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At Omar Faroukh School in Beirut, now a shelter for hundreds of displaced people, UNICEF is supporting families and ensuring children have access to safe activities and continued learning.

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Humanitarian Situation Report No. 1

Reporting Period
2 - 18 March

Lebanon Escalation of Hostilities

HIGHLIGHTS

- Intensifying conflict across Lebanon has killed 968 people, including 116 children, and displaced over 1 million people, including over 350,000 children, overwhelming shelters, disrupting education at scale, and driving severe protection risks nationwide.
- UNICEF's multi-sectoral response is delivering integrated, life-saving services to displaced children and families across shelters, host communities, and conflict-affected areas, rapidly scaling support through existing systems and partnerships to reach the most vulnerable.
- UNICEF requires US$ 48.3 million for its three-month response to reach 1 million people in need but faces an 86 per cent funding gap, with only US$ 6.8 million available. Without urgent additional funding, contingency stocks will be depleted, and life-saving services for children and families will be disrupted.

SITUATION IN NUMBERS

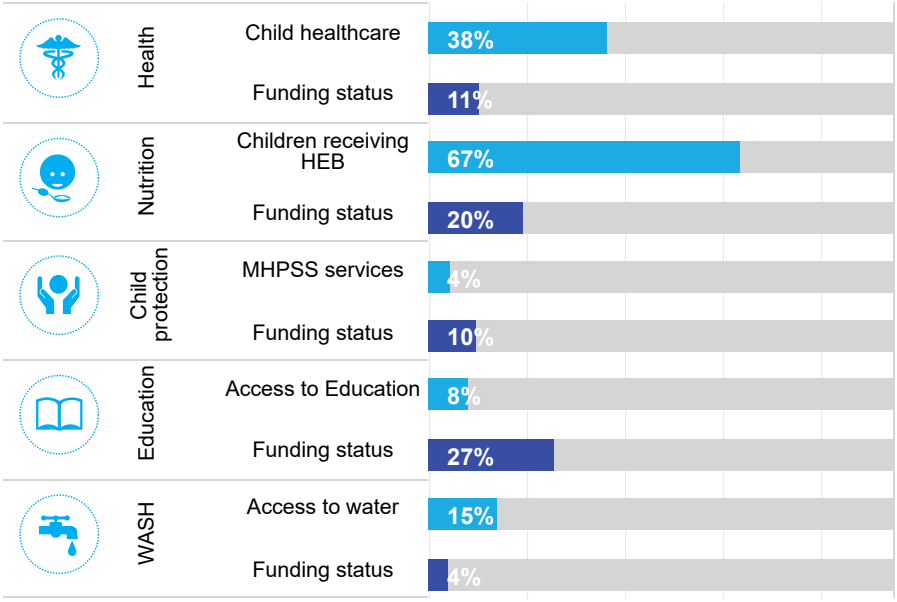
350,000
Children in need of humanitarian assistance

