



Funded by
the European Union

CAMEALEON

CASH • MONITORING EVALUATION ACCOUNTABILITY & LEARNING
• ORGANIZATIONAL NETWORK •

 **Norway**



The Role of Civil Society as Local First Responders in the Lebanese Emergency Response

February 2026



NORWEGIAN
REFUGEE COUNCIL



OXFAM



ASFARI INSTITUTE FOR
CIVIL SOCIETY & CITIZENSHIP
معهد الأصفري للمجتمع المدني والمواطنة
AMERICAN UNIVERSITY OF BEIRUT



Table of Contents

| | |
|---|----|
| 1. Executive Summary | 04 |
| 2. Introduction to the study | 05 |
| 3. Background on civil society engagement | 07 |
| 1. Global Perspectives on the Role of Civil Society in Disaster and Humanitarian Contexts ... | 08 |
| 2. Regional (MENA) Perspectives on CSOs in Disaster and Humanitarian Response | 09 |
| 4. Literature Review | 10 |
| <i>Historical and Thematic Review of CSOs' Role in Different Eras in Lebanon</i> | 10 |
| 1. The Civil War (1975–1990) | 11 |
| 2. The 2006 Israeli War in Lebanon | 11 |
| 3. The COVID-19 Pandemic (2020–2021) | 12 |
| 4. The Beirut Port Blast (2020) | 12 |
| <i>The 2024 Israeli War on Lebanon (17 September–28 November 2024)</i> | 13 |
| - <i>Assessing Lebanon's National Response Capacity</i> | 17 |
| 1. Absence and erosion of state capacity | 17 |
| 2. Weak data and coordination mechanisms | 17 |
| 3. Fragile social protection system (SP) and emergency cash architecture | 18 |
| 4. CSO Trust in the Context of Weak State Capacity | 19 |
| 5. Methodology | 19 |
| 6. Findings | 20 |
| Local Civil Society as First Responders and System-Builders | 20 |
| Targeting, Vulnerability, and Practical Dilemmas | 21 |
| Coordination Between Structure and Improvisation | 23 |
| Financing, Flexibility, and the Speed of the Response | 25 |
| From Emergency Response Toward Anticipatory Governance | 26 |
| 7. Discussion and Analysis | 28 |
| Intersections between civil society and formal humanitarian/government systems | 28 |
| Enabling and constraining factors shaping civil society's role | 28 |
| Comparative insights from regional/global evidence | 29 |
| Implications for localization and anticipatory action | 29 |
| 8. Recommendations | 31 |
| 9. Conclusions | 33 |
| 10. Annex 1: Research Tools & Guides | 34 |
| 11. Annex 2: Sampling Framework | 36 |
| 12. Annex 3: List of interviews and FGDs conducted | 39 |
| 13. Bibliography and References | 41 |



Acknowledgements

This report was authored by the Asfari Institute team with editorial support from Sarah Al Bouery, Senior Research Assistant at the Asfari Institute for Civil Society and Citizenship at the American University of Beirut. It was produced in collaboration with Jean Paul El Khoury, Marwan Alawieh, Cynthia Saghir, Mona Mounzir, and Ingrid Betzler from the CAMEALEON Consortium, Lebanon. The authors would like to thank all key informants and the focus group discussion participants for their time and their insights. This report relies on the time and energy of our data collection team, namely Tala Nassif and Jad Malass.

We extend our sincere appreciation to all civil society organizations that participated in the key informant interviews and focus group discussions, generously sharing their experiences and reflections on the emergency response during the 2024 Israeli war on Lebanon. We are equally grateful to the local community leaders, municipal representatives, and other local stakeholders who contributed their time and insights to the data collection process. Their engagement and openness were invaluable to the depth and quality of this research.

→ Citation

Asfari Institute. (2026). The Role of Civil Society as Local First Responders in the Lebanese Emergency Response. CAMEALEON.

→ Disclaimer

This publication was co-funded by the European Union and Norway. Its contents are the sole responsibility of CAMEALEON and do not necessarily reflect the views of the European Union and Norway.

1.

Executive Summary

This study examines the role of civil society organizations in Lebanon's emergency response landscape, with a focus on the 2024 Israeli war (17 September–28 November 2024). It situates these findings within a broader historical and regional context, analyzing Lebanon's experiences across multiple crises, including the civil war (1990–1975), the 2006 Israeli war, the COVID-19 pandemic, and the Beirut Port Blast. Across these events, CSOs consistently acted as first responders, filling critical gaps left by limited state capacity, fragmented coordination mechanisms, and under-resourced social protection systems.

The research finds that Lebanon's national emergency response architecture remains highly fragmented and uneven. State capacity is constrained; however, government institutions have functioned within their available means, including through measures such as the disbursement of cash assistance to displaced households via the Shock-Responsive Social Safety Net (SRSN). Formal coordination structures and decision-making processes are often slow and centralized, limiting the effectiveness of national responses. Within this context, CSOs have emerged as trusted actors, demonstrating greater speed, adaptability, particularly in their ability to rapidly mobilize resources, adjust programming to evolving needs, and access affected communities. Yet, their operational potential is constrained by the absence of integrated frameworks and systematic engagement.

The study highlights that civil society operates in dual roles, both as first responders and as system-builders. Local CSOs, grassroots initiatives, and peer-led organizations not only deliver immediate aid but also develop and maintain improvised coordination networks, leveraging personal, communal, and informal platforms to overcome administrative, geographic, and security barriers. Coordination in Lebanon is therefore characterized by the parallel operation of formal and informal tracks, with effectiveness often depending on organizational scale, location, and social legitimacy.

Drawing on these findings, the study underscores the need for improvements across several dimensions. Emergency coordination and localization strategies must ensure the meaningful inclusion of smaller, grassroots, and marginalized actors in planning, implementation, and decision-making. Vulnerability analysis and targeting approaches should move beyond traditional categories, integrate local knowledge, and reflect dynamic, context-specific risks to avoid homogenizing community needs. Lessons from informal coordination practices should be documented and transformed into replicable protocols that can be deployed during early-phase or worst-case response scenarios. The Ministry of Social Affairs played a key role in shifting from reactive responses to more strategic coordination with international NGOs, enhancing displacement tracking, needs assessments, and IDP support, demonstrating the government's potential to lead a national crisis management framework. At the policy level, Lebanon requires a comprehensive disaster risk management framework that consolidates mandates across national and sub-national actors, formalizes inclusive governance, and institutionalizes mechanisms for integrating civil society insights.

The study emphasizes that while Lebanese CSOs bring flexibility and deep local knowledge, their contributions are most effective when supported by coherent legal frameworks, integrated coordination systems, and mechanisms that recognize and institutionalize their expertise. Strengthening these connections is essential to ensure that emergency governance in Lebanon is both responsive and anticipatory.

2.

Introduction to the study

This study examines the role of civil society organizations (CSOs) in Lebanon during the 2024 Israeli aggression, situating their interventions within a broader landscape of state fragility, protracted crises, and shifting governance responsibilities. Lebanon's compounded crises, including prolonged economic collapse, political paralysis, institutional erosion, and declining public trust in government, significantly constrained the state's capacity to respond effectively and equitably to the war. In this context, CSOs ranging from humanitarian and service-providing organizations to advocacy groups and grassroots initiatives played a critical role in emergency response, displacement support, service delivery, and rights-based advocacy. Recognizing the diversity of these actors, the study treats CSOs not as a homogeneous sector but as a range of organizations operating across different scales, mandates, and political positions.

Focusing on the period surrounding and encompassing the 2024 war, the study analyzes emergency response mechanisms, coordination structures, funding flows, and decision-making processes. It explores how CSOs navigated urgent humanitarian needs while operating under conditions of insecurity, resource scarcity, donor pressures, and limited state leadership. At the same time, it interrogates the role of the Lebanese government, examining both its actions and limitations, and the implications of state absence or weakness for civil society engagement. In particular, the study focuses on the emergency response, assessing how Lebanese CSOs contributed to the design, delivery, and coordination of assistance, and how these interventions complemented, substituted for, or challenged government action. It also examines how power asymmetries between local and international actors, donors and implementers, and civil society and the state shaped decision-making, targeting, and access to resources.

This research responds to key gaps in existing literature. Most studies on civil society in Lebanon have focused on formal humanitarian NGOs, such as the Lebanese Red Cross or international organizations, overlooking the broader ecosystem of local actors, grassroots networks, and activist groups. These less formal actors often adapt their activities in crises, leveraging community networks, local knowledge, trust, and proximity to marginalized populations to provide critical support in ways formal organizations cannot. Neglecting these actors produces a partial understanding of crisis response, missing the flexibility, innovation, rapid response and everyday resilience embedded in Lebanon's wider civil society. Similarly, existing research rarely incorporates intersectional or political analyses. It often overlooks how crises affect individuals differently based on gender, sexuality, legal status, or disability, or how intersecting vulnerabilities shape access to aid. Groups such as migrant domestic workers, queer and trans individuals, refugees, and persons with disabilities frequently experience compounded marginalization that mainstream evaluations fail to capture. Research also seldom interrogates how state fragility, governance vacuums, and sectarian structures influence CSO capacity and the distribution of resources. Addressing these gaps is essential for understanding the constraints on local civil society and for informing policies that strengthen inclusive and equitable support mechanisms.

Building on this understanding, the study explores how CSOs adapt to complex emergencies, balance advocacy and relief, and frame their interventions within broader socioeconomic and political crises. Key questions guiding the research include: How do long-standing networks adjust to emergency response? How did CSOs balance advocacy and relief, particularly given that feminist and queer-focused organizations sometimes faced resistance from displaced communities due to the nature of their usual work? How is the war contextualized within Lebanon's broader crises, and how does this framing shape civil society responses?

The main objective of the study is to examine the extent to which local civil society actors contributed to Lebanon's emergency response during the September–December 2024 displacement crisis and to identify opportunities for strengthening their engagement in future anticipatory action frameworks¹. Specific objectives include examining the roles of CSOs in the emergency response, the types and timing of assistance provided, targeting mechanisms, coordination with humanitarian actors and government institutions, the complementarity of civil society and state interventions, and the sustainability of responses for integration into future anticipatory and preparedness frameworks. While the study focuses on the September–December 2024 displacement crisis, it is framed within a broader and ongoing context of aerial bombardments, including continued violations of the November 2024 ceasefire, which have sustained cycles of displacement and livelihood disruption (Middle East Monitor, 2026). This evolving landscape heightens the urgency of understanding how CSOs are responding in real time and how their role can be further strengthened within current and future anticipatory action and preparedness frameworks.

The primary research question guiding the study is: **To what extent did local civil society actors contribute to the emergency response in Lebanon, and what opportunities exist for their engagement in future anticipatory action?**

¹ According to OCHA, anticipatory action frameworks refer to systems and financing mechanisms designed to enable early, pre-crisis interventions based on risk analysis and forecasting, allowing emergency governance to function not only reactively but also through forward-looking, preventive measures. In practice, this involves acting ahead of predicted hazards through pre-agreed triggers, pre-defined early actions to support vulnerable communities, and pre-arranged financing that can be rapidly released before shocks fully unfold. <https://www.unocha.org/anticipatory-action>

3.

Background on civil society engagement

Civil society organizations generally refer to a wide range of non-state, non-profit actors operating outside the formal structures of government and the private sector, and engaged in collective action around humanitarian, social, political, or developmental objectives. This category encompasses a diverse ecosystem of actors that differ in their degree of formality, organizational capacity, sources of legitimacy, and modes of engagement. CSOs may include informal community-based initiatives and volunteer-led groups (e.g., mutual aid networks or volunteer groups) that emerge in response to immediate needs; grassroots and membership-based organizations (such as cooperatives and clubs) rooted in specific localities or constituencies; faith-based organizations and charitable associations that provide social assistance and relief; advocacy-oriented organizations (e.g., human rights organizations or feminist organizations) working on rights, accountability, and policy change; and registered local non-governmental organizations (LNGOs) that operate through more formalized structures and are often integrated into national or international humanitarian and development systems.

These different types of CSOs perform distinct but sometimes overlapping roles, ranging from community mobilization, needs identification, and mutual aid to service delivery, humanitarian assistance, and policy advocacy. They also vary significantly in their access to funding, relationships with donors and the state, and ability to participate in formal coordination mechanisms. Understanding this diversity and the uneven power relations between different civil society actors is essential for analyzing how CSOs engage in crisis response and how their contributions are recognized, constrained, or leveraged within broader governance and humanitarian frameworks.

It has been established that globally, civil society organizations operate at the intersection of humanitarian action, social justice, and political reform. Their role has been continuously reshaped by countries' recurring crises, ranging from protracted conflict and political paralysis to economic collapse, public health emergencies, and environmental disasters. In the absence of an effective and accountable state, CSOs have become central actors in sustaining basic services, providing relief, and advocating for rights and accountability across different regions and contexts.

In the following sub-sections, we briefly present the role of civil society organizations across three levels of analysis. First, we consider the global landscape, where CSOs have shaped international norms, influenced transnational advocacy networks, and contributed to global governance and humanitarian frameworks. Second, we narrow our focus to the regional level, with a particular emphasis on the Middle East and North Africa (MENA). Here, CSOs operate within distinct political economies, legal environments, and sociocultural dynamics, which shape their capacities, strategies, and relationships with states and donors.

Following these sub-sections, we turn to Lebanon, which serves as the case study for this report. In the Lebanese context, civil society has played a central role in responding to intersecting crises, yet it also faces unique constraints related to legal restrictions, political fragmentation, and financial precarity. This level of analysis helps highlight both the shared challenges and the context-specific dynamics that shape civil society's role in crisis response and governance. Nevertheless, it helps readers understand the context in which CSOs operate in Lebanon and its implications on their interventions.

1. Global Perspectives on the Role of Civil Society in Disaster and Humanitarian Contexts

Civil society organizations generally refer to a wide range of non-state, non-profit actors operating outside the formal structures of government and the private sector, and engaged in collective action around humanitarian, social, political, or developmental objectives. This category encompasses a diverse ecosystem of actors that differ in their degree of formality, organizational capacity, sources of legitimacy, and modes of engagement. CSOs may include informal community-based initiatives and volunteer-led groups (e.g., mutual aid networks or volunteer groups) that emerge in response to immediate needs; grassroots and membership-based organizations (such as cooperatives and clubs) rooted in specific localities or constituencies; faith-based organizations and charitable associations that provide social assistance and relief; advocacy-oriented organizations (e.g., human rights organizations or feminist organizations) working on rights, accountability, and policy change; and registered local non-governmental organizations (LNGOs) that operate through more formalized structures and are often integrated into national or international humanitarian and development systems.

