

OPERATION UPDATE

Lebanon Complex Emergency

Emergency appeal №: MDRLB017 Emergency appeal launched: 05/11/2024 *Revised Emergency Appeal: 16/03/2026 Operational Strategy published: 24/12/2024	Glide №: <u>CE-2024-000196-LBN</u>
Operation update #5 Date of issue: 27/10/2026	Timeframe covered by this update: From 24/12/2024 to 30/09/2026
Operation timeframe: 38 months (05/11/2024 - 31/12/2027)	Number of people being assisted: 1,200,000
Funding requirements (CHF): CHF 80 million through the IFRC Emergency Appeal CHF 100 million Federation-wide	DREF amount initially allocated: CHF 2,000,000



Credits: Lama Chidiac - IFRC

A. SITUATION ANALYSIS

Description of the crisis

Lebanon entered 2026 facing a protracted and multidimensional crisis shaped by the cumulative effects of the financial and economic collapse that began in 2019, the consequences of successive rounds of hostilities since October 2023, large-scale population displacement, weakened public services and infrastructure, and persistent institutional and financial constraints. While the country had begun to show signs of economic stabilization and recovery during 2025, the renewed escalation of hostilities on 2 March 2026 abruptly reversed this trajectory and generated a new large-scale humanitarian emergency. The World Bank estimates that the renewed conflict derailed Lebanon's fragile recovery and projects the economy to contract by 6.4 per cent in 2026, further constraining household purchasing power, livelihoods, public finances and the capacity of already overstretched institutions and services to respond to humanitarian needs.¹

The renewed escalation of hostilities on 2 March 2026 triggered large-scale displacement across Lebanon, with more than 1.2 million people forced to flee their homes at the height of the crisis. Many displaced families sought refuge in collective shelters, including public schools and other facilities, while others stayed with host families or in temporary accommodation. By 13 April, approximately 140,914 people were accommodated in 684 collective shelters.² As the intensity of hostilities gradually decreased, displacement patterns shifted, with increasing numbers of families returning to their areas of origin and a progressive reduction in collective shelter occupancy. By 24 June, the number of people residing in collective shelters had decreased to 80,611 across 584 sites, while 523,249 people had returned to their communities.³ This trend continued over the following months, alongside the gradual closure and consolidation of collective shelters, particularly those established in public schools ahead of the new academic year. As of 29 September, IOM recorded 329,686 internally displaced persons, including 14,277 people in 154 collective sites, while 877,203 people had returned to their areas of origin.⁴

Despite the substantial return movements, conditions in many affected areas remained challenging. Extensive damage to residential buildings and essential infrastructure left many households unable to return to their homes, while others returned to partially damaged properties or areas where basic services remained disrupted. Continued airstrikes and security incidents, particularly in southern Lebanon, alongside explosive ordnance risks and limited livelihood opportunities, further constrained safe and sustainable returns. Consequently, significant shelter and early recovery needs persisted among displaced and returning populations, despite the overall reduction in displacement figures. According to the Ministry of Public Health, as of 10 September 2026, 4,383 people had been killed and 12,406 injured since the renewed escalation began on 2 March.⁵

The crisis has unfolded alongside broader and increasingly complex population movements. Lebanon continues to host a large refugee population, while movements between Lebanon and Syria have increased amid changing conditions in both countries and wider regional instability. The 2026 Lebanon Response Plan estimates that approximately 1.12 million displaced Syrians are living in Lebanon.⁶ Return movements to Syria have taken place alongside continued arrivals and internal movements, creating a complex protection environment involving Lebanese communities, refugees, migrants, internally displaced people and returnees.

¹ World Bank. *Renewed Conflict Derails Lebanon's Fragile Economic Recovery* (21 August 2026).

² OCHA. *Lebanon Flash Update #17* (April 2026)

³ International Organization for Migration (IOM), Displacement Tracking Matrix (DTM). *Escalation in the Middle East and Beyond – Mobility Report*. (June 2026)

⁴ International Organization for Migration (IOM), Displacement Tracking Matrix (DTM). *Lebanon Mobility Snapshot, Round 118* (1 October 2026).

⁵ Ministry of Public Health (MoPH). *Emergency Operations Center: Update Toll of the Aggression* (10 September 2026).

⁶ UNHCR. *Lebanon Response Plan 2026*.

The renewed conflict has also exacerbated Lebanon's existing food security and socioeconomic crisis. The April 2026 IPC update estimated that approximately 1.24 million people, or 24 per cent of the analysed population, would face Crisis or worse levels of acute food insecurity (IPC Phase 3 or above) between April and August 2026, compared with 874,000 people between November 2025 and March 2026.⁷ By 30 September, UNICEF reported that four in five surveyed households were struggling to afford basic necessities, demonstrating the extent to which renewed conflict has compounded years of socioeconomic deterioration and depleted household coping capacities.⁸

Public services and infrastructure have also sustained significant impacts. Health facilities and ambulances have been affected by attacks, while insecurity and damage have disrupted access to health care. By June 2026, the Ministry of Public Health reported that 17 hospitals had been damaged, including three that were forced to close. Since the renewed escalation began, 133 healthcare workers had been killed and 402 injured, while 172 attacks on emergency medical service vehicles and stations had been recorded. The education sector has similarly been affected and that among 1,089 education facilities assessed, 436 were damaged and 37 destroyed.⁹ Damage and disruption to water, sanitation, electricity, housing and other essential infrastructure have further constrained access to basic services in affected and return areas.