1,000,000
People in need of humanitarian assistance

116
Children Killed Since 2 March

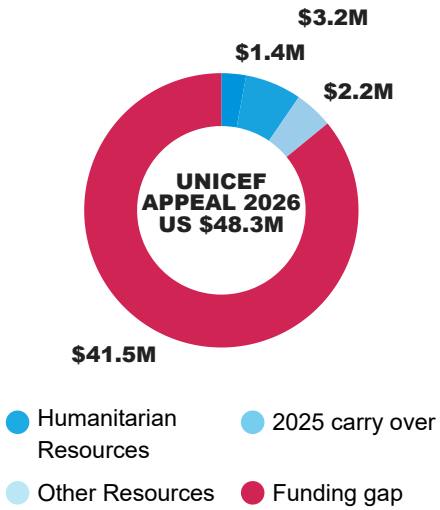
356
Chlidren Injured Since 2 March

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's three-month Preparedness and Response Plan requires US$ 48.3 million to reach 1 million people in need, including US$ 10 million for the immediate response and essential supplies. UNICEF is currently distributing contingency stocks valued at US$ 8 million, which must be urgently replenished to avoid a stockout. There is US$ 6.8 million in available funds for this response, in addition to an internal Emergency Programme Fund (EPF) loan of US$ 4 million. Despite this support, an 86 per cent funding gap remains. Without additional resources, UNICEF will be unable to maintain critical services or respond to the escalating needs of affected children and their families.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Hostilities in Lebanon continue to have a devastating impact on civilians, with reportedly 968 people killed, including 116 children, according to the Ministry of Public Health (MoPH). An additional 2,432 people were injured, including 356 children, as of 18 March. Displacement continues to rise, with an estimated 1,049,328 people affected as of 16 March, including an estimate of over 350,000 children.[1] Of these, 133,492 are accommodated in 633 official shelters across the country.[2] The geographic scope of displacement orders has expanded, prompting significant population movements across multiple governorates. Since the onset of the escalation, these orders are estimated to cover approximately 1,470 square kilometres, equating to around 14 per cent of Lebanon's territory, including extensive areas of southern Lebanon, Beirut's southern suburbs, and parts of the Bekaa Valley. Many families have been forced to leave with little notice and limited safe relocation options. Reports indicate that, in certain southern villages, including Shabriha in the Tyre district, civil defence teams or municipal authorities were directed to evacuate remaining residents.[3]

Displacement is driving heightened protection risks, particularly for women and girls who are increasingly exposed to gender-based violence (GBV), exploitation, and trafficking, as well as for children, older persons, and persons with disabilities. Family and community support systems that normally safeguard children have been disrupted. Access to safe shelter and reliable information remains a critical concern. With hosting capacities in private homes and public facilities overstretched, some displaced families are forced to stay in vehicles or open areas. Overcrowding, lack of privacy, and elevated stress levels exacerbate protection risks, while also increasing exposure to public health hazards such as fires and disease. These conditions further hinder the safe identification and reporting of protection concerns. Further, children in shelters and affected communities are reportedly showing increasing signs of psychological distress due to prolonged exposure to violence, uncertainty, disrupted routines, and continued instability. Non-Lebanese displaced populations continue to face barriers in accessing formal shelters and are therefore primarily supported through community-based networks and humanitarian assistance.

Education is also being disrupted as a result of the escalation and rising displacement; of the 633 shelters, 353 are public schools. The conversion of these schools to shelters has directly affected 115,000 children, 75,000 students in the morning shift and nearly 40,000 in the afternoon shift, whose regular education has been disrupted. In addition, all children enrolled in public schools, approximately 300,000 in the morning shift and 100,000 in the afternoon shift, are currently unable to attend classes, highlighting the scale of disruption to the national education system.

Attacks affecting civilian infrastructure, including health facilities, remain a serious concern. Reportedly, 15 medical and ambulatory centres have been impacted and five hospitals closed. In addition, there have been 67 attacks on emergency medical service workers.[4] These events are further constraining the health system's ability to respond to growing humanitarian needs and underscore the heightened risks faced by medical personnel providing essential services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

Since the onset of the emergency, UNICEF has supported the health response for displaced populations through delivery of more than 140 tons of essential medications and medical supplies to MoPH Primary Healthcare Satellite Units (PSUs) and government hospitals. Thirty-eight PSUs (mobile clinics) have actively provided essential primary healthcare services in shelters and host communities, providing more than 7,950 services, with over 4,000 beneficiaries receiving medications.

Through the AaSalameh PHC community outreach programme, 94 PHC centres have been activated to provide screening and vaccination services, with 2,197 children vaccinated to date. Continued support to the MoPH Public Health Emergency Operations Centre (PHEOC) has strengthened coordination, logistics, and staffing, ensuring effective handling, storage, and distribution of medicines and medical supplies.

Critical care needs have been addressed, with 134 newborns and children admitted to intensive care units across 11 governmental hospitals. Under the UNICEF-MoPH Assistance and Care for War Wounded and Affected Children (ACWA) programme, 17 children with conflict-related injuries received life-saving surgical interventions, and 60 injured children and caregivers received mental health support.

