Children participate in the UNICEF Summer Catch-up Programme in Lebanon, which is supporting more than 50,000 children across the country to recover lost learning, and strengthen essential skills.

unicef for every child

Humanitarian Situation Report No. 5

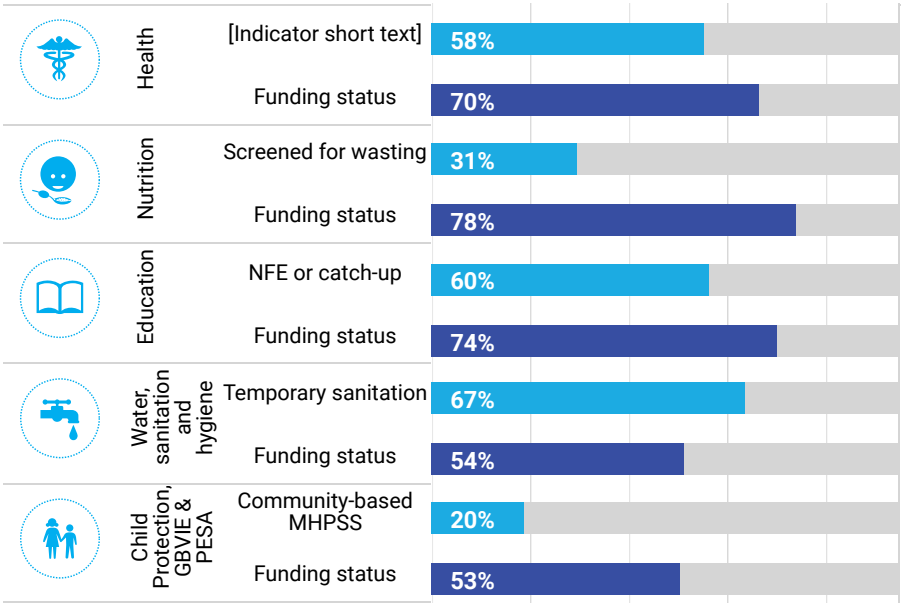
Reporting Period
July 2026

Lebanon

HIGHLIGHTS

- Despite the June ceasefire framework, the security situation remains volatile. Recurrent airstrikes, artillery shelling, and demolitions continue across the South and El-Nabatieh governorates, sustaining risks to population safety.
- By 31 July 2026, cumulative conflict casualties reached 4,333 people killed and 12,242 people injured, including 253 children killed and 1037 injured.[1]
- Acute food insecurity outcomes are projected to persist through January 2027 across conflict-affected areas. While commodities remain physically available in markets, weakened purchasing power, livelihood losses, and high fuel costs severely constrain access.
- More than 700,000 people face reduced access to safe drinking water due to extensive conflict-related damage to pumping stations and power grids.
- Funding shortfalls threaten programme continuity across key sectors. The largest gaps are in Social Protection (US$47.8 million unfunded), WASH (US$46.4 million), Education (US$33.5 million), and the Adolescent and Youth programmes (US$18.8 million).

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

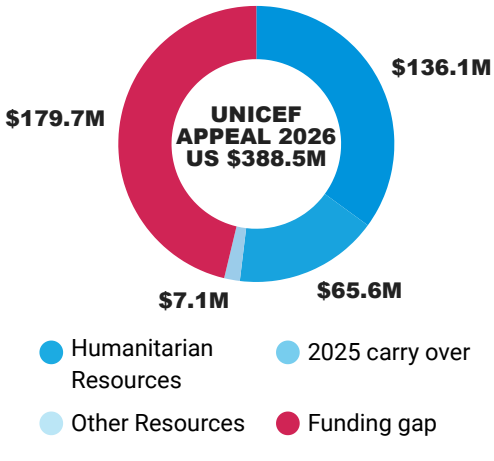
1,061,968
Children in need of humanitarian assistance[2]

2,990,000
People in need of humanitarian assistance[3]

253
Children killed in the conflict since 2 March 2026[4]

308,000
Children displaced by the conflict[5]

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 2026 Humanitarian Action for Children (HAC) appeal for Lebanon totals US$ 388.5 million, designed to reach 2 million people, including 700,000 children, in alignment with the Lebanon Response Plan (LRP) 2026 and the interagency Flash Appeal. As of 31 July 2026, UNICEF has mobilized US$ 208.8 million, representing 54 per cent of the total requirement. This includes US$ 136.1 million in new humanitarian contributions received during 2026, with the remainder sourced from prior-year carry-over allocations and other resources. The outstanding funding gap stands at US$ 179.7 million.

Despite these contributions, the financial landscape reflects uneven coverage across sectors. Four critical programme areas face severe underfunding. The largest gaps are in Social Protection (US$47.8 million unfunded), WASH (US$46.4 million), Education (US$33.5 million), and the Adolescent and Youth programmes (US$18.8 million). These funding shortfalls directly constrain the reach and depth of assistance to the most marginalized populations, and threatens the continuity of services for displaced and host communities, increasing exposure to disease and other public health risks.

The operating environment remains volatile. With more than 704,000 people displaced as of late July, compounded humanitarian risks persist. Fuel and maintenance constraints have reduced operation of public WASH systems, increasing reliance on unsafe water sources and raising the risk of waterborne disease outbreaks — particularly acute given overcrowded shelter conditions and reduced sanitation services. Simultaneously, heightened child protection vulnerabilities persist in overcrowded shelters, and educational continuity challenges remain as schools are damaged, or occupied by internally displaced persons. Predictable, multi-year funding commitments are critical to sustaining services through year-end and preserving the gains achieved thus far across all sectors.

