



Situation Report

Lebanon Crisis

26 March - 1 April 2026

Highlights

One month on, the humanitarian situation in Lebanon remains critical, with escalating hostilities, restricted access, and ongoing attacks on civilian and health infrastructure. More than [1,240 people have been killed and 3,500 injured](#). Women and girls account for 16 per cent of casualties and more than half of those displaced. [Attacks on health workers, emergency responders, media professionals, and UN peacekeepers have also been reported.](#)

In parallel, movement and humanitarian access remain severely limited. Entire areas in the south of Lebanon have been cut off, isolating approximately [150,000 people](#), including more than 1,700 pregnant women, with nearly 200 of them expected to give birth within the next 30 days. The active hostilities have significantly disrupted access to essential services, including health, protection, and psychosocial support, disproportionately affecting women and girls. As a consequence, exposing them to heightened risks of isolation, gender-based violence (GBV), and limiting access to sexual and reproductive health (SRH) services.

Despite the constraints, over the past month UNFPA has reached nearly 40,000 displaced people with SRH and GBV services through support to 55 health facilities, nine medical mobile units, 21 mobile GBV teams, and eight women and girls' safe spaces (WGGS).



1,162,237

Total people displaced¹



325,500

Women of reproductive age²



13,500

Estimated pregnant women²



70,000

People targeted with SRH services



35,000

People targeted with GBV programmes

¹ [WHO Lebanon Health Emergency Situation update #14, 27 March 2026](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

The ongoing conflict continues to drive large-scale displacement across the country. As of 31 March, the Government of Lebanon reports that [136,156 people are currently sheltering in 669 collective centres](#). The majority of the [1.2 million displaced people](#) are sheltering outside formal sites. Among them are an estimated [620,000 women and girls](#) – representing nearly one quarter of all women and girls in Lebanon. According to UNFPA estimates, the displaced population includes 325,500 women of childbearing age, of whom about 13,500 are pregnant. Of these, 1,500 are expected to give birth within the next 30 days, underscoring the urgent need for life-saving SRH supplies and services.

Intensifying hostilities is heightening protection risks for women and girls, particularly in remote and conflict-affected areas. Displacement, overcrowded shelters, and disrupted community networks have increased exposure to various forms of GBV, including intimate partner violence, sexual violence, exploitation, and harassment. Conditions in collective shelters—such as limited privacy, inadequate gender-segregated sanitation facilities, and poor lighting—further exacerbate these risks. Reports of sexual violence against minors in shelters have prompted responses from GBV and child protection actors.

At the same time, women and girls are facing increased caregiving responsibilities while experiencing reduced access to essential services and support. Health partners have also reported high rates of reproductive tract infections among displaced women linked to poor sanitation conditions and a lack of menstrual hygiene supplies.

The health system remains under severe strain. [Five hospitals, including four with maternity wards, have closed; nine others are damaged; and 51 primary healthcare centres are non-operational](#). These disruptions severely limit access to lifesaving care, including SRH services. Attacks on [health workers, emergency responders, media professionals, and UN peacekeepers](#) continue in violation of International Humanitarian Law and [UN Security Council Resolution 2286](#). [79 attacks on healthcare facilities were reported since 2 March causing 42 deaths and 119 injuries among health workers](#) further endangering frontline responders and undermining the delivery of essential services.

UNFPA Response

Sexual and reproductive health: Since 2 March, UNFPA has delivered SRH services to nearly 4,500 displaced women and girls. Support is provided through 55 UNFPA-supported primary healthcare centres (PHCs), nine mobile medical units and a network of midwives, serving 86 collective shelters. Services included maternal healthcare, menstrual health management, treatment of sexually transmitted infections (STIs), provision of family planning services, and distribution of nutrition supplements for pregnant and breastfeeding women.

A total of 129 women were supported to access institutional deliveries, with UNFPA providing assistance for deliveries in 17 governmental hospitals through its partner Caritas under a cost-sharing mechanism designed to reduce financial barriers. In addition, 74 baby kits³ were distributed to displaced pregnant women in their third trimester and to new mothers. Inter-Agency Reproductive Health (IARH) kits were delivered to health facilities in villages along border areas affected by ongoing hostilities. The first shipment of IARH kits and medicines arrived in Beirut via the European

³ Baby kits contain a blanket, baby clothes, baby hygiene material, diapers, towels, baby rash cream, and breastfeeding pads, in addition to other essentials.

Union humanitarian airbridge (EUHAB) on 23 March, providing critical medical supplies for 15,000 pregnant women.

In coordination with the South Operational Coordination Group and the Logistics Cluster, UNFPA is working to ensure the delivery of dignity kits⁴, baby kits, and reproductive health supplies to hard-to-reach areas. To date, UNFPA has participated in convoys to villages near the [Blue Line](#), such as Rmeish and Qlayaa.

Gender-based violence: UNFPA continues to deliver comprehensive, life-saving GBV services to displaced persons both within and outside collective shelters. To date, close to 16,000 individuals have been reached with GBV services and information. Among them, over 10,000 women and girls of childbearing age received dignity kits, while almost 15,000 individuals were reached with GBV awareness messages across 115 collective shelters. In addition, 675 displaced persons benefited from specialized GBV services, including case management, psychosocial support and referrals.

