volunteer safety and security to further strengthen national response capacities.

Jordan: The Jordan National Red Crescent Society combined community preparedness with institutional capacity strengthening. Community awareness activities reached 9,246 people through 1,743 home visits, 248 focus group discussions, and 65 awareness campaigns across the northern, central and southern regions of the country. In parallel, 100 staff and volunteers (21 staff and 79 volunteers) received CBRN preparedness training, enhancing JNRCS's readiness to respond to potential CBRN emergencies and support affected communities.

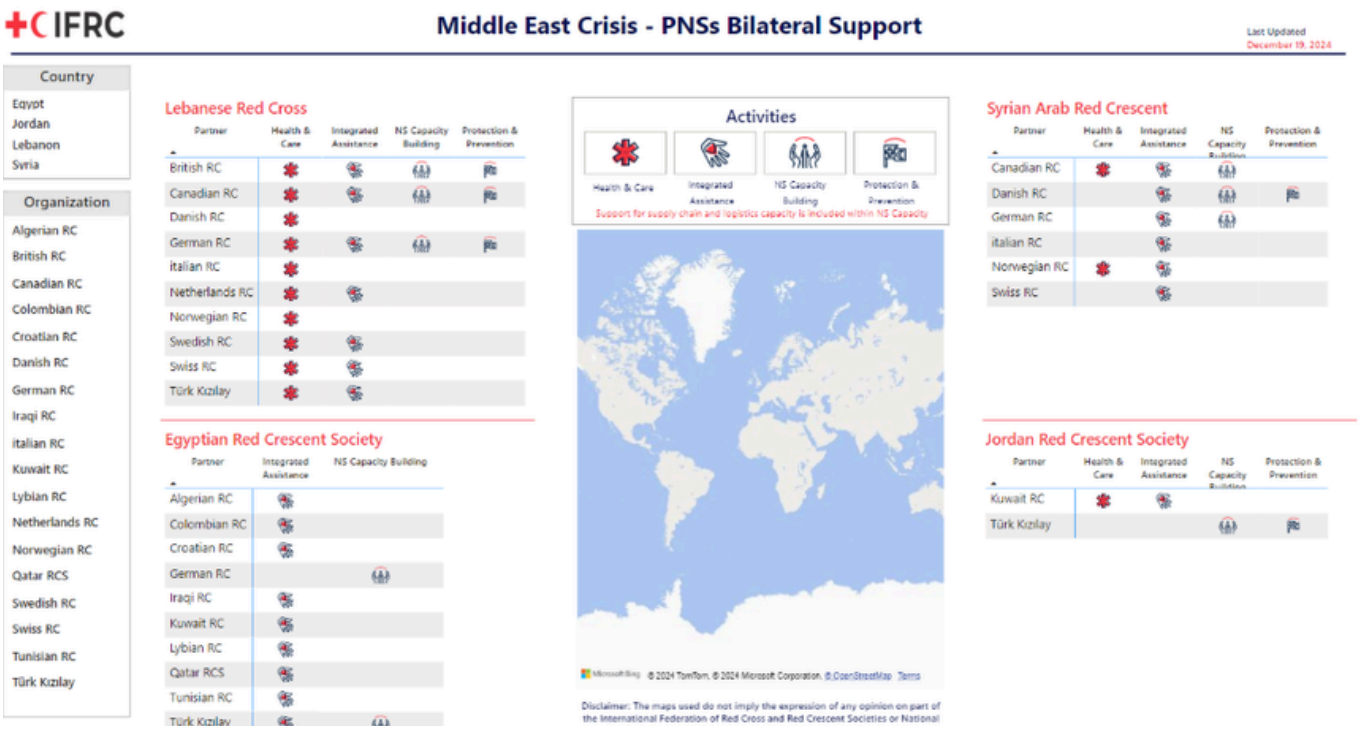
Regional Coordination: The MENA Regional Office provided technical guidance, coordination and oversight to support the implementation of the CBRN preparedness initiative across participating National Societies, promoting harmonised planning, operational coordination, knowledge sharing and preparedness for potential cross-border emergencies.

COORDINATION AND PARTNERSHIPS

Membership & Movement Coordination

Regular coordination meetings for this operation continue to inform the response and ensure that all relevant stakeholders are aligned and updated. This includes supply pipeline coordination support for in-kind donations from Red Cross and Red Crescent Movement members and other actors to affected National Societies. Regular catch-up meetings are also held with partner National Societies to provide updates on the ongoing operations in each country. The response map is regularly updated to reflect the activities and capacities of the National Societies. Coordination with the Palestinian Red Crescent Society is organised through the IFRC Palestine Country delegation.

The dashboard below provides an overview of Partner National Societies' (PNSs) bilateral support within the Middle East Crisis operation, detailing collaborations with the Lebanese Red Cross, Egyptian Red Crescent Society, Syrian Arab Red Crescent, and Jordan Red Crescent Society. It highlights key areas of intervention: Health & Care, Integrated Assistance, National Society Capacity Building, and Protection & Prevention, supported by various PNSs. The map centralises the geographic focus of the operation, emphasising the regional scope of activities and partnerships aimed at addressing critical humanitarian needs.



At the regional Level, the IFRC has led coordination efforts to support the Middle East Crisis Appeal through regular partners' calls, operational briefings with Geneva-based Permanent Missions, and ongoing engagement with donors. A regional Emergency Appeal, Operational Strategy, and response plans for the four National Societies have been developed, published, and regularly updated.

Coordination with the ICRC has been reinforced in all countries, across key sectors including health, protection, and Restoring Family Links. A regional resource mobilisation strategy was implemented, alongside defined roles, responsibilities, and allocation principles. Weekly coordination meetings between country teams and the regional office, as well as engagement with the Logistics Cluster and external partners, ensure operational alignment. Regular Movement coordination meetings have also been established to support the response, including monthly and technical-level meetings on aid flows from Jordan to Gaza.