By the end of September 2026, the situation had evolved from the peak phase of mass displacement towards a complex combination of continued humanitarian response, population return and early recovery. However, the security situation remained volatile, with ongoing attacks and airstrikes, particularly in southern Lebanon, continuing to result in casualties, damage and disruption and affecting conditions for safe and sustainable return. Significant displacement, damaged infrastructure, socioeconomic deterioration and continued hostilities therefore mean that Lebanon remains in a fragile humanitarian situation.

Summary of response

The Lebanese Red Cross, established in 1945 and recognized as an auxiliary to public authorities in the humanitarian field, plays a central role in emergency medical and humanitarian response across Lebanon. The National Society operates through 32 branches nationwide, supported by approximately 12,000 volunteers and 400 staff, enabling rapid mobilization during emergencies. Core operational capacities include ambulance and emergency medical services, blood services, primary healthcare and relief assistance, supported by 33 health centres providing medical consultations and psychosocial support.

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

Over the past five years, the LRC has responded to multiple emergencies with support from the IFRC through DREF allocations and emergency appeals, including this Lebanon Complex Emergency Appeal launched in 2024. Following the escalation of hostilities in March 2026, the LRC rapidly scaled up its nationwide response, activating emergency mechanisms and mobilizing its operational capacities across affected areas.

As of September 27, EMS teams had conducted 10,624 conflict-related emergency missions, assisting 108,188 patients, including 1,449 conflict-affected patients, while continuing to provide essential emergency medical services to the wider population. In parallel, LRC health centres and Mobile Medical Units (MMUs) continued delivering essential healthcare services to displaced and conflict-affected communities, recording 228,933 attendances and

⁷ Integrated Food Security Phase Classification (IPC). *Lebanon: Acute Food Insecurity Projection Update* (29 April 2026).

⁸ UNICEF. *Four in five households in Lebanon struggle to afford basic needs as conflict deepens deprivation for children* (30 September 2026).

⁹ UNICEF. *Lebanon's schools caught in the crossfire*. (September 2026)

providing 411,993 health services through a network of 33 operational health centres and multiple mobile medical unit deployments. Blood Transfusion Services (BTS) maintained the continuity of blood supply to hospitals for both conflict-related and routine medical needs, distributing 2,822 blood components to conflict-affected patients and 29,046 components for non-conflict-related cases, while collecting a cumulative total of 25,227 blood units since 2 March 2026.

Complementing LRC's efforts, the Palestine Red Crescent Society – Lebanon Branch (PRCS-L), established in 1969 with the mandate of providing essential health and social services to Palestinian refugees, continued playing a critical role in maintaining access to healthcare for conflict-affected and vulnerable populations. Operating across 12 Palestinian refugee camps in Lebanon, PRCS-L maintained five hospitals and five health centres fully operational throughout the escalation that began in March 2026, ensuring the continuity of essential healthcare services for Palestinian refugees residing both inside and outside the camps, as well as displaced families and host communities. Despite the challenging operational environment, PRCS-L recorded 19,117 outpatient visits and 2,836 inpatient admissions across its five hospitals during the second quarter of 2026, demonstrating its continued capacity to deliver secondary and tertiary healthcare services. In addition, between March and May 2026, PRCS-L provided 6,797 emergency services to displaced populations. Through its extensive healthcare network and community-based response, PRCS-L reached approximately 170,000 people, including Palestinian refugees across the 12 camps, displaced families and host communities. These interventions contributed to maintaining access to essential and lifesaving healthcare services and reinforced the complementary role of PRCS-L within the broader humanitarian health response in Lebanon.

Complementing its medical response, LRC, through its Disaster Management Sector (DMS), continued providing essential relief assistance to displaced and conflict-affected populations, distributing over 620,000 relief items, including food parcels, hygiene kits, blankets, mattresses and other essential supplies. In addition, DMS provided multipurpose cash assistance to affected households, supported shelter management and rehabilitation, including the rehabilitation of 38 collective shelters and public institutions, and implemented water, sanitation and hygiene (WASH) interventions to improve living conditions. In parallel, the Disaster Risk Reduction (DRR) Unit reached 16,515 people through awareness and preparedness activities, and 101,340 with key messages, while the Youth Sector engaged 10,582 individuals in crisis preparedness sessions and supported community outreach and relief activities. These efforts were complemented by the integration of protection considerations across humanitarian interventions, including the identification and referral of vulnerable individuals and the provision of mental health and psychosocial support, contributing to a more comprehensive and inclusive response to the needs of affected populations.

Needs analysis

The humanitarian situation at the end of September 2026 is characterized by overlapping emergency, displacement, return and early recovery needs. While large numbers of people have returned to their areas of origin, many households remain displaced or have returned to environments where housing, livelihoods and essential services have been damaged or disrupted. Needs therefore differ considerably according to displacement status, location, socioeconomic vulnerability and the extent of conflict-related damage. Priority groups include internally displaced people, vulnerable returnees, conflict-affected host communities, refugees and migrants, female-headed households, children, older people, persons with disabilities and households with limited or no reliable source of income.

Food security and basic needs remain a major concern, particularly as conflict-related livelihood losses compound years of declining household purchasing power. The latest IPC analysis identified substantial acute food insecurity across Lebanese and refugee populations, while subsequent household assessments indicate continued difficulty meeting basic expenditure. Families are increasingly required to prioritize between food, health care, rent, education and other essential needs. Flexible multipurpose cash assistance remains particularly relevant where markets are functioning, enabling vulnerable households to meet their own priority needs while preserving dignity and choice. Food assistance may remain necessary for households experiencing severe food insecurity or facing barriers to accessing functioning markets.