Water, sanitation and hygiene

In coordination with the Ministry of Energy and Water (MoEW), over 50,000 litres of fuel were supplied to the Water Establishments, supporting around 14 water stations and ensuring continuity of public water supply services for more than 230,000 people, including an estimated 34,328 internally displaced persons (IDPs) hosted in communities.

As part of the emergency response, UNICEF conducted repair and maintenance interventions in nine water stations and one wastewater treatment plant across the country, benefiting approximately 91,500 people in areas hosting IDPs. These interventions restored access to safe water and sanitation, safeguarding public health and improving the daily lives of communities affected by displacement.

UNICEF partners are delivering emergency WASH support in 107 shelters across Lebanon, reaching an estimated 28,938 individuals, in addition to critical hygiene items distributed through the Rapid Response Mechanism (RRM). Support in the Sports City shelter includes repairs to existing facilities and installation of new showers and latrines, including disability-friendly units. Approximately 115 centre cleaning kits were distributed to maintain safe shelter operations.

In addition, 3,120 cubic meters of water were provided through water

trucking, reaching 17,493 IDPs, while 88 cubic meters of sludge was safely removed from shelters hosting 444 IDPs through desludging operations. Rapid WASH technical assessments are ongoing to identify evolving needs as displacement increases, including urgent diesel requirements to maintain critical water and wastewater facilities. Displacement locations are being mapped to assess connections to existing water networks and determine the need for water trucking or alternative supply options. Wastewater pumping stations continue to be monitored to prevent overflows and associated public health risks.

Rapid Response Mechanism

UNICEF's RRM has been activated since 2 March 2026 to address displacement waves and reach families on the move, in shelters, and those remaining in hard-to-reach areas, serving as an agile, multi sectoral response platform linked to WASH, nutrition, protection, and other emergency interventions.

As of 19 March, UNICEF's RRM has reached 151,169 IDPs in more than 250 shelters and in hard-to-reach areas with essential non-food items (NFIs). Distributions included 327,689 bottles of water (1.5L), 23,895 family hygiene kits, 13,123 baby kits, 11,807 dignity kits, 1,138 packs of adult diapers and sanitary pads, and 1,160 boxes of high-energy biscuits for children aged six months and above and pregnant women. Winterization support included 26,275 blankets and 18,356 children's clothing kits. In addition, around 4,700 families on the move in Beirut, Saida, and Tyre were supported with light RRM kits and bottled water.

As part of UNICEF's prioritization of hard-to-reach areas, life-saving supplies were delivered to Tyre (approximately 20 kilometres from the border) and through a joint convoy to Rmeish (around 2 kilometres from the border). Both areas continue to experience ongoing hostilities and access constraints. Across these locations, over 13,500 people, including 4,700 children, were prioritized for urgent access to safe water, hygiene, and basic care. Deliveries included 2,500 hygiene kits, 13,500 bottles of water, and 1,250 baby kits, targeting the most vulnerable populations cut off from essential services. This approach ensured a child-focused, needs-based response, maintaining access and continuity of essential support despite escalating conflict, and linking critical assistance to broader WASH, nutrition, and protection interventions.

Child protection and GBViE

Child protection interventions during the emergency have reached thousands of children and caregivers, focusing on case management, psychosocial support, and risk mitigation. Out of the 16 children who received case management services, 13 unaccompanied and separated children were identified, with 12 reunified or placed in community-based care arrangements, ensuring continuity of protection. Community-Based Psychosocial Support (CBPSS) has reached 3,500 children and caregivers through structured sessions and recreational activities, enhancing coping, resilience, and social connectedness, while linking families to services and referral pathways. Outreach beyond shelters has expanded, with partners delivering child protection and GBV services through face-to-face, hybrid, remote, and mobile modalities, targeting the most vulnerable displaced populations.