Engagement with external partners

At the national level, Movement partners engage with external partners, coordinate with authorities and other stakeholders (UN agencies, NGOs), and participate in various working groups.

In Jordan, JNRCS has maintained structured external coordination with a broad range of stakeholders to enable humanitarian aid delivery and medical evacuation operations linked to the Middle East crisis, particularly the response to Gaza.

A key component of this engagement has been sustained coordination with national authorities and security actors to secure operational approvals and facilitate implementation modalities. This has included formal engagement with relevant government ministries overseeing foreign affairs, health, and interior affairs, as well as coordination with military counterparts to enable the movement of humanitarian cargo and the facilitation of medical evacuation flights. These arrangements have supported both land-based humanitarian consignments and airdrop coordination and the evacuation of medical cases and accompanying caregivers from Al Arish to Jordan for treatment at JNRCS health facilities.

Beyond national institutions, JNRCS has also engaged with around twenty embassies and diplomatic missions, as well as donor and partner governments, to align humanitarian priorities, facilitate resource mobilisation, and advance humanitarian diplomacy related to access, corridors, and evacuation pathways. These engagements have contributed to maintaining international attention on humanitarian needs while strengthening coordination in support of affected populations. In parallel, JNRCS has worked closely with United Nations agencies and inter-agency coordination mechanisms in Jordan, including the Logistics Cluster. Through these platforms, JNRCS has supported the exchange of operational information on humanitarian needs, facilitated operational deconfliction, and contributed to improving the efficiency of aid pipelines into affected areas.

Through this external coordination framework, anchored in government liaison, diplomatic engagement, and collaboration with the UN system, JNRCS has strengthened its capacity to enable humanitarian access, sustain relief operations, and ensure the effective transfer and treatment of medical evacuees from Gaza within Jordan.

In Lebanon, the Lebanese Red Cross (LRC) has maintained strong coordination with national authorities, United Nations agencies, Movement partners, and other humanitarian actors to support an effective and well-coordinated response to the Middle East crisis. LRC actively participates in national and inter-agency coordination mechanisms, including the Humanitarian Country Team (HCT), the OCHA Emergency Operations Centre (EOC), and sectoral coordination forums. Through these platforms, LRC aligns its humanitarian interventions with national priorities and the United Nations response framework, while contributing to information sharing, operational planning, and coordinated humanitarian action.

At the national level, LRC works closely with key government institutions, including the Ministry of Public Health (MoPH), the Ministry of Social Affairs (MoSA), the Ministry of Education and Higher Education (MEHE), and the National Disaster Risk Management (DRM) Unit, ensuring that humanitarian activities complement government-led preparedness and response efforts.

LRC also collaborates closely with the International Organisation for Migration (IOM) and the National DRM Unit in producing the Displacement Tracking Matrix (DTM) Mobility Snapshot, providing timely information on population movements and displacement trends that support evidence-based humanitarian planning and decision-making.

Within the Red Cross and Red Crescent Movement and the broader humanitarian community, LRC maintains close collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), the Palestine Red Crescent Society–Lebanon Branch (PRCS-L), UNRWA, and the Lebanese Civil Defense. These partnerships strengthen coordination in emergency medical services, referral pathways, health service delivery, and humanitarian assistance, while ensuring complementarity of efforts and reinforcing national response capacities.

In Syria, the Syrian Arab Red Crescent (SARC) remains the primary humanitarian actor, operating in its auxiliary role to the public authorities and working in close coordination with line ministries and the Humanitarian Action Coordination structure. SARC participates in the in-country UN Cluster system and has an observer seat in the HCT. SARC has established partnerships with UN Agencies, including UNHCR, UNICEF, UNDP, UNFPA, WHO, WFP, and several INGOs working in various sectors, facilitating coordination and alignment in the delivery of humanitarian assistance.

Since the escalation of hostilities in Lebanon, SARC engaged with the High Relief Committee, official and local authorities, and all relevant stakeholders, including ICRC, WFP, UNHCR, WHO, and different INGOs. The crisis modifier through DG ECHO was also activated. Daily calls, meetings, and border crossing points visits were conducted to assess the needs, the progress of the response, the impact of delivered aid, and population movement beyond the borders and into the Syrian governorates. The engagement was further strengthened by the deployment of a Senior Advisor and Special Envoy to Syria under the Syria Complex EA from December 2024 until May 2025. These enabled stronger IFRC positioning and representation in external fora.

In Egypt, the ERCS has strengthened its coordination role through the Partners Operational Cells forum, which brings together representatives from UN partners, international organisations, embassies, and Movement partners. The Health Cell is led by the ERCS Head of Health, and the Logistics Cell is led by the ERCS Head of Programmes. In addition to that, IFRC works closely with the ERCS in its coordination efforts with PRCS for operational and reporting means. ERCS senior management attends the National Crisis Management Cell and coordinates all the above efforts with government officials.

Federation-wide data reporting

In response to the Middle East Crisis, the IFRC developed a Federation-wide data collection framework to track funding and activities undertaken by IFRC members at both bilateral and multilateral levels. This system has strengthened the alignment between funding and operational activities, helping to maximise the overall impact of the Federation-wide response. Partner National Societies (PNS) were requested to provide financial data to support the development of a comprehensive financial overview of the response.

Covering the period from the outset of each National Society's response to the crisis to approximately end-September 2024, the report captured financial requirements, income expenditure, and the allocation of funds across Egypt, Lebanon, Syria, and Jordan, distinguishing between bilateral and multilateral channelled via IFRC. The dashboard was last updated on 23 January 2025.



SECRETARIAT SERVICES

RESOURCE MOBILISATION

The revised Emergency Appeal outlines CHF 200 million in Federation-wide needs, including CHF 185 million for the IFRC Secretariat, and has been extended through December 2027 to enable continued support to people affected by the crisis. While generous contributions from governments, National Societies, private donors, and partners have enabled the delivery of critical assistance to date, including health services, food assistance, shelter, and other essential humanitarian support, significant funding requirements remain. The humanitarian situation continues to generate substantial needs across the region, making sustained resources and donor engagement essential to ensure uninterrupted assistance for affected populations throughout the extended appeal period.