Shelter needs are increasingly differentiated between continued displacement and return. People remaining in collective sites or temporary accommodation require safe and adequate shelter, essential household items and access to basic services. At the same time, returning households may find homes damaged or uninhabitable and neighbourhood infrastructure and utilities disrupted. Explosive ordnance contamination and insecurity may further restrict access to homes, agricultural land and community infrastructure.

Access to **health care** remains constrained by both supply- and demand-side barriers. Damage to health infrastructure, pressure on functioning facilities, shortages of medicines and supplies and insecurity have affected service availability, while deteriorating household finances have reduced the ability of vulnerable families to pay for care, medicines and transport. Priority needs include emergency and trauma care, primary health care, maternal and child health, routine immunization, management of noncommunicable and chronic diseases, rehabilitation, essential medicines, mental health and psychosocial support and strengthened referral systems.

Water, sanitation and hygiene needs are closely linked to displacement and damaged infrastructure. People in collective and temporary accommodation require continued access to sufficient safe water, sanitation facilities, hygiene items and appropriate waste management. In return areas, damaged water and sanitation networks and interruptions to electricity and municipal services may prevent households from safely re-establishing themselves. Assistance should therefore increasingly combine emergency WASH services with rehabilitation of damaged community systems and support to local service providers.

Protection risks remain significant and may become less visible as populations move out of collective displacement settings. Insecurity, explosive ordnance, damaged housing, family separation, disrupted services and economic hardship expose affected households to multiple protection risks. Children, women, older people and persons with disabilities may face particular barriers to services and humanitarian assistance. Economic deterioration is also contributing to negative coping mechanisms: UNICEF reported in September of 2026 that 14 per cent of surveyed households had at least one child engaged in work, more than twice the proportion recorded in January 2025. Protection monitoring, child protection, prevention and response to gender-based violence, restoring family links, psychosocial support, accessible referral mechanisms and protection mainstreaming across sectors therefore remain essential.

Livelihood recovery is increasingly important as the response moves beyond immediate emergency assistance. Conflict-affected households have experienced loss or disruption of employment, businesses, agriculture and other income-generating activities. Without opportunities to restore income, households are likely to remain dependent on humanitarian assistance and continue using negative coping mechanisms. Cash assistance should therefore be complemented, where appropriate, by livelihood recovery, rehabilitation of productive assets and other measures that strengthen household economic resilience and support sustainable return.

Mental health and psychosocial needs cut across all population groups. Repeated displacement, exposure to violence, bereavement, uncertainty, destruction of homes and livelihoods and prolonged economic hardship have affected the well-being of both adults and children. Community-based psychosocial support, psychological first aid, structured support for children and caregivers and accessible referral pathways for people requiring specialized services should therefore remain integrated across health, protection and community-based programming.

Operational risk assessment

Security and Access Constraints

The continued hostilities and volatile security environment in Lebanon remain significant risks to humanitarian operations, particularly in southern Lebanon and other areas exposed to ongoing attacks, evacuation warnings and movement restrictions. Although the humanitarian situation has evolved from the peak of mass displacement towards a combination of continued emergency response, population returns and early recovery, persistent insecurity continues to affect humanitarian access, operational planning and the safety of affected communities and

humanitarian personnel. Continued strikes in southern Lebanon, alongside the risk of renewed escalation, may trigger further displacement and disrupt access to essential services, including healthcare, emergency medical assistance and relief distributions.

Despite these challenges, the LRC has maintained its operational presence and continued delivering essential humanitarian services across the country, including in high-risk areas. The National Society has adapted its operational arrangements through the mobilization and redeployment of Emergency Medical Services (EMS) teams, Mobile Medical Units (MMUs), and coordination with relevant authorities and humanitarian partners. However, continued exposure to security risks, potential damage to facilities and infrastructure, and restrictions on movement remain important operational concerns. Maintaining the safety of staff and volunteers, ensuring the protection of humanitarian facilities and assets, and continuously monitoring security developments and access conditions remain critical to sustaining the response.

Logistics and Systems Disruptions

The protracted emergency continues to place pressure on humanitarian logistics, supply chains and operational systems, particularly given the simultaneous requirements for emergency assistance, continued service delivery and early recovery support. Insecurity, potential road closures, movement restrictions and disruptions to transport infrastructure may affect the timely delivery of relief items, medical supplies, fuel and essential equipment, particularly to communities in high-risk and hard-to-reach areas. Although the IFRC Secretariat and the wider IFRC network maintain logistics and procurement capacities to support the National Society, potential disruptions to regional supply routes, shipment schedules and procurement processes remain risks to the continuity and scale-up of humanitarian operations.

LRC continues to maintain logistics readiness through the management and replenishment of emergency stocks, coordination of incoming supplies and distributions, and support to operational facilities and response teams. However, changing displacement patterns, including returns to areas affected by hostilities and continued movements between collective shelters, rented accommodation and host communities, require regular adjustments to distribution planning and resource allocation. The continued provision of fuel, medical equipment, medicines, ambulance maintenance and other operational inputs remains essential to sustaining emergency medical services, healthcare delivery and relief operations. Any prolonged disruption to supply chains, communications, electricity or transport networks could reduce the National Society's ability to maintain service continuity and respond rapidly to renewed humanitarian needs.

