Situation Report

Lebanon Crisis

18-25 March 2026

Highlights

The humanitarian situation in Lebanon is rapidly deteriorating as hostilities escalate in intensity, frequency, and geographic spread. As of 24 March, 1,072 people have been killed and 2,966 injured,[1] with women and girls, including pregnant women, disproportionately impacted. Extensive damage to critical infrastructure, including roads, bridges and crossings, and civilian buildings, continues to hinder humanitarian access and disrupt the delivery of essential aid, especially sexual and reproductive health (SRH) services. According to UNFPA estimates, the displaced population includes 325,500 women of childbearing age, among whom 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.

On 23 March, the first shipment of life-saving maternal health medicines and supplies arrived in Beirut via the European Union humanitarian airbridge (EUHAB), providing critical medical supplies for 15,000 pregnant women. As a front-line responder, UNFPA has reached nearly 18,000 displaced people with SRH and gender-based violence (GBV) services since 2 March through support to 23 health facilities, nine medical mobile units, 21 mobile GBV teams, and eight women and girls' safe spaces.

1,162,237
Total people displaced[2]

325,500
Women of reproductive age[3]

13,500
Estimated pregnant women[3]

70,000
People targeted with SRH services

35,000
People targeted with GBV programmes

[1] WHO Lebanon Health Emergency Situation update #13, 24 March 2026 (publication pending)
[2] WHO Lebanon Health Emergency Situation update #13, 24 March 2026 (publication pending)
[3] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

The rapidly worsening humanitarian situation continues to drive both new and secondary displacement. Repeated and expanded forced evacuation orders announced by Israel now cover large areas of southern Lebanon, parts of Beirut, and the Bekaa Valley, resulting in more than 1.2 million people displaced, the majority of whom are outside formal sites. Government reports as of 25 March indicate that 134,921 people are currently sheltering in 657 collective centers, with women and girls making up more than half of the displaced population.

Collective shelters are severely overstretched, with overcrowding, limited electricity, inadequate heating, poor sanitation, and a lack of privacy heightening protection risks, particularly for women and girls. The absence of gender-segregated sanitation facilities and proper lighting restricts the mobility of women and girls and exacerbates family tensions, increasing exposure to various forms of GBV, including intimate partner violence, sexual violence, exploitation, and harassment. These risks are further intensified by the breakdown of social support networks and limited access to specialized services, weakening the overall protective environment.

Persons with disabilities face additional challenges, as many shelters are not adapted or accessible and lack inclusive water, sanitation, and hygiene (WASH) facilities. The few accessible shelters are already at full capacity. Rapid displacement has also forced many to leave behind essential assistive devices such as hearing aids, mobility devices, and vision aids. People with developmental disabilities, such as autism spectrum disorder (ASD), face heightened difficulties due to their need for quiet and privacy, making crowded shelters unsuitable. These barriers particularly affect women and girls with disabilities, who often depend on physical support in inaccessible spaces. Overcrowding and the lack of inclusive facilities undermines privacy and dignity, increasing the risk of GBV, exploitation, and abuse.

Recent harsh weather conditions, including heavy rains and flooding of shelters, has further disrupted the provision of GBV prevention and response services among displaced populations, compounded by population movements, displacement of staff, and facility closures in conflict-affected areas. Although partners are adopting alternative service delivery methods, challenges persist in the referral of existing GBV cases. Limited funding and staff reductions further strain service providers' capacity to manage new caseloads.

Attacks on healthcare and humanitarian personnel continue to rise with 64 attacks reported since 2 March. At least 53 healthcare workers have reportedly been killed and 91 injured, amid repeated strikes on hospitals, including two supported by UNFPA, as well as on primary health facilities, ambulances, and medical transport. Five hospitals, four with maternity wards, have closed, and 54 primary healthcare centres (PHCs) are now out of operation, severely limiting access to life-saving care, including essential SRH services. These attacks raise grave concerns for the respect of international humanitarian law, which explicitly protects medical personnel, facilities, and humanitarian workers.

UNFPA Response

Sexual and reproductive health: Since 2 March, UNFPA has reached 1,800 displaced women and girls with SRH services through 23 UNFPA-supported PHCs, nine mobile medical units serving 86 collective shelters, and a network of midwives. Services included maternal healthcare, menstrual health management, treatment of sexually-transmitted infections (STIs), provision of family planning, and nutrition supplements for pregnant and breastfeeding women.