UNICEF acknowledges the sustained commitment of donors including the European Commission, Governments of Australia, France, Germany, the Netherlands, Finland, Japan, the Republic of Korea, Switzerland, Canada, the United States and United Kingdom, UNICEF National Committees, the OCHA Central Emergency Response Fund, and other institutional partners. At the same time, UNICEF urges additional contributions to close the financing gap and ensure uninterrupted support for all children and families in Lebanon.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Despite a ceasefire framework established in June 26, 2026, the humanitarian situation in Lebanon remains volatile. Low-intensity hostilities persisted throughout July across southern border areas, including airstrikes, artillery shelling, demolitions, and land-clearing operations concentrated in Nabatieh, Bent Jbeil, Marjaayoun, and Tyre districts.[6] According to the Ministry of Public Health, cumulative conflict casualties reached 4,333 killed and 12,242 injured by July 31, 2026. Of these, children constituted 253 of those who were killed, and 1,037 of those injured.[7]

Population movements remain fluid, with high overall displacement alongside a slowing rate of returns. As of 29 July, an estimated 360,132 individuals remain internally displaced, with approximately 27,200 IDPs residing across 258 collective shelters.[8] Although roughly 821,077 people have begun returning to their areas of origin, returns remain highly uneven, precarious, and constrained by widespread damage to infrastructure and basic services, ongoing insecurity, and contamination by unexploded ordnance and explosive remnants of war.[9] [10] Concurrently, IDPs moving out of central governorates are increasingly concentrating in districts closer to their areas of origin, such as in Tyre, Nabatieh, and Bint Jbeil, without being able to access their homes. This secondary displacement is placing additional strain on already overstretched water, sanitation, health, education, and municipal services, increasing the risk of service interruptions and public health outbreaks in areas receiving large numbers of displaced families.

These disruptions have resulted in critical risks to children's health, learning, protection, and wellbeing. Over 352 public and private schools have been damaged or destroyed, affecting more than 100,000 students who risk missing the start of the 2026-27 school year. Concurrently, the safe transition of collective shelters, coupled with severe learning loss, high transport costs, and connectivity shortages, presents major obstacles to regular classroom reintegration, despite interim summer learning programmes reaching thousands of students.[11]

Underlying child survival and public health conditions continue to be at risk with municipal services being affected in conflict-affected areas. Damage to water infrastructure, combined with disrupted fuel supplies, maintenance constraints, and reduced operational capacity of water establishments, has affected the continuity, reliability, and quality of water services for conflict-affected populations.[12] In parallel, reduced servicing and desludging in Informal Tented Settlements across the Bekaa and the North, and damage to sanitation infrastructure, reduced desludging services, and inadequate wastewater management continue to heighten environmental contamination risks, particularly in displacement settings and vulnerable host communities. Water monitoring in Baalbek-Hermel identified fecal contamination in 72 per cent of tested water samples, sharply elevating the danger of waterborne illness for displaced children, acute diarrhoeal illness, malnutrition, and other preventable public health threats among displaced children.[13]

Strained healthcare access exacerbates these vulnerabilities, with 17 hospitals damaged, and 3 hospitals and 24 primary health care centers closed as of August 03, 2026.[14] Health sector partners have identified sustained pressure across essential health services. Critical shortages persist in medications for acute and chronic conditions, while damaged medical equipment requires replacement to maintain service delivery and continuity. Secondary healthcare capacity, particularly emergency care, obstetric services, neonatal and intensive care units, remains constrained. Mental health and psychosocial support services require significant expansion, especially for children and adolescents experiencing prolonged displacement and exposure to violence. Emergency medical services and ambulance networks have suffered infrastructure damage and require rehabilitation. For conflict-affected populations, rehabilitation services and assistive devices are urgently needed to support people managing war-related injuries and disabilities. War-wounded patients requiring ongoing surgical and reconstructive care face barriers to continuity of treatment, risking permanent disability and functional impairment.

Nutrition screening data (2025-2026) documented acute malnutrition risk in 5.7 per cent of children under five and pregnant and lactating women in informal tented settlements housing Syrian refugees, compared to 3 per cent in residential areas.[15] The disparity reflects compounded vulnerabilities including displacement, food insecurity, unsafe water sources, inadequate hygiene conditions, and inadequate access to infant formula, driving unsafe feeding practices.

Prolonged insecurity and displacement continue to intensify child protection and gender-based violence risks, including violence, abuse, exploitation, family separation, and psychosocial distress. Repeated calls for return and intermittent hostilities have prompted displacement reversals and unpredictable population movements that disrupt case management and mental health and psychosocial support continuity. Contamination from unexploded ordnance and explosive remnants of war poses severe risks to civilians.[16]

Overall, humanitarian and protection needs remain acute among displaced populations, returnees, and host communities. Key concerns include explosive ordnance contamination, barriers to accessing services, economic hardship, housing insecurity, documentation challenges, psychosocial distress, and heightened protection risks. Women, girls, children, older persons, and persons with disabilities remain particularly vulnerable. Declining household resources, rising living costs, and limited livelihood opportunities continue to erode coping capacities. Priority needs identified through recent consultations include reliable access to water, sanitation and hygiene services, restoration of electricity supply, rehabilitation of war-damaged schools ahead of the academic year, livelihood support, agricultural recovery assistance, mental health and psychosocial support, and strengthened municipal capacity to restore local services.[17]

