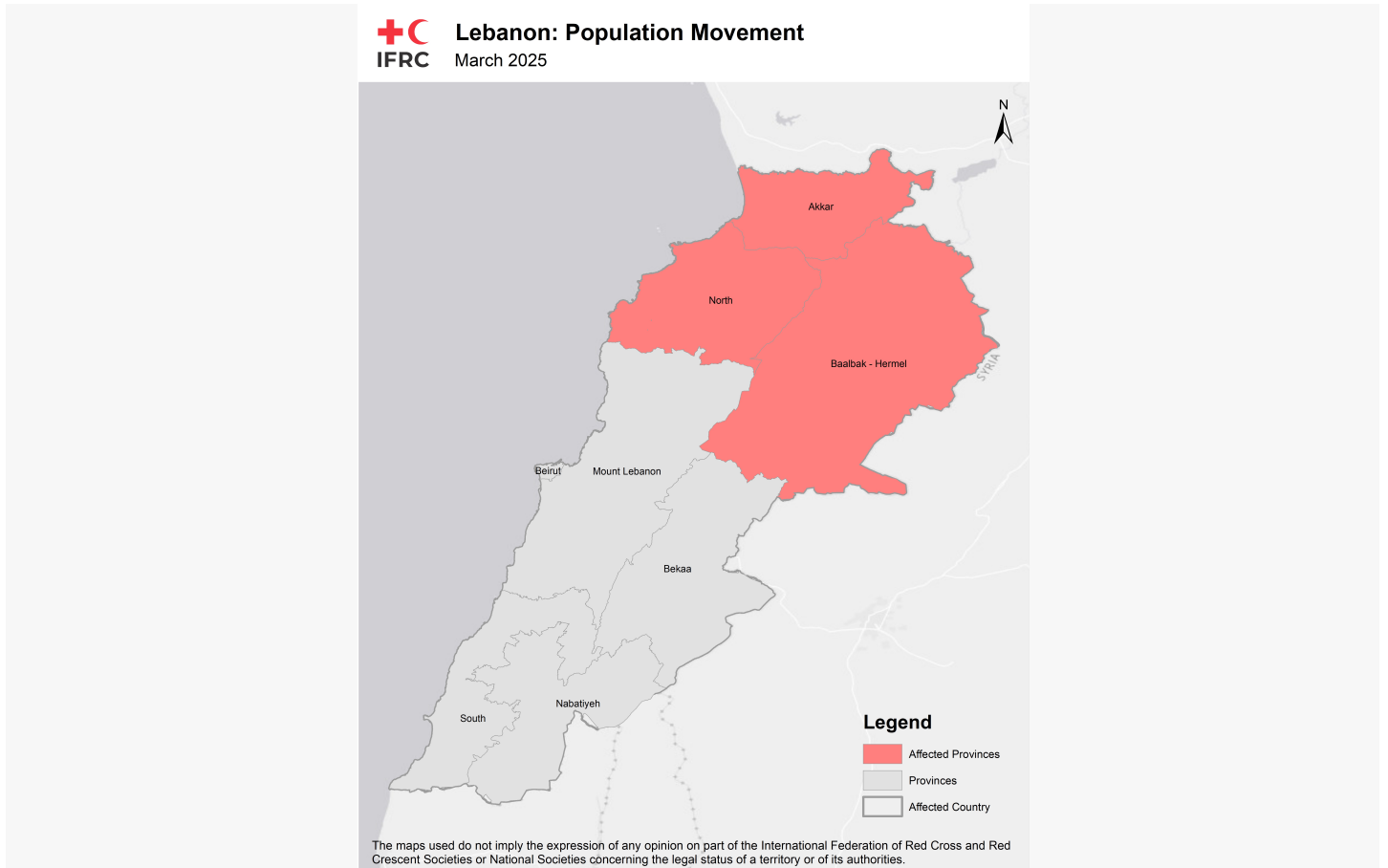




Distribution of relief items- Lebanese Red Cross

Appeal: MDRLB018	Total DREF Allocation: CHF 499,932	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: OT-2025-000033-LBN	People Affected: 101,000 people	People Targeted: 10,628 people	
Event Onset: Sudden	Operation Start Date: 20-03-2025	New Operational End Date: -	Total Operating Timeframe: 5 months
Reporting Timeframe Start Date: 20-03-2025		Reporting Timeframe End Date: 31-08-2025	
Additional Allocation Requested: 0		Targeted Regions: North, Akkar, Baalbek-El Hermel	

Description of the Event



Date of event

10-03-2025

What happened, where and when?