These different types of CSOs perform distinct but sometimes overlapping roles, ranging from community mobilization, needs identification, and mutual aid to service delivery, humanitarian assistance, and policy advocacy. They also vary significantly in their access to funding, relationships with donors and the state, and ability to participate in formal coordination mechanisms. Understanding this diversity and the uneven power relations between different civil society actors is essential for analyzing how CSOs engage in crisis response and how their contributions are recognized, constrained, or leveraged within broader governance and humanitarian frameworks.

It has been established that globally, civil society organizations operate at the intersection of humanitarian action, social justice, and political reform. Their role has been continuously reshaped by countries' recurring crises, ranging from protracted conflict and political paralysis to economic collapse, public health emergencies, and environmental disasters. In the absence of an effective and accountable state, CSOs have become central actors in sustaining basic services, providing relief, and advocating for rights and accountability across different regions and contexts.

In the following sub-sections, we briefly present the role of civil society organizations across three levels of analysis. First, we consider the global landscape, where CSOs have shaped international norms, influenced transnational advocacy networks, and contributed to global governance and humanitarian frameworks. Second, we narrow our focus to the regional level, with a particular emphasis on the Middle East and North Africa (MENA). Here, CSOs operate within distinct political economies, legal environments, and sociocultural dynamics, which shape their capacities, strategies, and relationships with states and donors.

Following these sub-sections, we turn to Lebanon, which serves as the case study for this report. In the Lebanese context, civil society has played a central role in responding to intersecting crises, yet it also faces unique constraints related to legal restrictions, political fragmentation, and financial precarity. This level of analysis helps highlight both the shared challenges and the context-specific dynamics that shape civil society's role in crisis response and governance. Nevertheless, it helps readers understand the context in which CSOs operate in Lebanon and its implications on their interventions.

2. Regional (MENA) Perspectives on CSOs in Disaster and Humanitarian Response

Across the MENA region, civil society is the first responder and the last reliable safety net in crises shaped by armed conflict, state fragility, and climate-driven disasters. CSOs and volunteer networks fill governance vacuums, from Yemen's protracted war, where local organizations sustain aid delivery amid shrinking funds and restricted access, to Libya's 2023 Derna floods, where neighborhood groups and municipal actors became the operational core while national systems faltered. In sudden-onset disasters, response capacity has hinged on trust-based, place-rooted networks. After the 2023 earthquakes, Moroccan associations, the Moroccan Red Crescent, and diaspora channels reached remote Amazigh communities when formal pipelines stalled; likewise, in northwest Syria, decentralized civic ecosystems and local responders carried out the early response under intense access and political constraints (PeaceRep, 2025; IFRC, 2022). Region-wide, religious charities, municipal committees, youth collectives, and women-led groups act as translators of global standards into practicable targeting, complaints, and safeguarding systems but they confront funding chokepoints, subcontracting hierarchies, and coordination deficits that keep authority and resources upstream, even as operational risk sits locally (ODI, 2021). The net effect is a hybrid humanitarian order in which CSOs are indispensable because they know the languages, terrain, and power dynamics, yet they remain under-resourced and under-represented in sector (cluster) decision spaces, an imbalance repeatedly documented across Yemen, Antakya (Syria/Türkiye), Libya, and Morocco.

The above examples emphasize that CSOs are not just auxiliary implementers of projects, rather political and institutional actors with transformative potential with their adaptability. Their experience across the MENA region underscores both its indispensability and its precarity within crisis governance. CSOs and local networks have consistently demonstrated agility, legitimacy, and deep community embeddedness, qualities that enable them to act where states and international actors cannot. Yet, their persistent exclusion from strategic decision-making, coupled with fragmented funding architectures and short-term partnerships, perpetuates structural dependency and limits their transformative potential.

Situating these dynamics within global and regional debates on civil society and crisis governance is crucial, as the review seeks to highlight both the adaptive capacities and structural constraints that shape CSOs' responses to compounding emergencies.

Historical and Thematic Review of CSOs' Role in Different Eras in Lebanon

Lebanon's welfare landscape has long been pluralistic and politically mediated. Weak and fragmented state institutions, combined with sectarian clientelist networks, have embedded civil society organizations, including religious charities and party-linked welfare arms as central providers of social services during and after conflict (Cammatt, 2014; Harik, 1994; Leenders, 2012). This historical arrangement has shaped contemporary crisis response: in successive shocks, CSOs have repeatedly assumed de facto humanitarian roles, stepping in where the state has been absent or unable to respond. Across Lebanon's modern history, this pattern has been visible in multiple episodes, including the civil war (1990–1975), the 2006 Israeli war (July War), the socioeconomic crisis beginning in 2019, the COVID-19 pandemic, the Beirut port explosion in August 2020, and the 2024 escalation. We explore these further in the following sub-sections, emphasizing how civil society engaged in each of these key moments, and how these engagements shaped CSOs' evolving role as crisis responders.

This overview examines CSOs not only as service providers but also as frontline responders, with particular attention to advocacy-focused organizations such as those working on human rights, climate, and feminist issues. It explores how and why CSOs have functionally become Lebanon's primary first responders across recurring crises throughout the country's history.

Civil society organizations' engagement in Lebanon has evolved through key historical turning points that have reshaped the country's social and political fabric. During the civil war, CSOs emerged as essential humanitarian and relief actors, providing services in the absence of state structures. Their role was reactivated and transformed during the 2006 war, when they mobilized to meet urgent humanitarian needs and support displaced communities. The war's end marked a new era, during which civil society struggled to adapt to a political order that emphasized a so-called "partnership" between CSOs and state institutions (BouAssi, 2006). Despite this discourse, the partnership never fully materialized in crisis response, and CSOs continued to operate primarily as substitutes for state provision. More recently, the COVID-19 pandemic and the Beirut port explosion exposed the limits of state capacity and reaffirmed the indispensable role of CSOs in crisis response, mutual aid, and community resilience. The 2024 Israeli war further demonstrated the continuing relevance of civil society, as actors rapidly organized to provide emergency support, advocate for civilian protection, and document human rights violations.

Yet, despite their crucial role, the literature on Lebanese civil society remains fragmented. Studies of humanitarian NGOs and analyses of advocacy movements tend to remain separate, with little integration between these two bodies of research. This review seeks to bridge this divide by tracing how CSOs have evolved across different historical crises, negotiated shifting boundaries between relief and activism, and reflected broader transformations in Lebanon's political and social fabric.

1. The Civil War (1975–1990)

During the Lebanese Civil War, para-state welfare systems run by militias and confessional charities substituted for the collapsed state, providing food distribution, primary health care, schooling, utilities, and municipal services within their territorial enclaves; these provisions were not merely palliative but politically structuring, binding residents into networks of obligation and loyalty that outlasted the war (Harik, 1994; Cammett, 2015, 2014). Contemporary analyses and later syntheses show that the organizational arms of militias professionalized service delivery, opening clinics, contracting teachers, repairing roads and electricity, and operating relief logistics, while competing to demonstrate competence and benevolence to constituents; some large militias reportedly devoted substantial shares of their budgets to social services, entrenching expectations that non-state actors would meet basic needs (Harik, 1994; Makdisi & Sadaka, 2005; Cammett, 2014). Importantly, not all wartime welfare was sectarian: secular NGOs emerged alongside militia systems, most notably Amel Association (founded 1979), which ran field clinics and emergency programs across dividing lines and later evolved into a nationwide social and health NGO, illustrating how wartime relief infrastructures seeded postwar civil society and normalized CSO service provision as a core feature of Lebanon's welfare regime (Amel Association; Cammett, 2015, 2011).

2. The 2006 Israeli War in Lebanon

The 2006 hostilities triggered a rapid surge of emergency NGOs/INGOs and reactivated diaspora finance channels, while party-linked welfare networks dominated localized compensation, shelter, and early reconstruction, entrenching civil society's centrality in relief and recovery. Within two weeks, the UN Flash Appeal mobilized a multi-sector response for hundreds of thousands of displaced people, later revised upward as damage and needs estimates grew (OCHA, 2006a, 2006b). Diaspora remittances and ad hoc solidarity funds moved quickly alongside formal aid, complementing UN and government instruments such as the Stockholm Early Recovery Conference and the Lebanon Recovery Fund (Government of Lebanon, 2006; UNDP-MPTF, 2006).

On the ground, owner-driven housing reconstruction, funded largely by Middle Eastern/Gulf donors, became the dominant model in the South, even as Hezbollah's Jihad al-Bina/Waad structures coordinated assessments, cash grants, and rebuilding in Beirut's southern suburbs and across conflict-affected localities (Barakat, 2011; Reuters, 2007). UN system reporting documented widespread housing destruction with tens of thousands of homes damaged or destroyed and substantial displacement approaching one million people, with UNRWA schools providing emergency shelter and early recovery services for Palestine refugees and host communities (OCHA, 2006c; UNRWA, 2008). These patterns institutionalized CSO roles in shelter repair, NFI distribution, neighborhood-level reconstruction oversight, and cash/compensation delivery, while also reproducing a hybrid governance arrangement in which politically affiliated service providers and formal humanitarian actors co-managed recovery (Höckel, 2007; Barakat, 2011)

3. The COVID-19 Pandemic (2020–2021)

When the COVID-19 pandemic struck Lebanon in early 2020, the country was already facing one of the most severe socioeconomic crises in its history. The pandemic coincided with the aftermath of the October 2019 uprisings, an unprecedented financial collapse, and a deep crisis of state legitimacy. Although Lebanon received substantial funding under the German Federal Ministry's COVID-19 support program (EUR 144 million), civil society organizations (CSOs) received only a small fraction of this total, amounting to EUR 5 million. The majority of funds were directed through German bilateral organizations, namely GIZ and KfW (EUR 124 million), rather than being allocated directly to CSOs. Moreover, the distribution primarily followed existing partnerships, meaning that not all CSOs benefited from the support, and specific needs were not systematically assessed. This limited allocation to local civil society was widely criticized, underscoring a significant imbalance between funding received by state-linked or international actors and the much smaller share available to community-based organizations (OECD, 2025). Against this backdrop of institutional paralysis and public distrust, civil society organizations, volunteer groups, and informal networks became the primary responders to the health and socioeconomic emergency, and many vital initiatives came to fruition. Although there is not sufficient reliable data on the role of civil society organizations during the COVID-19 pandemic, we know that local NGOs distributed food aid, hygiene kits, and medical supplies to vulnerable populations, including refugees and low-income Lebanese families. These organizations also launched crowdfunding campaigns to support their initiatives (OECD, 2025). Activist CSOs engaged in awareness campaigns to promote public health measures and combat misinformation. They also advocated for the inclusion of marginalized groups in the national response plans, ensuring that the needs of refugees, migrant workers, and the LGBTQIA+ community were addressed. Other prominent local feminist organizations such as Kafa and Abaad focused their advocacy on the increase of domestic violence during the pandemic, while shelters at full capacity were no longer accepting victims in fear of spreading the virus (Usta, Murr & El-Jarrah, 2021; UNFPA, 2021).

4. The Beirut Port Blast (2020)

The 4 August 2020 explosion instantly converted Beirut's neighborhoods into a humanitarian space in which civil society and not the state became the operational core of relief and early recovery. Within hours, volunteer brigades, neighborhood committees, local NGOs, and diaspora networks organized debris clearance, door-to-door triage, first aid, cash and in-kind distributions, PSS referrals, and rapid shelter repairs, precisely while hospitals were damaged/overloaded and COVID-19 transmission was rising (WHO EMRO sitreps; WHO partners' update; World Vision sitreps). In parallel, UN-coordinated mechanisms (Flash Appeal launched 14 August; sector working groups/clusters) scaled up to support hundreds of thousands of affected residents, but the first 72 hours and much of the neighborhood-level continuity were led by CSO and community infrastructure, not governmental systems (OCHA, 21–2020; The New Humanitarian).

Haddad & Sakr's analysis draws on the Beirut case, they demonstrate that inter-organizational relations among local CSOs decisively shaped effectiveness, yet thin coordination interfaces and information silos repeatedly blunted otherwise extraordinary community action (Haddad & Sakr, 2023/2022). Their core finding is that where CSOs had pre-existing ties and bridging leaders, referrals and resource flows were fast; where ties were fragmented, duplication and gaps proliferated, and the absence of a strong governmental counterpart hampered alignment and scaling. Complementing this, Haddad (2022) shows how international and local actors co-existed in a "mixed ecology" in which local knowledge, trust, and street-level access enabled Lebanese groups to target quickly and move safely, while formal coordination and predictable financing lagged the magnitude of need.

Operational data reinforce the scale and constraints that CSOs had to absorb. Early WHO updates recorded more 170 deaths and 6,000 injuries within two weeks, alongside PHC and hospital damage, forcing ad hoc care in the streets and facility evacuations, conditions under which volunteer care chains and CSO-run hotlines/referrals became indispensable (WHO partner and blast sitreps). OCHA's flash appeal and situation reports documented widespread shelter damage and large-scale displacement, with CSO and municipal actors essential to household-level assessments, NFI/shelter repair, and complaints/feedback channels while clusters ramped up (OCHA). Independent reporting captured the spontaneous mass mobilization in which "brooms, shovels, neighborhood kitchens" bought time for the formal system to organize (The New Humanitarian).

In parallel, vital feminist initiatives rose to meet the needs of families affected and displaced by the blast. The Yalla Care Coalition was established in 2020, just before the Beirut Port Explosion, to coordinate emergency response efforts in Lebanon. Initially launched in May 2020 to fundraise and respond to the urgent needs of the LGBTQI+ community, the initiative evolved in the aftermath of the explosion. The organizations behind the original fundraiser joined forces with newly formed initiatives to create a coalition that brought together Haven for Artists, Marsa, Queer Relief Fund, LebMASH, the Arab Foundation for Freedoms and Equality, Skoun, SIDC, and MOSAIC. These organizations, all committed to inclusivity and support for marginalized communities, collaborated to collect data, identify needs, and deliver targeted assistance.

The coalition played a vital role not only in assessing and responding to community needs but also in documenting the explosion's impact and proposing concrete steps for recovery. Haven for Artists, a feminist cultural organization in Beirut that merges art and activism, transformed its space into a shelter for individuals displaced by the blast. With the support of financial donations, the organization was able to assist 35 artists, 195 LGBTQIA+ individuals, 201 single mothers and families, and 22 migrant women, providing an essential safety net for some of the most affected and vulnerable groups.

The 2024 Israeli War on Lebanon (17 September–28 November 2024)

Between June and late November 2024, hostilities along (and beyond) the Blue Line² produced successive waves of displacement from Nabatieh and South Lebanon toward Mount Lebanon and Beirut, with early situation tracking by OCHA's Flash Updates estimating 95,000 to 113,000 IDPs in June–September (based on IOM/DTM) and later gender-focused estimates indicating "close to 900,000" displaced by 24 November 2024 as bombardment extended northward (OCHA, 2024a; OCHA, 2024b; UN Women, 2024). These figures, reiterated by the UN country team in March 2025, position the 2024 episode as the largest internal displacement in Lebanon since 2006 (UN, 2025).