Operational and Response Capacity Constraints

The prolonged nature of the emergency continues to strain the operational, financial and human resources of the LRC and other humanitarian actors. While the reduction in displacement levels and the closure of collective shelters established in schools have marked a transition from the initial emergency phase, significant shelter and basic assistance needs persist among displaced households, returnees and families whose homes have been damaged or destroyed. The reduced availability of collective shelter facilities, particularly following the reopening of schools, may further limit accommodation options in the event of renewed displacement. At the same time, remaining shelters and public facilities continue to require maintenance, rehabilitation, adequate water and sanitation services, and protection-sensitive support to ensure safe and dignified living conditions.

LRC has continued adapting its response through shelter assessments, targeted rehabilitation works, relief distributions, cash assistance and coordination with relevant authorities and humanitarian partners. Nevertheless, the simultaneous demands of emergency response, population returns and early recovery are increasing the complexity of operational planning and resource allocation. Continued funding constraints increased operating costs, and the sustained deployment of staff and volunteers may affect the National Society's ability to maintain response capacity over time. These pressures are compounded by the need to preserve preparedness for renewed escalation while supporting communities facing persistent humanitarian needs. Sustained financial and institutional support,

strengthened coordination, contingency planning and the timely replenishment of essential operational resources remain critical to maintaining the effectiveness and continuity of the response.

Pressure on the Healthcare Sector

Lebanon's healthcare system continues to face considerable pressure due to the cumulative effects of the conflict, damage to health infrastructure, displacement, socioeconomic deterioration and sustained demand for essential medical services. Although some health facilities have resumed operations and service delivery has been maintained in several high-risk areas, continued insecurity and the possibility of renewed hostilities pose significant risks to healthcare access and continuity. Damage to hospitals and healthcare facilities, disruptions to medical supply chains, and the financial and operational constraints affecting healthcare providers continue to limit the system's capacity to absorb additional demand, particularly in areas exposed to ongoing attacks or receiving displaced and returning populations.

LRC has continued supporting the healthcare response through its EMS, MSS, BTS and Physical Rehabilitation Center services, maintaining emergency medical assistance, primary healthcare, mobile medical outreach and blood collection and distribution. Similarly, the Palestine Red Crescent Society – Lebanon (PRCS-L) has maintained the operation of its five hospitals and five health centres, contributing to the continuity of healthcare services for Palestinian refugees, displaced families and host communities. However, the sustained demand for emergency and routine medical care, combined with the need to maintain essential medicines, medical equipment, blood supplies and qualified personnel, continues to place pressure on available resources.

Further escalation could result in a renewed influx of casualties, additional disruptions to healthcare facilities and increased demand for emergency referrals, ambulance services and hospital care. In this context, continued support for medical supplies, paramedical equipment, ambulance operations, blood transfusion services and healthcare personnel remains essential. Strengthening referral coordination, maintaining operational readiness and ensuring the continuity of essential health services will be critical to mitigating the impact of ongoing insecurity and preventing further deterioration in access to healthcare.

B. OPERATIONAL STRATEGY

Update on the strategy

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

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

Since the initial launch of the appeal in November 2024, renewed hostilities in March 2026 have resulted in additional civilian casualties, damage to residential buildings and critical infrastructure, and massive displacement across several regions of Lebanon. These developments have significantly increased humanitarian needs and placed additional pressure on emergency response systems, health services, and humanitarian actors responding across the country. In this context, the response has transitioned from a combination of preparedness and early response actions to

sustained, large-scale emergency operations. This shift has required LRC to operationalize its planned interventions through expanded service delivery and reinforced readiness mechanisms.

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

The Lebanese Red Cross released a [Conflict Preparedness and Response Plan](#) during the first week of March to guide its operational readiness and further illustrate how the operational strategy is being implemented in practice. It translates strategic priorities into concrete actions. These measures demonstrate how LRC is applying the strategy's built-in flexibility to respond to a rapidly evolving context, ensuring continuity of operations despite increased insecurity, infrastructure damage, and mass displacement. The plan outlines sector-specific preparedness and response measures across LRC's core operational areas, including Emergency Medical Services (EMS), Blood Transfusion Services (BTS), Medical Social Services (MSS), Disaster Management, Disaster Risk Reduction (DRR), and Youth and volunteer mobilization.

DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

Disclaimer: The figures presented for the period December 2024 to September 2026 reflect only the activities implemented with the support of the IFRC Secretariat. They do not represent the full scope of the Lebanese Red Cross response during the reporting period. Additionally, the significant increase in reported figures reflects the substantial scale-up of LRC's operations in response to the escalation of hostilities and the resulting increase in humanitarian needs among affected populations.

 Shelter, Housing and Settlements		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions		
Key indicators:	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
	# of mattresses distributed to conflict-affected individuals	10,693	
	# of blankets distributed to conflict-affected individuals	24,925	
	# of collective shelters and public institutions retrofitted or rehabilitated to meet the minimum shelter standard in an emergency context	38	

Since the beginning of March, LRC Disaster Management teams have distributed 43,423 shelter relief items to displaced households across Beirut, Baalbek-Hermel, Beqaa, Keserwan-Jbeil, Mount Lebanon, North Lebanon and South Lebanon. These distributions include 24,925 blankets, 10,693 mattresses, 4,611 pillows, 13 shelter cleaning and 50 shelter kits, and 3,086 insulation mats, aimed at improving shelter conditions for displaced families residing in collective shelters or host communities.

As part of its shelter response, the Lebanese Red Cross continued addressing the shelter needs of displaced populations through infrastructure rehabilitation and targeted assistance. A total of 38 collective shelters and public institutions were retrofitted or rehabilitated to improve living conditions and meet minimum shelter standards in an emergency context. Needs assessments were conducted across shelters in different areas to identify priority gaps and inform interventions, with shelter rehabilitation and water, sanitation and hygiene (WASH) works carried out according to the specific needs of each facility.