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

Recent displacement has led to the arrival of 10,500 new individuals in Akkar and the North Governorate, with the majority (8,828 people) settling in Akkar. These arrivals are in addition to an already vulnerable population of 90,500 displaced persons in Baalback/Hermel, where the movement started towards the beginning of December 2024, to which LRC responded to with existing resources. The movement into Lebanon has been exacerbated by insecure roads, forcing many to cross at night on foot through rivers and unsafe areas. Many of the new arrivals, including female-headed households who lost their spouses in Syria, are currently sheltered in substandard conditions—either with relatives, in overcrowded homes, or two large unofficial collective shelters housing approximately 1,500 individuals.

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

Scope and Scale

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

The most vulnerable groups include children, elderly, people with disabilities, and female-headed households, many of whom lack resources, protection, and access to essential services based on field observations by LRC operational teams. The crisis is particularly



severe in Akkar, Tripoli, and Baalbek-El Hermel, where poverty and limited municipal resources make it difficult to absorb large numbers of displaced individuals (UNHCR, 2025).

Historically, Lebanon has faced large-scale displacement crises, including the 2011-2015 Syrian refugee influx, which pushed the country's resources to their limits, the 2006 Lebanon War, and the recent conflict, which resulted in mass internal displacement. Without immediate international support, living conditions will continue to deteriorate, and tensions between host communities and displaced populations may escalate further.

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

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

Source Information

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

Summary of Changes

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

Please explain the summary of changes and justification:

Due to unforeseen challenges in the procurement of mattresses within the required operational timeframe, the Lebanese Red Cross initially attempted to source the items through an alternative supplier holding a valid framework agreement. However, the estimated delivery timeline from this second supplier extended beyond the operational period, making the procurement unfeasible.

Consequently, LRC has decided to remove the procurement of mattresses from this operation. The corresponding budget will be reallocated to support the procurement of hygiene kits, a critical and time-sensitive need that remains within the scope of the operation.

The decision to redirect the funds specifically to the hygiene kits budget line—rather than other potential budget lines—was made based on LRC's existing capacity to contribute in-kind assistance. LRC currently holds sufficient stocks of food parcels and blankets in its warehouses. This allows LRC to complement the hygiene kit distributions with these pre-positioned items, thereby ensuring that the intended number of beneficiaries still receives a full package of essential assistance.



This modification will result in an increase in the targeted population, reaching approximately 10,600 individuals. By leveraging its in-stock resources and redirecting procurement toward feasible and impactful items, LRC maintains both the scale and the relevance of the intervention, ensuring timely and effective support to those in need.

Current National Society Actions

Start date of National Society actions

08-12-2024

Shelter, Housing And Settlements	Since the initial arrival of refugees on December 8, 2024, the Lebanese Red Cross has been distributing mattresses, blankets, tarpaulins, and other essential non-food items (NFIs) to individuals in need. Following the second wave of arrivals on March 10, the LRC has continued its efforts, providing further support through the distribution of these essential items.
Livelihoods And Basic Needs	Since December 8, 2024, the Lebanese Red Cross has been delivering food parcels to individuals in need. In response to the second wave of arrivals on March 10, the LRC continued its assistance by distributing additional food parcels.
Water, Sanitation And Hygiene	Since December 8, 2024, the Lebanese Red Cross has been providing hygiene kits, including menstrual hygiene management items, to individuals in need. In response to the second wave of arrivals on March 10, the LRC continued its support by distributing additional essential non-food items (NFIs) to those affected.

IFRC Network Actions Related To The Current Event

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

ICRC Actions Related To The Current Event

ICRC is currently monitoring the most recent influx of Syrian refugees and assessing our capacity to support in filling assistance and protection response gaps.

The ICRC supports the Tripoli General Hospital, which stands ready to provide healthcare, especially for the weapon-wounded.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	As thousands of Syrians flee the escalating violence in their country, Lebanon’s national authorities are grappling with the urgent need to manage the growing humanitarian