The early response unfolded through Lebanon's hybrid humanitarian model³, with local actors leading rapid relief efforts. In the immediate aftermath of the escalation, local civil society organizations, including women-led and GBV-specialist groups, youth and neighborhood committees, confessional charities, rights-based and queer organizations, research NGOs, and humanitarian health providers, pivoted swiftly from ongoing programming into emergency action. Drawing on embedded community networks, these actors focused first on needs' verification, case management, and protection referrals, and the provision of emergency cash, non-food items, and health outreach. Shelter solutions during this initial phase were largely improvised, relying on schools, municipal halls, religious institutions, and private accommodations.

As displacement expanded and the crisis intensified, several organizations moved from an ad hoc response to more formalized emergency operations. By mid-September 2024, Amel Association had activated a nationwide emergency posture, scaling mobile clinics and shelter support across multiple governorates, while ABAAD launched a public Emergency Response Appeal on 26 September 2024 to sustain life-saving GBV services, safe shelters, and emergency cash and NFI assistance for displaced women and girls (ABAAD, 2024; Amel, 2024; Amel, 2025).

² The Blue Line is a United Nations demarcation line separating the South of Lebanon from Israel and the Golan Heights. It was issued on 7 June 2000 to assess whether Israel had fully withdrawn from Lebanese territory. The line is considered temporary and is not regarded as an official border, but rather as a "line of withdrawal." (UNIFIL, 2021)

³ A modus operandi where local organizations combine their own local expertise and solutions with the resources, knowledge, and scale of larger international humanitarian actors, through partnerships that support resource-sharing, funding, and mutual learning.

International medical actors operating within this hybrid landscape simultaneously adapted their presence, with Médecins Sans Frontières expanding primary care, mental health, and emergency services as airstrikes and ground incursions spread north of the Litani (MSF, 2025/2024). In parallel, UNRWA sheltered Palestinian refugees from Lebanon and Palestinian refugees from Syria families in a subset of its schools and reported ongoing service adaptations in response to growing displacement pressures (UNRWA, 2024).

| Time Period | Events | Response |
|--|--|--|
| 17 September 2024 | In September 2024, large-scale cross-border attacks escalated in Lebanon, causing over 1,000 deaths and 6,352 injuries in less than two weeks (IOM, 2024). | International Committee of Red Cross teams delivered emergency medical supplies and basic relief items to displaced families. Lebanese Red Cross volunteers and staff were heavily engaged after the September escalation, conducting ambulance and rescue missions, delivering relief items (food, blankets, hygiene kits) (ICRC, 2024; LRC, 2024). |
| 25 September 2024 | IOM's Displacement Tracking Matrix (DTM) estimates roughly 201,000 internally displaced persons (IDPs). Nearly 600 people have been killed in Lebanon, including more than 50 children and 94 women, and approximately 1,700 others have been injured since 23 September 2024, according to the Ministry of Public Health (UNICEF, 2024a). | UNICEF Lebanon supported 12 collective shelters and Governmental Disaster Risk Reduction units across the South, North, and Beirut–Mount Lebanon governorates with essential relief supplies. The assistance included 5,800 litres of bottled water, 3,770 blankets, 1,270 sleeping bags, and 1,950 hygiene and health kits (including girls, women and baby kits) and two large high-performance tents to strengthen shelter management and operational capacity (UNICEF, 2024a). |
| Late September-Early October 2024 | Until the beginning of October 2024, over 100 children have been killed, according to the Ministry of Public Health. UNICEF estimates more than 300,00 children have been displaced from their homes (UNICEF, 2024b). | On 1 October, UNICEF expanded operations, delivering water, hygiene and baby kits, psychosocial support, and 100 tons of medical supplies to hospitals and over 200 shelters nationwide (UNICEF, 2024). The UN and Lebanese Government also launched a US\$426 million Flash Appeal to address urgent food, shelter, health, WASH, and municipal needs for nearly one million people (UN Lebanon, 2024). |
| October–November 2024 | Until the beginning of October 2024, over 100 children have been killed, according to the Ministry of Public Health. UNICEF estimates more than 300,00 children have been displaced from their homes (UNICEF, 2024b). | On 1 October, UNICEF expanded operations, delivering water, hygiene and baby kits, psychosocial support, and 100 tons of medical supplies to hospitals and over 200 shelters nationwide (UNICEF, 2024). The UN and Lebanese Government also launched a US\$426 million Flash Appeal to address urgent food, shelter, health, WASH, and municipal needs for nearly one million people (UN Lebanon, 2024). |
| 27 November 2024 | A ceasefire takes effect on 27 November 2024, about 900,000 IDPs have started returning home, primarily to the South. By 11 December, around 179,000 IDPs remained in Lebanon with 5,417 still in 58 collective sites as of 13 December (IOM, 2024). | IOM provided protection, health support, relief items, and evacuation assistance, while UNICEF delivered WASH services, health and nutrition care, child protection, GBV prevention, and risk messaging on unexploded ordnance (IOM, 2024a; IOM, 2024b; UNICEF, 2024c). |

Table 1: Chronology of Emergency Response Activities: Civil Society, State, and International Interventions during the 2024 Displacement Crisis

Three features stand out because they enabled rapid, adaptive response in a context of state absence, access constraints, and delayed formal coordination.

(1) First-mile verification and referrals: _____

Local CSOs leveraged pre-existing trust networks to identify high-risk households (women alone with children, older persons, people with disabilities, undocumented workers, LGBTQI+ persons) and linked them to pre-existing protection/health services provided by CSOs, often using hotlines and WhatsApp rosters shared informally across organizations. While formal humanitarian coordination mechanisms scaled up, municipal focal points and community volunteers served as the connective tissue for triage, safe-space information, and rapid transport (OCHA Flash Updates; UNRWA sitreps). (OCHA, 2024a; OCHA, 2024b; UNRWA, 2024).

(2) Mobile and outreach health: _____

With health facilities damaged or access-constrained in the South and southern Beirut suburbs, organizations like Amel and MSF prioritized mobile clinics, community-based mental health, and continuity of care (e.g., NCDs, maternal health, wound care), at times co-located with shelters to reduce travel risk (MSF activity reports; Amel updates). (MSF, 2025; Amel, 2025).

(3) Local coordination hubs and solidarity funds: _____

In parallel to sectors, ad hoc local hubs (municipal/social service committees; NGO-led working cells) matched needs to resources (shelter beds, transport, cash, medications). These hubs often relied on open-source situational awareness (road closures, strike zones, nightly hit lists) compiled by independent media and civic monitors, which responders used to route teams and beneficiaries when official data feeds lagged (Article 19 statements; Maharat Foundation notices). (Article 2025 ,19; Maharat, 2025).

Echoing patterns documented after the 2020 Beirut Port Blast, gaps persisted between local civil society actors and formal coordination mechanisms during the response. These gaps were most evident in three areas.

First, data asymmetries complicated planning and advocacy. Early displacement estimates varied widely across actors, reflecting uncertainty over who was counted as displaced, for how long, and in which locations. OCHA's initial DTM-based figures were later substantially lower than gender-disaggregated estimates produced by the end of November 2024, approximately 900,000 displaced, resulting in coverage hot spots and blind spots across response areas (OCHA, 2024a; OCHA, 2024b; UN Women, 2024; UN, 2025).

Second, access to pooled funding and the speed of sub-granting remained limited for many smaller and rights-based organizations, including women-led groups, despite their demonstrated reach in areas such as GBV case management and outreach to LGBTQI+ persons and migrant domestic workers.

Third, access constraints within sectoral pathways intensified as shelling moved north. Shelter, protection, and health sectors frequently operated at or beyond capacity, forcing CSOs to rely on informal or bilateral arrangements such as direct referrals, shared transport lists, and vendor pre-approvals to maintain continuity of assistance. These challenges were consistently reported in weekly operational updates and agency situation reports (OCHA/ReliefWeb; UNRWA).

Daily maps, alerts, and explainers from Megaphone and Daraj to triangulate safe corridors and monitor bombardment patterns. By early 2025, both outlets faced judicial summonses and smear campaigns, flagged by Article 19 and Maharat Foundation as threats to media freedom, a development that underscores how much operational intelligence CSOs had sourced from such platforms during 2024 (Article 2025 ,19; Maharat, 2025).

⁵ In support of the government-led emergency response, the humanitarian community launched an interagency flash appeal for USD 426 million to assist 1 million people until December 2024, with 10,033 persons supported between November 29-December 12,2024).

Consistent with prior crises, public trust clustered around local CSOs for access, speed, and perceived integrity. At the same time, identity politics shaped aid uptake: several feminist and queer-affirming organizations reported both strong demand for specialized services and occasional refusals of aid from displaced persons uncomfortable with those groups' mandates, a tension that affected targeting, safe-space design, and communications (ABAAD, 2024).

With public schools repurposed as shelters at the height of displacement, authorities attempted partial re-openings under double-use constraints (classrooms/dormitories), further externalizing care and protection functions to CSOs working inside or adjacent to these sites (Reuters, 2024).

The 2024 escalation reconfirmed that CSOs are Lebanon's de facto first responders in fast-onset displacement in which they verified needs, kept health and GBV services running, brokered shelter, and stitched together route-level intelligence when official channels lagged. Yet, results were bounded by structural constraints already visible in earlier crises: delayed/fragmented data, limited access to pooled funding, overloaded sector entry points, and politicized information ecosystems. The research questions that follow are therefore not whether civil society mobilizes but how to institutionalize connective tissue (shared datasets; interoperable hotlines/CFM; micro-grants with pre-approved vendors; municipality liaison cells; equitable subgranting to women-led/rights-based CSOs) so that first-mile speed is matched by system-wide coherence and protection outcomes in the next shock (OCHA, 2024a; UN Women, 2024; MSF/Amel operational reporting). (OCHA, 2024a; UN Women, 2024; MSF, 2025; Amel, 2025).

During the war, the Asfari Institute documented how civic space actors responded to the evolving polycrisis of conflict, displacement, and economic collapse by centering the lived experiences of frontliners and vulnerable groups. The series entitled "Stories Behind the Headlines" includes initiatives led by grassroots organizations, activists, and community-based groups providing assistance to displaced populations, particularly in southern Lebanon and the southern suburbs of Beirut (Asfari Institute, 2024).

Several responses highlighted the emergence of community-led initiatives addressing gaps left by the formal humanitarian system. One such example was "Deaf Aid"⁶, a grassroots initiative established by members of Lebanon's Deaf community following the absence of accessible and targeted support during the crisis. Emerging organically through informal networks of displaced Deaf individuals, the initiative coordinated aid distribution, NGO referrals, and volunteer mobilization, relying largely on personal resources. Despite widespread displacement within the community itself, Deaf Aid supported more than 200 Deaf families across Beirut, Mount Lebanon, the Bekaa, the North, and Akkar. Similar dynamics were observed among migrant domestic workers, many of whom were abandoned without documentation when employers fled. In response, organizations such as the Anti-Racism Movement, Eгна Legna, and the Alliance for Migrant Domestic Workers in Lebanon mobilized to provide food, shelter, and medical assistance, while also drawing attention to the structural exclusions that continue to shape migrant workers' vulnerability in times of crisis (Asfari Institute, 2024).

This sustained neglect by the state has made collective action the primary means of survival for these communities. Despite growing restrictions on civic space, civil society groups, activists, and community networks continue to operate under pressure, stepping in where state institutions have failed. Their efforts not only meet immediate humanitarian needs but also reaffirm the indispensable role of civil society in confronting Lebanon's overlapping crises and advocating for those most affected by them.

⁶ Sign with Naila, "Call to Support the Deaf Displaced Families in Lebanon...", Instagram Post, October 8, 2024, https://www.instagram.com/reels/DA3U1Xhsd_4/

Assessing Lebanon's National Response Capacity

Lebanon's emergency governance is characterized by civil society organizations and informal volunteer networks as the de facto first responders, while state institutions are under-capacitated, fiscally collapsed, and politically fragmented. Four structural drivers explain why CSOs repeatedly take the lead.

1. Absence and erosion of state capacity

A decade marked by growing fiscal pressures ultimately contributed to the 2019 financial collapse, which was followed by currency instability, banking sector difficulties, and an economic contraction that eroded the state's capacity to deliver public services and manage procurement.

The World Bank characterizes this as a "deliberate depression" with systemic failures across banking, debt, and the exchange rate with conditions that shrank the state's ability to plan, pay, or deliver during shocks (e.g., the 2020 blast; the 2024 escalation).

Subsequent International Monetary Fund (IMF) and media assessments confirm continuing institutional paralysis despite piecemeal legislative steps (e.g., bank restructuring), with basic services decaying and poverty surging, leaving response functions to non-state actors when crises strike (Gebaily, 2025).

Operationally, this erosion surfaced starkly in 2020 with the Port Explosion and again in 2024: government command-and-control was weak, line ministries lacked deployable budgets, and municipal systems were overwhelmed. OCHA reports formal appeals and sector meetings ramped up, but the "first 72 hours" and neighborhood-level continuity were led by CSOs/volunteers, not the state. In short, the state's fiscal and administrative collapse externalized risk and internalized delivery to civil society.

2. Weak data and coordination mechanisms

Lebanon's information architecture in fast-onset crises is fragmented: there is no single, authoritative, real-time registry of needs, damage, or displacement; limited interoperability across hotlines, case-management systems, and municipal rosters; variable sector (cluster) access for smaller, rights-based and women-led groups; and no national framework to organize responses, meaning coordination often relies on ad hoc arrangements rather than structured, state-led mechanisms based on a national framework. Evidence from the Beirut Port response shows that inter-organizational ties among local CSOs determined effectiveness, where ties were weak, duplication and blind spots proliferated; government interfacing was thin. Clinical and humanitarian after-action reviews echo the same pattern of coordination gaps and data asymmetries (Haddad & Sakr, 2022).

These frictions reappeared in the 2024 displacement, in which early OCHA Flash Updates (drawing on IOM/DTM) placed internal displacement near 95,000 to 113,000 in June–September, while gender-focused UN analysis later estimated approximately 900,000 displaced by 24 November 2024. This is a near order-of-magnitude gap that complicated planning and targeting until humanitarian pipelines caught up. In practice, CSOs bridged the information deficit using first-mile verification (door-to-door assessment, WhatsApp rosters) and ad-hoc local hubs. Yet, this comes at the cost of efficiency and accountability when shared baselines and interoperable complaints/feedback mechanisms (CFM) are missing.

