



Situation Report

Lebanon Crisis

10-17 March 2026

Highlights

Triggered by escalating hostilities across the country, the humanitarian situation in Lebanon continues to deteriorate, resulting in mass displacement and casualties, with women accounting for [20 per cent of casualties](#). [Over 1 million people have now self-registered as displaced](#), with more than 133,000 of them sheltering in 631 government-designated collective sites. Some [54 per cent of displaced persons in shelters are female](#), including 565 pregnant and 800 breastfeeding women. Since 2 March 2026, [WHO has reported 28 attacks on healthcare facilities, resulting in 35 injuries and 30 deaths](#). Large-scale displacement and disruptions to health services are leaving women and girls without access to life-saving sexual and reproductive healthcare and protection services.

In response to the growing humanitarian needs across the region, UNFPA has internally activated a 'Level 2' emergency response, enabling the agency to scale up operational capacity. UNFPA remains a front-line responder in Lebanon, having reached nearly 10,000 displaced persons with sexual reproductive health (SRH) and protection services since 2 March, including support to 19 health facilities, 11 medical mobile units, and seven women and girls' safe spaces (WGSSs).



1,049,330

Total people affected¹



293,800

Women of reproductive age²



12,200

Estimated pregnant women²



70,000

People targeted with SRH services



35,000

People targeted with GBV programmes

¹ [Disaster Risk Management daily report, 18 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

Since 2 March 2026, intensified aerial attacks and evacuation orders across multiple areas of Lebanon have driven further displacement and expanded humanitarian needs. According to government reports, nearly [1,050,000 are registered as displaced](#), although many families remain unregistered. Collective shelters are currently hosting nearly [133,000 displaced persons](#), with newly opened shelters quickly reaching full capacity, particularly in Beirut and Mount Lebanon.

UNFPA estimates that there are over 293,800 women of childbearing age among the displaced, including 12,200 pregnant women; among those, 1,350 are expected to deliver in the next 30 days. However, the closure of [hospitals and nearly 48 primary healthcare centres](#) is severely disrupting access to SRH services, including emergency obstetric and newborn care; this is especially the case for women on the move, including displaced Syrian women. [Many pregnant women are delivering outside health facilities or arriving late to hospitals](#), severely increasing the risks of infection, complications, and maternal and newborn mortality, particularly for those with high-risk pregnancies. Health partners have also reported an increase in vaginal infections and an elevated risk of reproductive tract infections in collective shelters resulting from poor water, sanitation and hygiene conditions, making menstrual hygiene management difficult.

Safety and protection for women and girls is compromised as the conflict escalates. The lack of gender-segregated sanitation facilities and lighting in overcrowded shelters is severely restricting the mobility of women and girls, as well as escalating tensions between family members increasing their risk to different forms of gender-based violence (GBV), including intimate partner violence, sexual violence, exploitation and harassment. These risks are compounded by the disruption of social support networks and limited access to specialized services, weakening the protective environment.

Service continuity for GBV prevention and response among displaced populations has become increasingly challenging for UNFPA's partners due to rapid population movement outside coverage areas, displacement of front-line staff and the forced closure of facilities in conflict-affected areas. While partners are transitioning to alternative modalities of service provision to meet the growing needs, critical concerns regarding the transfer of existing cases to agencies in host communities and locations remain. The capacity of service providers to absorb new caseloads is further constrained by funding shortages and staff reductions.

UNFPA Response

Sexual and reproductive health: During the reporting period, UNFPA reached more than 1,000 displaced women and girls with SRH services through 19 UNFPA-supported primary healthcare centres (PHCs) and 11 mobile medical units. Services included maternal care, menstrual management, treatment of sexually-transmitted infections (STIs), family planning, and nutrition supplements for pregnant and breastfeeding women. In addition, 16 baby kits³ were distributed to displaced pregnant women in their third trimester or new mothers. UNFPA continues to provide financial support for institutional deliveries in 17 governmental hospitals through its partner Caritas, with cost-sharing mechanisms to reduce financial barriers.

In coordination with the Ministry of Public Health (MoPH), prepositioned Inter-Agency Reproductive Health kits (types 1, 4 and 5) are being dispatched to PHCs. These kits include contraceptives and

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

medications, including for STI treatment. In close coordination with the MoPH, 36 midwives were deployed to PHCs to provide care services and support mobile teams during shelter visits through UNFPA's partnership with the Order of Lebanese of Midwives. A network of midwives has also been activated to extend midwifery care in the event of service delivery disruptions.