Key child protection and psychosocial support messages have reached 17,439 individuals through both direct engagement and social media, strengthening caregivers' ability to protect and support children, manage risks, and access available services. GBV risk mitigation in shelters is underway following approval from the Ministry of Social Affairs (MoSA), including awareness sessions, dignity kit distribution, and safety audits. GBV case management continues, primarily remotely, ensuring ongoing support to survivors.

UNICEF is leading interagency coordination (UNFPA, IOM, UNHCR, ESCWA) to support the deployment of 600 MoSA staff in IDP shelters, ensuring a harmonized and government-led response across partners. Deployed MoSA staff play a central role in shelter management and coordination, including supporting site organization, identifying and monitoring the needs of vulnerable groups, facilitating the delivery of assistance, and ensuring the safe identification and referral of protection cases, including child protection and GBV, in line with established pathways.

Education

UNICEF continues to support the Ministry of Education and Higher Education (MEHE) to ensure access to online learning for public school students. Accounts and classes have been created for the full teaching workforce (40,000 teachers) and all enrolled public school children (390,000). Access information has been shared through school directors and School Information Management System (SIMS) operators. To facilitate connectivity, the Ministry of Telecommunications has initiated the whitelisting of Microsoft Teams and the Madristi platform, providing up to 20GB of free data on weekdays from 7:30 AM to 2:00 PM. In addition, 830 MEHE SIMS operators were trained on credentials management and dissemination, while UNICEF trained its call centre staff, UNHCR outreach volunteers, and community focal points on remote learning packages to guide students and teachers. MEHE's call centre capacity has also been strengthened, and a national communication campaign on remote learning has been launched through social media and posters distributed across shelters.

Through UNICEF's Multiple Flexible Pathways (MFP) programme, educational and learning kits have been distributed in collective shelters, reaching 13,800 children. Across 32 Makani centres and 25 Dirasa schools operating in safe locations, 19,695 children are currently accessing integrated services and education. MFP partners have conducted community-level outreach to identify displaced children and while mobilizing displaced staff to support activities locally.

In agreement with MEHE, MFP partners are establishing Temporary Learning Spaces (TLS) to support 25,000 children across Bekaa, Baalbek, Saida, Mount Lebanon, and Beirut. Building on the Dirasa programme, 30 private schools have been identified for TLS implementation, with contracts in process. TLS provide safe and flexible environments for displaced children, supporting face-to-face and blended learning for enrolled students and accelerated learning pathways for out-of-school children, ensuring continuity of education and wellbeing.

Support for children with disabilities is being integrated into MFP activities, including provision of assistive devices, therapy, and referrals. To date, 55 children with disabilities (CWDs) and 49 persons with disabilities (PWDs) have been identified across 12 shelters, enabling targeted support and inclusion in learning opportunities.

Nutrition

UNICEF, as nutrition sector lead, strengthened coordination and quality assurance of the nutrition response by building the capacity of 159 frontline workers on the appropriate provision of nutrition supplies inside and outside collective shelters in alignment with recently developed nutrition guidance and job aids. This capacity building initiative aims to further expand and standardize the quality of the nutrition response across delivery platforms.

To raise awareness of available support through the national Infant and Young Child Feeding (IYCF) hotline and provide caregivers with clear key messages on IYCF practices in emergencies, UNICEF developed and disseminated IYCF Chatbot link with all Nutrition

Sector partners, RCCE teams, and the IYCF Committee. To date, 174 caregivers have interacted with the chatbot, accessing guidance on feeding practices in emergencies, while 71 caregivers contacted the hotline, with 42 referred for additional specialized support. These digital tools complement in-person counselling, reaching caregivers who might not be able to access services physically and enhancing the timeliness of referrals for caregivers in need of counselling. Overall, more than 914 caregivers have received counselling and guidance on IYCF practices, while rapid assessments reached 35 caregivers to ensure timely identification and referral of children needing specialized support.

To date, 38 nutritionists were deployed to 38 Primary Healthcare Centre Satellite Units (PSUs) to provide nutrition interventions in 88 shelters, host communities, as well as in hard-to-reach high-risk areas. These nutritionists received a two-day training on prevention and management of wasting, key nutrition messages, and appropriate provision of preventive supplements, enhancing their technical capacity.