Alternative and independent media functioned as critical sources of situational awareness. During 2024, when official information channels were delayed or incomplete, humanitarian responders routinely relied on platforms such as Megaphone and Daraj to triangulate information on road safety, strike locations, and daily incident reports. By early 2025, both outlets faced judicial summonses and smear campaigns, documented by ARTICLE 19, Amnesty International, Human Rights Watch, and Maharat. This matters for humanitarian coordination because CSOs were using these platforms to compensate for gaps in official information systems; when independent media are constrained, access to timely situational awareness is further weakened.

The bottom line is that coordination/data deficits do not stop CSOs, but instead slow them, produce inequitable coverage, and force bilateral workarounds rather than system-wide coherence (Haddad & Sakr, 2022).

While formal coordination structures and intersectoral mechanisms exist in Lebanon and provide an important interface for scale, legitimacy, and engagement with state actors, their effectiveness is uneven and highly contingent on organizational size, geography, and sectoral positioning. In practice, these formal mechanisms operate alongside, rather than above, informal, relationship-based coordination networks that are often faster, more adaptive, and more accessible to grassroots, peer-led, and rights-based organizations. As such, informal coordination should not be understood as solely a residual response to system failure, but as a constitutive feature of humanitarian action in fragmented governance contexts, particularly during the early phases of fast-onset crises.

3. Fragile social protection system (SP) and emergency cash architecture —————

Before 2019, Lebanon's formal social protection system, centered on the National Poverty Targeting Program (NPTP), reached a very limited portion of the population. The Emergency Social Safety Net (ESSN), supported by additional financing from the World Bank to strengthen Lebanon's response to the economic crisis and COVID-19 impacts, was introduced to scale this system and digitize registration and transfer mechanisms. ESSN was envisioned as part of an integrated social registry platform (DAEM) and as a step toward a unified delivery system, but coverage and benefit levels remained modest relative to the scale of need in the context of escalating poverty and repeated shocks (World Bank, 2023).

In 2024, these fragmented systems were brought together in the "AMAN" programme, a unified national social safety net launched by the Ministry of Social Affairs (MoSA) with technical support from the World Bank and WFP, embedding ESSN and NPTP into a state-owned framework aligned with the National Social Protection Strategy. AMAN expanded outreach significantly, encompassing over 160,388 households (close to 800,000 individuals) receiving monthly cash transfers as of mid 2025, up from earlier ESSN enrollment figures (MoSA, 2025). 2025, up from earlier ESSN enrollment figures

Parallel to this, the National Disability Allowance (NDA), Lebanon's first social grant targeted specifically at persons with disabilities, was launched in April 2023 with UNICEF, ILO, and EU support to provide direct monthly income support (approximately US \$40 per beneficiary). This scheme was extended through 2025 and adapted with shock-responsive measures in late 2024, including one-off emergency cash top-ups (approximately US \$100) drawn from the 2024 national budget to assist persons with disabilities holding Personal Disability Cards, reflecting the intent to leverage formal social protection tools in crisis contexts (UNICEF, 2024; UN, 2024). In parallel, the Government also activated the Shock-Responsive Social Safety Net, implemented with WFP support, to deliver emergency cash assistance to displaced and war-affected Lebanese households by leveraging national social protection databases (WFP, 2025).

Despite these advances, coverage gaps and adequacy issues persisted. State-financed transfers remained small relative to total need, and delays in scaling or financing meant that many households affected by the 2020 Beirut Port explosion and the 2024 escalation continued to depend on civil society and humanitarian emergency cash assistance, non-food item distribution, microrepairs, and referrals for GBV/health services as rapid response instruments. Structural exclusion also shaped access: some national social protection programmes, such as AMAN, primarily target Lebanese nationals, reinforcing reliance on humanitarian actors to support non-Lebanese populations, whereas the NDA's eligibility framework includes persons with disabilities irrespective of nationality. CSOs often filled immediacy and accessibility gaps where state systems were slower to operationalize or where credit constraints and procedural bottlenecks limited the effectiveness of public schemes.

4. CSO Trust in the Context of Weak State Capacity

Public-opinion data captures the trust deficit in state institutions. In the latest Arab Barometer country report, only %7 of Lebanese reported “quite a lot or a great deal” of trust in government, among the lowest in the region; perceptions of corruption are at record highs (Arab Barometer, 2024). By contrast, local NGOs and community actors benefit from relational legitimacy; they share language and neighborhood ties, and, crucially, know who is most at risk (women and girls, LGBTQI+ persons, older people, people with disabilities, migrant workers, refugees). This trust and proximity translate into faster targeting, safer access, and higher uptake documented after the Beirut blast (Haddad & Sakr; Haddad) and mirrored during 2024 by women-led and rights-based groups (e.g., ABAAD for GBV case management and safe shelters; Amel/MSF mobile health).

5. Literature Review

This study adopts a qualitative mixed-methods research design that combines a desk and literature review with primary data collection through key informant interviews (KIIs) and focus group discussions (FGDs). This approach enables a comprehensive analysis of the role of civil society actors in Lebanon’s emergency response during the displacement crisis that followed the September 2024 war through December 2024. Data triangulation is central to the research design, with findings from academic literature, policy documents, and program evaluations systematically cross-checked against first-hand accounts gathered through field consultations. This strengthens the validity of the analysis and ensures that findings reflect both empirical evidence and lived experiences across multiple perspectives.

The desk review mapped global, regional, and Lebanon-specific evidence on civil society engagement in emergency response, social protection, and anticipatory action. It drew on academic literature, reports and evaluations produced by UN agencies, international and local NGOs, and grey literature such as situation reports, project assessments, and working papers. The review helped identify key themes, lessons learned, and gaps in existing research, which in turn informed the design of the primary data collection tools and research focus.

Primary data collection relied on KIIs and FGDs conducted with a wide range of stakeholders involved in the 2024 emergency response, including local and grassroots CSOs, community-based organizations, humanitarian actors, donors, coordination platforms, and government representatives. These consultations explored roles and responsibilities, coordination mechanisms, resource mobilization, targeting practices, and operational challenges, as well as collective experiences of collaboration between formal and non-formal assistance pathways. Fieldwork was conducted across five governorates: Beirut, Mount Lebanon, Bekaa, North, and South/Saida and included a total of 60 consultations, with the final number determined by data saturation.

Sampling followed a purposive qualitative strategy aimed at capturing diverse institutional, geographic, and political perspectives while remaining feasible and aligned with the study’s objectives. The research included actors directly involved in the September 2024 response, such as grassroots initiatives, local charities, religious institutions, informal groups, formal humanitarian organizations, donors, coordination bodies, and relevant public institutions, including municipalities, the Ministry of Social Affairs, and the Disaster Risk Management Unit. Actors without direct involvement in the response, those operating outside the selected governorates, or individuals unable or unwilling to provide informed consent were excluded. Recruitment was facilitated through the Asfari Institute’s networks and partnerships, as well as through collaboration with NRC and CAMEALEON, complemented by snowball sampling to identify additional relevant stakeholders. Data collection tools, including interview and discussion guides, consent forms, and ethical protocols, were developed in line with NRC requirements and grounded in Do No Harm principles.

The study adhered to rigorous ethical standards to safeguard participants' rights, dignity, and well-being, particularly given the sensitivity of displacement and crisis response. All participants were informed of the study's purpose, the voluntary nature of participation, and their right to withdraw at any time without consequence, and informed consent was obtained prior to data collection. Personal identifiers were excluded from transcripts and outputs, and all data was anonymized in reporting. A Do No Harm approach was applied throughout the research process to minimize the risk of re-traumatization or distress, with researchers trained to conduct discussions sensitively and equipped with referral information for psychosocial support where needed. No beneficiaries were directly contacted. All data was securely stored in accordance with NRC ethical requirements, with restricted access to the core research team, and will be retained only for the duration of the project before being securely destroyed unless explicit approval is granted to archive anonymized materials for academic use.

6. Findings

Local Civil Society as First Responders and System-Builders

As the escalation began in September 2024, local civil society actors found themselves on the frontlines of crisis management. The consultations conducted found that local civil society actors emerged as the fastest and most adaptive layer of the emergency response, often mobilizing even before formal humanitarian response systems and Disaster Risk Management (DRM) networks were fully operational.

The response initially unfolded as an instinctive effort to support local communities, despite the fact that many civil society organizations were not formally specialized in crisis or emergency response. Organizations working in gender equality, activism, education, or social integration drew on lessons from previous crises—most notably the August 2020 Beirut blast, the Syrian refugee influx since 2011, and the 2006 war—to inform their early actions. These organizations activated strong community ties, volunteer networks, and long-standing relationships with local actors, while parallel relationships with international donors and partners enabled them to mobilize initial funding to sustain their response. For many CSOs, emergency response was not treated as a distinct phase of work but rather as an extension of ongoing community engagement. The earliest interventions were characterized by the rapid delivery of multi-sector support, including food assistance, cooking and distribution of food parcels, basic health and hygiene services, and immediate shelter solutions. During this period, CSOs relied heavily on existing internal funds, quick community-based fundraising, and the reorientation of ongoing projects in coordination with donors. As a staff member at an already established local community kitchen in North Lebanon explained, ***"We didn't wait for anyone – the kitchen was already there, so we just cooked 4,000 meals a day."***

Across all areas experiencing an influx of internally displaced persons, community kitchens were established almost immediately and relied heavily on volunteer labor, producing up to thousands of meals a day. This movement encompassed both pre-existing community kitchens and more "organic" or "unofficial" initiatives that emerged in the early days of the crisis. Several initiatives, particularly in the North, were already operational through programs such as Souk El Tayeb's community kitchens and UN-funded food safety projects, enabling rapid mobilization and large-scale delivery. In contrast, more organic kitchens that emerged only after displacement began experiencing slower response times, largely due to the absence of prior coordination, equipment, and operational readiness.

These early mechanisms were operating with minimal to no formal coordination among local CSOs and, where possible, local authorities, prioritizing speed over procedural structures. The role and pace of CSO engagement varied significantly by location. In areas experiencing high influxes of IDPs, such as Beirut, CSOs responded quickly and assumed ownership of the response within the first two to three days of the escalation. This positioned them either as de facto coordinators or as key operational partners working closely with municipalities or local DRM units, enabling them to form networks across regions to address gaps identified at both local and national levels.

As the response progressed, the coordination landscape expanded to include international organizations, the Ministry of Social Affairs, and larger institutions, which assumed responsibility for the formal establishment and management of temporary shelters. The management of collective shelters varied across regions and did not follow a single national model. In some areas, oversight and day-to-day management were undertaken by the DRM structures in coordination with municipalities, while in others this responsibility fell to the Ministry of Social Affairs, either directly or in collaboration with local authorities. This variation reflects the absence of a uniform management arrangement nationwide.

The involvement of these actors broadened the scope of the response in several ways. First, it improved shelter habitability particularly through the repurposing of schools by supporting the installation of water and sanitation facilities and the procurement of essential items such as mattresses. Second, international organizations and MoSA introduced greater structure to the largely instinctive efforts led by CSOs, including cooking schedules, centralized procurement of food supplies, and recycling and waste-minimization initiatives. Finally, they supported the development of databases to map needs and ongoing assistance, helping to reduce duplication across regions. At this stage, specialized civil society organizations also stepped in to address critical but frequently under-prioritized gaps, including sexual and reproductive health services, menstrual health support, child protection, and hygiene assistance.

Differences in organizational capacity continued to shape response modalities and timelines. Larger NGOs were often able to activate contingency plans and internal emergency protocols, resulting in faster and more structured interventions. Smaller and grassroots CSOs, by contrast, relied more heavily on intuitive, real-time decision-making informed by community feedback, while facing challenges in securing and structuring funding. Despite these differences, together these actors formed an agile and decentralized emergency layer that filled critical gaps during the initial displacement period.

Local civil society functioned primarily as first responders and, in some cases, as adaptive system-builders, coordinating resources, informally redefining mandates, and delivering essential services under extreme pressure.

Targeting, Vulnerability, and Practical Dilemmas

Once shelters were established and the initial influx of IDPs had largely taken place, civil society actors began to absorb the scale of the crisis, marking a shift from immediate emergency response toward a more stable operational mode. As this adjustment unfolded, attention increasingly turned to challenges related to targeting, vulnerability identification, and resource allocation.

Pre-existing social vulnerabilities, combined with extreme resource constraints, required local civil society actors to continuously adapt their approaches. During the first moments of the response (end of September–beginning of October 2024), the priority for many CSOs was to reach large numbers of displaced people rather than to identify individual cases or specific vulnerabilities. Assistance at this stage was largely reactive and undocumented, particularly among local initiatives and smaller CSOs, and focused on life-saving basics such as food, water, bedding, heating, sanitation, and immediate shelter solutions. These efforts were mobilized through volunteer networks, personal contacts, neighborhood initiatives, and small-scale crowdfunding or private donations, enabling rapid response despite limited resources and formal structures.

As the response evolved, some actors (particularly larger and more established NGOs guided or funded by international organizations or reporting to local DRR coordinators) began to introduce more structured practices. These included documentation, needs assessments, emergency response plans, and vulnerability scoring systems, aimed at improving coordination, fairness, and accountability. Implementation varied widely across regions. In some contexts, particularly where international actors took the lead, formalization was effectively adopted; in others, especially where smaller actors such as municipalities led the response, few tangible changes were observed.

This phase also marked a more strategic engagement with vulnerability across different social groups. Once civil society actors had settled into their operational roles, they were better positioned to identify differentiated needs within the displaced population, including access to healthcare support, the provision of safe and accessible shelter, and the management of social dynamics within shared living spaces, including the integration of migrant workers, children, older persons, and people with disabilities in shelters. This shift enabled the planning of more specialized interventions, ranging from medical visits and sexual and reproductive health and rights (SRHR) sessions to targeted support for displaced migrant workers.

As displacement became more protracted and basic needs stabilized for some groups, prioritization criteria continued to evolve. Organizations increasingly shifted toward specialized services such as psychosocial support, shelter transfers (including family reunification and the relocation of displaced families from shelters to alternative housing), and recreational activities, particularly for children. As one CSO director in Mount Lebanon explained, ***“As the war progressed, we needed to start thinking about heating the schools for winter.”***

This transition, however, placed additional strain on already limited resources and exposed gaps in preparedness for longer-term displacement. These included logistical challenges related to sustained medical care for chronically ill patients, organizing medical visits for pregnant women, and providing specialized food rations for patients with diabetes. In the absence of timely formal interventions, local CSOs often continued to rely on instinctive decision-making rather than standardized frameworks.