Complementing these interventions, the LRC initiated coordination between its Disaster Management Sector Shelter Programme and Economic Security (EcoSec) Programme to introduce a Cash for Shelter intervention targeting displaced households residing outside collective shelters, including those in rented accommodation or staying with host families. Under this intervention, eligible households will receive a one-off cash payment of USD 250 to support their shelter-related needs. Coordination with Disaster Risk Management (DRM) is ongoing to identify and prioritize eligible households, while implementation will be aligned with Shelter Sector guidance and reported to the Ministry of Social Affairs (MoSA).

Additionally, the Disaster Management Sector continues to lead the management of the collective shelter at Camille Chamoun Sports City Stadium in Beirut, in coordination with MoSA. During the peak of displacement, the shelter accommodated over 1,200 displaced individuals for an extended period, before occupancy gradually declined as population movements shifted towards return and alternative accommodation. Currently, the shelter is hosting 20 households (44 individuals) as of 27 September, with volunteers continuing to provide essential assistance, monitor needs and coordinate services for remaining residents.

In parallel, Youth sector volunteers continue to support shelter management activities including registration of new arrivals, needs monitoring, distribution of essential items, and the organization of psychosocial and recreational activities for displaced children.

As displaced families gradually return to their areas of origin, shelter needs continue to evolve. While the number of people accommodated in collective shelters has decreased, the reopening of schools has further reduced available shelter capacity, as educational facilities previously used to accommodate displaced populations have resumed their regular functions. At the same time, many returning families continue to face significant shelter challenges due to damaged or destroyed homes, inadequate living conditions and limited resources for repairs and rehabilitation. Consequently, shelter needs remain substantial for both displaced and returning populations, highlighting the continued importance of targeted shelter assistance, rehabilitation support and the provision of essential household items to facilitate safe and dignified returns.



Livelihoods

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

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

Key indicators:	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
	# of food parcels distributed to conflict-affected families	47,082	3,900

In Akkar, Baalbek–Hermel, Beirut, Bekaa, Keserwan–Jbeil, Mount Lebanon, North Lebanon, and South Lebanon, LRC Disaster Management teams distributed relief items to displaced populations residing in collective shelters or host communities. These include bottled water, ready meals, bread bundles, and 47,082 food parcels distributed across multiple governorates to support families who often lack access to essential food supplies during the first days of displacement. From the 47,082 food parcels distributed, 3,900 were procured through the IFRC secretariat.

These distributions aim to support displaced populations currently residing in collective shelters or newly arrived host communities who often lack access to basic household items and essential supplies.



Multi-purpose Cash

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>
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Key indicators:	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
	# of families who received unconditional cash	41,044	875

2025 Response:

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

Phase I, launched in January 2025, focused on rapid relief through a one-time multi-purpose cash transfer of USD 200. Targeting for this phase focused on conflict-affected areas identified through an analysis of the severity of hostilities, levels of damage, and numbers of displaced households. These locations were validated with regional Disaster Risk Management (DRM) units to ensure that assistance reached the most impacted communities while avoiding duplication with other actors. Eligibility criteria required households to meet two mandatory conditions: having a partially or fully damaged home and a monthly household income below USD 500, along with at least one additional vulnerability factor, such as a larger household size, the presence of pregnant or nursing women, persons with disabilities, or elderly members above 70 years of age.

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

security challenges. Importantly, the IFRC Secretariat contribution directly supported **250 households during Phase II.**

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

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

2026 Response:

Throughout 2026, the Lebanese Red Cross continued implementing its shock-responsive Multi-Purpose Cash Assistance intervention under its Response Plan, in close coordination with the Ministry of Social Affairs (MoSA), to support conflict-affected and displaced households in meeting their priority basic needs and alleviating financial pressures associated with displacement.

Following the completion of Phase 3, which provided a one-time shock-responsive cash transfer to 20,173 households, the LRC launched Phase 4, referred to as the “Medium-Term Approach,” to provide continued assistance to vulnerable displaced households. Under this phase, eligible households were targeted to receive two additional cash transfers, based on the national Emergency MPCA targeting criteria. Trained Economic Security (EcoSec) volunteers conducted household verification assessments to support beneficiary identification and eligibility confirmation. By the end of September 2026, a total of 41,044 households received unconditional cash while the IFRC secretariat was directly able to reach 625 households since the beginning of March, bringing the total to 875 households since the beginning of the appeal.

In parallel, the LRC continued coordinating with MoSA to determine the next steps of the cash response, considering options to expand assistance to previously unreached households, sustain support to existing beneficiaries or prioritize households facing heightened vulnerabilities through additional transfers. The selection of the approach remained subject to available resources, agreed eligibility criteria and operational readiness.