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health in emergencies)

UNICEF continued to support the delivery of essential health services for women and children across Lebanon's public health system, including primary healthcare centres (PHCCs), community-based platforms, and public hospitals, while simultaneously strengthening health system capacities to promote sustainable and resilient service delivery. In close collaboration with the Ministry of Public Health (MoPH), UNICEF helped maintain the functionality of the primary healthcare network during periods of active hostilities, ensuring continued access to critical and life-saving services, particularly immunization and maternal and child health care, through both facility-based and outreach service modalities. At the same time, UNICEF invested in the long term system strengthening initiatives which included but were not limited to upgrades in the MOPH's digital health ecosystem in reference to Primary Health care, and the expansion of secondary healthcare of Kangaroo mothercare in 2 public hospitals. PHCCs remained the first line of response, reinforced through the activation and scale-up of Primary Healthcare Satellite Units (PSUs) and the expanded role of AaSalameh-supported centers.

Between January and July 2026, 1,384,591 children and women were reached through UNICEF-supported primary healthcare facilities, 240,374 children were vaccinated against vaccine-preventable diseases including measles, and 1,130 newborns and children received intensive healthcare services through UNICEF-supported hospitals.

In July 2026, 58 UNICEF-supported PSUs were operational across the country, providing 116,231 (Jan-July) beneficiaries with essential health services including consultations, basic treatment, and referrals out of which 3,453 women and children in shelters, host communities, and hard-to-reach areas were supported only in July. Immunization remained fully integrated into the emergency health response to mitigate the heightened risk of outbreaks associated with displacement and overcrowding, with 31,735 children vaccinated against vaccine-preventable diseases, including 8,497 reached with measles vaccination. To sustain emergency preparedness and service continuity, UNICEF continued to deliver essential medical supplies and medication to the Ministry of Public Health for distribution to needed health facilities. UNICEF continued to prioritize community-based care as a critical lifeline for vulnerable populations. Through the AaSalameh programme, 16,371 children received home-based services and follow-up, including 2,806 pregnant women who received antenatal care and 1,907 newborns visited within 7 to 60 days of delivery, facilitating early detection of risks and timely referrals. At the hospital level, UNICEF supported access to critical care services for vulnerable children by covering co-payments and service gaps. 225 children, including both Lebanese and Syrian patients, received neonatal and pediatric intensive care services across 11 public hospitals, ensuring access to life-saving treatment. Of these, 152 were Lebanese children. Additionally, through the Assistance and Care for War-Wounded and Affected Children programme (ACWA), 82 children continue to remain under active follow-up for surgical care and rehabilitation, and 90 children and caregivers continue to receive mental health and psychosocial support services, including through remote modalities where access remained constrained.

Water, Sanitation and Hygiene (WASH)

UNICEF has continued to sustain and expand WASH service delivery across Lebanon, covering water supply, wastewater management, and emergency hygiene response for displaced populations in collective shelters, informal tented settlements, and hard-to-reach communities. Across all settings, UNICEF's approach has prioritized system-level interventions to maintain functionality of public water and sanitation infrastructure alongside direct service delivery to the most vulnerable populations, including through child focused, gender-responsive, and disability-inclusive modalities.

Between January and July 2026, 2,500,000 people had access to sufficient quantity and quality of water for drinking and domestic needs through more than 217 repair and maintenance interventions at the water station level, ensuring continuity of supply for over 800,000 individuals including IDPs. This was complemented by the delivery of 300,000 liters of diesel to nine water stations across Bekaa and Beirut Mount Lebanon Water establishment, and 1,350,000 people were served by functioning wastewater treatment plants through 49 repair and maintenance interventions across seven wastewater treatment plants and 16 pumping stations, and 500,070 liters of diesel were delivered to eight wastewater treatment plants and 31 pumping stations in Bekaa, Baalbek, and the North.

In collective shelters, 58,464 IDPs were supported with WASH services in shelters, which included the rehabilitation of 83 internal showers and 73 internal latrines, the installation of 394 external prefab showers and 191 external prefab latrines, installation of 684 cubic meters of water storage tanks, the provision of 80,000 cubic meters of water through trucking, 2,000 cubic meters of desludging, and the distribution of 552 cleaning kits, with a minimum of 10 per cent of facilities operating in a disability-inclusive manner. In informal tented settlements (ITSs), UNICEF sustained essential WASH service delivery for more than 84,000 displaced Syrian populations through 103,800 cubic meters of trucked water and 50,285 cubic meters of desludging to maintain safe sanitation conditions.

In July 2026, UNICEF carried out more than 62 repair and maintenance interventions at the water station level, ensuring continuity of supply for over 700,000 individuals including IDPs.

On sanitation, UNICEF supported more than 21 repair and maintenance interventions across seven wastewater treatment plants and 16 pumping stations. More than 500,000 liters of diesel were delivered to eight wastewater treatment plants and 31 pumping stations in Bekaa, Baalbek, and the North, reaching more than

1,076,000 people including 206,000 IDPs.

In collective shelters, 10,000 IDPs were reached through these efforts, which included the rehabilitation of internal showers and internal latrines, the installation of external prefab showers and external prefab latrines, the provision of 9,310 cubic meters of water through trucking, and the distribution of cleaning kits, with a minimum of 10 per cent of facilities operating in a disability-inclusive manner. In informal tented settlements (ITSs), UNICEF sustained essential WASH service delivery for 43,782 displaced Syrian populations through 18,032 cubic meters of trucked water and 8,977 cubic meters of desludging to maintain safe sanitation conditions.