Organizational roles and capacities shaped targeting approaches, with smaller CSOs relying heavily on local knowledge, community presence, and informal referrals to identify households in need. In some cases, local CSOs were able to highlight these needs to the local DRR coordinators, while in other cases, they utilized their own network to bridge the gap with duplications of resources across different areas in the country. Municipalities also played a critical role through emergency rooms and crisis committees, helping designate priority shelters and geographic hotspots, particularly where schools and public buildings were repurposed to host displaced populations. In many cases, CSOs fueled this response, utilizing their role to highlight gaps and report local needs to crisis committees. Yet, they were still faced with large shortages and critical decisions regarding resource allocation and priorities. As a municipality member in North Lebanon testified, ***“We had no materials, no mattresses, no blankets – we started collecting extras from households in the village.”***

Infrastructure constraints further shaped response modalities. Inadequate water and sanitation facilities, limited heating, and overcrowding influenced both targeting decisions and the type of assistance delivered. In some cases, local leaders were required to prioritize which shelters to equip first during shortages, or to allocate different quality of resources across sites. Security-related adjustments were also common: in high-risk areas, the risk of shelter closures generated fear and uncertainty, and when closures occurred, operations were sometimes resumed through reduced hours or alternative arrangements, as conditions allowed.

Across cases, targeting emerged not only as a technical exercise but as an ethical one. Respondents described navigating difficult decisions under conditions of scarcity, time pressure, and incomplete information. For most CSOs, choices were made instinctively and were heavily shaped by shelter conditions, safety considerations, and the imperative to act quickly. These metrics highlight that vulnerability assessment in crisis settings is a dynamic, negotiated process rather than a purely procedural one, and could be highly driven by emotions, suggesting a need for a more rounded and unified metric system.

Coordination Between Structure and Improvisation

Throughout the data collection phase, respondents often described two parallel coordination tracks between local CSOs, international NGOs and humanitarian actors, and government entities, whereby structured, formal coordination mechanisms operated in tandem with informal, often improvised, relationship-driven coordination networks. The findings highlight a coordination landscape in which formal and informal mechanisms operate in parallel. Respondents described diverse coordination arrangements that brought together established systems and informal practices, while also pointing to persistent logistical and administrative challenges and concerns related to exclusion and discrimination that shaped response efforts.

On the one hand, the formal track included coordination within UN-led clusters – particularly OCHA-led coordination meetings – and well-established sectoral and specialized working groups, as well as with municipal crisis cells linked to governorate-wide DRM units under the auspices of the Presidency of the Council of Ministers and in close coordination with relevant ministries. MoSA representatives working under the Lebanon Crisis Response Plan (LCRP) noted that contingency plans were in place at the outset of the escalation, whereby inter-agency coordination mechanisms, including UN agencies and INGOs, were already well-integrated. Local NGOs, however, were reportedly not pre-integrated. Consequently, they were contacted after the escalation had begun, briefed on the coordination modalities, and invited to join meetings to clarify their geographic and technical capacities. In addition, it was reported that, within the LCRP framework – where local NGOs are channeled through UN-led sectors, which in turn coordinate with DRR units – mobilization and aid distribution began 72–48 hours after shelters opened.

Respondents also indicated that the coordination efficiency under this track varied primarily by location, between major population centers and more remote areas across the country. Accordingly, well-established local and international organizations indicated that coordination under this track was effective and organized. In contrast, smaller, often grassroots and peer-led organizations highlighted a fragmented and slow response, underscoring the need for improvisation and reliance on alternative coordination tracks. Mainly, respondents highlighted administrative delays, gaps in real-time data sharing, and duplication of assistance as the main shortcomings within the formal coordination track, especially during the first weeks of the emergency response. A faculty member at a university that was providing psychosocial support services for displaced children from the South in the Southern Bekaa Valley stated that ***“Coordination felt fragmented – no unified emergency room or structure ... More broadly, communication systems were weak. For example, we’d arrive [at a shelter] to run PSS for children and discover another NGO had done the same activity that morning.”***

On the other hand, informal coordination mechanisms saw coordination efforts unfold through informal, ad-hoc practices that emerged outside of formal systems. These practices relied on unofficial communication streams such as WhatsApp groups and other online social networking platforms, trust-based coordination and personal networks to cover response gaps, and the emergence of informal communal canteens, local associations, and peer-led initiatives. The founder of a grassroots deaf-led initiative in the Beirut-Mount Lebanon area stated that ***“Most collaborations came through personal networks – friends connecting us. We also collaborated with a well-known food influencer who had strong fundraising momentum; she helped with food parcels until we secured independent funding.”***

Informal practices were especially prominent in isolated areas. In the northern Bekaa Valley governorate of Baalbek-Hermel, for example, evolving security threats due to the targeting of the city of Baalbek and geographic constraints due to the winter season were presented as significant challenges that impeded consistent access to aid. As a result, local assemblies bringing together municipal union heads, school principals, local political, communal, and religious leaders and volunteers were formed to coordinate the emergency response. As illustrated by the head of a municipal union in the area, ***“In 2024 we were surprised by much larger numbers [than in 2006], and by a new type of displacement: sudden displacement following evacuation alerts in Baalbek ... so we created a unified emergency committee that included: the union [of municipalities], the diocese and parishes, the local political party, school principals, and local social organizations.”*** These actors served as key operational counterparts and local knowledge hubs for formal and humanitarian response efforts on the ground as the emergency situation evolved.

Alongside the reported coordination mechanisms and practices – both formal and informal – respondents consistently described a range of operational challenges that affected the efficiency and coherence of response activities (see Figure 1). These included duplication of assistance and delays linked to administrative procedures and logistical constraints, as mentioned above, as well as inconsistent leadership structures across the different regions. In addition, several respondents raised concerns linked to exclusion and fears of securitization, harassment, persecution, or removal. These concerns were especially prominent with peer-led organizations such as local refugee-led initiatives as well as LGBTQIA+ rights organizations. As the head of a refugee-led organization stated, ***“[We faced] security/legal challenges related to the residency status of Syrian staff (residency restrictions, travel costs to renew status) ... We used informal channels ... to overcome obstacles created by official discrimination against refugees.”*** These barriers were not solely crisis-induced; rather, they reflect pre-existing legal and administrative restrictions that continued to shape operational modalities during the escalation.

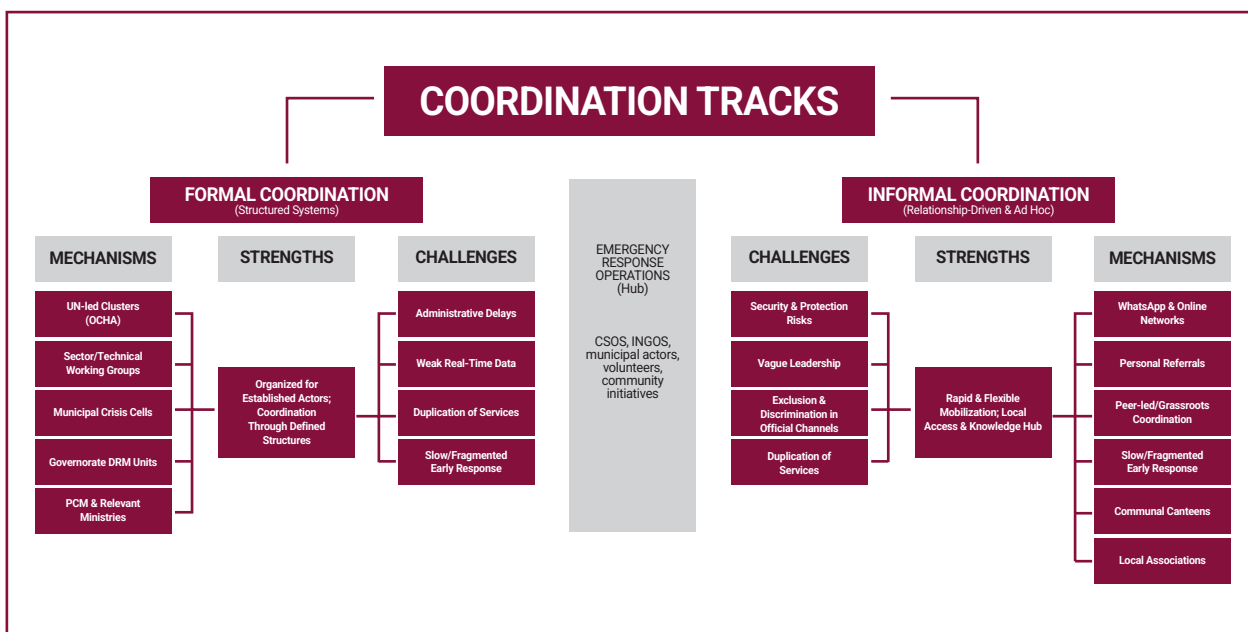


Figure 1: Formal and informal coordination tracks and structure lines

Financing, Flexibility, and the Speed of the Response

In terms of resources, respondents consistently highlighted financing as a key aspect that determined the speed, scale, and overall efficiency of their emergency response efforts, especially during the early days of the escalation. Most respondents reported that their organizations initially relied on their internal financial resources – funds that they directly controlled – in order to finance their response efforts, with external donations and funding often arriving at a later stage. While precise timelines varied, available data suggest that external funding generally arrived in later phases of the response. Delays were largely linked to compliance, due diligence, and documentation requirements, with some organizations reporting that new funds were only disbursed toward the final stages of the war (mid-November 2024).

Initially, actors relied on several key funding streams, such as internal reserves and existing partnerships, unrestricted community donations, as well as diaspora support and crowdfunding, in order to finance their responses. Small, grassroots organizations and initiatives almost fully relied on community contributions and local networks. On the other hand, larger, more established organizations mainly drew on internal resources and existing partnerships and budgets in order to finance their early response efforts. As a staff member of a local community-based humanitarian organization indicated, ***“We started with our own funds during the first two to three days, then reprogrammed contingency lines in ongoing projects and secured new emergency grants [afterwards]. We also ran community donations via our website.”*** The data also indicates significant regional disparities when it comes to funding needs, whereby the heavy caseload in the Beirut-Mount Lebanon region intensified early funding pressures for CSOs active in the area.

Overall, however, financing practices were described as adaptive. Actors and organizations of varying sizes and niches relied on mixed financing models, such as community cash and donations, in-kind support, local funds and stocks, and institutional and INGO funding. Respondents reported that budget reallocations and programmatic repurposing were widespread, and that donors were generally flexible, with pre-existing, trusted relationships and partnerships playing a key role in allowing flexible conditions for reprogramming ongoing activities and reallocating existing budget lines.

Despite this general trend, donor engagement was not always described as flexible in nature as mentioned earlier, and several respondents reported contrasting levels of engagement with different types of donors, flagged significant constraints related to donor funding, and identified instances where funds were abruptly halted. According to a representative of a funding agency supporting local and regional feminist organizations, “For current partners, outreach and adaptation were immediate. For new grants, it took roughly a couple of weeks to a month.”

Similarly, respondents indicated that trusted, long-standing partnerships allowed for quicker action vis-à-vis newer partnerships that imposed more rigid requirements. Administrative and programmatic constraints were also highlighted by respondents regarding their engagement with donors, whereby approval processes were often lengthy, delaying access to funds until the last weeks and days of the emergency or, in some cases, until after the emergency situation had ended. The director of a local development association in North Lebanon stated that ***“Some donors required procedures [or imposed] constraints that limited the speed of transfers or the ability to reprogram development budget lines into relief.”*** For example, delays due to bank transfer requirements and background checks meant that some local organizations could not access funding necessary for assistance at all or until the very end of the emergency situation.

On the other hand, some respondents noted that funding in certain cases only materialized shortly before the cessation of fighting, while in others it was disbursed after hostilities had already ended. In addition, some donors would limit funding streams to niche activities, constraining local organizations’ ability to adapt their mandates to fit emergency assistance needs. Respondents also reported instances where donors required activities to be halted once the emergency situation had ended, or cases where funds were abruptly halted once the cessation of hostilities entered into effect. As one head of a rehabilitation center that also operated a communal kitchen in the Bekaa Valley testified, ***“When the ceasefire was announced, funding ended almost immediately. We still had meals ready for distribution while displaced people had left the centers ... Staff in the kitchen were also affected by the abrupt end of their pay.”***

Moreover, the findings identified certain structural barriers faced by local CSOs that were described as constraining to their access to funding streams. Some of the noteworthy funding constraints reported included challenges linked to the legal status of some local actors, which discouraged donors and led to limited access to conventional fundraising and financing tools. This was especially relevant for informal grassroots, often peer-led, organizations and initiatives.

Finally, some respondents highlighted the financial strain and psychological impacts faced by those responding to needs on the ground. This included the need for staff members and volunteers to cover transport costs related to their own displacement, as well as general psychological distress faced by responders. A head of a health clinic in Beirut stated that they **“allocated some funds to mental-health support for staff wellbeing. [There was] widespread displacement, fear, and anxiety among our staff and partners.”**

Overall, the financing of the response was described by respondents as mixed, adaptive, and uneven. While some financing and reprogramming procedures were seen as flexible by most respondents, others indicated rigid conditions that limited the scope of the response and delayed action.

From Emergency Response Toward Anticipatory Governance

Respondents consistently highlighted the lack of comprehensive national emergency planning in Lebanon, noting that while the country does have national frameworks, these are often partial, fragmented, and hazard-specific rather than unified and fully operationalized, leaving significant gaps in preparedness despite recurring crises. Essentially, respondents voiced grievances regarding the limits of reactive approaches that rely on CSOs taking initiative in emergency situations and identified several preparedness gaps observed during the response across a range of sectors.

Key structural gaps emerged in the findings in relation to system-level preparedness and the existence of national frameworks. Respondents widely reported an absence of clearly defined national emergency protocols that included pre-defined roles, responsibilities, and expectations, as well as coherent planning frameworks. Accordingly, the findings highlight a range of concerns linked to the lack of early logistical preparedness and effective planning prior to the emergency unfolding. DRM representatives indicated that their response was guided primarily by internal protocols developed through their contingency planning processes. These protocols were designed to enable operational continuity and crisis management at the local level, allowing DRM structures to respond effectively irrespective of the activation or clarity of a national emergency framework. MoSA representatives indicated that while a predefined government coordination structure existed, logistical preparedness as well as unclear staff roles were amongst the challenges that persisted throughout the war. For example, a representative stated that **“Logistically, many schools weren’t equipped [with electricity, diesel, water, WASH, security] ... Preparedness would have improved [the speed and quality of the response].”** Similarly, CSO respondents reported the absence of pre-compiled stocks in pre-determined warehouses containing essential materials, inadequate shelter readiness, and the lack of a clear division and allocation of roles under government-led DRM efforts as the most prominent challenges faced throughout the response. Information sharing was also highlighted as a significant challenge, contributing to delays and misalignment among actors.

