Lebanon Emergency Response

UNFPA Lebanon Flash Appeal

March - August 2026[1]

Snapshot

Lebanon is facing a catastrophic humanitarian crisis. Since 2 March 2026, escalating military airstrikes and ground incursions have claimed more than 3,400 lives. Attacks and displacement orders have forced over 1 million people to flee their homes, many for the third or fourth time. Despite the declaration of a ceasefire on 17 April, hostilities have continued and have actually intensified in southern Lebanon. This has led to new waves of internal displacement, creating a health and protection crisis that is increasingly protracted in nature.

Among those forced to flee, an estimated 390,000 women are of reproductive age, including 16,000 pregnant women. The disruption of essential maternal services — worsened by attacks on healthcare facilities and the closure of hospitals and primary health centres — has impacted deliveries and forced some women to give birth in unsafe conditions. Most internally displaced persons (IDPs) live in overcrowded host communities with limited services, while others are in hard-to-reach conflict-affected areas in the South. Meanwhile, 632 collective shelters are dangerously congested, lacking basic supplies and privacy, creating severe protection risks, including gender-based violence.

UNFPA, in close coordination with the Ministry of Public Health and Ministry of Social Affairs, urgently appeals for support for life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) interventions, delivered by applying a life-cycle and rights-based approach and taking into consideration critical data and information management needs:

- **Sexual and Reproductive Health**: Enhance access to institutional obstetric deliveries and supporting SRH services through mobile medical teams in affected areas and shelters, targeting IDPs and host communities. Strengthen SRH services at primary healthcare centres, including community outreach, awareness raising, and referral pathways. Provide essential SRH supplies including through Inter-Agency Reproductive Health Kits for health facilities, and baby kits for new mothers.
- **Gender-Based Violence**: Deliver survivor-centred case management, cash assistance, dignity kits and psychosocial support. Maintain and expand services at Women and Girls' Safe Spaces (WGSSs), including temporary facilities where feasible, to ensure protection in high-risk displacement sites.

In this revised Flash Appeal, UNFPA is appealing for US $25 million to meet the urgent needs of 450,000 people from March to August 2026. Immediate action is critical to sustain essential life-saving services and address the urgent and growing needs of the most affected populations.

$25,000,000

To reach 450,000 people

16% funded as of 1 June 2026

[1] This revised UNFPA Flash Appeal supersedes the earlier appeal of March - May 2026, in line with the Inter-Agency Revised Flash Appeal issued in June 2026.

Photo: © UNFPA / Lebanon

Situation Overview[2]

The humanitarian situation in Lebanon remains highly volatile. Despite the ceasefire announcement on 17 April 2026 and subsequent extensions, hostilities have continued, resulting in **3,433 fatalities** and over **10,395 people injured**.[3] Ongoing airstrikes have caused extensive damage to civilian infrastructure, including homes, schools, and health facilities. A massive surge in forced displacement orders issued between 26 and 29 May affected **61 additional localities**, primarily across the Nabatiyeh and South governorates. Renewed evacuation orders for all areas south of the Zahrani River have triggered mass evacuations alongside a new wave of displacement from Beirut's southern suburbs due to ongoing threats of escalation and the destruction of civilian infrastructure.

Over **one million people** remain internally displaced in the country. They account for 20% of the population of Lebanon, making the crisis one of the most severe in the world in terms of percentage of population displaced. While the majority of the displaced population reside outside formal sites, secondary displacement following the recent ceasefire has driven a 13% increase in shelter occupancy. According to the Government of Lebanon, as of 1 June 2026, a total of **130,274 displaced individuals** (more than 34,900 families) are residing across **632 official collective shelters** nationwide, pushing the majority of these shelters to their absolute maximum capacity. This ongoing crisis continues to compound **pre-existing vulnerabilities**, placing severe strain on already overstretched systems and underscoring the urgent need for life-saving humanitarian aid.

