



Lebanon Emergency Response

UNFPA Lebanon Flash Appeal

March - May 2026

Snapshot

Lebanon faces a catastrophic humanitarian crisis. Since 2 March 2026, escalating airstrikes and widespread displacement have claimed 634 lives to date and forced nearly 817,000 to flee their homes. Displacement is expected to affect 1 million people in the coming days, including an estimated 280,000 women of reproductive age; of these, more than 11,600 pregnant women are at risk due to the disruption of essential maternal services, which has forced some women to give birth in unsafe conditions, including in public spaces. As thousands flee the violence, over 590 collective shelters are dangerously overcrowded, while many others seek refuge with host families. At the same time, several UNFPA-supported health facilities have closed, leaving communities without access to essential maternal health services and menstrual hygiene supplies, heightening the risk of gender-based violence.

UNFPA's urgent appeal focuses on life-saving interventions in two key areas:

- **Sexual and Reproductive Health (SRH):** Expanding access to institutional deliveries and supporting SRH services through mobile medical teams, units in affected areas, shelters, and internally-displaced person (IDP)-hosting communities. Strengthening SRH services at primary healthcare centres (PHCs), including community outreach, awareness, and referrals. Providing SRH medicines, Inter-Agency Reproductive Health Kits to health facilities, and baby kits for new mothers.
- **Gender-Based Violence (GBV):** Delivering survivor-centred case management, cash assistance, and dignity kits along with psychosocial support. Maintaining and expanding services at Women and Girls' Safe Spaces (WGSSs), including temporary facilities where feasible, to provide protection in high-risk displacement sites.

UNFPA is appealing for US\$12 million to meet the urgent needs of 225,000 people from March to May 2026. Immediate action is critical to sustain essential life-saving services and address the urgent needs of the most affected populations.

\$12,000,000

To reach 225,000 people

12% funded

Situation Overview¹

As of 2 March 2026, escalating hostilities in Lebanon between Israel and Hezbollah have resulted in **634** fatalities and over **1,580** injuries according to the Lebanese Government². Intensified airstrikes and cross-border missile exchanges have caused extensive damage to civilian infrastructure, including residential areas, schools, health facilities, and other essential services. Forced evacuation orders have triggered a large-scale displacement, with populations fleeing from southern Lebanon, particularly the **South and Nabatieh governorates** and districts south of the Litani River (including **Bint Jbeil, Tyre, and Marjaayoun**), as well as Beirut’s southern suburbs. Many are moving toward Beirut, Mount Lebanon, North, and Akkar. Between 2 and 7 March, over 77,000 Syrian and Lebanese nationals were recorded crossing into Syria.³

As of 10 March 2026, **nearly 817,000 people have been displaced from their homes**. Of these, approximately **125,800 people** are sheltering in **590** official collective shelters; others are with host families or in informal sites, placing additional strain on already overstretched systems. This new displacement wave compounds existing displacement from the 2024 conflict, and the total number of displaced persons is expected to continue rising.⁴ Immediate, life-saving humanitarian aid is needed for the most vulnerable populations, many of whom are already grappling with severe pre-existing vulnerabilities, including protracted displacement, economic collapse, and funding shortfalls **that were already affecting an estimated three million people at the beginning of the year**.

The crisis disproportionately affects women and girls. An estimated **280,000** women of reproductive age, including **11,600** pregnant women and girls, are now at heightened risk. Access to emergency obstetric care is severely compromised due to road closures, insecurity, and health service disruptions, resulting in reported cases of women giving birth in unsafe conditions, including on the streets. Overcrowded shelters often lack gender-segregated sanitation facilities, adequate lighting, and privacy, significantly increasing the risk of GBV and sexual exploitation and abuse. Poor menstrual hygiene management conditions also heighten the risk of reproductive tract infections.

The operational environment remains challenging. Half of UNFPA-supported facilities have closed and many UN and partner personnel have themselves been displaced. Operations in high-conflict areas have been suspended. Nevertheless, UNFPA continues to adapt its response by deploying mobile health teams and providing SRH, GBV, and mental health services through remaining centres and shelters. Immediate response efforts include supporting the Ministry of Social Affairs in service delivery, distributing dignity and baby kits to marginalized women and girls, strengthening protection in shelters, conducting rapid needs assessments, and strengthening PHC services through the deployment of mobile teams, social workers, and midwives.