As noted by the head of a development NGO in South Lebanon, **“The new coordination model with DRM was unfamiliar to both NGOs and government actors, creating confusion during the first week.”** Respondents observed that these conditions also contributed to early coordination vacuums, as well as several instances of duplication. This was especially prominent in terms of the availability of and access to formal information channels. During the first week, access to data was chaotic and produced several instances of duplication. However, as a local CSO representative in Bekaa stated, this was addressed by approaching local committees and hosts directly and then shifting to more structured processes to avoid confusion: **“We started with principals’ signatures and school stamps to prove needed quantities [in shelters], then moved to recording family names and numbers for regular follow-up through a call after 15 days to confirm receipt of aid ...”**

In this context, participants expressed the need to recognize non-traditional and informal actors within early preparedness frameworks, and reported aspirations for more robust anticipatory and early-warning approaches. Respondents emphasized the importance of recognizing informal, faith-based, and grassroots actors – alongside academic institutions – within prior emergency planning. Such actors include student-led initiatives and campaigns, university-led activities in their niche areas, local dioceses, parishes, and mosques, as well as local relief formations such as emergency neighborhood committees. Perceptions and experiences indicating that such actors were heavily active throughout the emergency, particularly during the first days and weeks of the escalation, were widely reported. At the same time, respondents indicated that despite their substantial participation as first responders, their inclusion in formal preparedness planning was peripheral and, in many cases, entirely absent. For example, the director of an advocacy initiative for PwDs who participated in local response stated that her organization was **“not part of formal governmental/international coordination mechanisms. We tried contacting large institutions to secure equipment (wheelchairs, etc.), but they didn’t have available devices or a clear way to help at that time. A major challenge was inaccessible shelters – schools/centers with stairs or unsuitable bathrooms – forcing some cases to sleep on the street because an appropriate center wasn’t available.”**

Furthermore, respondents described aspirations toward establishing more effective early-warning and preparedness approaches to future emergency situations. Among the most articulated were the development of a more organized and efficient national crisis management blueprint with clearly defined roles and procedures⁷; the pre-designation of shelters and warehouses to enable rapid access to safe spaces and life-sustaining materials; the creation of more accessible data-sharing systems to avoid duplication of services; the explicit inclusion of subgroups’ legal, political, and social contexts – including for deaf people and other less included persons with disabilities, LGBTQIA+ communities, refugees, migrant workers, and individuals lacking formal documentation – and the strengthening of training modules, simulations, and preparedness exercises for local actors.

Nonetheless, respondents also articulated concerns regarding the limits of preparedness in the continued absence of a national, comprehensive and non-fragmented emergency response framework. Participants expressed that preparedness efforts would remain fragile as long as response mechanisms relied on improvised initiatives rather than a functioning national system capable of ensuring readiness should a similar emergency occur in the future. As the head of a municipal union in the Bekaa Valley stated, **“Even a year later, there has been no comprehensive assessment or correction. If war returns, we’ll face the same challenges and again rely on the community. We must move from theoretical plans to operational readiness on the ground.”** The need to recognize civil society as an active partner rather than as mere implementers was also a widely reported sentiment. Respondents noted that understanding local partners’ contexts, listening to field-based strategies and practices, and adopting flexible and adaptive approaches to financing and programming as needs emerge were seen as prerequisites for achieving a meaningful localization agenda.

Broadly, respondents identified persistent preparedness gaps, expressed the need to recognize civil society as a genuine partner in anticipatory action, and articulated concerns regarding the limits of prospective preparedness in the absence of effective and coordinated national planning.

⁷ Note: Although the data collected from respondents did not provide detailed information on the specific governmental approvals, development processes, technical support needs, or financing mechanisms, they consistently highlighted that any national crisis management blueprint should be led by the government and involve all relevant stakeholders, including DRR agencies, CSOs, NGOs, and IOs.

Intersections between civil society and formal humanitarian/government systems.

In the early days of the escalation, civil society organizations, municipalities, and local initiatives effectively acted as first responders. As the response evolved, interaction between civil society and formal systems remained fragmented due to the absence of a single, clearly mandated authority leading the national response. Coordination responsibilities were dispersed across multiple bodies, including the Government Emergency Committee, the Disaster Risk Management Unit, the Higher Relief Commission, and line ministries. This institutional fragmentation created uncertainty over leadership, roles, and decision-making authority, particularly around shelter management, displacement data, and targeting criteria.

Where intersections between civil society and the state did occur, they were frequently mediated by personal relationships rather than institutionalized mechanisms. In several cases, local coordination meetings were taking place in the presence of local DRR units, along with MoSA officials, municipality members, and CSO actors. The main goal behind these discussions was to divide aid, avoid duplication of efforts, and present aid progress on the ground. However, piloting new projects, acquiring funding, and securing engagement from the state were difficult to come through, especially due to the high and urgent need for support. Many CSO members mentioned having no clear channel to communicate with government representatives, especially due to the reactive stance of key actors. Engagement often depended on prior trust, individual leadership, and local governance capacity, particularly at the municipal level. Tensions also surfaced around roles and authority. In the absence of clear guidance, some civil society actors intervened directly in shelters or communities without formal authorization, while local authorities struggled to assert coordination without adequate support. This dynamic reinforced parallel action rather than structured collaboration.

After the ceasefire, in many cases, local CSOs stopped receiving funding and were left to go back to their regular mandates. However, the need to respond to the displacement and to ensure that people were properly relocated to safe spaces was urgent. International NGOs still received a steady flow of funding and were able to move their efforts more toward rebuilding a streamlined approach. This allowed them to strategically and properly integrate IDPs into their villages, despite the losses they might have suffered. Furthermore, the involvement of the Ministry of Social Affairs throughout the response was key - moving from a reactive approach during the war, to a more strategic, high-level coordinator with the International NGOs, strengthening its role in displacement tracking, needs assessments, and the rollout of IDP support programs.

Enabling and constraining factors shaping civil society's role.

Civil society's role during the September 2024 escalation was shaped by a combination of strong enabling factors rooted in experience and networks, alongside structural and systemic constraints that limited the scale, sustainability, and coordination of their response.

One of the most important enabling factors was prior crisis experience. Several organizations had previously responded to multiple emergencies, including the 2006 war, the Syrian displacement crisis, COVID-19, and the Beirut port explosion. Therefore, many civil society actors already had emergency mindsets and had begun informal preparedness scenarios planning even before mass displacement occurred, allowing them to intervene within hours or days of escalation.

A second enabling factor was deep local embeddedness and trust. Civil society organizations benefited from long-standing relationships with communities, municipalities, suppliers, and informal networks. Trust enabled them to access shelters quickly, secure goods without immediate payment, and mobilize volunteers and in-kind support when cash was unavailable. Operational flexibility also played a key role. Compared to formal humanitarian actors, civil society organizations were often able to adapt activities rapidly, repurpose existing programs, and shift priorities based on real-time needs.

At the same time, civil society's role was constrained by severe resource limitations. Many organizations relied heavily on volunteers, many of whom were themselves displaced, left the country, or became unavailable due to safety concerns and academic or family obligations.

Financial constraints were another major limiting factor. While some organizations benefited from flexible donors, others faced delays in fund transfers, rigid reporting requirements, and post-crisis audits that consumed significant time and administrative capacity.

Finally, the absence of a clear, unified national coordination framework constrained civil society's effectiveness. While some organizations coordinated successfully with municipalities or sector groups, others operated in isolation due to unclear mandates, inconsistent government engagement, and parallel coordination systems. This led to uneven coverage, reliance on informal communication, and recurring concerns about duplication and role confusion.

Comparative insights from regional/global evidence

In comparison to global and regional perspectives on the role of civil society in humanitarian emergency responses, the findings from Lebanon's recent emergency situation not only confirm those perspectives but also extend existing knowledge through unique nuances. Essentially, the evidence positions Lebanon not as an exceptional case in whether or not civil society acts first in response to an emergency situation, but in how routinely and structurally its involvement has become normalized.

In terms of initial response, the introductory review showcased the role civil society actors play as first responders, the usefulness of their proximity and embeddedness within social fabrics, and the adaptability of their mandates to fit humanitarian contexts. The review also highlighted how civil society actors are viewed as local intermediaries between global humanitarian response systems and local, real-time contexts.

The findings from the Lebanese emergency response reflect a convergence of patterns in alignment with global and regional experiences. Civil society's early mobilization in Lebanon; its proximity to the local context, and by extension of its considerable reservoir of communal trust; the informality of its short- and medium-term coordination patterns coupled with its speedy mobilization preceding formal government and humanitarian action; as well as its mandate and programmatic adaptability to fit urgent initial needs, mirror global and regional insights.

Lebanon also fits within regional perspectives highlighting the indispensable role of CSOs in core emergency response infrastructures in a cyclically conflict-ridden and often fragile MENA region, as well as their marginalization from institutional decision-making structures in times of crisis. Evidence from the latest emergency in Lebanon – while confirming such perspectives through, for example, testimonies pointing to the operation of parallel coordination systems driven by exclusion and neglect – also enriches regional perspectives by foregrounding persistent and determined calls for more proactive civil society involvement in national-level decision-making during crises. The implications of such sentiments will be discussed further in the following section.

Implications for localization and anticipatory action

The global localization agenda is also relevant in the Lebanese case, as the experience of civil society actors during the recent emergency response reflects an acknowledgment of the growing prominence of localization commitments and discourse, while simultaneously highlighting offsetting challenges experienced by civil society – especially local grassroots initiatives – firsthand. The reliance of a considerable portion of civil society actors on internal reserves and community funds, the delays they experienced in accessing institutional funding, as well as their variable experiences of uneven donor flexibility and adaptability, closely connect with global localization debates highlighted in the initial review.

These challenges position the Lebanese case as an empirical illustration of already prevalent global perspectives. In addition, reported calls to adapt localization efforts more qualitatively to local contexts that is, to bridge the gap between assumptions and experiential, on-the-ground realities – point to a significant disconnect between strategic planning and local experiences within the localization agenda, a nuance that the Lebanese case contributes to existing debates.

The recent Lebanese experience also highlights the significant role CSOs play in emergency situations, not only as implementers but as latent governance actors. As global and regional experiences demonstrate, recurrent crises and weak governance often necessitate the involvement of civil society in responding to needs, while simultaneously placing intense burdens on CSOs in terms of risks and responsibilities relative to their limited strategic inclusion.

The findings from Lebanon further corroborate the consequences of the absence of national emergency frameworks while simultaneously highlighting the aspirations of civil society for not only anticipatory action but also recognition as a dynamic partner rather than a contingency option. The findings also reflect civil society actors' acknowledgment of the limits of their preparedness and initiative in the absence of effective state anchoring. Essentially, the recent emergency in Lebanon reveals the limits of anticipatory governance promises in the absence of national preparedness frameworks, obliging civil society to fluctuate between emergency improvisation and unrealized preparedness aspirations.

8.

Recommendations

- **Strengthen and consolidate disaster risk management within a comprehensive national legal framework⁸:** While Lebanon has established DRM-related units, contingency plans, and sub-national coordination structures, these remain fragmented and lack a unified statutory basis. A comprehensive DRM law enacted by the government of Lebanon should: (1) consolidate existing mandates and coordination mechanisms into a clearly defined emergency governance framework across national and sub-national levels; (2) ensure the protection and inclusion of underrepresented and marginalized groups during emergencies in line with international human rights standards; and (3) broaden and formalize decision-making authority across state and non-state actors, including municipalities and civil society organizations.
- **Mobilize coordinated advocacy for a national emergency governance framework.** Shift from fragmented, localized advocacy efforts toward a structured and sustained mobilization aimed at engaging government officials, legislators, and relevant authorities on establishing a comprehensive national emergency framework. Civil society organizations, particularly those that played active operational roles during recent crises, including the 2024 displacement and the wartime response, should be central to this effort. Their direct experience provides critical insights into the gaps, bottlenecks, and successful adaptive strategies in emergency response. Advocacy efforts should leverage this knowledge to inform legislative proposals, ensure that the voices of frontline responders shape policy, and promote inclusive mechanisms that integrate both state and non-state actors across planning, coordination, and operational phases of national emergencies.
- **Strengthen and integrate information-sharing and preparedness systems within existing emergency governance structures.** Building on existing national and sub-national mechanisms (e.g., Lebanon's Disaster Risk Management Unit, MoSA-led coordination frameworks, and municipalities) begins with a comprehensive mapping of sub-national response capacities, including municipalities, shelters, service providers, and civil society responders. This mapping should identify gaps and overlaps and inform the development of a centralized, regularly updated, and openly accessible information-sharing platform that consolidates data on active responders, services, and resources to reduce duplication and coordination gaps during emergencies. In designing this platform and its operational protocols, policymakers and coordination bodies can draw on lessons learned from neighboring contexts, such as Jordan's National Centre for Security and Crises Management, which integrates multi-hazard planning, early warning, and local governance engagement under a centralized mandate⁹. In parallel, national and local authorities, in coordination with civil society and humanitarian actors, should pre-designate and adequately equip shelters and warehouses to enable rapid and equitable access to essential supplies and safe spaces, strengthening anticipatory action and early response in future crises.
- **Reinforce the localization agenda with more inclusive protection, safeguarding, and do-no-harm standards.** Donor and international organizations, in partnership with coordinating actors, can work to ensure that localization strategies are executed under inclusive, culturally and contextually specific protection, safeguarding, and do-no-harm standards. This should involve mainstreaming the do-no-harm principle all throughout the programmatic design and implementation process, strengthening feedback mechanisms and complaint pathways that are accessible to less visible groups, attuning response modalities to cultural and contextual sensitivities, and avoiding unintentional exclusionary and stigmatizing aid delivery modalities by diversifying service pathways.

⁸ At present, Lebanon's disaster risk management architecture is anchored in institutional units and planning frameworks rather than in a unified DRM law. The Disaster Risk Management Unit under the Presidency of the Council of Ministers serves as the primary national entity for DRM strategy and coordination, while the newly established National Center for Natural Hazards and Early Warning provides early warning capacities. Lebanon has also ratified international frameworks such as the Sendai Framework, and the government maintains emergency plans for crisis coordination. However, there is no binding national DRM legislation that consolidates mandates, defines clear roles across governance levels, and legally ensures inclusive protections during emergencies, leaving the system fragmented and dependent on ad hoc policies and plans (NNA, 2023; CNRS; UNDRR, 2012).