The crisis continues to exact a heavy toll on women and girls. UNFPA estimates that the displaced population now includes **390,000 women of childbearing age**, of whom approximately **16,000 are pregnant**. As around 1,800 women are expected to give birth every month, the need for life-saving sexual and reproductive health (SRH) supplies and services is critical. The **healthcare system, both workforce and infrastructure**, is already overstretched and fragile and is being directly targeted. There have been 182 verified attacks on healthcare, including 99 attacks impacting medical transport and 61 impacting health facilities[4], resulting in 125 deaths and 311 injuries[5]. Three hospitals — Bint Jbeil Public, Mays al-Jabal Public, and Salah Ghandour — remain completely non-operational while 40 primary healthcare centres (PHCs) are now closed and six hospitals across Tyre, Bint Jbeil, Hasbaya, and Nabatieh districts are restricted to emergency room care and have yet to resume delivery services for pregnant women.[6] This direct targeting is in violation of international humanitarian law and severely restricts access to safe deliveries, particularly for women in underserved and return-affected areas.

Conditions within **collective shelters** are dire in most cases and remain heavily protection-compromised. A recent safety audit of 180 shelters[7] conducted by the GBV Working Group, co-led by UNFPA, revealed that 28% lack adequate space, and 20% fail to separate female-headed households from unrelated men. Key safety concerns significantly increase the risk of GBV, including severe overcrowding and lack of privacy; absence of locks, partitions, and sufficient lighting (especially at night); high-risk WASH facilities lacking gender segregation and accessibility; as well as a shortage of woman- and girl-friendly safe spaces.

These environments disproportionately endanger those most at risk, particularly female-headed households, adolescent girls, pregnant and lactating women, and persons with disabilities. To address evolving needs, UNFPA is sustaining and scaling up where possible by mobilizing mobile health units to deliver essential SRH, GBV, and mental health support within active shelters and functional centres.

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[2] The data presented in this section is based on sources available as of 1 June 2026, and is subject to change.
[3] Lebanon Health Sector Emergency Situation Report Issue #13 - June 01, 2026 - available here
[4] Lebanon Health Sector Emergency Situation Report Issue #12 - May 25, 2026 - available here
[5] *Ibid.*
[6] WHO Lebanon Health Emergency Situation Update #25 - May 22 2026 - available here
[7] GBV Working Group, Lebanon: GBV Safety Audit Report - May 2026 - available here

Target Population

1.4M
Total people affected[8]

390,000
Women of reproductive age[9]

16,000
Estimated pregnant women[2]

150,000
People targeted with SRH services

300,000
People targeted with GBV programmes

UNFPA Response Strategy

UNFPA aligns its response with Lebanon's Inter-Agency Flash Appeal, focusing on expanding access to life-saving SRH and GBV services. Working in coordination with government ministries, local authorities, and community-based and women-led organizations, UNFPA aims to rapidly reach the most vulnerable populations across Lebanon. In particular, UNFPA works hand-in-hand with the Ministry of Social Affairs (MoSA), who is coordinating the Government emergency response. Key actions include restoring essential services, distributing vital reproductive health supplies, strengthening the capacity of service providers, ensuring a coordinated GBV/SRH response, deploying midwives and social workers, supporting youth-led response, and prioritizing rapid assessments and data collection to ensure emergency interventions accurately reflect the diverse needs of communities.

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 SRH services through the following actions:

1. **Ensuring pregnant women get life-saving maternal healthcare at secondary care level** through cost-sharing for low- and medium-risk pregnancies and full coverage for high-risk pregnancies and the most complicated obstetric cases.
2. **Providing life-saving SRH supplies** to hospitals and PHCs, including Inter-Agency Reproductive Health (IARH) kits for Basic Emergency Obstetric and Newborn Care (BEmONC)/ Comprehensive Emergency Obstetric and Newborn Care (CEmONC), sexually transmitted infections, contraceptives, and clinical management of rape (CMR) medicines.
3. **Deploying mobile medical units** staffed with doctors, midwives, and nurses to deliver maternal care, family planning services, and community awareness activities on SRH in shelters and displacement-affected communities, including the South and Bekaa.
4. **Strengthening referrals** to primary and secondary healthcare facilities and building capacity on the Minimum Initial Service Package (MISP) for SRH in crisis situations essential service package with the MoPH and front-line workers.
5. **Distributing baby kits**[10] to vulnerable pregnant women and new mothers, or providing cash assistance to meet the mothers' and newborn babies' additional needs.

[8] Inter-Agency Lebanon Revised Flash Appeal, June 2026
[9] Estimated figures are based on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations calculator.
[10] **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.

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. Where possible, UNFPA supports integrated GBV services in PHCs as a cost effective manner to provide comprehensive support to women and girls.