Despite these achievements, continued funding constraints pose significant risks to the sustainability of water production, wastewater treatment, and emergency WASH services. Rising operational costs, fuel requirements, infrastructure damage, and increased demands associated with displacement continue to place substantial pressure on service providers and humanitarian actors. Through its combined system-strengthening and emergency response approach, UNICEF helped sustain access to safe water and sanitation services for millions of people across Lebanon, including displaced populations, returnees, and vulnerable host communities. These interventions were critical in mitigating public health risks, preserving the functionality of essential municipal services, and protecting children's health and wellbeing amid continued displacement, infrastructure damage, and heightened seasonal pressures. Continued investment remains essential to sustain these gains and prevent further deterioration of critical WASH services.

Rapid Response Mechanism

UNICEF's Rapid Response Mechanism (RRM) continued to provide lifesaving assistance to populations affected by multiple waves of displacement, including families in hard-to-reach areas and people on the move. Between January and July 2026, UNICEF, through the RRM, reached 288,090 people including 100,832 children with essential non-food items (NFIs). This includes multiple distribution rounds of RRM packages to 248,790 IDPs across more than 378 shelters, including people on the move, populations in hard-to-reach areas, and 39,300 post-December 2024 new arrivals from Syria.

Following the renewed escalation in hostilities on 2 March 2026, UNICEF scaled up assistance to people on the move, and to populations in hard-to-reach areas despite severe access constraints and ongoing hostilities. Access was facilitated through 43 humanitarian convoys including joint WFP-UNICEF convoys to Tyre, Rmeich, Ain Ebel, Debel, Qlaya'a-Marjaayoun, Chaqra and Baraachite as well as a UNICEF-led convoy to Nabatieh reaching 26 villages in the Al Sheqif and Qlayaa Unions of Municipalities, Saida, Tyre, Palestinian camps and gatherings, Rmeich and Ain Ebel.

In July, UNICEF continued to provide assistance delivered to IDPs and returnees and post-December 2024 arrivals, which has cumulatively included 892,570 bottles of water, 77,340 family hygiene kits, 27,082 baby kits, 60,613 Laha kits, 3,764 packs of adult diapers and sanitary pads, and 1,820 boxes of high-energy biscuits for children aged six months and above and pregnant women. UNICEF also provided winterization support through the distribution of 42,043 children's clothing kits (of which 28,710 kits were for IDP response between March to April 2026) and 28,466 blankets. In parallel, approximately 4,900 families on the move in Beirut, Saida and Tyre received light RRM kits and bottled water to address immediate transit needs.

Nutrition

In close collaboration with the Government of Lebanon and nutrition sector partners, UNICEF continued to strengthen quality nutrition interventions and early childhood development (ECD) support throughout the first seven months of 2026. These efforts have focused on integrated service delivery across primary healthcare facilities, emergency nutrition programmes, and community-based platforms, with particular emphasis on displaced and food-insecure populations. Between January and July 2026, UNICEF reached 27,688 children under two with emergency food rations (SQ-LNS and complementary food) and micronutrient supplements, 27,017 children under five with fortified biscuits, and 22,416 pregnant and breastfeeding women (PBW) and adolescent girls with micronutrient supplements. Wasting screening identified 2,530 children requiring further nutrition support across this period representing approximately 3% of all children screened. Of those identified, 55% were classified as moderate acute malnutrition (MAM) and 45% as severe acute malnutrition (SAM). A total of 577 children were admitted to treatment programmes. The relatively low admission rate, particularly among children with MAM, is attributed to several contextual factors, including the prevailing security situation, displacement, and challenges in reaching and referring children for treatment, including among Syrian returnee populations. Cumulative reach through counselling and awareness sessions on infant and young child feeding (IYCF), nutrition and ECD totaled 74,324 caregivers of children under five. The national IYCF hotline received 1,233 calls since January, with 904 resulting in referrals for specialized support. A total of 1,117 frontline workers were trained to strengthen delivery of quality nutrition and ECD services, while the IYCF chatbot achieved 1,198 engagements. To strengthen growth monitoring and prevention of wasting, UNICEF provided anthropometric equipment to 21 hospitals through BFHI and wasting treatment programmes, and to 1,215 schools in collaboration with MEHE.

UNICEF expanded safe infant feeding and ECD support through 14 Mother–Baby and ECD Corners providing breastfeeding, counselling and early stimulation services. Distribution of 1,500 breastfeeding covers (of 2,000 procured) was completed, complemented by a Youth Cash-for-Work initiative producing an additional 1,000 covers. To date, 11,965 children aged 6–23 months affected by the emergency have been regularly reached with age-appropriate complementary feeding support, while 23,873 children have received high-energy biscuits. Procurement of 5,000 Baby Nutrition and ECD Kits and 3,000 Safer Breast Milk Substitute (BMS) Kits continued to support displaced families. The Safer BMS Kits were procured but have not yet been delivered and are intended to be provided following an individual assessment, targeting infants who cannot be breastfed, in line with IYCF-E guidance. In parallel, 29 IYCF counsellors from partner organizations were trained to ensure targeted, evidence-based support and provision in line with IYCF-E guidance.