To prevent wasting among high-risk populations, 221,000 high-energy biscuit (HEB) packages and 144,060 ready-to-use complementary food (RUCF) jars, along with other energy-protein nutrition supplements, have been prepositioned for over 25,700 children and pregnant and breastfeeding women.

To date, 8,628 children under five have received emergency food rations including HEBs, Small Quantity Lipid-based Nutrient Supplements (SQLNS), and complementary food jars, and 174 pregnant and breastfeeding women and adolescent girls received micronutrient supplements to prevent from nutritional deficiencies. Additionally, 707 children under 5 were screened for wasting, and 6 children were identified and admitted for treatment.

Access to life-saving nutrition services has been affected by the disruption of four malnutrition treatment centres, with only one partially operational. To address this gap, UNICEF has operationalized wasting treatment within PSUs, supporting identification, admission, and continuity of care for children with acute malnutrition. Despite these efforts, access remains limited in some affected areas.

Unsolicited donations and procurement of breastmilk substitutes and baby food during the current emergency continue to create the risk of untargeted distributions, which can undermine breastfeeding and pose health risks for infants. A safe and effective nutrition response requires specialized IYCF support, strict individual assessments, while limited trained personnel and the circulation of such supplies remain key operational challenges. To address this gap, UNICEF is reinforcing the widespread dissemination of the IYCF hotline through partner networks and communication channels to ensure caregivers can access tailored counselling and services.

Social Protection and Humanitarian Cash Assistance

As part of the immediate response to the current escalation and to support beneficiaries of the National Disability Allowance (NDA), UNICEF and MoSA advanced the regular cash assistance payment for 38,000 Lebanese and non-Lebanese NDA beneficiaries nationwide, beginning on 10 March.

Building on previous emergency cash responses in 2024, UNICEF, MoSA, and the ILO have activated emergency financial support for families with persons with disabilities affected by the conflict. This shock-responsive expansion of the NDA has provided urgent cash assistance to offset additional costs related to disability during displacement, including access to healthcare, assistive services, and basic needs. Using established NDA delivery systems and registries, the intervention was launched on 11 March and has reached approximately 8,000 families (6,000 Lebanese and 2,000 non-Lebanese, or around 33,000 individuals) as of 19 March, with each household receiving a US$100 grant for households with a child or young person aged 0–19 years living with a disability.

The overall target for this emergency support is 45,000 families with a person with a disability from affected areas, to be reached in a phased approach over three months through a one-off cash transfer, based on the availability of resources. This programme complements the national Shock-Responsive Social Protection system, also led by the government, ensuring continuity of support and mitigating the immediate financial impact of displacement on vulnerable households.

Youth and Adolescent Development

UNICEF continues to engage youth as active contributors to emergency relief and community support through the Youth and Adolescent Development programme. To meet immediate needs in shelters, youth-produced stocks have been distributed across Technical and Vocational Education and Training (TVET) sites, including 475 sleeping bags, 200 blankets, 200 Eid kits, and 1,880 winter kits.

In the past three days, 20 youth have directly contributed to food security by producing 1,500 hot meals in coordination with WFP at the Dekweneh TVET shelter community kitchens, providing immediate nutritional support to displaced families.

Youth engagement in social cohesion, life skills, and psychosocial support (PSS) activities continues, with 21 trained youth facilitators delivering sessions and adolescent kits, reaching 365 children and adolescents in shelters. A Training of Trainers (ToT) session is planned for 24 March to further strengthen facilitators' capacity to deliver adapted adolescent programming and peer support.

To ensure continuity of learning and skills development, skilling programmes continue in non-affected areas reachign 500 youth, while delivery in some affected locations has shifted online. Digital modules for formal Technical and Vocational Education and Training are being prepared for rollout in selected shelters. In addition, 15 TVET shelters hosting 8,161 IDPs have received in-kind support valued at US$ 50,000 to meet urgent operational needs, including basic supplies, fuel, and essential materials. Ongoing digitization of TVET modules is further expanding access to learning opportunities for displaced youth.