The IFRC Secretariat also facilitates the transfer of funds and in-kind support to the Palestine Red Crescent Society (PRCS), in line in line with its complementary role in the occupied Palestinian territory (oPt). Funding progress is closely monitored, with regular updates shared to ensure transparency, accountability, and donor confidence. The IFRC remains deeply grateful to all partners and donors whose support has enabled life-saving humanitarian action and looks forward to continued collaboration to address ongoing and emerging needs through 2027.

LOGISTICS

The IFRC continues to maintain close coordination and collaboration with Red Cross Red Crescent Movement partners and external stakeholders. As humanitarian needs across the region remain acute, partners continue to seek timely and detailed information on operational developments. Particular attention has focused on the logistical arrangements for delivering humanitarian assistance to the Gaza Strip through Egypt and Jordan, as well as sanctions-related considerations and the due diligence processes applied by the National Societies involved in the operation. Further details are provided under the National Society Strengthening section.

A Mobilsation table has been prepared and shared for this operation. Country-specific Mobilisation tables are also available for Egypt, Jordan, Lebanon and Syria on the GO platform. These tables reflect the National Societies' needs for relief items and other commoditie.

The IFRC Supply Chain team continues to provide procurement and supply chain services to the National Societies as required. It also plays an important role in coordinating supply chain activities and supporting efforts to navigate operational access constraints.

COMMUNICATIONS

Media interest in the operation declined following the escalation of the conflict in Iran in February 2026. Nevertheless, the IFRC MENA Communications team continued to develop key messages, reactive lines, and public statements tailored to each country context, including Lebanon, Syria, Jordan, Egypt, and the occupied Palestinian territory (Gaza and the West Bank). These are shared on a quarterly basis with National Societies.

The IFRC Communications teams continue to facilitate and conduct media engagements with major international outlets, including France 24, TRT, AP, Reuters, BBC, Al Jazeera. It developed and disseminated communications packages, arranged interviews, and provided support during high-level visits by IFRC leadership, including President Kate Forbes' mission in Syria in February 2026 and Under-Secretary General (USG) Xavier Castellanos' visits to Lebanon, Syria, Jordan between April and May 2026.

As part of the *Behind the Emblem* series, the Communications Manager conducted two high-profile interviews with the CEO of the Egyptian Red Crescent (ERC) and the President of the Jordan National Red Crescent Society (JNRCS) at the IFRC Regional Office in Beirut. During the USG's visit to Beirut in April and beginning of May 2026, the Communications Manager organised a press briefing on May 1st, attended by six major media outlets: Associated Press (AP) newswire, Agence France-Presse (AFP) Newswire, LBCI TV, RT, Al Jazeera English and AL Mayadeen TV. B-rolls and footage were shared with participating outlets, while six one-to-one interviews with the USG (in English) and two with the communications manager (in Arabic) were facilitated.

In parallel, a Surge Communications Coordinator was deployed to Syria for two months to strengthen the visibility of the Syrian Arab Red Crescent's humanitarian response and the support provided by the IFRC. The team also supported the Syrian Arab Red Crescent's (SARC) communications activities and media engagement during the Brussels conference in Syria. In March 2026, we hosted a communications colleague from the Egyptian Red Crescent Society (ERCS) as part of a peer-to-peer exchange, building on the earlier deployment of a communications officer to support media outreach marking the third anniversary of the Gaza conflict, and highlighting the role of the ERCS and IFRC support. Ongoing technical communications support and storytelling assistance also continued for the Jordan National Red Crescent Society.

Operating in a highly politicised and sensitive environment, the IFRC has worked closely with the ICRC and partner National Societies to monitor and respond to misinformation and disinformation, helping to ensure that accurate, timely, and credible humanitarian information reached the public.

Throughout the reporting period, the communications team continued to proactively respond to international media requests, manage reputational risks, and produce a wide range of communications products, including videos, social media content, human-interest stories and articles. These efforts, combined with continued media engagement, helped maintain international visibility for the humanitarian response and amplify the work of National Societies assisting people affected by the crisis. The team also leveraged key international observances, including Red Cross and Red Crescent Day and the holy month of Ramadan, to launch targeted communications campaigns promoting the protection of civilians, humanitarian personnel, and the Red Cross and Red Crescent emblems, while raising awareness of the humanitarian consequences of the Middle East crisis, particularly in Gaza through the 2026 Zakat Campaign. These campaigns highlighted the contributions of National Societies across the MENA region and the dedication of volunteers on the ground. In May 2026, for the second consecutive year, the IFRC, together with the Lebanese Red Cross and the ICRC, launched the United in Humanity campaign in Lebanon to promote the protection of humanitarian personnel, volunteers, and medical missions.

PLANNING, MONITORING, EVALUATION, and REPORTING (PMER)

Throughout the operation, the IFRC has prioritised evidence-based decision-making, accountability and continuous learning. Relevant indicators were identified for each country based on the planned interventions, and a Federation-wide PMER framework was established to harmonise indicators and reporting while allowing adaptation to different contexts. National Societies have regularly provided operational data, sectoral assessments and implementation updates to inform planning, resource allocation and timely adjustments.

PMER and Information Management teams have supported data consolidation and validation, progress monitoring, scenario planning, funding analysis, and the tracking of humanitarian assistance and operational developments. This has strengthened the quality and consistency of reporting, situational awareness and accountability. Safeguarding systems have also been reinforced through staff training, updated policies, and accessible feedback and reporting mechanisms.

Following the escalation of the conflict and the sharp increase in humanitarian needs in Syria and Lebanon, the PMER team supported the development of separate Complex Emergency Appeals and accompanying PMER frameworks for both countries. These frameworks were tailored to the respective operational contexts and reporting requirements, enabling more focused monitoring of the country-level emergency responses. At the same time, selected preparedness activities in Syria and Lebanon continued to be implemented and reported under the Middle East Crisis Emergency Appeal, maintaining the Appeal's regional preparedness focus. Clear reporting arrangements were established to distinguish activities and results across the appeals and minimise the risk of duplication.