A total of 87 women were supported to access institutional deliveries, including Caesarean sections, with UNFPA providing financial support for deliveries in 17 governmental hospitals through its partner Caritas under a cost-sharing mechanism to reduce financial barriers. In addition, 41 baby kits[4] were distributed to displaced pregnant women in their third trimester or new mothers from 18 to 25 March.

The first shipment of 115 inter-agency reproductive health (IARH) kits arrived in Beirut on 23 March. Amidst the hostilities in Lebanon and airspace restrictions across the region, this shipment is critical for the continued provision of life-saving reproductive health services across the country. The kits provide essential medical infrastructure to support at least 1,260 deliveries, from routine vaginal births to life-saving Caesarean sections and the management of complex obstetric complications. The shipment also includes a critical supply of maternal health medicines capable of supporting 12,750 women through labor and delivery, ensuring that childbirth remains safe even under precarious conditions. Specialized supplies for the clinical management of rape (CMR) are also included, enabling comprehensive care for 532 survivors, including medications for 112 pediatric cases.

Gender-based violence: Since the escalation of the crisis, UNFPA has reached more than 8,400 displaced women and girls with GBV response and risk mitigation services, including case management, psychological first aid, and psychosocial support sessions. In addition, 7,900 displaced people were reached with GBV prevention and referral information. Twenty-one (21) mobile GBV teams have now been deployed to collective shelters.

Photo: © UNFPA / Lebanon

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

Through its partners, UNFPA also distributed over 7,100 dignity kits[5] for women and girls in 61 shelters across Akkar, Beirut, Bekaa, Mount Lebanon, and northern and southern governorates. 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.

Results Snapshot (2 March - 24 March 2026)

1,811
People reached with SRH services

23
Health facilities supported

8,416
People reached with GBV prevention, mitigation and response activities

8
Safe spaces for women and girls supported

7,160
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

Coordination Mechanisms

GBV Working Group: The GBV Working Group, under the co-leadership of UNFPA, UNHCR, and Himaya Daeem Aataa, a national women-led organization (WLO), and in collaboration with the Ministry of Social Affairs (MoSA) and the Disaster Risk Management Unit, continues to support a coordinated GBV response for displaced populations both within and outside collective shelters. The response is guided by data from the emergency response and collective shelter dashboards, which track GBV activities and the presence of actors.

The rollout of GBV Safety Audits is ongoing, with 160 collective shelters already mapped for immediate assessment by nine partners. In addition, emergency referral pathways are being consolidated. A tool to map the operational status of GBV facilities, monitoring both active and

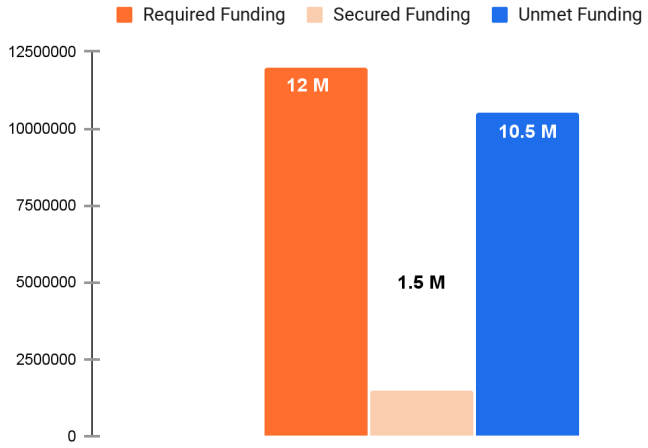
[5] Dignity kits contain a three-month supply of essential items to maintain hygiene and health. They include sanitary pads, soap, a torch, socks, underwear, toothbrush and toothpaste, and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, psychosocial support, and other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

non-operational service points, is in its final development phase to ensure service continuity despite ongoing staff and site displacement. The GBV Working Group, together with the General Protection and Child Protection Working Groups, has also begun publishing weekly Protection Sector Response Situation Reports.

SRH Working Group: The SRH Sub-Working Group, led by the Ministry of Public Health (MoPH) and co-chaired by UNFPA, is actively coordinating the SRH response to the crisis. The sub-working group, in coordination with the MoPH, expanded the Emergency Primary Health Care Response Dashboard to include multiple SRH indicators, enhancing the monitoring of the SRH response and enabling better triangulation of reported data.

Funding Status

UNFPA is seeking US $12 million to meet the urgent needs of 225,000 people throughout 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. Flexible and rapid funding is urgently required to ensure uninterrupted essential services. 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.

"I lost contact with my doctor. I had no plan. All while trying to process the weight of displacement and losing our home."

— A displaced postpartum mother flees hostilities with her four-day old baby

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