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

	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
Key indicators:	# of conflict-affected people injured transported, disaggregated by sex	1,449	15
	# of conflict-affected individuals evacuated, disaggregated by sex	1,188	16
	# of conflict-related dead bodies managed and transported	407	36
	% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner	N/A	98%
	% of patients served during the day (by days shift teams)	N/A	65.7%
	# of non-conflict related emergencies patients served, disaggregated by sex	106,739	71,264
	# of ambulances mobilized on site* ¹⁰	122	239
	# of EMS volunteers who responded to the conflict*	366	1,488
	# of calls received on LRC's emergency hotline '140'	N/A	248,639
	# of trained and coached EMDs	N/A	20
	# of coaching sessions conducted	N/A	150
	# of ambulances maintained	N/A	1,238
	# of days shift teams assured	N/A	588
	# of days when dayshift teams were active	N/A	243
	# of EMS volunteers trained on First Response/EMTs	N/A	687
	# of drivers trained	N/A	172
	% of health staff trained and who have met the competency standards in their respective field of expertise	N/A	100%

* Number is between 21 and 27 September 2026

<i># of blood components distributed to conflict-affected people</i>	2,822	
<i># of blood units collected</i>	25,227	
<i># of MMU deployments</i>	1,004	
<i># of health services provided through MMUs and HC</i>	411,993	
<i># of individual support sessions conducted</i>	9,442	
<i># of people who attended group awareness sessions conducted for conflict affected people</i>	3,439	
<i># of people reached with MHPSS services</i>	3,439	

2025 Response:

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

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

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

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

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

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

In parallel, PRCS-L has actively supported emergency medical evacuations, deploying 28 ambulances to assist in the evacuation of hospitals and the safe transfer of patients. Through these efforts, PRCS-L is contributing

significantly to alleviating pressure on the health system and ensuring continuity of care for vulnerable and conflict-affected communities.

2026 Response:

Emergency Medical Services (EMS) teams of the Lebanese Red Cross maintained their operational readiness and continued providing emergency medical assistance throughout the reporting period, despite ongoing hostilities and access constraints, particularly in southern Lebanon. Between 2 March and 27 September 2026, EMS teams conducted a cumulative total of 10,624 conflict-related missions, providing assistance to 1,449 conflict-affected patients and evacuating 1,188 conflict-affected individuals. In parallel, EMS teams continued delivering essential emergency medical services to the wider population, assisting 106,739 non-conflict-affected patients, bringing the total number of ambulance patients served to 108,188. During the final reporting week, an average of 122 ambulances and 366 volunteers were mobilized to maintain emergency response capacity. These operations were supported by the IFRC Secretariat through contributions towards EMS operational costs, including volunteer per diems, ambulance maintenance and fuel, and the procurement of four ambulances. Support was also provided to strengthen emergency operational readiness at the government level, contributing to the continuity of emergency medical services.

Through its Medico-Social Services Sector (MSS), the LRC continued providing essential primary healthcare services to displaced and conflict-affected populations through its network of health centres and Mobile Medical Units (MMUs). Between 2 March and 27 September 2026, 228,933 attendances were recorded across health centres and MMUs, with 411,993 health services provided, including 193,769 medication services. A cumulative total of 1,004 MMU deployments were conducted to extend healthcare access to communities facing barriers to essential services. During the final reporting week, 33 health centres remained operational, including facilities in high-risk areas such as Babliyah, Zrariyah, Baalbek, Tyre, Rmeish and Nabatiyah. The continued delivery of healthcare services was facilitated through IFRC Secretariat support for paramedical equipment, essential medicines, operational and running costs, as well as staff salaries and per diems, contributing to the continuity and accessibility of primary healthcare services in affected communities.

In parallel, MSS teams continued delivering mental health and psychosocial support (MHPSS) and community-based awareness activities to address the psychosocial needs of conflict-affected populations. As of 27 September 2026, 9,442 individual support sessions had been conducted, while 3,439 individuals participated in group awareness sessions.

Blood Transfusion Services (BTS) also remained essential to sustaining emergency and routine healthcare services. Between 2 March and 27 September 2026, the LRC collected 25,227 blood units and distributed 2,822 blood components to conflict-affected patients, alongside 29,046 blood components for non-conflict-related medical needs. BTS maintained coordination between its centres to monitor blood stocks, respond to hospital demand and ensure the continuity of blood supply. Operational capacity remained stable, with 90 per cent availability of human, equipment and physical resources and 92 per cent of essential logistics and infrastructure components secured and operational. The IFRC Secretariat contributed to sustaining these services through the provision of reagents, medical materials and equipment, as well as salary support, strengthening the operational capacity of BTS centres to maintain blood collection, processing and distribution during the emergency.

***It should be noted that certain health indicators are not being reported by the Lebanese Red Cross under the current conflict response. These indicators have therefore been marked as N/A to reflect the reporting scope of the operation, rather than an absence of activities or progress.**

Female > 18:	Female < 18:
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Water, Sanitation and Hygiene

Male > 18:

Male < 18:

Objective:

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

Key indicators:

Indicator

Actual

(2 March – 27 September, 2026)

Actual – IFRC

Secretariat

(Dec 2024- Sep 2026)

of hygiene kits distributed to conflict-affected families

59,935

16,000

Volume of drinkable water distributed in litres

309,720

Between 2 March and 27 September 2026, LRC, through its Disaster Management Sector, continued providing essential relief assistance to conflict-affected and displaced populations across Lebanon, including Akkar, Baalbek-Hermel, Beirut, Bekaa, Keserwan-Jbeil, Mount Lebanon, Nabatiyeh, North Lebanon and South Lebanon. During this period, a cumulative total of 59,935 hygiene kits were distributed to affected households, contributing to improved access to essential hygiene supplies and the prevention of public health risks. Of these, 16,000 hygiene kits were supported through the IFRC Secretariat, contributing to the LRC's capacity to sustain relief distributions and address the hygiene needs of vulnerable communities. In parallel, the LRC distributed 300,920 litres of drinking water to support access to safe water among displaced and conflict-affected populations. These interventions complemented the National Society's broader emergency response and were implemented in coordination with relevant authorities and humanitarian partners to address priority needs.