- **Systematically document lessons learned and formalize replicable informal coordination protocols.** Convene structured post-emergency workshops involving humanitarian coordination bodies, civil society organizations, and local authorities, particularly municipalities, municipal unions, and governorate-level crisis cells, to identify lessons learned from improvised and relationship-based coordination practices that emerged during crisis response. These processes should inform the development of inclusive, context-sensitive, and replicable informal coordination protocols that can be activated as an early-phase response option when formal systems are delayed, overstretched, or inaccessible. Such protocols should explicitly clarify the roles of municipalities and other local authorities as operational anchors and local knowledge hubs, while establishing basic principles for information-sharing, referral pathways, and accountability across state and non-state actors.
- **Devise a clear roadmap aimed at integrating CSOs into early-warning and national preparedness systems:** Convene with relevant stakeholders, including government entities, international organizations, and donors, and CSOs to draft a nationally backed roadmap laying the groundwork to formally integrate CSOs into early-warning, preparedness planning, and emergency decision-making structures within a determined timeframe.
- **Revamp vulnerability analysis and targeting approaches in emergency response.** Humanitarian actors, including UN-led clusters, INGOs, local NGOs, and municipal crisis units, should review and restructure vulnerability assessment and targeting strategies to ensure that emergency response is equitable, context-sensitive, and responsive to dynamic needs. Specifically, this entails: (1) expanding the definition of vulnerability beyond traditional categories to include less visible and often marginalized groups, such as persons with disabilities, LGBTQIA+ individuals, refugees, and informal workers; (2) developing mechanisms to identify and respond to evolving vulnerabilities during protracted or cascading crises, rather than relying on static assessments; (3) disaggregating community-level data to avoid homogenizing needs and risks, thereby ensuring that assistance is tailored to local realities; and (4) integrating multi-source data, including local knowledge, community feedback mechanisms, and real-time monitoring, to guide decision-making. This recommendation is directed at both coordination bodies and implementing actors to strengthen the design, prioritization, and equitable distribution of resources during emergency response.
- **Ensure inclusive and accessible strategies through coordination bodies during crises.** Humanitarian coordination bodies, particularly UN-led clusters, inter-sectoral coordination platforms, and national crisis coordination mechanisms, should operationalize localization strategies that move beyond default reliance on large, well-established organizations. This includes: (1) adapting funding, partnership, and coordination modalities to enable the meaningful participation of smaller, grassroots, peer-led, and rights-based organizations; (2) lowering administrative, financial, and compliance barriers that systematically exclude local actors from early-phase response and decision-making spaces; and (3) institutionalizing mechanisms within coordination structures to recognize and integrate informal and community-based response efforts, especially in hard-to-reach or marginalized contexts.
- **Strengthen CSOs' operational capacity to respond to displacement and livelihood disruptions caused by the ongoing bombardments.** Move beyond ad hoc, fragmented interventions toward a coordinated, evidence-based operational strategy that maps needs, resources, and response gaps in real time. CSOs should document immediate challenges faced by displaced households and affected communities, track the delivery and impact of assistance, and regularly share this data with coordination platforms and humanitarian actors. By systematizing rapid-response operations and creating measurable indicators of reach, timeliness, and effectiveness, CSOs can ensure their interventions are strategic, accountable, and scalable, while simultaneously informing advocacy for improved emergency governance and resource allocation."

9.

Conclusions

This study examined the extent to which local civil society actors contributed to Lebanon's emergency response during the September 2024 displacement crisis until December 2024 and identified opportunities for strengthening their engagement in future anticipatory action frameworks. It aimed to explore the roles played by Lebanese civil society in emergency response, examine how assistance targeting was carried out, assess the effectiveness of formal and informal coordination mechanisms, identify intersections between civil society organizations, government entities, and humanitarian actors, and reflect on the sustainability of civil society responses along with their potential integration into anticipatory and early preparedness systems.

The findings indicated that civil society actors in Lebanon served not only as first responders but as adaptive system-builders. Targeting was conducted under extreme conditions and first responders were forced to navigate difficult decisions under conditions of scarcity, time constraints, inadequate shelter conditions, limited materials, and incomplete information. Formal and informal coordination operated in parallel systems with logistical, administrative, legal and social challenges arising throughout the emergency. Financing processes and donor flexibility were found to be mixed along an adaptive-to-rigid spectrum, and in many cases, uneven. Finally, findings showcased gaps in existing preparedness plans, along with the need to formulate a unified national emergency framework that includes civil society as a genuine partner rather than a peripheral entity.

Accordingly, the findings underscored the urgent need to rethink the national approach to emergency preparedness and response, especially in light of the consistent pattern of crises Lebanon has had to endure in recent decades. While the active involvement of civil society in emergency response efforts is viewed as crucial, the current state of affairs is regarded as unsustainable. Actors, both formal and informal, are wary of the continued descent into recurring cycles of crises met with initial chaos and no consistent, efficient, and fair response plans and/or execution. Above all, civil society actors, by virtue of their societal embeddedness and the absence of state anchoring, continue to express their willingness to respond when their services are required, showcasing solid commitment as well as remarkable social responsibility, but war against the limits of their roles when fundamental preparedness efforts are lacking.

Annex 1: Research Tools & Guides

KII Interview Guide

Section 1: Background and Organizational Profile

1. Can you briefly describe your organization and its main areas of work before the September 2024 crisis?
2. What was your organization's previous experience with emergency or humanitarian response?
3. How and when did your organization first become involved in the response?

Section 2: Response Timeline and Activities

1. What types of assistance did your organization provide during the first weeks of the crisis (e.g., cash, food, shelter, protection, health, psychosocial support)?
2. For profiling purposes:
 - A. In which areas were you active?
 - B. Approximately how many households did you support?
 - C. What were the key profiles of the supported households?
3. How quickly were you able to mobilize resources and staff after the onset of the crisis? When did your support begin?
4. How did you determine which areas or groups to prioritize? What targeting or assessment methods were used?
5. How were intersectional vulnerabilities (e.g., persons with disabilities, older persons, people with chronic diseases) identified and included in your interventions? Were you able to adapt your response to meet their specific needs?
6. Did your activities evolve over time, for example, after formal humanitarian or governmental aid became available? How did this affect your role?

Section 3: Coordination and Partnerships

1. How did your organization coordinate with other CSOs, local authorities, or humanitarian agencies during the response?
2. Were you involved in any formal coordination mechanisms (e.g., working groups, clusters, task forces)?
3. How would you describe your experience coordinating with formal humanitarian or government entities?
4. What challenges did you face in coordination, and how were these addressed?
5. Can you provide examples of successful collaborations or cases of duplication that offer lessons for future responses?

Section 4: Resources and Donor Engagement

1. How was your emergency response financed (e.g., own funds, community donations, donor reallocation, new grants)?
2. To what extent were donors flexible in allowing you to repurpose or modify existing projects?
3. What were the main challenges in mobilizing or managing resources, and how did you address them?
4. Did donor requirements (such as assessments or proof of need) delay or support your ability to respond promptly?

Section 5: Lessons Learned and Future Preparedness

1. What were the main challenges or gaps your organization faced in responding effectively and rapidly?
2. What key lessons did you learn from this experience about working under crisis conditions?
3. How can civil society actors be better integrated into anticipatory or early-action frameworks?
4. What recommendations would you make to donors, humanitarian agencies, or government bodies to strengthen collaboration with local actors in future emergencies?

Annex 1: Research Tools & Guides

FGD Interview Guide

Section 1: General information

1. Can you briefly describe your organization and its main areas of work before the September 2024 crisis?
2. What was your organization's previous experience with emergency or humanitarian response?
3. How and when did your organization become involved in the response?

Section 2: Response Context and Early Mobilization

1. What kinds of assistance did your organization provide during the first weeks of displacement (e.g., cash, food, shelter, protection, health, psychosocial support)?
2. In which geographic areas were you active, and how many households did you support?
3. How quickly were you able to mobilize resources and staff after the onset of the crisis?
4. How did you determine which groups or areas to prioritize? What needs assessment or targeting methods were used?
5. How were intersectional vulnerabilities (e.g., PwDs, older persons, people with chronic diseases) identified and addressed?
6. Did your activities or focus change once formal humanitarian or governmental assistance became available? How?
7. Has your organization documented or evaluated its response (e.g., internal review, lessons-learned report)?

Section 3: Coordination and Community Engagement

1. How did your organization coordinate with other CSOs, municipalities, or humanitarian agencies during the response?
2. Were you part of any formal coordination mechanisms (e.g., clusters, working groups, task forces)?
3. How would you describe your coordination experience with formal humanitarian or government structures?
4. What key challenges did you face, and how were they overcome?
5. Were there examples of successful collaboration, or duplication, that could inform future responses?
6. Did community volunteers or informal networks play a role in supporting your efforts?

Section 4: Effectiveness and Challenges

1. How was your emergency response financed (e.g., own funds, community donations, donor reallocation, new grants)?
2. To what extent were donors flexible in allowing project modifications or fund reallocations?
3. Were there donor requirements (such as assessments or documentation) that delayed or affected response timeliness?
4. What challenges did you face in mobilizing or managing resources, and how did you address them?

Annex 2: Sampling Framework

1. Purpose of the Sampling Framework

The sampling framework outlines the rationale and structure guiding participant selection for this study. It ensures representation across geographic areas, institutional types, and response actors while maintaining ethical rigor and feasibility. The approach prioritizes diversity of experience and perspective among key stakeholders engaged in Lebanon's emergency and humanitarian response following the September 2024 escalation until December 2024. The framework combines purposive sampling to identify information-rich respondents with snowball sampling to include additional relevant actors emerging during the course of data collection.

2. Sampling Approach

The study focuses on organizations and actors directly involved in the early emergency response following the September 2024 displacement crisis, particularly those who mobilized resources, coordinated activities, or supported displaced and host populations.

- Institutional sampling: Civil society organizations (CSOs), community-based organizations (CBOs), humanitarian agencies, donors, and local authorities.
- Group consultations (FGDs): Conducted with clusters of local CSOs and community networks to capture collective insights, coordination practices, and lessons learned.

3. Geographic Coverage

Data collection took place across five governorates selected for their relevance to the 2024 crisis and the diversity of local response mechanisms. It is important to note that several CSOs had operations in multiple regions in the country.

| Governorate | Rationale for Selection | Expected Consultations (KIs / FGDs) |
|-----------------------------|---|-------------------------------------|
| Beirut | National coordination hub hosting the headquarters of major CSOs, INGOs, donors, and UN agencies. Key site for understanding overall coordination between formal and non-formal response actors. | 16 |
| Mount Lebanon | Includes several municipalities and local organizations that facilitated rapid response and resource mobilization during the crisis; proximity to displacement and transit areas. | 11 |
| South Lebanon (Saida focus) | Primary area affected by the September 2024 escalation and internal displacement. Active community networks and local CSOs led early response efforts; Saida serves as the central coordination point, with flexibility to include nearby localities. | 11 |
| Bekaa | Presence of mixed host and refugee communities and strong local NGO engagement in humanitarian and social protection programming; relevant for analyzing cross-sector coordination. | 10 |
| North Lebanon | Dense network of local organizations with prior emergency response experience; represents socio-economically vulnerable areas with established coordination mechanisms between civil society and formal actors. | 12 |

Total consultations effected: 60 consultations, including 5 Focus Group Discussions.

4. Participant Categories

| Category | Type of Actor / Respondent | Estimated Number of Kills | Selection Criteria / Purpose |
|---|--|---------------------------|---|
| Civil Society Organizations (CSOs) | Local NGOs, grassroots initiatives, charitable associations, religious and informal networks that provided non-formal assistance during the September 2024 crisis. | 38 | Active in early emergency response; provided cash, shelter, food, or other in-kind support; engaged directly with affected communities; represent diverse geographic and sectoral coverage. |
| Local Leadership Representatives | Community leaders, municipal focal points, or informal coordination figures involved in facilitating local response efforts. | 3 | Played a coordination or facilitation role between local actors and formal humanitarian mechanisms; represent different localities across the five target governorates. |
| Formal Humanitarian Organizations (INGOs / NGOs) | Representatives from the Ministry of Social Affairs (MoSA), Disaster Risk Management Unit (DRMU), municipal councils, or governorate-level coordination bodies. | 8 | Responsible for coordinating formal assistance, managing referrals, or facilitating local response structures. |
| Working Groups and Coordination Platforms | Members of sectoral coordination mechanisms such as the Basic Assistance, Cash, and Protection Working Groups. | 2 | Involved in humanitarian coordination, information sharing, and policy alignment; familiar with interaction between formal and non-formal response actors. |

5. Inclusion and Exclusion Criteria

Inclusion Criteria

- Organizations and representatives directly involved in the September 2024 emergency and humanitarian response, including both non-formal civil society actors and formal humanitarian or governmental entities.
- CSOs, CBOs, and networks that mobilized local resources or coordinated with formal actors during the crisis.
- Local leadership representatives (e.g., municipal focal points, community coordinators) who played a facilitation role between response actors.
- Donors, UN agencies, and working group members engaged in coordination, funding, or oversight of emergency assistance.
- Participants aged 18 years and above, able and willing to provide informed consent.

Exclusion Criteria

- Entities or individuals not engaged in emergency or humanitarian response activities related to the September 2024 escalation.
- Organizations operating outside the five selected governorates (Beirut, Mount Lebanon, Bekaa, North, South/Saida).
- Individuals under 18 years old or unable to provide informed consent.
- Actors whose participation may pose security, reputational, or ethical risks, or where inclusion could compromise confidentiality or neutrality.

6. Recruitment Strategies

- a. Asfari Institute Network: Outreach to existing partner CSOs engaged in local response (e.g., “Stories Behind the Headlines” participants).
- b. NRC and CAMEALEON Facilitation: Leveraging networks of organizations active in cash assistance and humanitarian coordination.
- c. Snowball Sampling: Encouraging participants to recommend additional relevant actors or networks.
- d. Local Focal Points: Identification of community leaders or volunteers to assist in organizing FGDs.

7. Sample Size and Flexibility

The planned 65–55 consultations serve as a flexible target to achieve thematic saturation. If new themes continue to emerge after the initial round of data collection, additional interviews may be conducted to ensure comprehensive coverage.

8. Ethical Safeguards

- a. All participants will provide informed consent prior to participation.
- b. No personal identifiers will be recorded in analysis or reporting.
- c. Data will be anonymized and securely stored in accordance with AUB IRB standards.
- d. Participation will be entirely voluntary, with no financial incentives beyond transportation reimbursement (where applicable).