Target Population



¹ The data presented in this section is current as of 11 March 2026, and is subject to change quickly.
² Disaster Risk Management Unit at the Lebanese Presidency of the Council of Ministers, 11th March 2026
³ [Middle East Situation Lebanon - Flash Update #1](#) (9 March 2026), UNHCR.
⁴ The appeal reflects the expected number of people in need of 1 million as per the OCHA Flash Appeal: Lebanon, covering the period March-May 2026.
⁵ Lebanon Response Plan, 2026 - available [here](#)
⁶ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

UNFPA Response Strategy

UNFPA aligns its response with the priorities of Lebanon's Flash Appeal⁷, focusing on expanding access to life-saving SRH and GBV services. Working in coordination with government ministries, local authorities, and community-based organizations, UNFPA aims to rapidly reach the most vulnerable populations across Lebanon. Key actions include restoring essential services, distributing vital reproductive health supplies, strengthening the capacity of service providers, ensuring a coordinated GBV/SRH response, and prioritizing rapid assessments and data collection to support evidence-based decision-making.

Sexual and reproductive health priorities

In coordination with the Ministry of Public Health (MOPH) and aligned with health sector priorities, UNFPA's SRH strategy aims to ensure displaced populations and host communities can access life-saving services through the following actions:

1. **Enhancing access to institutional deliveries** through cost-sharing for low- and medium-risk pregnancies and full coverage for high-risk pregnancies and the most complicated cases.
2. **Distributing life-saving SRH supplies**, including Inter-Agency Reproductive Health (IARH) kits for Basic Emergency Obstetric and Newborn Care (BEmONC)/ Comprehensive Emergency Obstetric and Newborn Care (CEmONC), contraceptives, and sexually transmitted infection and Clinical Management of Rape (CMR) medicines, to hospitals and PHCs.
3. **Deploying mobile medical units** staffed with doctors, midwives, nurses, and social workers to deliver antenatal and postnatal care, family planning services, and community awareness activities in shelters and displacement-affected communities.
4. **Strengthening referrals** to primary and secondary healthcare facilities as needed.
5. **Distributing baby kits⁸** to vulnerable pregnant women and new mothers.
6. **Deploying midwives to PHCs and communities** to provide maternal care services, family planning, prenatal education, breastfeeding support, and safe referral of GBV cases.
7. **Supporting PHCs** with subsidies for medical consultations and tests to ensure sustainable SRH service delivery and system strengthening.
8. **Providing mental health and psychosocial support** in coordination with MOPH, prioritizing trauma-affected women and girls, especially pregnant and breastfeeding women and adolescents.
9. **Raising awareness** on SRH topics and available services through social media and community outreach, including in health facilities.

Gender-based violence priorities

Given the heightened risks faced by women and girls, urgent and coordinated action is required to deliver comprehensive services for GBV survivors and those at risk. UNFPA will maintain pre-existing GBV programmes in Social Development Centres (SDCs), WGSSs, and PHCs, while extending GBV services in collective shelters hosting displaced populations, in coordination with the Ministry of Social Affairs (MOSA). To ensure continued access to life-saving support, priority interventions include:

⁷ OCHA Flash Appeal: Lebanon, Covering the period March-May 2026

⁸ **Baby kits** are provided to pregnant women and new mothers. They include a blanket, baby clothes, baby hygiene material, diapers, towel, baby rash cream, and breastfeeding pads, among other essentials.

- 1. Supporting WGSSs** to deliver essential life-saving GBV services; assessing the possibility of restoring functionality in secured areas; expanding services to new locations hosting displaced populations; and establishing temporary WGSSs within shelters where feasible.
- 2. Deploying mobile teams** to deliver GBV case management, psychosocial support, and referrals in hard-to-reach and high-risk locations, including displacement settings, ensuring continuity of integrated SRH-GBV service provision.
- 3. Providing comprehensive GBV services**, including case management, legal aid, group/individual psychological support, and confidential referrals to specialized services for GBV survivors, including women and girls with disabilities.
- 4. Providing cash assistance** for GBV survivors to support access to safe shelter, transport, as well as recurrent cash within case management.
- 5. Strengthening community outreach and GBV awareness through** awareness campaigns on GBV risks, available services, and protection from sexual exploitation and abuse (PSEA), and engaging communities and community leaders to foster supportive environments and reduce stigma.
- 6. Distributing dignity kits⁹** to displaced populations, with an estimated 75,000 additional kits required for the targeted population.
- 7. Conducting GBV training for** front-line workers on safe identification/referral and specialized providers on case management/survivor-centred approaches to ensure safe, ethical, and timely support and strengthen referral pathways.
- 8. Enhancing collective PSEA and accountability to affected people (AAP) as the** lead of the inter-agency PSEA Network and AAP Working Group to strengthen collective accountability mechanisms.