In July 2026, UNICEF trained 89 additional frontline workers on nutrition and ECD, bringing cumulative training to 1,117 since January. The national IYCF hotline received 234 calls in July, of which 154 resulted in referrals for specialized support. Outreach expanded through in-person and digital platforms, reaching 17,300 caregivers of children under five in July alone, of which 2,320 received specialized IYCF counselling. In a new collaboration with food security partners, essential nutrition supplements were integrated with food assistance at two sites in North and Akkar, reaching 466 children under five and 78 PBW.

During July, UNICEF supported 58 active Primary Healthcare Satellite Units (PSUs) with nutritionists delivering life-saving services across 130 sites, while three PSUs suspended operations. Nutrition supplies were integrated into three humanitarian convoys to Debel/Ein Ebel, Chqif and Kalaa municipality unions, reaching more than 1,750 children under five and 716 PBW with limited access to essential services. Life-saving inpatient treatment for severe wasting remained available across designated facilities, except at Mashghara

Hospital in Bekaa, which operated on an emergency-only basis. In July, 12,153 children under two received emergency food rations and micronutrient supplements; 2,349 children under five received fortified biscuits, and 2,853 PBW and adolescent girls received micronutrient supplements.

Child Protection (CP) and Gender-Based Violence (GBV)

Prolonged insecurity and a fragile ceasefire continue to intensify CP and GBV risks, including violence, abuse, exploitation, family separation and psychosocial distress, while driving families towards harmful coping mechanisms. Repeated calls for an end to the conflict have prompted internally displaced persons (IDPs) to attempt to return to their villages of origin. However, some have subsequently returned to displacement locations due to continued restrictions on access to certain villages, particularly along the border, or limited availability of basic services in areas of return. These displacement cycles fracture continuity of care as children lose access to case management and mental health and psychosocial support as they move between locations, and providers struggle to maintain therapeutic relationships interrupted by repeated displacement. UNICEF and partners are adapting to reach displaced families through outreach and mobile services, while strengthening collaboration with municipalities and community networks to identify and support the most vulnerable children, particularly those outside collective shelters.

Between January and July 2026, 39,598 children, adolescents and caregivers were reached with community-based mental health and psychosocial support (MHPSS) through psychosocial support sessions delivered in collective shelters, community settings and detention facilities. These interventions provided structured group support, safe spaces and coping activities to address distress and strengthen resilience. Case management was provided to 742 children at risk or survivors of violence. Since the escalation began in March 2026, however, 68 unaccompanied and separated children (UASC) have been identified, of whom 42 were reunified with their families and 19 placed in alternative care arrangements. A total of 100,032 individuals were reached with Explosive Ordnance Risk Education (EORE), including 3,593 who participated in EORE sessions, either in person or online. These efforts were complemented by four digital EORE campaigns engaging around 1.5 million individuals nationwide, including in hard-to-reach areas.

UNICEF continued to support GBV prevention, risk mitigation and response services for women and girls across Lebanon, including in collective shelters and other displacement settings. By July 2026, UNICEF and its partners had reached 13,009 women and girls, including 2,288 through regular programming and 10,721 through the emergency response. This included 3,696 people reached with GBV risk mitigation and protection from sexual exploitation and abuse (PSEA) information, 7,447 through dignity kit distribution and 1,866 through GBV response services.

In July 2026 alone, 6,235 children and caregivers were reached through community-based mental health and psychosocial support sessions provided in collective shelters, community settings and places of detention nationwide. No new unaccompanied and separated children (UASC) were identified during this period. As for the GBV response during this month, 2,116 girls and women were reached through awareness-raising efforts and information-sharing on GBV risk mitigation and protection from sexual exploitation and abuse. Explosive ordnance risk education interventions reached 447 individuals with in-person and online sessions.

Displacement continued to heighten protection risks for women and girls, particularly those living in collective shelters, where overcrowding, limited privacy, inadequate lighting, insufficient sex-segregated WASH facilities and a lack of safe spaces remained key concerns. At the same time, the GBV information management system (GBVIMS) mid-year data for 2026 showed a 32 per cent decrease in reported incidents compared with the first half of 2025. However, this likely reflects reduced access to services, disrupted outreach and barriers to disclosure rather than a decline in GBV prevalence. Reporting trends continued to fluctuate alongside conflict dynamics, while psychological and emotional abuse remained the most frequently reported form of GBV.

Assessments related to returns to affected villages, particularly in West Bekaa, South and Nabatieh, as well as the southern suburbs of Beirut, indicate continued needs for mental health and psychosocial support for children and caregivers, alongside support for the longer-term recovery of children and families. Protection needs are expected to remain high as the start of the new school year remains uncertain. Many public schools continue to shelter IDPs, while others require significant rehabilitation before they can resume their intended use. Large numbers of IDPs also remain displaced and may face difficulties in committing their children to regular school schedules. In the meantime, sustained support throughout the summer months, when many children are without educational or other structured activities, remains a priority, together with expanded outreach beyond collective shelters and into hard-to-reach areas whenever possible.

Education

Since the start of the emergency, UNICEF has sustained access to education for children and youth across Lebanon, maintaining continuity of learning across formal, non-formal, and remote modalities despite widespread school closures and displacement. Between January and July 2026, UNICEF supported 348,628 students from kindergarten to grade 12 enrolled in public schools (of which 8,832 have special needs and have been supported across 180 inclusive schools), while 55,910 students in formal education benefited from retention support or complementary services, and 43,028 out-of-school children and youth accessed non-formal education or catch-up programmes in 45 operational Dirasa schools and 45 Makani centers.