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 development and distribution of information, education, and communication (IEC) materials; 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, WGSSs, and PHCs, while both extending GBV services in collective shelters hosting displaced people and strengthening reach in host communities, in coordination with MoSA.

To ensure continued access to life-saving support, priority interventions include:

1. **Supporting Women and Girls' Safe Spaces** 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 in WGSSs run by women-led organizations and in Social Development Centres.
4. **Providing cash assistance** for GBV survivors to support access to safe shelter, transport, as well as recurrent cash within case management.
5. **Conducting GBV training** for front-line workers on receiving disclosures/referral and specialized providers on case management/survivor-centred approaches to ensure safe, ethical, and timely support and strengthen referral pathways.
6. **Strengthening community outreach and GBV awareness through** awareness campaigns on GBV risks, available services, and protection from sexual exploitation and abuse (PSEA), as well as engaging communities and community leaders to foster supportive environments and reduce stigma.
7. **Distributing dignity kits**[11] to displaced populations, with an estimated gap of 28,000 kits for the targeted population requiring urgent procurement.

[11] **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.

8. **Enhancing collective PSEA and accountability to affected people (AAP)** as the hosting agency for 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** to conduct continuous field assessments in shelters and informal sites, in coordination with the inter-agency Emergency Rapid Needs Assessment exercise and sector assessments. These teams will identify evolving health and protection risks, with specific focus on SRH and GBV needs among pregnant women, adolescent girls, and youth.
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 targeted Demographic Vulnerability Assessments** to identify and map the needs of Older Persons and Persons with Disabilities, ensuring their inclusion and prioritization in the response. The resulting data will be used to immediately address critical unmet needs for these highly vulnerable and often-neglected groups, strengthen multisectoral referral pathways, and inform “Build Back Better” guidelines to integrate inclusion into national recovery frameworks.

Youth Engagement Priorities

1. **Supporting Youth-Led Action** with direct resources to emergency youth initiatives and mobilizers. Deployment includes facilitator toolkits for safe shelter activities and peer support to boost community resilience.
2. **Sustaining Capacity and Well-being** by investing in local youth organizations for front-line roles. This covers training in PSEA, GBV disclosures, and protective referrals, alongside institutionalized burnout prevention.
3. **Expanding Inclusive Interventions** funding youth-designed recreational activities as entry points for integrated psychosocial support and GBV prevention messaging to address urgent peer protection needs.

Inter-Agency and Government Coordination Mechanisms

Gender-Based Violence:

The Gender-Based Violence Working Group, co-chaired by UNFPA, the MoSA, and the UN High Commissioner for Refugees (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 (HCT), 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 IEC materials for the safe and ethical roll-out of the emergency GBV response.

Sexual and Reproductive Health:

The Reproductive Health Sub-Working Group (RH SWG), 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 partners to ensure access to services and avoid duplication. The group also maps partner interventions to improve referral pathways, including for obstetric care at hospitals and 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 MISP. 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, including in the health sector and HCT Situation Reports 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 Results (March to August 2026)

150,000
people reached with SRH programmes

300,000
people reached with GBV programmes

156,000
Young people and adolescents reached

22,500
people with disabilities reached

2,300
people reached with cash and voucher assistance

1,800
people trained on GBV/SRH

Funding Requirements

UNFPA's revised Flash Appeal, in line with the updated Inter-Agency Lebanon Revised Flash Appeal, is for **US $25 million** for March-August 2026 to deliver life-saving SRH and GBV services in this ongoing humanitarian crisis. Only 16% of this has been funded as of 1 June 2026. This is in addition to UNFPA's overall appeal under the Lebanon Response Plan 2026 for **US $30 million, covering both humanitarian and recovery needs**.

Programme	Funding Required (USD)
Sexual and reproductive health	11,000,000
Gender-based violence	10,000,000
Data and information management	2,000,000
Youth engagement	2,000,000
Total Flash Appeal	**25,000,000**

Current Donors

The Government of Norway

The Government of Sweden

The Government of the United Kingdom

The European Union (ECHO)

UNFPA Emergency Fund

The Central Emergency Response Fund (CERF)

Contacts

Anandita Philipose
Representative
philipose@unfpa.org

Pamela di Camillo
Head of Programmes
dicamillo@unfpa.org

Giada Cicognola
Resource Mobilization & Partnerships
cicognola@unfpa.org

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