In partnership with the American University of Beirut WISH programme, 450 health personnel received virtual refresher training on danger signs in pregnancy and indicators of reproductive tract infections (RTIs) and STIs.

Gender-based violence: Since the escalation of the crisis, more than 3,700 displaced women and girls were reached with GBV prevention and risk mitigation services.

Over 3,300 dignity kits⁴ for women and girls were distributed in 33 shelters across Akkar, Beirut, Bekaa, Mount Lebanon, Northern and Southern governorates, along with 180 dignity kits delivered to Rmeish village in South Lebanon near the blue line. Dignity kits also serve as an entry point for referral of GBV survivors, awareness raising, and dissemination of information on service delivery points for mental health and psychosocial support, as well as protection from sexual exploitation and abuse.

UNFPA supported the printing of 12,000 flyers on vital GBV prevention and service provision information, which will be disseminated among displaced persons in collective shelters across the country in collaboration with the GBV working group.

Results Snapshot



1,005

People reached with SRH services



19

Health facilities supported



3,765

People reached with GBV prevention, mitigation and response activities



7

Safe spaces for women and girls supported



3,392

Dignity kits distributed to individuals



9

Mobile medical units deployed



460

Baby kits dispatched to partners to be given to new mothers

⁴ Dignity kits contain three months' 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: The GBV Working Group has scaled up operations to ensure an effective, data-driven emergency response in close collaboration with the Ministry of Social Affairs (MoSA), under the co-leadership of UNFPA and UNHCR.

To minimize duplication and gaps in service delivery, a mapping of service providers supporting collective shelters was conducted at all sub-national levels. GBV actors have been granted access to collective shelters to provide psychosocial support services, awareness raising sessions, dignity kits distributions and GBV safety audits. Coordination with MoSA is ongoing to allow for the provision of a full package of protection services at collective shelters. GBV partners continue to introduce mobile and remote service modalities to adapt to population movement and restricted access in conflict-affected areas. An orientation session on GBV safety audits was conducted for 232 partners. The GBV Information Management Task Force continues to hold ad-hoc meetings to provide technical support and address implementation challenges faced by partners delivering GBV case management services.

SRH Working Group: The Reproductive Health Sub-Working Group, led by the Ministry of Public Health and co-chaired by UNFPA, is actively responding to the escalating crisis. A bi-weekly schedule has been adopted to enhance coordination and timely response for displaced populations.

Referrals of pregnant women identified in shelters to delivery services has been facilitated through updates to the referral matrix. Health partners have been provided with guidance on mainstreaming reproductive health interventions within the emergency response, in line with MoPH's priorities.

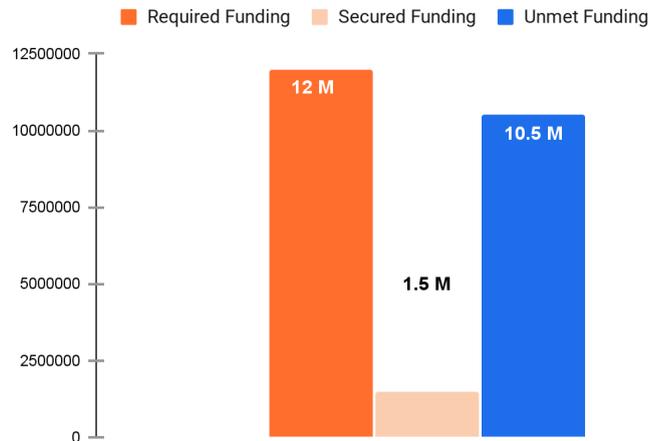
“Women and girls are the hardest hit in any crisis and this crisis is no exception.”

— [Anadita Philipose, UNFPA Representative in Lebanon](#)



Funding Status

From 13-15 March, the United Nations Secretary-General conducted a three-day solidarity visit to Lebanon during which the [Lebanon Flash Appeal](#) of US \$308.3 million was launched to provide life-saving assistance and protection to one million affected people over the next three months. As per this appeal, [UNFPA is seeking US \\$12 million](#) to meet the urgent needs of 225,000 people from March to May 2026. The appeal supplements the 2026 Lebanon Response Plan under which UNFPA is seeking US \$30 million.



To date, only 12 per cent (US \$1.5 million) of the total Flash Appeal has been mobilized, including US \$1 million reprogrammed from funds received under the 2026 Lebanon Response Plan.

Urgent and flexible funding is urgently needed to respond to the rapidly increasing health and protection needs. Without timely financial support, the ability to deliver life-saving SRH and protection services for women and girls will be severely constrained as the crisis continues to deepen.

Current Donors

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

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