UNFPA and the Ministry of Social Affairs (MoSA) developed GBV awareness posters for distribution across Social Development Centers and collective shelters managed by the Ministry. Moreover, in collaboration with the GBV Working Group, UNFPA printed 12,000 leaflets with GBV key messages.

Results Snapshot (2 March - 31 March 2026)



4,473
People reached with SRH services



55
Health facilities supported



15,594
People reached with GBV prevention, mitigation and response activities



8
Safe spaces for women and girls supported



10,243
Dignity kits distributed to individuals



9
Mobile medical units deployed



460
Baby kits dispatched for pregnant women and new mothers



21
GBV mobile teams deployed

⁴ Dignity kits contain a three-month supply of essential items to maintain hygiene and health. They include sanitary pads, soap, a torch, socks, underwear, toothbrush and toothpaste, and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, psychosocial support, and other available services.

Coordination Mechanisms

GBV Working Group: Co-led by UNFPA, UNHCR, and Himaya Daeem Aataa, a national women-led organization (WLO), and in collaboration with the MoSA and the Disaster Risk Management Unit, the GBV Working Group continues to support a coordinated response for displaced populations. This is taking place, amid ongoing service disruptions, particularly in Nabatieh and BaalBek and south Lebanon (highlighted in [sectoral situation reports](#)). In response, the Working Group is updating referral pathways and with the support of the GBVIMS Task Force, providing technical guidance on ethical case transfer and secure data management. Capacity-building initiatives are also being carried out to strengthen partners' ability to respond to the crisis. However, partners continue to report difficulties in reaching displaced populations outside shelters and in maintaining GBV service delivery across all collective sites due to limited resources, access and insecurity concerns.

The GBV safety audit is ongoing and continues to identify key risks in collective shelters, with over 130 sites screened to date. Initial findings highlight significant concerns regarding the lack of sex segregation and privacy in sanitation facilities, with many women and girls reporting fear of using these facilities at night. Inadequate separation and privacy within shelter rooms further increase GBV risks and contribute to the discomfort of women and girls. Cases of sexual abuse and harassment have also been reported.

SRH Working Group: Led by the Ministry of Public Health and co-chaired by UNFPA, the SRH Sub-Working Group continues to actively coordinate the SRH response to the crisis. Given the closure of facilities, shifting partner support, and to improve referral mechanisms, the Working Group has updated its [institutional delivery support](#) and [clinical management of rape \(CMR\) dashboards](#). In coordination with the GBV Working Group, the clinical management of rape hotline numbers in the GBV referral pathways were revised.

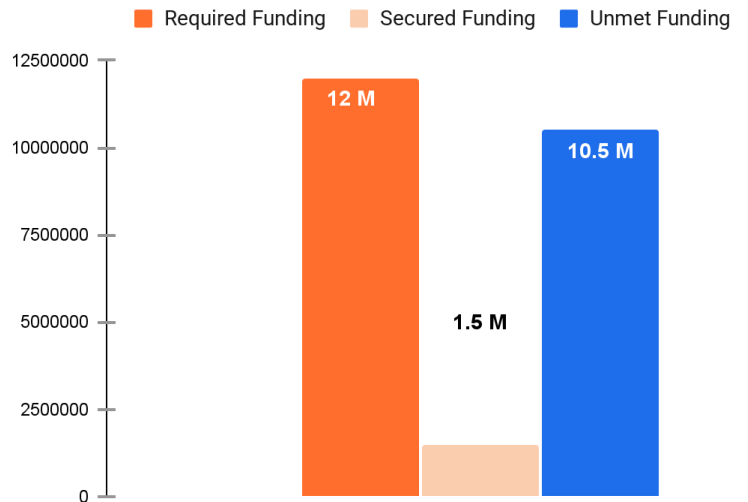


Funding Status

[UNFPA is seeking US \\$12 million](#) to address the urgent needs of 225,000 people throughout March to May 2026.

The appeal complements the [2026 Lebanon Response Plan](#) under which UNFPA is seeking US \$30 million.

One month into the crisis in Lebanon, UNFPA's [Flash Appeal](#) remains severely underfunded, with only 12 per cent (US \$1.5 million) mobilized to date. This shortfall is seriously undermining the ability of UNFPA to sustain the delivery of lifesaving SRH and protection services for women and girls beyond April.



Disclaimer: Funding available is based on cash funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

“The situation is catastrophic. One of the schools we’re supporting in the area is currently hosting more than 800 families. Men are sleeping in cars and women and children are sleeping in open spaces, in hallways and on cold tiles.”

— A health programme manager with UNFPA’s local partner Caritas.

Current Donors

- United Kingdom Foreign, Commonwealth and Development Office
- European Union Humanitarian Aid
- Swedish International Development Cooperation
- Korean International Cooperation Agency
- UNFPA Emergency Fund

For more information

Anandita Philipose
Representative
philipose@unfpa.org

Anastazia Al Hajj (Media Enquiries)
Communications Specialist
alhajj@unfpa.org