INFORMATION MANAGEMENT (IM) and DATA ANALYSIS

The Information Management (IM) team provides analytical support to the response, enabling evidence-based decision-making, operational planning, and regional situational awareness. Working closely with in-country delegations, National Societies, and Movement partners, IM develops and regularly updates scenario planning for countries covered by the Emergency Appeal, assessing possible developments of the Middle East Crisis and the corresponding operational implications.

Since the beginning of the regional escalation, including developments related to Iran, IM has maintained continuous monitoring of the situation across the region to support timely operational decision-making. This includes the production of regional humanitarian analysis products, secondary data reviews, crisis snapshots, scenario updates, and other analytical tools examining the evolving humanitarian situation and its potential implications for humanitarian operations across the region.

IM continues to monitor population movements, humanitarian needs, operational constraints, and other key regional trends, translating complex information into actionable analysis to support operational planning and coordination. A range of information products, including dashboards, maps, infographics, and data visualisations, has been developed to enhance situational awareness, support coordination, and inform decision-making at regional and country levels.

Operationally, IM continues to work closely with National Societies and IFRC delegations to strengthen information management systems and operational dashboards, including logistics tracking and visualisation tools that support the monitoring of humanitarian assistance, supply chains, and operational capacities. In support of resource mobilisation and operational management, IM also collaborates with SPRM colleagues to maintain funding dashboards that provide up-to-date information on funding requirements and coverage for the IFRC Middle East Crisis Emergency Appeal.

HUMANITARIAN DIPLOMACY (HD)

Humanitarian diplomacy (HD) has been a key component of this crisis, given the global attention it has continued to receive, the complexity of political dynamics, and the challenges facing the humanitarian response. The IFRC Secretariat has created and maintained a set of resources for the IFRC network and actively promotes their use by the IFRC Secretariat, notably its Leadership, and National Societies. These resources aim to strengthen the IFRC network's ability to contribute to positive humanitarian outcomes on the ground, including the protection of civilians, humanitarian workers, the medical mission, and the Red Cross Red Crescent (RCRC) emblem, improved humanitarian access, and increased diplomatic and financial support for the IFRC's network response. They include:

- A regularly updated repository of relevant information from the RCRC Movement and other actors, complemented by documents shared through the RCRC Community of Practice on humanitarian diplomacy in MENA contexts.
- Humanitarian diplomacy key messages prepared for use across the IFRC network, with regular updates shared with IFRC Secretariat staff and 34 National Societies.
- Regular analysis of relevant developments shared within the IFRC Secretariat.

In addition, the IFRC Secretariat has regularly and proactively engaged, coordinated with, and mobilised relevant National Societies to help ensure consistent and effective HD engagement on this crisis. It has worked closely with National Societies in the countries affected by the Middle East Complex Crisis to strengthen their own humanitarian diplomacy efforts, including by facilitating direct engagement with diplomatic stakeholders.

An HD workshop held in Doha in October 2025 brought together most of the National Societies affected by the Middle East complex crisis as well as key Partner National Societies (PNS). A MENA HD coordination platform was launched in January 2026 to facilitate information sharing, coordination and collaboration on HD, including on the Middle East complex crisis. Together these initiatives have strengthened the unity of the IFRC network and enhanced its ability to speak with one voice globally, thereby increasing its collective influence.

Throughout the reporting period, the IFRC Secretariat also advanced its humanitarian diplomacy objectives through numerous multilateral forums and bilateral engagements. The Secretariat's leadership remained actively engaged, with the IFRC President and Secretary General participating in events related to the Middle East complex crisis during the United Nations General Assembly High-Level Week in New York in September 2025. The IFRC President also undertook humanitarian diplomacy missions to Syria and Egypt in February 2026, while the IFRC Under-Secretary General for National Society Development and Coordination visited Lebanon, Syria and Jordan between April and May 2026, creating further opportunities for high-level engagement. In parallel, the IFRC Secretariat continued to leverage its presence in key multilateral centres, including Geneva, New York and Brussels, to support both Secretariat and National Society engagement with priority stakeholders.

SECURITY

Security risks remained a critical concern across the Middle East crisis response during the reporting period, with the security situation in Gaza, the West Bank, Lebanon, Iraq, Yemen, Iran and Syria assessed as critical. The broader MENA region experienced heightened volatility and fluid security conditions, driven by ongoing conflict, rapidly shifting dynamics, and the constant risk of regional escalation. The escalation involving Iran in 2026 further intensified this environment, contributing to increased instability, expanded military activity, and a heightened risk of cross-border incidents. Its ripple effects are being felt across Lebanon, Syria, and beyond, with the involvement of multiple state and non-state actors significantly elevating threat levels for humanitarian operations.

Across these contexts, humanitarian staff and volunteers continued to operate in highly complex and dangerous environments where the security situation could deteriorate rapidly. Active hostilities, localised violence, and fragile or collapsing ceasefire arrangements have increased exposure to security incidents and further constrained humanitarian access. Reports from National Societies continue to highlight the severe human toll, particularly among frontline workers, underscoring the persistent and acute risks associated with delivering lifesaving assistance.

While countries such as Jordan and Egypt remained comparatively stable, they were not immune to the wider regional volatility and potential spillover effects, including heightened tensions, population movements, and operational constraints. In response, the IFRC, National Societies, and Movement partners continuously adapted their security risk management approaches by maintaining robust contingency measures, strengthening real-time threat monitoring, and closely coordinating with field teams to ensure that security frameworks remain aligned with evolving operational realities.

These efforts were guided by IFRC's Minimum Security Requirements and supported by a network of trained security focal points across the region, ensuring a proactive, flexible, and context-driven approach to safeguarding personnel, sustaining access, and maintaining operational continuity in an increasingly unpredictable environment.