RCCE, AAP, Gender, and PSEA

Between 2 and 13 March, UNICEF call centres received approximately 3,169 calls from both IDPs and non-IDPs. Inquiries and feedback focused on shelter, food, cash, NFIs, and mental health services. All cases were followed up with referrals and appropriate actions, ensuring timely response to community needs and concerns.

In coordination with MoSA and the PSEA Inter-Agency Network, UNICEF has displayed PSEA awareness posters across collective shelters, strengthening awareness of safe reporting mechanisms and available support services.

To reach the most vulnerable populations, UNICEF partnered with a women-led grassroots organization (FEMALE) to conduct rapid assessments of families living on the streets in Beirut (including BIEL and Horsh Beirut) and Saida. The assessments identified critical gaps, including limited access to sanitation facilities, safety and privacy concerns preventing shelter use, and cases of denied access to shelters. UNICEF is following up through targeted interventions, including deployment of mobile medical units, referrals, and advocacy to address these barriers.

RCCE coordination mechanisms have been activated to support the emergency response, including a communication tree and an updated UNICEF RCCE landing page serving as a central repository for public messaging, frontline guidance, and information, education, and communication (IEC) materials. Eleven IEC products are being finalized for dissemination in shelters and communities. Partners are being mobilized to integrate RCCE into emergency interventions through existing platforms, including school clubs, parent-teacher associations, and community networks. Capacity-building for responders and volunteers is being prepared, focusing on RCCE, AAP, and PSEA principles to ensure safe, ethical, and effective community engagement.

In collaboration with headquarters, a social listening dashboard has been launched to monitor publicly available information on social cohesion and emerging tensions, with daily analysis informing response actions. Coordination is also underway to integrate rapid RCCE needs assessments into the Emergency Rapid Needs Assessment (ERNA) and to strengthen rumour tracking mechanisms to address misinformation.

Gender-transformative interventions are being scaled up. Emergency sessions under the POWER4Girls initiative and the establishment of girls' groups in shelters and MFP centres are set to begin on 23 March, targeting 3,500 displaced girls, including those on the move. Eighty facilitators have been trained to deliver these sessions, equipping girls with life-saving information and practical skills to navigate risks during the emergency. In parallel, 90 facilitators have been trained to conduct GBV safety audits in shelters, strengthening risk mitigation measures for displaced women and girls.

Palestinian Programme

Essential services and life-saving interventions have been delivered to 12,077 IDPs (3,069 families), across UNRWA shelters and host communities in Palestinian camps and gatherings. Non-specialized PSS activities, case management, and child protection awareness sessions reached 3,281 children and caregivers, helping them cope with distress and displacement. Protection and accountability measures were strengthened through PSEA and AAP awareness sessions, which reached 128 individuals and improved their knowledge of available services and feedback mechanisms. Hygiene and basic protection awareness sessions reached 1,153 individuals, promoting safe practices and reinforcing community-level protection. In addition, 3,200 people received critical hygiene supplies.

Non-structured psychosocial and recreational activities, including LEGO-based play and sports, provided safe spaces for 3,859 children to express themselves, play, and relieve stress. Group sessions for youth and adolescents, focusing on social cohesion, peer engagement, stress management, and sports, reached 185 youth, supporting positive coping strategies and community connection. In addition, 80 youth and adolescents benefited from non-formal vocational and life skills trainings, equipping them to support emergency initiatives within host communities.

Multidisciplinary services and Makani activities were delivered through operational centres across Palestinian camps and gatherings, enabling timely identification, referral, and support for over 3,000 children. UNICEF supported 150 children with accessing formal or non-formal education, including early learning. Partners are also prepared to conduct GBV safety audits in shelters and roll out POWER4Girls emergency sessions with displaced girls, ensuring ongoing protection and empowerment opportunities for the most vulnerable.