	crisis. With over 90,500 individuals arriving in Baalbek-El Hermel and 23,000 in Akkar and North Lebanon, the situation has put immense pressure on government institutions, municipalities, and host communities (UNHCR, OCHA, 2025). The Lebanese Disaster Risk Management (DRM) unit, in coordination with the Ministry of Social Affairs (MoSA) and humanitarian partners, has been working to monitor and assess the needs of those arriving. A household profiling exercise is currently underway in Baalbek and Hermel, with 7,000 families already assessed, aiming to identify the most vulnerable and ensure they receive appropriate assistance (UNHCR, 2025). However, with resources already stretched thin, authorities are struggling to provide adequate services for the rapidly growing displaced population. At the local level, municipal governments in Akkar, Tripoli, and North Lebanon have raised concerns about their limited capacity to respond. Many municipalities are facing financial strain and warn that they cannot sustain the increasing burden without external support. The Governor of North Lebanon has been actively engaging with humanitarian organizations, emphasizing the urgent need for shelter solutions, essential services, and measures to prevent tensions between host communities and new arrivals. Despite these efforts, the government's response remains constrained by financial and political challenges. Formal border crossings, including Arida, Aboudiyeh, and Bqayaa, remain only partially functional, forcing many Syrians to enter through informal crossings. This has created gaps in registration and humanitarian assistance, making it difficult to track and support all those arriving. Additionally, while crisis response cells have been activated in Akkar and North Lebanon, their capacity is limited, and there is no clear policy on opening formal collective shelters for displaced populations. Lebanese authorities are also calling for increased support, recognizing that without additional funding and structured assistance, both displaced populations and host communities will face deteriorating conditions. As the crisis deepens, the government, in coordination with humanitarian partners, continues to push for a more structured response, but challenges related to infrastructure, social tensions, and economic hardship remain significant obstacles (UNHCR, 2025).
UN or other actors	As Lebanon faces a growing influx of displaced Syrians, the UN and humanitarian organizations have mobilized to provide life-saving assistance. UNHCR, in coordination with the Lebanese government, has been tracking arrivals and assessing urgent needs, with a household profiling exercise already underway in Baalbek and Hermel to identify vulnerable families and ensure targeted aid distribution (UNHCR, 2025). Several humanitarian agencies, including UNHCR, IOM, UNICEF, WFP, and local NGOs, are working towards delivering critical assistance such as blankets, mattresses, hygiene kits, and food parcels to displaced families across Akkar, Baalbek-El Hermel, and Tripoli . Given growing shelter needs, agencies such as NRC, UNHCR, and Solidarités International are conducting assessments to secure safe and dignified accommodation, although the lack of formal collective shelters remains a key challenge.
Are there major coordination mechanism in place?	The DRM is organizing shelter for those affected, while the LRC, in agreement with the DRM, will supply mattresses and blankets. LRC teams are also working with key partners, including UNHCR and the WFP, and the Emergency Operations Room (EOR) at the municipality. This collaborative approach is vital for tracking the rising displacement figures, planning necessary interventions, and delivering coordinated aid, as the situation is expected to worsen.

Needs (Gaps) Identified



Shelter Housing And Settlements

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

Identified Shelter and Settlement Needs:

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

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

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

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

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



Livelihoods And Basic Needs

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

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

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



Health

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

Poor living conditions and increased exposure to risks have heightened the need for wound care and follow-up treatment to prevent complications. Additionally, displacement has left pregnant women and children vulnerable to gaps in immunization coverage, increasing the risk of vaccine-preventable diseases. Access to maternal and child health services, including antenatal and postnatal care,



breastfeeding support, and sexual and reproductive healthcare, remains insufficient, disproportionately impacting female-headed households and other vulnerable groups.

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

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



Water, Sanitation And Hygiene

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

Identified WASH Needs:

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

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

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

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

Any identified gaps/limitations in the assessment

N/A

Operational Strategy

Overall objective of the operation

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



Operation strategy rationale

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

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

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

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

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

Targeting Strategy

Who will be targeted through this operation?

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

To ensure efficient and needs-based targeting, the Lebanese Red Cross will coordinate closely with UN agencies, local authorities, and other humanitarian actors to identify gaps and avoid duplication of assistance. LRC's intervention will complement existing relief efforts by focusing on mobile medical services, emergency relief distributions, and hygiene support in areas where humanitarian coverage remains limited. Additionally, LRC will work alongside local and international partners to ensure that host communities also receive assistance, particularly in areas where the influx of displaced individuals has placed increased pressure on existing services and infrastructure.

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

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

Explain the selection criteria for the targeted population

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

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



Total Targeted Population

Women	2,657	Rural	0%
Girls (under 18)	2,657	Urban	0%
Men	2,657	People with disabilities (estimated)	0%
Boys (under 18)	2,657		
Total targeted population	10,628		

Risk and Security Considerations (including "management")

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

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

Please indicate any security and safety concerns for this operation:

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

Has the child safeguarding risk analysis assessment been completed?	No
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Planned Intervention



Shelter Housing And Settlements

Budget: CHF 12,276
Targeted Persons: 800

Indicators

Title	Target	Actual
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# of blankets distributed to affected individuals	800	0
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Progress Towards Outcome

The LRC mobilized resources to respond swiftly to the evolving displacement situation. As populations began moving into different areas across Lebanon from the Syrian borders, LRC leveraged its pre-positioned stocks, fleet, and volunteer network to provide immediate humanitarian support.

Due to the change in the prices in blankets based on a new framework agreement, LRC will be procuring approximately 576 blankets and aims to reach the initial target of 800 through the utilization of existing stock.

Due to the challenges with the procurement of mattresses, LRC has revised the budget to exclude mattresses from this operation and directed the funding towards the procurement of hygiene kits.