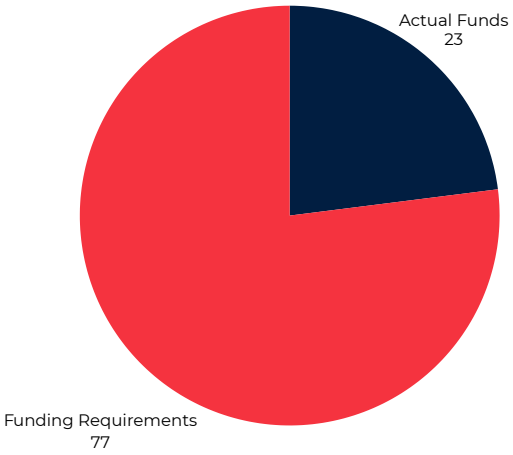
FINANCIAL OVERVIEW

FUNDING REQUIREMENTS

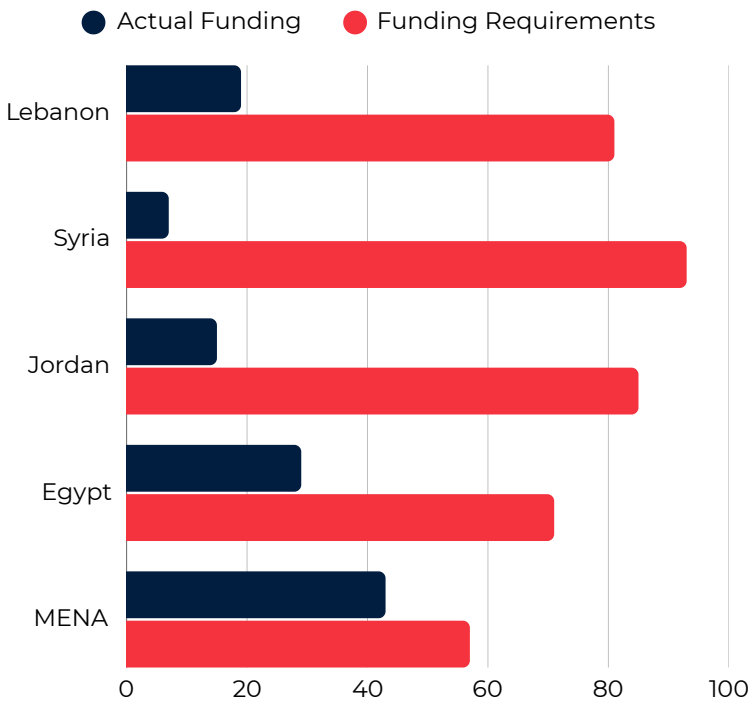
IFRC SECRETARIAT
CHF 185M

FEDERATION-WIDE
CHF 200M

MIDDLE EAST CRISIS



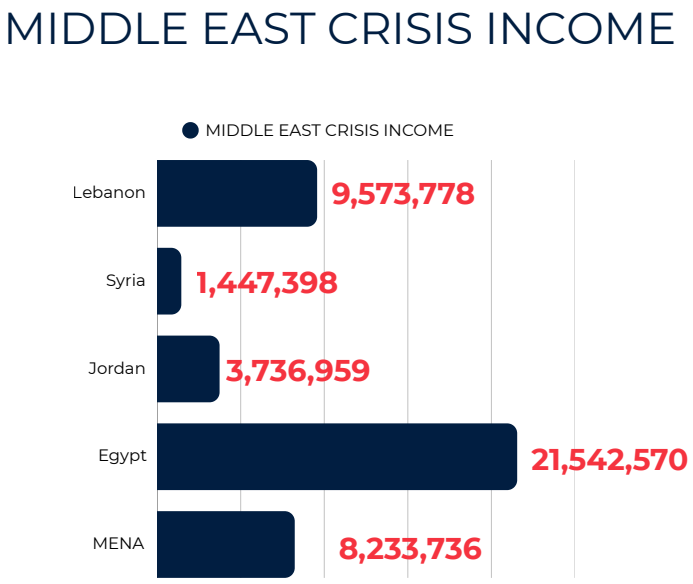
FUNDING REQUIREMENTS VS ACTUALS



TOTAL INCOME

CHF 44,534,451

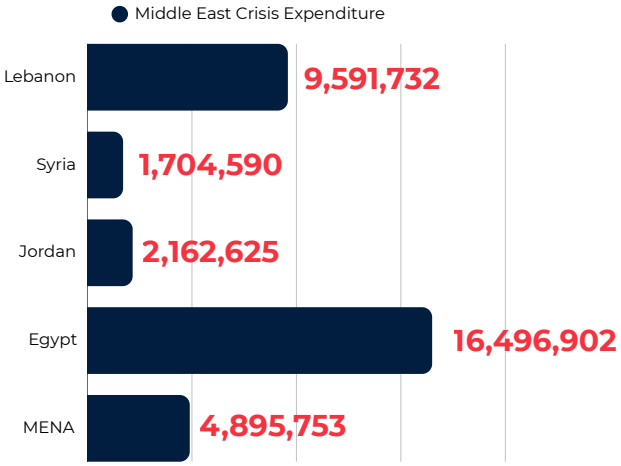
The following chart represents the of the Complex Emergency received by National Societies (Egypt, Lebanon, Syria, Jordan) and IFRC Secretariat since the beginning of their response to the ME.



TOTAL EXPENDITURES

CHF 34,851,601

The following chart represents the total expenditures of the Complex Emergency received by National Societies (Egypt, Lebanon, Syria, Jordan) and IFRC Secretariat since the beginning of their response to the Middle-East Crisis.