Supply and Logistics

Since the onset of the emergency, UNICEF has procured goods and services valued at US$ 3.25 million to support its multi-sectoral response in Lebanon. An airbridge between Copenhagen and Beirut, established with support from the UNICEF Supply Division and strategic partners including the European Civil Protection and Humanitarian Aid Operations (ECHO) and DSV logistics, has enabled rapid deployment of medical and emergency supplies. To date, two charter flights carrying 72 tons of strategic supplies have arrived in Beirut, with a third medical shipment in preparation for the coming week.

In addition, US$ 3.5 million worth of prepositioned materials, equivalent to 800 metric tons or 4,000 cubic meters, have been distributed. This includes US$ 2.4 million in emergency supplies for displaced children and families and US$ 1.1 million in medical supplies to support the national health system. Distributions have been conducted through institutional partners, including the MoPH, MEHE, MoSA, as well as a network of local actors.

In areas where humanitarian access is constrained due to security risks, distributions are conducted via convoys with support from the Humanitarian Network and Services (HNS) and the Logistics Cluster. To ensure continuity of the response in the coming month, emergency supply replenishment has been initiated with local suppliers, who are currently producing 34,000 kits, including baby kits, hygiene kits, and dignity kits, maintaining the same level of support for affected populations.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

On 28 February 2026, MoSA, designated by the Government as the sole authority to coordinate with the Humanitarian Country Team (HCT) in the event of displacement, convened a meeting with Heads of UN Agencies to align on preparedness measures in anticipation of a potential escalation. During the meeting, MoSA confirmed that the agreed coordination architecture falls under the Lebanese Response Plan (LRP), through the Inter-Sector Coordination Group (ISCG) framework, led jointly by MoSA and the Ministry of Interior and Municipalities (MoIM). At the sub-national level, coordination is led by Governors in coordination with the National Disaster Risk Management Unit.

Within this framework, UNICEF co-leads the Education sector and leads the WASH and Nutrition sectors, as well as the Child Protection Working Group, at both national and sub-national levels. UNICEF also contributes to the Health, GBV and AAP, Gender, Livelihoods, and Basic Assistance sectors. UNICEF is also the co-lead of the Assessmetn and Analysis Working Group. At the sub-national level, the Operational Coordination Group (OCG) is coordinating the response in close collaboration with MoSA and Governors. UNICEF-led sectors are continuously monitoring partners' emergency response capacities and contingency stock levels, while ensuring that sector-specific preparedness actions are undertaken in coordination with partners.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Zahraa and Nour are fighting for their lives and for everything war has already taken from them
- Interview with Ted Chaiban, UNICEF Deputy Executive Director

- Interview with Marcoluigi Corsi, UNICEF Representative
- Interview with Christophe Boulierac, UNICEF Chief of Communications and Advocacy