In addition to relief distributions, LRC continued implementing water, sanitation and hygiene (WASH) interventions in collective shelters to improve living conditions and reduce public health risks. At the Camille Chamoun Sports City Stadium collective shelter in Beirut, managed by the LRC, water and sanitation rehabilitation works were undertaken in coordination with relevant partners to improve access to safe water and adequate sanitation facilities. Hygiene promotion activities were also conducted within the shelter, contributing to improved hygiene practices and awareness among displaced households. As of 27 September 2026, 10,758 individuals participated in hygiene promotion sessions conducted by the LRC across affected locations, further strengthening community-level WASH awareness and preventive practices.



Protection, Gender and Inclusion

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:

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

Key indicators:

Indicator

Actual

(2 March – 27 September, 2026)

Actual – IFRC

Secretariat

(Dec 2024- Sep 2026)

of child friendly spaces operated

722

	# of children participated in child friendly spaces	9,758	
Medico social Sector (MSS) teams continued to prioritize the well-being of children affected by the crisis through the establishment and operation of safe and structured environments. A total of 722 child-friendly spaces were operated, providing 9,758 children with access to recreational, educational, and psychosocial support activities. These spaces offered a sense of normalcy and safety, helping children cope with stress, strengthen their resilience, and engage in positive social interaction despite the challenging circumstances.			



Community Engagement and Accountability

Objective:		<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>	
Key indicators:	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
	<i># of calls received through the non-emergency hotline</i>	57,055	
Between 2 March and 27 September 2026, the Lebanese Red Cross maintained its Non-Emergency Hotline (1760) to provide timely information, respond to inquiries and complaints, and facilitate access to essential services for conflict-affected communities and the wider population. During this period, a cumulative total of 57,055 calls were received, including 36,430 calls related to BTS and 20,625 calls concerning general inquiries and complaints. Of the latter, 10,632 calls were conflict-related, covering requests for assistance, reported issues, complaints and feedback.			
The BTS hotline continued operating 24 hours a day, seven days a week, while general inquiries and complaints were managed between 08:00 and 21:00, with the capacity to expand to round-the-clock coverage in response to increased needs or further escalation. Through continued coordination with relevant LRC sectors, hotline teams provided accurate and updated information, facilitated the appropriate handling of requests and maintained alignment with the evolving operational context. In parallel, the hotline continued addressing routine, non-conflict-related inquiries, ensuring the continuity of essential information and communication services throughout the emergency.			
Other feedback mechanisms across all operational sectors continued to function effectively including phone and field-based data collection, in-station satisfaction surveys, and other established feedback channels.			
In parallel, the LRC, through its Disaster Risk Reduction Unit, strengthened community-level preparedness through awareness-raising, risk communication and information management activities. A total of 16,515 people were reached through awareness and preparedness initiatives, while 101,340 people received key preparedness messages. Additionally, 35 digital tools were developed, updated or disseminated to support information management, coordination and operational decision-making.			

Enabling approaches



National Society Strengthening

Objective: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
Key Indicators:	Indicator	Actual (2 March – 27 September, 2026)	Actual – IFRC Secretariat (Dec 2024- Sep 2026)
	<i># of staff and volunteers participating in the MHPSS PGI trainings</i>	1,511	

Since the renewed escalation of hostilities on 2 March 2026, the Lebanese Red Cross has continued strengthening its Mental Health and Psychosocial Support (MHPSS) and Protection, Gender and Inclusion (PGI) capacities through targeted training for staff and volunteers. As of 27 September 2026, a total of 1,511 staff and volunteers took part in the trainings, including 969 in Psychological First Aid (PFA), 416 in PGI training, including Gender-Based Violence (GBV) sessions, and 126 in creating safe spaces. These capacity-building efforts aimed to enhance the ability of frontline responders to identify and respond appropriately to psychosocial and protection needs, promote safe and inclusive service delivery, and integrate protection principles and psychosocial considerations across humanitarian interventions.

LRC also continued reinforcing its institutional and operational preparedness to respond to the evolving humanitarian situation across the country. Preparedness measures undertaken before and during the escalation enabled the National Society to maintain operational continuity and mobilize personnel, equipment and resources across its emergency response sectors. During the final reporting week of September 2026, an average of 122 ambulances and 366 EMS volunteers were mobilized to support emergency response operations. In parallel, Blood Transfusion Services (BTS) maintained 90 per cent availability of human, equipment and physical resources, alongside 92 per cent availability of essential logistics and infrastructure components, supporting the continuity of blood collection and distribution services. Operational resilience was further reinforced through contingency arrangements, including the establishment of a backup operational centre in Beit Meri to support continuity of coordination and critical functions in the event of disruptions to the main headquarters.

Additional preparedness measures included verification of ambulance fleet readiness, maintenance of fuel reserves and medical supplies, reinforcement of dispatch and communication systems, and the deployment of response teams to support operations in high-risk areas. The LRC also maintained its Urban Search and Rescue (USAR) readiness through standby arrangements, operational shifts and the availability of specialized rescue capacities. As of 27 September 2026, USAR teams conducted 33 missions and extracted 46 individuals, while maintaining preparedness for further deployments. In parallel, the Disaster Risk Reduction (DRR) Unit continued supporting emergency operations rooms, shelter and population monitoring, information management, assistance tracking and coordination with relevant authorities to strengthen operational readiness and facilitate timely humanitarian assistance. Since the start of the escalation, the DRR Unit supported the operational readiness of 205 Emergency Operations Rooms (EORs), distributed 3,889 equipment items to Community Emergency Response Teams (CERTs), and established evacuation plans for 210 entities, including collective shelters, health institutions and schools. Additionally, 215 shelters received first aid kits and/or basic firefighting equipment, strengthening preparedness and response capacities at the community level.