ANNEX 1: REPORTING ON INDICATORS

	SHELTER, HOUSING AND SETTLEMENTS		
Objective	Communities in crisis-affected areas, as well as people who are stranded and evacuees, are supported to restore and strengthen their safety and well-being through emergency shelter, settlement solutions, and relief items.		
	Indicators	**Code**	**Cumulative**
Key Indicators	*# of NFI (mattresses, blankets, kitchen sets and shelter kits, solar lights) prepositioned*	*1.1*	**SARC** 175,198 blankets 110,228 mattresses 103,992 sleeping mats 32,934 plastic sheets 32,801 kitchen sets 34,075 solar lamps 26,443 clothes **LRC** 58,660 mattresses 102,591 blankets **ERCS** 1,894 household items
	# of people reached with non-food items-NFIs (*mattresses, blankets, kitchen sets and shelter kits, solar lights*)	*1.2*	**ERCS** 1,894 household items 184 beds 3,071Blankets 866 pillows and mattress
	# of people receiving cash for rent assistance	*1.3*	**NTR**

FOOD SECURITY AND LIVELIHOODS

Objective	Improve food security to crisis-affected populations		
	Indicators	**Code**	**Cumulative**
Key Indicators	*# of food parcels prepositioned*	*2.1*	**ERCS** 69,948 food items 474,280 Iftar meals 1,870,980 loaves of bread 560,499 Suhoor meals 32,536 air-dropped food boxes **SARC** 68,727 Food Parcels 11,103 Canned-Food parcels 195,974 instant food items 141,777 date bars **LRC** 271,526 food parcels 1,689,699 ready meals and bread bundles
	# of people who received food parcels	*2.2*	**SARC** 208,181 people received food assistance **LRC** 46,308 people **ERCS** 7,090 people
	# of people received ready meals, disaggregated by sex	*2.3*	**ERCS** 163,700 people **SARC** 195,754 people **LRC** 47,986 people

MULTI-PURPOSE CASH

Objective	Crisis-affected populations in vulnerable situations have their needs addressed through cash assistance.		
	Indicators	**Code**	**Cumulative**
Key Indicators	*Number of households assisted with unconditional cash to meet their basic needs*	*3.1*	**LRC** 1,839 households
	Number of post-distribution monitoring conducted to ensure the effectiveness of cash and voucher assistance programs	*3.2*	**LRC** 2 PDM survey (with 704 participants)
	Number of individuals that received Conditional cash vouchers		**JNRCS** 369 (F:193 – M:176) (clothing Vouchers)

HEALTH & CARE

Objective	Persons affected by the hostilities are provided with essential health services, including Mental Health and Psychosocial Support (MHPSS).		
	Indicators	**Code**	**Cumulative**
Key Indicators	*Number of transport support provided to sick, injured, and wounded people*	*4.1*	**SARC** 1,837 people **ERCS** 7,678 medical evacuees 16,442 accompanying family members **JNRCS** 695 (F:368, M:327) Age distribution: (0-5: 63; 6-12: 114; 13-17: 94; 18-30: 192; 31-40: 89; 41-59: 94; 60+: 49) **LRC** 1,288 people

Key Indicators	*Number of referrals conducted for injured and wounded people*	*4.2*	**JNRCS** 43 (F:13, M:30)
	Number of ambulances procured	*4.3*	**ERCS** 214 ambulances delivered to Gaza **JNRCS** 1 ambulance
	Number of mobile Medical Unit (MMU) teams deployed to respond to primary healthcare needs in conflict-affected areas	*4.4*	**LRC** 1,331 MMUs
	Number of medical consultations provided through primary health facilities (MMUs and fixed clinics) (segregated by sex)	*4.5*	**ERCS** 37,477 **LRC** 223,652 **JNRCS** 606 (F: 310, M: 296)
	Number of patients with their hospital cost covered	*4.6*	**JNRCS** 85 F:34, M:51
	Number of people attending health promotion sessions, disaggregated by sex	*4.7*	**ERCS** 16,771 people
	Number of people reached with MHPSS services, disaggregated by sex	*4.8*	**ERCS** 178,570 MHPSS services provided to 21,881 people: 10,590 adults 11,291 children **SARC** 79,860 people **JNRCS** 348 (F:183; M:165) **LRC** 6,683 people attending one on one sessions (PFA) 1,672 people attended health promotion and PSS sessions
	Number of individuals receiving secondary and tertiary health services, disaggregated by sex	*4.9*	**ERCS** 258 prosthetic limbs **SARC** 44,596 people **JNRCS** 569 F:307, M:262

WATER, SANITATION AND HYGIENE (WASH)

Objective	Comprehensive WASH support is provided to people affected by the hostilities, resulting in an immediate reduction in the risk of water-related diseases and an improvement in dignity for the targeted population.

	Indicators	Code	Cumulative
Key Indicators	*Number of portable toilets prepositioned*	*5.1*	**NTR**
	Number of portable toilets installed	*5.2*	**ERCS** 24 toilets + 4 septic tanks installed in Khan Younis/Gaza camp. ERCS also facilitated the delivery of 1,220 latrines for other organisations.
	Number of hygiene kits prepositioned and procured	*5.3*	**ERCS** 37,597 hygiene kits **SARC** 24,308 hygiene kits 62,832 jerry-cans. **LRC** 77,618 hygiene kits
	Number of Families that received hygiene kits	*5.4*	**LRC** 17,644 **SARC** 24,308 hygiene kits 62,832 jerry-cans **JNRCS** 348 (F: 183, M: 165)
	Number of women and girls within reproductive age that received dignity kits	*5.5*	**NTR**
	Number of families reached with drinking water	*5.6*	**ERCS** 133,608 bottles of water distributed **SARC** 58,881 **LRC** 505,579 litres of drinkable water were distributed
	Number of water cubic metres distributed	*5.7*	**NTR**

Key Indicators	*Number of Shelters provided with WASH services (rehabilitated infrastructure, water supply, etc.)*	*5.8*	**ERCS** 1 camp in Khan Younus/Gaza provided with 8 water tanks bladders
	Number of showers installed	*5.9*	**NTR**
	Number of water systems enhanced through rehabilitation of infrastructure or through quick fixes	*5.10*	**NTR**