HAC APPEALS AND SITREPS

- Lebanon Appeals
  https://www.unicef.org/appeals/lebanon
- Lebanon Situation Reports
  https://www.unicef.org/appeals/lebanon/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 26 MARCH 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
People reached with essential primary care services through UNICEF supported community health platforms	Total	-	380,000	14,578[5]	▲ 4%	-	-	-
Newborns and children receiving intensive healthcare services at UNICEF supported hospitals	Total	-	350	134	▲ 38%	-	-	-
Children vaccinated	Total	-	10,000	2,197	▲ 22%	-	-	-
Nutrition								
Children 6-23 months receiving MNPs or SQLNS or RUCF	Total	-	28,536	365	▲ 1%	28,536	365	▲ 1%
Children reached with HEB	Total	-	12,323	8,263	▲ 67%	12,323	8,263	▲ 67%
Caregivers counselled or reached with awareness on appropriate IYCF	Total	-	50,533	914	▲ 2%	84,222	1,524	▲ 2%
Pregnant, breastfeeding women, and adolescent girls reached with multiple micronutrient supplements	Total	-	32,251	174	▲ 1%	64,267	174	0%
Children aged 6-59 months with wasting who are admitted for treatment	Total	-	149	6	▲ 4%	149	6	▲ 4%
Children 0-59 months screened for acute malnutrition	Total	-	43,237	707	▲ 2%	43,237	707	▲ 2%
Child protection, GBViE and PSEA								
Children who have received individual case management	Total	-	1,418	16	▲ 1%	-	-	-
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	79,000	3,500	▲ 4%	-	-	-
Education								
Children accessing formal education or education in emergencies opportunities, including early learning	Total	-	240,000	19,695	▲ 8%	300,000	19,695	▲ 7%
Displaced children receive essential learning materials, including for ECD	Total	-	40,000	13,800	▲ 35%	50,000	33,200	▲ 66%
Water, sanitation and hygiene								
Affected people assisted with temporary access to adequate quantity of safe water for drinking and water for domestic use (meeting sector standard)	Total	-	120,000	17,493	▲ 15%	200,000	42,026	▲ 21%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Affected people assisted with temporary access to improved safe sanitation (meeting sector standard)	Total	-	120,000	444	0%	200,000	444	0%
Displaced people benefiting from water supply and wastewater services through system support interventions	Total	-	480,000	34,328	▲ 7%	-	-	-
Social protection								
Individuals in households with a person with disability reached with an emergency cash transfer	Total	-	100,000	33,264	▲ 33%	-	-	-
Rapid Response Mechanism								
People reached with rapid-response essential supplies	Total	-	300,000	151,169	▲ 50%	-	-	-
People reached with winterization supplies	Total	-	40,000	26,275	▲ 66%	-	-	-
Youth and Adolescents								
Adolescents and youth enrolled in formal and non-formal technical vocational training	Total	-	3,000	500	▲ 17%	-	-	-
Young people engaged in the emergency response through employment support services and income generation interventions	Total	-	1,000	20	▲ 2%	-	-	-
Food and non-food items produced by youth for emergency relief support	Total	-	150,000	1,500	▲ 1%	-	-	-
Adolescent and youth reached and engaged in the emergency response through volunteering, civic engagement, and PSS support	Total	-	20,000	386[6]	▲ 2%	-	-	-
Palestinian Programme								
Children accessing formal or non-formal education, including early learning	Total	-	5,000	150	▲ 3%	-	-	-
People receiving critical hygiene supplies	Total	-	15,000	3,200	▲ 21%	-	-	-

**Progress in the reporting period 2 - 18 March*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	5,060,000	127,699	-	440,000	4,492,301	89%
Nutrition	1,825,888	274,200	-	90,000	1,461,688	80%
Child protection and GBViE[7]	3,584,250	-	-	341,000	3,243,250	90%
Education	4,054,832	-	610,000	500,000	2,944,832	73%
WASH	20,771,600	100,000	-	786,000	19,885,600	96%
Social protection	2,625,000	500,000	-	-	2,125,000	81%
Adolescents/youth	2,658,667	-	1,581,490	-	1,077,177	41%
Field Operations and RRM[8]	5,463,867	300,000	-	439,761	4,724,106	86%
Palestinian Programme in Lebanon	820,250	-	-	600,000	220,250	27%
Cross-Sectoral (SBC, AAP, RCCE)	1,430,000	100,000	-	16,767	1,313,233	92%
Total	**48,294,354**	**1,401,899**	**2,191,490**	**3,213,528**	**41,487,437**	**86%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

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ENDNOTES

1. Disaster Risk Management Unit 16 March
2. MoPH 18 March
3. OCHA flash update 9 -https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-9-escalation-hostilities-lebanon-16-march-2026
4. Public Health Emergency Operation Centre,18 March 2026
5. This includes beneficiaries reached under the AaSalameh PHC community outreach programme as well as those reached through PSUs.
6. This includes the 21 youth that were trained to deliver activities and distribute adolescent kits along with the 365 children and adolescents in shelters reached.
7. This includes funds for prevention and response to gender-based violence in emergencies and for protection from sexual exploitation and abuse.
8. The field operations line item includes the Rapid Response Mechanism expansion, inclusive of in-country logistics for distribution and pre-positioning of supplies.