Data and Information Management Response Priorities

- 1. Deploy rapid needs assessment teams** for continuous field assessments in shelters and informal sites to identify evolving health and protection risks, specifically SRH and GBV needs among pregnant women and adolescent girls.
- 2. Enhance national information management (IM) capacity** as well as within the UN by deploying data personnel to support the emergency response and the UNFPA co-chaired GBV and Reproductive Health Sub-Working Groups.
- 3. Conduct a targeted Demographic and Vulnerability Survey** to identify the number, location, and specific needs of older persons and persons with disabilities, ensuring their inclusion and prioritization in the response.
- 4. Assess the conflict's impact on youth** via a targeted rapid assessment analysing vulnerabilities, protection risks, and mobility patterns, with a focus on young women, girls, and young persons with disabilities.

Youth Engagement Priorities

UNFPA recognizes youth as key actors in humanitarian response and will prioritize meaningful engagement through:

- 1. Meaningful participation** of young people as active outreach workers and contributors to the design, implementation, and evaluation of emergency programmes.

⁹ **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.

- 2. Capacity building for local youth-led organizations** to lead community responses, recognizing their critical role as first responders during crises.
- 3. Use of age- and sex-disaggregated data** to ensure humanitarian appeals and programming accurately reflect the needs of young people.

Inter-Agency and Government Coordination Mechanisms

Gender-Based Violence:

The Gender-Based Violence Working Group (GBVWG), co-chaired by UNFPA, the MOSA, and UNHCR under the National Protection Sector, focuses on the following activities:

Coordination and Service Management: Coordinate a cohesive, timely, and mainstreamed GBV response with stakeholders and the Humanitarian Country Team, including coordination with MOSA for service provision in collective shelters. The group also coordinates the geographic distribution of partners' interventions for vulnerable women and girls to prevent duplication and address gaps.

Capacity Building and Awareness: Strengthen referral pathways through service mapping to ensure timely, life-saving GBV referrals. The group builds the capacity of partners, front-line workers, and community groups on safe referrals, psychosocial support, self-care, and child survivor support.

Technical and Resource Support: Support resource mobilization for the emergency GBV response and provide technical guidance, resources, and Information, Education, and Communication (IEC) materials for the safe and ethical roll-out of the emergency GBV response.

Sexual and Reproductive Health:

The Reproductive Health Sub-Working Group (RHSWG), co-chaired by UNFPA and the MOPH under the National Health Sector, focuses on the following activities:

Coordination and Service Management: Coordinate a cohesive and mainstreamed SRH response with MOPH and health sector stakeholders to ensure access to services and avoid duplication. The group also coordinates the geographic distribution of partner interventions to improve referral pathways, including for the clinical management of rape, ensuring gaps are addressed and services are effectively aligned.

Capacity Building and Awareness: Provide technical support to partners and MOPH for implementing the Minimum Initial Service Package (MISP) for SRH in emergencies. The group circulates standard SRH IEC materials to health partners to empower individuals and raise community awareness of essential SRH services through partner outreach and engagement.

Technical and Resource Support: Advocate for the integration of SRH into health contingency plans and enhance visibility among partners and donors to facilitate resource mobilization. The group provides technical guidance to strengthen service delivery and enhance reporting through the establishment of key SRH indicators for sustained emergency response.

Expected Outcomes and Results¹⁰

75,000

people reached with SRH programmes

78,000

Young people and adolescents reached

1,900

people reached with cash and voucher assistance

150,000

people reached with GBV programmes

11,250

people with disabilities reached

1,800

people trained on GBV/SRH

Funding Requirements

For 2026, UNFPA's overall humanitarian appeal under the Lebanon Response Plan is **US \$30 million, covering both humanitarian and recovery needs**. With this Flash Appeal, in line with the Inter-Agency UN Flash Appeal, UNFPA requests additional **US \$12 million** (only **12%** of which has been funded as of 11 March 2026) to continue delivering essential SRH and GBV services amid the current escalation:

Programme	Funding Required (USD)
Sexual and reproductive health	5,000,000
Gender-based violence	5,000,000
Data and Information Management	1,000,000
Youth Engagement	1,000,000
Total Flash Appeal	12,000,000

Current Donors

United Kingdom (FCDO)

European Union (ECHO)

Swedish International Development Cooperation Agency (SIDA)

Korea International Cooperation Agency (KOICA)

UNFPA Emergency Fund

For more Information

Anandita Philipose

Representative

philipose@unfpa.org

Pamela di Camillo

Head of Programmes

dicamillo@unfpa.org

Giada Cicognola

Resource Mobilization & Partnerships

cicognola@unfpa.org

¹⁰ The projected results cover the three-month duration of this appeal and its associated budget. These figures are subject to revision as needs are likely to increase in the coming weeks.