PROTECTION AND PREVENTION

Objective	Affected populations are safe from harm, including violence, abuse and exploitation, discrimination and exclusion, and their needs and rights are met.		
Key Indicators	**Indicators**	**Code**	**Cumulative**
	Number of staff and volunteers trained on PGI, PSEA, and child safeguarding, and ensure adherence to the Code of Conduct, disaggregated by sex	*6.1*	**ERCS** 18 staff trained **JNRCS** 38 staff and volunteers (F:16, M:22)
	Number of unaccompanied children who received protection services, disaggregated by sex and age	*NA*	**JNRCS** 41 (F:20, M:21) Age distribution: (0-5: 2; 6-12: 24 and 13-17: 15)
	Number of pregnant women who received protection services	*NA*	**JNRCS** 5 women
	Number of disabled who received protection services disaggregated by sex	*NA*	**JNRCS** 126 F:69, M:57

MIGRATION

Objective	Specific vulnerabilities of migrants, displaced, refugees and returnees are analysed, and their needs and rights are met with dedicated humanitarian assistance, Protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.		
Key Indicators	**Indicators**	**Code**	**Cumulative**
	Number of safe and welcome spaces/service points established for the provision of relevant services (such as health care, psychosocial support, relief distribution, legal services, child friendly spaces and provision of timely and accurate updates)	*7.1*	**ERCS** 61 **SARC** 6 Humanitarian Service Points
	Number of displaced individuals reached with protection and migration services, disaggregated by sex	*7.2*	**SARC** 197,708 people
	Number of children accessing the child friendly spaces, disaggregated by sex	*7.3*	**NTR**
	Number of RFL services provided	*7.4*	**ERCS** 91,307 calls facilitated. **SARC** 65 services

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

Objective	The diverse needs, priorities and preferences of the affected communities guide the response, ensuring a people-centered approach through meaningful community participation.		
Key Indicators	**Indicators**	**Code**	**Cumulative**
	Number of complaints and feedback received from the affected people that have been addressed	*8.1*	**NTR**

NATIONAL SOCIETY STRENGTHENING

Objective	National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in responding to displacement and disasters is well-defined and prioritized.		
Key Indicators	**Indicators**	**Code**	**Cumulative**
	Number of staff and volunteers attended logistics and supply chain training, disaggregated by sex *Number of staff and volunteers who attended the Emergency Needs Assessment and Planning (ENAP) training*	*9.1* *New*	**ERCS** 133 (M:113, F: 20) **JNRCS** 23 volunteers (M: 12; F: 11)
	Number of staff and volunteers attended PSS training, disaggregated by sex	*9.2*	**NTR**
	Number of volunteers insured	*9.3*	**NTR**
	Number of warehouses rehabilitated / established	*9.4*	**JNRCS** 1 new steel structure 2 rehabilitated warehouses 4 MSUs **ERCS** 13 warehouses (Cairo, Ismailia, and Al Arish) 2 bonded warehouses with a total area of 57000 square metres containing 35 MSUs
	Warehousing space managed by ERC for Gaza Response	*9.5*	57,000 square metres
	Number of Volunteers and staff provided with PSS services, disaggregated by sex	*9.6*	**ERCS** 957 **SARC** 700

Key Indicators	*Humanitarian aid inflow consigned to ERCS and JNRCS (disaggregated by flight, ships, and trucks tonnage)*	*9.7*	**JNRCS** Air: 5 shipments (87.24 tons) Sea: 4 shipments (144.01 tons) Land: 8 shipments (325.65 tons) **ERCS** Air: 916 planes (26,720 tons) Sea: 599 ships (185,660 tons) Land: 424,300 tons (40,00 trucks)
	Humanitarian aid inflow to Gaza from Egypt	*9.8*	**ERCS** 993,000 tons
	Humanitarian aid dispatched to Gaza (disaggregated by food and water, emergency material and medical supplies, tonnage)	*9.9*	**JNRCS** 213.07 tons of food 166.55 tons of relief supplies **ERCS** 645,735 tons of food and water 212,788 tons of relief supplies 74,954 tons of medical supplies 45,737 tons of fuel Total of 58,979 truckloads
	Number of forklifts purchased for ERCS and JNRCS for the logistics operation	*9.10*	**ERCS** 19 from all donors **JNRCS:** 2 forklifts

ANNEX 2: INTERIM FINANCIAL REPORT

Operational Strategy
Financial Report

All figures in Swiss Francs (CHF)

APPEAL
MDRS5002 - Middle East -Complex Emergency Crisis-

OPERATING TIMEFRAME
20 Oct 2023 to 31 Dec 2026

APPEAL LAUNCH DATE
20 Oct 2023

REPORT STATUS
INTERIM

SECTION I Emergency Appeal Funding Requirements

TOTAL FUNDING REQUIREMENTS
185,000,000
CHF

DONOR RESPONSE* (as per 17 Aug 2026)
44,534,451
CHF

APPEAL COVERAGE
24%
of total funding requirement

SECTION II IFRC Operating Budget Implementation

STRATEGIC PRIORITIES & ENABLING APPROACHES	OP STRATEGY	OP BUDGET	EXPENDITURE	VARIANCE
AP000 - Undefined output	185,000,000	48,034	20,402	27,631
PO01 - Shelter and Basic Household Items	0	15,000	373,353	-358,353
PO02 - Livelihoods	0	609,315	490,480	118,835
PO03 - Multi-purpose Cash	0	25,200	3,225	21,975
PO04 - Health	0	3,386,348	2,882,942	503,407
PO05 - Water, Sanitation & Hygiene	0	142,629	677,131	-534,502
PO06 - Protection, Gender and Inclusion	0	55,000	33,819	21,181
PO07 - Education	0	0	0	0
PO08 - Migration	0	43,379	45,605	-2,226
PO09 - Risk Reduction, Climate Adaptation and Recovery	0	25,865,606	18,234,175	7,631,431
PO10 - Community Engagement and Accountability	0	0	0	0
PO11 - Environmental Sustainability	0	0	0	0
Planned Operations Total	**185,000,000**	**30,190,511**	**22,761,132**	**7,429,380**
EA01 - Coordination and Partnerships	0	11,500	374,950	-363,450
EA02 - Secretariat Services	0	4,984,273	3,303,076	1,681,198
EA03 - National Society Strengthening	0	7,618,709	8,412,443	-793,735
Enabling Approaches Total	**0**	**12,614,482**	**12,090,469**	**524,013**
TOTAL	**185,000,000**	**42,804,993**	**34,851,601**	**7,953,392**