Additional blankets will be distributed to compliment the increase in number of people to be reached through LRC's stock.



Livelihoods And Basic Needs

Budget: CHF 233,749

Targeted Persons: 7,500

Indicators

Title	Target	Actual
# of food parcels distributed to affected families	1,500	0
# of ready to eat parcels to affected families	1,500	0

Progress Towards Outcome

The Lebanese Red Cross issued a purchase order for food parcels and ready-to-eat meals. In line with IFRC procurement protocols, all food items were required to undergo laboratory testing to ensure compliance with quality and safety standards prior to final procurement approval. This testing process led to some delays, and procurement activities were only able to commence toward the end of May.



Health

Budget: CHF 82,924

Targeted Persons: 3,300

Indicators

Title	Target	Actual
# of unique beneficiaries in MMUs(disag. by age, gender and nationality)	0	1,888
# of attendees in MMUs(disag. by age, gender and nationality)	3,300	2,034

Progress Towards Outcome

As the influx of displaced individuals extended beyond the immediate border areas into more inland regions, the Lebanese Red Cross strategically reallocated its resources to maintain coverage within the same funding envelope. An additional Mobile Medical Unit was mobilized to expand service delivery across both Akkar and Hermel, with flexible outreach to adjacent areas based on emerging needs and population movement patterns. This approach ensured a more comprehensive and needs-based response without requiring additional financial resources.

Since deployment, the Mobile Medical Units in Akkar and Hermel have successfully reached a total of 1,888 unique beneficiaries (843 in Akkar and 1,045 in Hermel), delivering essential health services to displaced and host community members. The services provided have been inclusive and gender-balanced, with 56% of beneficiaries being female, and targeted across a wide age range, with a focus on working-age adults and older individuals (more than 800 served aged 31 and above).

In Akkar, 85% of beneficiaries were of Syrian nationality, reflecting the displacement trends in the area, while the remaining 15% were Lebanese. In Hermel, 62% of those served were Lebanese, and 37% were Syrian, with a small number of Palestinian and other nationalities included, highlighting a broader community coverage. The MMUs collectively recorded a total of 2,034 attendances, indicating strong follow-up and recurring service utilization.



Water, Sanitation And Hygiene

Budget: CHF 128,555

Targeted Persons: 10,628

Indicators

Title	Target	Actual
# of Hygiene kits distributed to affected families	2,125	0

Progress Towards Outcome

The LRC mobilized resources to respond swiftly to the evolving displacement situation. As populations began moving into different areas across Lebanon from the Syrian borders, LRC leveraged its pre-positioned stocks, fleet, and volunteer network to provide immediate humanitarian support.



Secretariat Services

Budget: CHF 10,403

Targeted Persons: 0

Indicators

Title	Target	Actual
# of lessons learned workshops conducted	1	0



National Society Strengthening

Budget: CHF 32,025

Targeted Persons: 0

Indicators

Title	Target	Actual
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About Support Services

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

The LRC's DREF operation will mobilize volunteers and staff from several key sectors: Disaster Management Services, and the Medico Social Services Sector. Additionally, support sections and other operational personnel will be engaged as dictated by the operation's requirements. The primary responsibility for implementing activities and coordinating with operational partners will lie with the volunteers and staff from these teams. Furthermore, the LRC's Planning Section will oversee the entire Planning, Monitoring, Evaluation, Accountability, and Learning (PMEAL) process for the operation. In total, the operation will involve approximately 500 volunteers and 50 staff members.

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

Procurement will be done locally by LRC, in accordance with the LRC procurement procedures. If local procurement becomes challenging, LRC will seek support of IFRC.

How will this operation be monitored?

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

These operational sectors are supported by a specialized technical team within LRC's Planning and Development Section, which includes PMEAL (Planning, Monitoring, Evaluation, Accountability, and Learning) and CEA (Community Engagement and Accountability) specialists. This unit provides technical oversight to enhance responsiveness and adaptability in service delivery.

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

Please briefly explain the National Societies communication strategy for this operation

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

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

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



Budget Overview



DREF OPERATION

MDRCCxxx - Lebanese Red Cross
LRC Emergency Assistance for Displaced Populations from Syria

Operating Budget

Planned Operations	457,504
Shelter and Basic Household Items	12,276
Livelihoods	233,749
Multi-purpose Cash	0
Health	82,923
Water, Sanitation & Hygiene	128,555
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	42,428
Coordination and Partnerships	0
Secretariat Services	10,403
National Society Strengthening	32,025

TOTAL BUDGET	499,932
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all amounts in Swiss Francs (CHF)



Contact Information

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

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

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

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

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

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

National Society Hotline: 1760

[Click here for the reference](#)