In July 2026, as the school year has already ended, UNICEF and the MEHE initiated the planning for the summer school programme. The programme was mainly designed to support students who had studied online during the crisis to complete the required curriculum and address remaining learning gaps. Summer School officially started on 22 July 2026 across 190 public schools and 5 Temporary Learning Hubs (TLHs) with more than 50,000 children enrolled. The UNICEF Call and Learn hotline, deployed to support learning during the current emergency, provided academic support to 4,362 children through 37,115 calls in July, including 57 percent girls, 80 percent Lebanese, and 20 percent non-Lebanese children. Together, the hotline has reached more than 43,318 children since the start of the emergency. The majority of beneficiary children are in cycles 1 and 2 (67 percent), while 33 percent are in cycles 3 and 4. UNICEF is also supporting the MEHE to conduct engineering assessments of all war-affected public schools and TVET institutions around 290 institutions and a detailed technical assessment of 234 public schools, including those used as shelters during the emergency response, previously equipped with solar photovoltaic (PV) systems. The assessment is conducted to evaluate the operational status, functionality, efficiency, and maintenance needs of each installed system. The assessment findings will provide UNICEF and partners with a comprehensive evidence base to guide prioritization, planning, and efficient allocation of resources for solar rehabilitation interventions. By mid-July, UNICEF has completed the assessment visits for more than 25 schools, and reports have started to be shared by Consultancy firms for review.

Moreover, in July, UNICEF continued to support learning continuity and recovery through 127 operating education gateways, reaching 61,325 children across Dirasa schools, Makani centers, new guest schools and online learning modalities. Of the children reached, 25,325 (41%) were Lebanese and 36,000 (59%) non-Lebanese, while 27,696 (45%) were out of school children (OOSC) and 33,629 (55%) were in school children. Among in-school children, 71% were Lebanese and 29% non-Lebanese, with the majority enrolled in first shift schools (93%). Dirasa continued reaching and supporting 32,300 children (4% with disabilities) through 51 schools, while 45 Makani centers supported 23,000 (6% with disabilities) children and 27 new guest schools reached 5,100 children. In conflict-affected areas where in-person access remained constrained, online learning continued to provide an alternative pathway, including through four Dirasa schools reaching 925 children. In parallel, the summer learning programme reached 10,520 children through 67 Makani centers and new guest schools, including 5,171 Lebanese and 5.349 non-Lebanese children; 7,197 of these children were enrolled in public schools, including 4,588 first shift and 2,380 second-shift students. Access constraints nevertheless persisted, particularly in the southern suburbs of Beirut, South Lebanon and Nabatieh, where several Dirasa schools and Makani centers remained closed, requiring continued use and expansion of alternative and online learning modalities.

Social protection

UNICEF continued supporting the Government of Lebanon to strengthen an inclusive social protection system through policy dialogue, technical assistance, systems strengthening and programme implementation with the Ministry of Social Affairs (MoSA). Together with the International Labour Organization (ILO), UNICEF is supporting the development of the implementation of the National Social Protection Strategy (NSPS), the costing and financing framework, the monitoring framework and the governance arrangements.

The new escalation in March 2026 has however slowed down progress of implementation of the NSPS, but it has now resumed with a tentative timeline for completion by the end of the year. UNICEF also continued supporting MoSA to implement and expand the National Disability Allowance (NDA), Lebanon's flagship disability-inclusive social protection programme. In January 2026, the programme expanded to include non-Lebanese children with disabilities, followed in May by the inclusion of non-Lebanese older persons aged 65 years and above, aligning eligibility across all age groups. By the end of July, 39,83614 persons with disabilities (16% non-Lebanese) were receiving monthly cash assistance to help meet disability-related costs and improve access to essential services.

Following the conflict escalation in March, UNICEF, MoSA and ILO activated a shock-responsive expansion of the NDA using existing national systems. By the end of June, 15,790 (families with a person with a disability (around 66,471 individuals including 23,265 children) had received one-off US$ 100 emergency cash assistance to help cover urgent disability-related and basic needs with more families being added as funding becomes available, with further expansion in July and beyond contingent on additional funds. The response demonstrated the capacity of national social protection systems to scale up during crises and complemented the Government-led Shock Responsive Social Safety Net.

Work is progressing with MoSA, organizations of persons with disabilities and other stakeholders to develop more coordinated referral mechanisms connecting beneficiaries to health, rehabilitation, social, protection and livelihood services. These efforts aim to strengthen integrated service delivery and advance a more sustainable and inclusive social protection system that responds to the multidimensional needs of persons with disabilities and their families.

Youth and Adolescent Development

Between January and July 2026, under the Youth and Adolescent Development programme, 7,822 adolescents and youth were enrolled in formal and non-formal technical and vocational training, including entrepreneurship and digital skills; 3,141 young people were reached through employment support services and income generation interventions; and 4,217 adolescents and youth participated in volunteering, civic engagement, and psychosocial support activities.

Throughout July 2026, UNICEF continued to implement its Learning to Earning programme across Lebanon, maintaining continuity of learning, skills development, and economic engagement opportunities for young people despite an increasingly volatile context. A total of 54 youth were reached through youth basic literacy and numeracy programmes and 52 through functional skills and competency-based training. The Generation of Innovation Leaders initiative equipped 30 youth with entrepreneurship and business development skills and supported the establishment and funding of two youth-led startups.