SECTION III Operating Movement & Closing Balance

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	42,157,049
Expenditure	-34,851,601
Closing Balance	**7,305,448**
Deferred Income	1,015,565
Funds Available	8,321,013

SECTION IV DREF Loan

* not included in Donor Response	Loan:	4,050,000	Reimbursed:	2,000,000	Outstanding:	2,050,000

SECTION V Contributions by Donor and Other Income

Opening Balance 0

INCOME TYPE	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income

AbbVie	9,183	0	0	0	9,183	0
Adaptavist Group Ltd	180	0	0	0	180	0
Adidas	117	0	0	0	117	0
Amazon	3,633	0	0	0	3,633	0
American Express Company (AMEX)	670	0	0	0	670	0
American Red Cross	5,555,566	0	0	0	5,555,566	0
Australian Red Cross	1,869,903	0	22,800	0	1,892,703	0
Austrian Red Cross	4,208,518	0	32,361	0	4,240,879	0
Belgium - Private Donors	254	0	0	0	254	0
Benevity, Inc	2,941	0	0	0	2,941	0
Bloomberg	19,043	0	0	0	19,043	0
Boeing	3,215	0	0	0	3,215	0
Brighter Vision Foundation	25,000	0	0	0	25,000	0
British Red Cross	3,737,531	0	19,917	0	3,757,448	0
Bulgarian Red Cross	4,760	0	0	0	4,760	0
Canada - Private Donors	220	0	0	0	220	0
Catalent	175	0	0	0	175	0
Cyprus Red Cross	4,720	0	0	0	4,720	0
Danish Red Cross	0	0	70,227	0	70,227	0
DELL Technologies	446	0	0	0	446	0
DREF Allocations	0	0	0	2,050,000	2,050,000	0
Duolingo	68	0	0	0	68	0
eBay Inc	47	0	0	0	47	0
European Commission - DG ECHO	2,005,343	0	0	0	2,005,343	0
France - Private Donors	193	0	0	0	193	0
GAVI Alliance	2,390,031	0	0	0	2,390,031	0
German Red Cross	12,986	0	0	0	12,986	0
Germany - Private Donors	142	0	0	0	142	0
Great Britain - Private Donors	4,032	0	0	0	4,032	0
Irish Government	949,237	0	0	0	949,237	917,692
Italian Government	91,176	0	0	0	91,176	97,873
Italian Government Bilateral Emergency Fund	948,251	0	0	0	948,251	0
Italy - Private Donors	243	0	0	0	243	0
Itqon Foundation	40,821	0	0	0	40,821	0
Japanese Red Cross Society	303,915	0	0	0	303,915	0
Luxembourg Government	187,454	0	0	0	187,454	0
Mastercard Inc.	1,964	0	0	0	1,964	0
Moderna, Inc	85	0	0	0	85	0
NetApp	134	0	0	0	134	0
Netherlands - Private Donors	786	0	0	0	786	0
New Zealand Red Cross	28,680	0	0	0	28,680	0
Norwegian Red Cross	42,634	0	38,000	0	80,634	0

NVIDIA Corporation	209	0	0	0	209	0
On Line donations	44,167	0	0	0	44,167	0
Oracle Corporation	425	0	0	0	425	0
Other	1,709	0	0	0	1,709	0
Polish Red Cross	2,757	0	0	0	2,757	0
PricewaterhouseCoopers	1,889	0	0	0	1,889	0
QBE Group Services Pty Ltd	11	0	0	0	11	0
Red Cross of Monaco	43,834	0	0	0	43,834	0
Rotary Club	122	0	0	0	122	0
Saudi Red Crescent Authority	861,878	0	0	0	861,878	0
Scotiabank	21	0	0	0	21	0
Spain - Private Donors	56	0	0	0	56	0
Spanish Government	949,358	0	0	0	949,358	0
Spanish Red Cross	0	25,555	0	0	25,555	0
Swedish Government	1,317,727	0	0	0	1,317,727	0
Swedish Red Cross	41,209	0	13,966	0	55,175	0
Swiss Government	4,000,000	0	0	0	4,000,000	0
Swiss Red Cross	6,985	0	0	0	6,985	0
Switzerland - Private Donors	1,765	0	0	0	1,765	0
Teradyne	260	0	0	0	260	0
Thai Red Cross Society	26,502	0	0	0	26,502	0
Thailand - Private Donors	3,659	0	0	0	3,659	0
The Canadian Red Cross Society	834,111	0	0	0	834,111	0
The Netherlands Red Cross	8,768,732	0	0	0	8,768,732	0
TPG Global, LLC	21,548	0	0	0	21,548	0
Turkish Red Crescent Society	500,000	0	0	0	500,000	0
United States - Private Donors	893	0	0	0	893	0
Wells Fargo Bank, N.A.	45	0	0	0	45	0
Yum Brands Inc	54	0	0	0	54	0
Total Contributions and Other Income	**39,884,222**	**25,555**	**197,272**	**2,050,000**	**42,157,049**	**1,015,565**
TOTAL INCOME AND DEFERRED INCOME					**42,157,049**	**1,015,565**

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REFERENCES

Click here for:

- Click here for:
- Link to the Emergency Appeal and updates
- Link to the Emergency Appeal
- Link to the Country Response Plan Egypt
- Link to the Country Response Plan Lebanon
- Link to the Country Response Plan Syria
- Link to the Country Response Plan Jordan
- Mobilisation table