Annex 3: List of interviews and FGDs conducted

| Code | Organization | Region |
|--------------|-------------------------|---------------|
| North_KII01 | Local NGO | North Lebanon |
| North_KII02 | Local NGO | North Lebanon |
| North_KII03 | Local NGO | North Lebanon |
| North_KII04 | Local NGO | North Lebanon |
| North_KII05 | Local NGO | North Lebanon |
| North_KII06 | Local NGO | North Lebanon |
| North_KII07 | Local NGO | North Lebanon |
| North_KII08 | Local NGO | North Lebanon |
| South_KII01 | Local NGO | South Lebanon |
| South_KII02 | Local NGO | South Lebanon |
| South_KII03 | International NGO | South Lebanon |
| South_KII04 | Local NGO | South Lebanon |
| South_KII05 | Expert in South Lebanon | South Lebanon |
| South_KII06 | Local NGO | South Lebanon |
| South_KII07 | International NGO | South Lebanon |
| South_KII08 | Municipality | South Lebanon |
| Beirut_KII01 | Collective | Beirut |
| Beirut_KII02 | Local NGO | Beirut |
| Beirut_KII03 | Local NGO | Beirut |
| Beirut_KII04 | Local NGO | Beirut |
| Beirut_KII05 | Collective | Beirut |
| Beirut_KII06 | Univeral Hospital | Beirut |
| Beirut_KII07 | Collective | Beirut |
| Beirut_KII08 | Local NGO | Beirut |
| Beirut_KII09 | Local NGO | Beirut |
| Beirut_KII10 | Local foundation | Beirut |
| Beirut_KII11 | International NGO | Beirut |
| MNL_KII01 | Local NGO | Mount Lebanon |
| MNL_KII02 | Local NGO | North Lebanon |

| | | |
|-------------|----------------------|---------------|
| MNL_KII03 | Public Institution | North Lebanon |
| MNL_KII04 | Municipality | North Lebanon |
| MNL_KII05 | Local NGO | North Lebanon |
| MNL_KII06 | Local NGO | North Lebanon |
| Bekaa_KII01 | MDS | Bekaa |
| Bekaa_KII02 | Donor Organization | Bekaa |
| Bekaa_KII03 | University | Bekaa |
| Bekaa_KII04 | Local NGO | Bekaa |
| Bekaa_KII05 | Municipalities Union | Bekaa |
| Bekaa_KII06 | Expert in Bekaa | Bekaa |
| Donor_KII01 | Donor Organization | Beirut |
| MN_KII01 | Ministry | North Lebanon |
| MN_KII02 | Ministry | Mount Lebanon |
| MN_KII03 | Ministry | Bekaa |
| MN_KII04 | Ministry | Beirut |
| MNL_FGD | Local NGO | Mount Lebanon |
| MNL_FGD | University | Mount Lebanon |
| MNL_FGD | Local NGO | Mount Lebanon |
| North_FGD | Local NGO | North Lebanon |
| North_FGD | Local NGO | North Lebanon |
| North_FGD | Local Union | North Lebanon |
| Beirut_FGD | University | Beirut |
| Beirut_FGD | Local NGO | Beirut |
| Beirut_FGD | University | Beirut |
| Beirut_FGD | University | Beirut |
| South_FGD | Local foundation | South Lebanon |
| South_FGD | Local NGO | South Lebanon |
| South_FGD | Local NGO | South Lebanon |
| Bekaa_FGD | Local NGO | Bekaa |
| Bekaa_FGD | Local NGO | Bekaa |
| Bekaa_FGD | Lebanon NGO | Bekaa |

13. Bibliography and References

ABAAD. (2024, September 26). Emergency response appeal.

Agenda for Humanity. (2016). The Grand Bargain – A shared commitment to better serve people in need.

Al Bouery, S. (2024). Entangled in Crises: The plight of Lebanon’s migrant domestic workers. Asfari Institute for Civil Society and Citizenship (AUB).

Al Bouery, S. (2024). A Grassroots response: Deaf community rises above challenges and builds hope. Asfari Institute for Civil Society and Citizenship (AUB).

ALNAP. (2022). The State of the Humanitarian System 2022 (Full report). Amel Association International. (n.d.). History.

Amel Association International. (2024, October 2). Emergency response, Weekly operational update (Sitrep #1). ReliefWeb.

Amel Association International. (2025, May 2). UNIFIL donates fully-equipped mobile medical clinic to Amel Association International to support war-affected communities.

Arab Barometer. (2024). Wave VIII – Lebanon Country Report.

ARTICLE 19. (2025, March 27). Lebanon: Solidarity with Daraj and Megaphone as anti-media campaign continues.

Barakat, S. (2011). Housing reconstruction as socio-economic recovery and state-building: Evidence from southern Lebanon. *Housing Studies*, 232–215 ,(2)26.

Beirut Today. (2024, October 25). Beirut’s invisible displacement: The LGBTIQ+ experience.

BouAssi, K. (2006). Lebanese Civil Society: A Long History of Achievements Facing Decisive Challenges Ahead of an Uncertain Future. CIVICUS: Country Report.

CALP Network. (2024, October 1). Shock-responsive social protection in Lebanon: Policy paper.

Cammett, M. (2014). Partisan activism and access to welfare in Lebanon. *Studies in Comparative International Development*, 97–70 ,(1)46.

Cammett, M. (2014). Compassionate communalism: Welfare and sectarianism in Lebanon. Cornell University Press.

Cammett, M. (2015). Sectarianism and the ambiguities of welfare in Lebanon. *Current Anthropology*, 56(S11), S76–S87.

Committee to Protect Journalists (CPJ). (2025, March 26). CPJ, others stand in solidarity with Lebanon news outlets Daraj and Megaphone...

Diab, J. L. (2024). Gender identity as a barrier to accessing adequate and inclusive healthcare for Syrian refugees in Lebanon’s northern regions. *Frontiers in Human Dynamics*, 1353936 ,6.

Dutch Relief. (2025). Lebanon Acute Crisis Joint Response.

El Hajj, R., et al. (2023). Lessons learned from the Beirut Port explosion. Munich Personal RePEc Archive (MPRA) Paper No. 119404.

ESCWA. (2021). Multidimensional poverty in Lebanon (2021–2019): Painful reality and uncertain prospects. Fund for Global Human Rights. (2024). Morocco earthquake response (Brief).

Government of Lebanon, Ministry of Finance. (2006, August 31). Stockholm Conference for Lebanon's Early Recovery: Setting the stage for long-term reconstruction.

Haddad, T. N. (2022). International and local actors in disaster response: Responding to the Beirut explosion. Routledge.

Haddad, T. N., & Sakr, T. (2023). Interorganizational relation in disaster response in developing context: Assessing response to the Beirut explosion. *Public Organization Review*, 1193–1167 ,(3)23.

Harik, J. (1994). The public and social services of the Lebanese militias (Papers on Lebanon No. 14). Centre for Lebanese Studies.

Hitti, E. E., et al. (2023). Beirut Port Blast 2020: New lessons learned in mass casualty incident management in the emergency department. *The Journal of Emergency Medicine*, 775–765 ,(6)65.

Höckel, K. (2007). Beyond Beirut: Why reconstruction in Lebanon did not contribute to state making and stability (Crisis States Occasional Paper No. 4). LSE Crisis States Research Centre.

Human Rights Watch. (2023, September 5). Lebanon: Attack on freedoms targets LGBTI people.

Human Rights Watch. (2024). World Report 2024 – Lebanon.

Humanitarian Outcomes. (2023). Solidarity at scale: Local responder perspectives and learning from the first week of the earthquake response in Syria and Türkiye.

IASC (Inter-Agency Standing Committee). (2006a). Guidance note on using the cluster approach to strengthen humanitarian response.

IASC. (2006b). Operational guidance on designating sector/cluster leads in major new emergencies.

IASC. (2015). Reference module for the implementation of the humanitarian programme cycle.

IASC. (2016). The Grand Bargain, A shared commitment to better serve people in need.

IASC. (2021). Grand Bargain 2.0, An enabling framework.

ICRC (International Committee for Red Cross). (2024). ICRC Emergency Response in Lebanon.

ICVA (International Council of Voluntary Agencies). (2023). Measuring humanitarian localisation in Yemen: Baseline report.

ICVA. (2024). Strengthening the localisation agenda in Yemen (Case study).

ICVA. (2025). Equitable partnerships and localisation – “Grab and Go” pocket guide.

IFRC (International Federation of Red Cross and Red Crescent Societies). (2024–2023). Morocco earthquake response – Emergency (GO 6646).

INSARAG. (2024). After-action review: 2023 Türkiye & Syria earthquakes.

International Rescue Committee (IRC). (2024, November 6). Seven weeks of escalating attacks in Lebanon: Urgent call...

Levine et. Al. (2023, September 14). The role of civil society organizations (CSOs) in the COVID-19 response across the Global South: A multinational, qualitative study.

Lebanese Red Cross (LRC). (2024). Lebanon War Response.

Maharat Foundation. (2025, April 14). Summoning Megaphone and Daraj: A threat to democracy.

Makdisi, S., & Sadaka, R. (2005). The Lebanese civil war, 1990–1975. In P. Collier & N. Sambanis (Eds.), *Understanding civil war: Evidence and analysis* (Vol. 2). World Bank.

McLennan, B., Molloy, J., Whittaker, J., & Handmer, J. (2016). Centralised coordination of spontaneous emergency volunteers: The EV-CREW model. *Australian Journal of Emergency Management*, 31–24 ,(1)31.

Médecins Sans Frontières (MSF) Lebanon. (2024). Response to the war in Lebanon.

Médecins Sans Frontières (MSF) Lebanon. (2025, April 4). MSF Lebanon Activity Report 2024.

Middle East Monitor (MEM). (2026, February 9). Israeli strike in southern Lebanon kills 3 people, including a child.

Ministry of Social Affairs (MoSA). Assistance to Most Affected Households post-2024 War.

OCHA (United Nations Office for the Coordination of Humanitarian Affairs). (2006, July 24). Lebanon crisis: Flash Appeal 2006.

OCHA. (2006, August 31). Revised Lebanon crisis: Flash Appeal 2006.

OCHA. (2006, September 14). Lebanon crisis 2006, Interim report: Humanitarian response (12 July–30 August 2006).

OCHA. (2020, August 17). Lebanon: Beirut Port explosions, Situation Report No. 5.

OCHA. (2021, April 30). Humanitarian response to the Beirut Port explosions: 2020 Flash Appeal – End report.

OCHA. (2024, June 13). Flash Update #20, Escalation of hostilities in south Lebanon.

OCHA. (2024, September 6). Flash Update #26, Escalation of hostilities in south Lebanon.

OECD. (2025). *The Development and Humanitarian Response to the COVID-19 Pandemic in Lebanon (2022-2020)*. OECD Publishing, Paris.

Outright International, & Edge Effect. (2024). “They know what we don’t”: Meaningful inclusion of LGBTIQ people in humanitarian action.

PeaceRep (Alkhalil, M.). (2025, March 28). Grounded resilience: What Syria’s earthquake response taught us about civic ecosystems.

Reuters. (2007, July 8). Factbox – War in Lebanon, one year ago.

Reuters. (2007, July 9). Feature – Lebanon’s postwar reconstruction far from complete.

Reuters. (2024, November 12). Lebanon’s public schools reopen amid war and displacement.

Sphere Association. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (4th ed.).

Tageo, V. et al, (2021, January 12). The response of civil society organisations to face the COVID-19 pandemic and the consequent restrictive measures adopted in Europe.

The New Humanitarian. (2020, August 18). Local groups step up to lead Beirut blast response.

The New Humanitarian. (2024, November 4). The moral imperative to protect Lebanon’s LGBTIQ+ displaced. UN (United Nations) Lebanon. (1 October 2024).

UN (United Nations) Lebanon. (1 October 2024).

UN (United Nations) Lebanon. (2025, March 8). International Women's Day 2025, Women and girls leading healing (Country Team note).

UN Migration (IOM). (2024a). IOM Flash Appeal Lebanon Humanitarian Crisis.

UN Migration (IOM). (2024b) (29 November – 12 December 2024). Lebanon Emergency Response.

UN Migration (IOM). (2024c). (31-13 December 2024). Lebanon Emergency Response.

UNDP Multi-Partner Trust Fund (MPTF). (2006, November 3). Lebanon Recovery Fund: Terms of reference.

UNDRR (United Nations Office for Disaster Risk Reduction). (2015). Sendai Framework for Disaster Risk Reduction 2030–2015.

UNFPA. (2021). Country Brief – Violence against Women in the time of COVID-19 Lebanon 2020.

UNFPA. (October 2024). Lebanon Situation Report #2 - October 2024.

UNICEF. (2020). Towards a social protection floor for Lebanon.

UNICEF. (2024). The Ministry of Social Affairs announces a new nationally funded emergency cash assistance and the continuation of the National Disability Allowance for people with disabilities in Lebanon.

UNICEF. (2024a). Lebanon Humanitarian Flash Update: Escalation of Hostilities.

UNICEF. (2024b). UNICEF scales up its operation to reach families and children with desperately needed assistance amid escalation of conflict in Lebanon.

UNICEF. (2024c). UNICEF is delivering critical aid and support in Lebanon following the ceasefire.

UNICEF & ILO. (2021). Towards a social protection floor for Lebanon: Policy options and costs for core life-cycle social grants.

UNRWA. (2008). Lebanon 2006 Flash Appeal, Final report.

UNRWA. (2008). Annual report of the Commissioner-General (1 January–31 December 2008).

UNRWA Lebanon. (2024, October 25). Lebanon Emergency Response – Situation Report #10.

UNRWA Lebanon. (2024, November 3). Situation Report #11 – Lebanon Emergency Response.

UNRWA Lebanon. (2024, November 7). Situation Report #12 – Lebanon Emergency Response.

UN Women Lebanon. (2024, December). Gender alert: Gender and displacement in Lebanon at the juncture of the ceasefire.

Usta, J., Murr, H., El-Jarrah, R. (2021). COVID-19 Lockdown and the Increased Violence Against Women: Understanding Domestic Violence During a Pandemic. *Violence and Gender*. Volume 8, Number 3.

WFP (World Food Programme) Lebanon. (2022, July). Social protection factsheet.

WFP (World Food Programme) Lebanon. (2025, August). WFP Lebanon: 2025 Mid-Year Highlights.

Whittaker, J., McLennan, B., & Handmer, J. (2015). A review of informal volunteerism in emergencies and disasters: Definition, opportunities and challenges. *International Journal of Disaster Risk Reduction*, 13 368–358.

WHO (World Health Organization). (2020, August 18). Lebanon explosion, Update for partners.

WHO EMRO. (2020, August). Lebanon blast, Situation reports (Aug 21–6).

World Bank. (2020). Lebanon Economic Monitor: The deliberate depression (Fall 2020).

World Bank. (2023, May 25). US\$300 million to scale-up support to poor and vulnerable Lebanese households and strengthen social safety net delivery (ESSN/DAEM).

World Food Program (WFP). (2024). Emergency: Lebanon.