During July, UNICEF and UNFPA resumed work on the National Youth Strategy (NYS) following its temporary suspension due to the conflict, through a series of meetings and follow-up discussions with the Ministry of Youth and Sports. In parallel, the final review of the Life Skills Package was completed, paving the way for its implementation in the upcoming phase.

In cooperation with TVET Directorate, UNICEF started the expansion of the TVET Pathway Plus program into private and public schools to reach out of schools young people across Lebanon. In parallel, the TVET Pathway Plus program certification is ongoing with TVET MEHE.

Palestinian Programme

Between January and July 2026, and following the closure of UNRWA shelters as internally displaced persons (IDPs) gradually returned to their villages, UNICEF's Palestinian Programme has continued to deliver essential services to Palestinian children, adolescents, and caregivers through host community interventions across Palestinian camps and gatherings.

During the month of July 2026, integrated multisectoral services, including Makani programming, were delivered through operational centers, reaching 3,000 children with combined education, child protection, health, and nutrition support, while enabling early identification and referral of vulnerable cases. Health, nutrition, and hygiene promotion sessions reached 1,296 children, adolescents and women, strengthening knowledge and practices related to personal hygiene, disease prevention, safe water use, and healthy behaviours in emergency settings.

Education support reached 1,000 children following learning assessments, with children grouped by academic level to enable targeted support. Retention learning programmes are ongoing for 300 children aged 6-14 years, focusing on foundational skills and learning recovery. In parallel, early childhood education is provided to 700 children aged 3–5 years through play-based and psychomotor approaches, supporting cognitive and social development. A total of 406 adolescents participated in life skills and healthy lifestyle sessions, 598 benefited from non-formal skills training, and 87 youth actively engaged in community-led initiatives, including supporting learning and recreational activities for affected children.

Child protection and psychosocial support remained central to the response. A total of 1,843 children accessed community-based

psychosocial support, providing safe spaces for expression and emotional relief. In parallel, 37 children received case management and specialized services. Preventive and awareness-raising activities reached 5,974 individuals through child protection and justice for children's sessions, promoting positive coping strategies. Adolescent and youth engagement contributed to resilience and social cohesion. Additionally, 1,695 adolescent girls participated in POWER4Girls emergency transformative life skills sessions. A total of 4,815 individuals were reached through awareness-raising activities on safe and accountable access to services, including PSEA and AAP sessions, providing information on available services and feedback and complaint mechanisms. In addition, over 100,000 Hygiene kits had been distributed across the Palestinian Camps and gatherings all over Lebanon.

Accountability to Affected Populations, Prevention of Sexual Exploitation and Abuse, Gender, and Disability Inclusion

For the reporting period, UNICEF's hotlines received 2,279 calls. The majority of feedback consisted of requests for information (59%), followed by complaints (30%), requests for assistance or services (5%), data subject requests (4%), and a small number of access, safety and security concerns and general perceptions or suggestions. Geographically, Mount Lebanon accounted for the highest share of calls (26%), followed by the South (18%), North (11%), Baalbek-El Hermel (10%), Bekaa (9%), Akkar (9%), El Nabatieh (8%), and Beirut (6%). The calls highlighted continued demand for information on education, youth and health services, as well as concerns related to child protection, WASH, disability-inclusive services and access to assistance. Several calls were received from women living in informal settlements in Akkar /North and Bekaa reporting suspected cases of scabies and diarrhea among residents and requesting water support , and septic tank emptying. In parallel, multiple calls were also received regarding the management of labor-intensive project managed by a vendor. These complaints were followed up with the relevant vendor to ensure that appropriate corrective measures are taken and that beneficiaries' requests are taken into consideration.

Key trends included increased youth engagement with feedback mechanisms, information gaps affecting caregivers of children with disabilities, barriers to accessing services among people not registered with UNHCR or who have lost refugee status, and continued reports of violence and protection risks. A cross-cutting concern was the fear of retaliation or loss of assistance when reporting complaints, underscoring the need to strengthen trust in feedback mechanisms, clearly communicate confidentiality and protection from retaliation, and ensure timely closure of the feedback loop.

Social and Behavioral Change (SBC), Risk Communication, Community and Digital Engagement

From January to July 2026, UNICEF strengthened community engagement and accountability systems through the establishment of the Community Engagement and Communication Sub-Working Group under the AAP coordination mechanism. The initiative aimed to harmonize multisectoral, evidence-based messaging and strengthen partners' capacities in community engagement, data and feedback collection, and accountability. During the reporting period, 1,290 frontline actors and community representatives enhanced their knowledge and skills in community engagement, AAP, PSEA, RCCE, HPV awareness, disability inclusion, and the prevention of harmful practices. Participation also reflected efforts to promote inclusion, with persons with disabilities represented across both genders and Lebanese and Palestinian nationalities (1 male and 4 females). While representation remained modest, this marks a positive step towards more inclusive participation in capacity-strengthening activities. These efforts contributed to stronger community-based systems supporting inclusive, protective and people-centered programming.

Across the reporting period, 39,481 people were reached with timely and life-saving information and informed about UNICEF-supported programmes through offline and one-way communication channels, including mime and clown performances in shelters and host communities promoting hygiene and healthy behaviours. In parallel, 47,089 people (over 60 per cent female and including children with disabilities) were engaged through participatory and bilateral approaches such as community dialogues, edutainment activities, games and drawing, interactive theatre, and storytelling. These interventions engaged caregivers, children, adolescents, displaced families, community volunteers, local representatives and host communities, and promoted key health and protective practices, immunization, hygiene, psychosocial well-being, social cohesion, prevention of sexual exploitation and abuse, and awareness of available reporting mechanisms.