Community preparedness was further reinforced through awareness-raising and risk communication activities, reaching 16,515 people through preparedness initiatives and 101,340 people through key messages. In addition, 35 digital tools were developed, updated or disseminated to strengthen information management, coordination and operational decision-making.



Coordination and Partnerships

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

External Coordination

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

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

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

Membership and Movement Coordination

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



Secretariat Services

Partnerships & Resource Mobilization

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

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

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

Planning Monitoring Evaluation & Reporting (PMER)

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

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

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

Humanitarian Diplomacy

The Lebanese Red Cross, as auxiliary to the public authorities, continues to lead humanitarian diplomacy efforts to support a principled and effective response, with the support of the IFRC and Movement partners. Engagements

with authorities, diplomatic missions, donors and humanitarian stakeholders are ongoing to advocate for the protection of LRC volunteers, humanitarian workers and the medical mission, in line with International Humanitarian Law and humanitarian principles.

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

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

The IFRC supports these efforts by facilitating coordinated outreach across its global network, equipping partners with timely analysis, evidence and clear operational priorities. Communications activities complement humanitarian diplomacy by highlighting the central role of the LRC as a trusted and nationwide responder, amplifying the visibility of its staff and volunteers through targeted messaging, media engagement and regular operational updates, in coordination with Movement partners.

Security

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

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

C. FUNDING

To date, only **17 per cent** of the funding requirements of the Emergency Appeal have been covered. While the IFRC expresses its sincere gratitude to donors for their support to date, additional and urgent contributions are critically needed to address the significant funding gap.

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

APPEAL

MDRLB017 - Lebanon - Complex Emergency

OPERATING TIMEFRAME

05 Nov 2024 to 31 Dec 2027

APPEAL LAUNCH DATE

04 Nov 2024

REPORT STATUS

INTERIM

All figures in Swiss Francs (CHF)

SECTION I Emergency Appeal Funding Requirements

TOTAL FUNDING REQUIREMENTS	DONOR RESPONSE* (as per 20 Oct 2026)	APPEAL COVERAGE
80,000,000	12,970,922	16%
CHF	CHF	of total funding requirement

SECTION II IFRC Operating Budget Implementation

STRATEGIC PRIORITIES & ENABLING APPROACHES	OP BUDGET	EXPENDITURE	VARIANCE
AP000 - Undefined output	0	0	0
PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	324,597	347,594	-22,997
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	9,147,224	5,981,916	3,165,308
PO05 - Water, Sanitation & Hygiene	65,411	70,317	-4,906
PO06 - Protection, Gender and Inclusion	0	0	0
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	2,135,469	910,892	1,224,577
PO10 - Community Engagement and Accountability	0	0	0
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	11,672,701	7,310,719	4,361,982
EA01 - Coordination and Partnerships	2,200	1,324	876
EA02 - Secretariat Services	369,954	71,441	298,513
EA03 - National Society Strengthening	1,723,920	1,744,934	-21,014
Enabling Approaches Total	2,096,074	1,817,699	278,375
TOTAL	13,768,774	9,128,417	4,640,357

SECTION III Operating Movement & Closing Balance

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	14,518,785
Expenditure	-9,128,417
Closing Balance	5,390,368
Deferred Income	452,137
Funds Available	5,842,505

SECTION IV DREF Loan

* not included in Donor Response	Loan:	2,000,000	Reimbursed:	0	Outstanding:	2,000,000
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SECTION V

Contributions by Donor and Other Income

Opening Balance					0	
INCOME TYPE	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	102,712	0	0	0	102,712	0
APPLE	83	0	0	0	83	0
Benevity, Inc	2,421	0	0	0	2,421	0
DREF Allocations	0	0	0	2,000,000	2,000,000	0
European Commission - DG ECHO	3,729,609	0	0	0	3,729,609	0
French Government	2,162,807	0	0	0	2,162,807	252
Hong Kong Red Cross, Branch of the Red Cross Society of China	25,232	0	0	0	25,232	0
Icelandic Red Cross	9,500	0	0	0	9,500	0
Icelandic Red Cross (from Icelandic Government*)	180,500	0	0	0	180,500	0
Italian Government Bilateral Emergency Fund (from Italian Government*)	1,823,332	0	0	0	1,823,332	0
Japanese Red Cross Society	29,378	0	0	0	29,378	0
Latvian Red Cross (from Latvian Government*)	18,870	0	0	0	18,870	0
Luxembourg Government	233,678	0	0	0	233,678	0
New Zealand Red Cross	4,514	0	0	0	4,514	0
On Line donations	21,496	0	0	0	21,496	0
Poland Government	428,275	0	0	0	428,275	0
Red Crescent Society of the Islamic Republic of Iran	79,835	0	0	0	79,835	0
Red Cross of Monaco	46,687	0	0	0	46,687	0
Spanish Government	0	0	0	0	0	451,885
Swedish Government	258,761	0	0	0	258,761	0
Swiss Government (from Canton of Geneva*)	1,000,000	0	0	0	1,000,000	0
Thai Red Cross Society	15,600	0	0	0	15,600	0
The Canadian Red Cross Society (from Canadian Government*)	2,295,496	0	0	0	2,295,496	0
Turkish Red Crescent Society	50,000	0	0	0	50,000	0
Total Contributions and Other Income	12,518,785	0	0	2,000,000	14,518,785	452,137
TOTAL INCOME AND DEFERRED INCOME					14,518,785	452,137

Contact information

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

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How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.