Since the beginning of the escalation, 3,345 U-Reporters engaged with UNICEF's chatbot to access emergency-related information. More than half sought information on available services and hotlines, followed by child protection concerns and public information messages, including guidance on shelters, support for children with disabilities, and sexual exploitation and abuse reporting channels. In addition, 1.85 million people were reached through UNICEF's social media channels with mental health tips, information on assistance and care for war-wounded and affected children (ACWA), and other protective messages, as well as Programme information related to the emergency response, including Early Childhood Development, the cash programme, Learning to Earning for youth, and Laaha. These publications generated more than 18,500 engagements and 2.84 million impressions.

During July, UNICEF continued to strengthen community engagement and social and behavior change interventions through targeted participatory activities across communities, with 8,711 people participating in engagement actions during the month. Within July, 209 community members in Saida and Tyre participated in 12 engagement actions specifically focused on routine childhood immunization. These health-focused activities enabled participants to identify key barriers to vaccine uptake, including misinformation, vaccine-safety concerns, limited awareness of services, and transport and economic constraints, and to discuss practical community-led solutions. Pre- and post-session assessments showed an increase in correct responses from 78 per cent to 91 per cent, indicating improved knowledge of key immunization messages. Discussions also introduced HPV and cervical cancer prevention in preparation for future community engagement supporting HPV vaccine introduction.

Beyond these health-focused activities, UNICEF supported community engagement initiatives addressing disability inclusion, education, diversity, equal rights, and the reduction of stigma and discrimination against persons with disabilities. Under capacity-strengthening interventions, 58 frontline actors and community representatives strengthened their capacity to implement SBC and community-based interventions, with a particular focus on inclusion and disability destigmatization. Across programming, 32 SBC initiatives were conducted to prevent harmful practices affecting boys, girls, women and caregivers, reinforcing community-level efforts to promote protective practices and positive social and behavioral change.

Accountability and safeguarding remained integrated across community-based programming. During July, 12,643 children and adults had access to safe and accessible channels to report sexual exploitation and abuse and child safeguarding concerns, strengthening awareness of reporting pathways and access to mechanisms through which communities can safely raise concerns.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Lebanon Response Plan (LRP) 2026 shifted from a needs based to priority-based plan and response. The LRP budget decreased from US$2.9 billion in 2025 to US$1.62 billion in 2026 due to re-prioritization. The 2026 planning was guided by a “Humanitarian Reset” that aimed at streamlined coordination, more efficient implementation, better alignment with reduced funding and transition. In Lebanon, there was a reduction from 11 to nine sectors including: Health; Protection (including Child Protection & GBV); WASH; Education; Social Stability; Livelihoods; Shelter; Nutrition; and Basic Assistance/Multi-Purpose Cash. There is a move towards maintaining national coordination structures while gradually phasing out and reducing sub-national coordination and introducing sub-national coordination through the now functioning Operational Coordination Groups (OCG).

As per the huanitarian coordination architecture under the joint Lebanese Government - UN Steering Committee, UNICEF continues to lead the WASH, Education and Nutrition sectors and Child Protection Area of Responsibility working group and participates in the Health, Basic Assistance, Livelihoods, and Protection sectors, including the working groups on GBV, Gender, and Humanitarian Access. Due to the current humanitarian crisis, the Logistics and Telecommunication cluster was activated, in addition to the site Management Sub-Cluster activated under the Shelter Cluster, the AAP working group, and Gender in Humanitarian Action working group. In collaboration with the Disaster Risk Management Unit and the Lebanese Red Cross, UNICEF supports emergency preparedness and response planning across all governorates. The Emergency Response is coordinated through the Inter-Sector Coordination Group (ISCG). The Risk Communication and Community Engagement (RCCE) National Interagency Working Group is led by UNICEF to support stakeholders with community engagement, dissemination of key messages, social listening, and information, education, and communication materials. UNICEF has established a RCCE public repository of resources approved by the Government. As part of LRP returns chapter to support the voluntary returns of Syrians from Lebanon, UNICEF participates in the inter-agency Durable Solutions Working Group and Technical Group, and contributed to the inter-agency returns action plan which includes child protection case management, providing WASH facilities at staging areas, facilitating pre-departure vaccination and health screening, and advocating for the educational certifications of Syrian children.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

The communication efforts during July focused on highlighting the impact of the conflict on Education for the next school year following a nationwide assessment reveals 340 schools damaged or destroyed, placing children's learning, protection and recovery at risk. Human-interest stories and multimedia content continued to highlight the impact of the crisis on children's access to services. At the same time, programme-related information was disseminated to advocate on the importance of the return to school, volunteering, safe spaces for women , inclusive education and the importance of sports for young people to help them build confidence, connect with others, and thrive

These efforts generated over 400 media mentions and reached more than a million people across social media platforms.

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: OCTOBER 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)								
Children vaccinated against measles, Supplemental dose	Total	-	118,000	68,750	▲ 7%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	500,000	1.4 million	▲ 31%	-	-	-
Newborns and children receiving intensive healthcare services at UNICEF supported hospitals	Total	-	350	1,130	▲ 62%	-	-	-
Nutrition								
Number of children 6-59 months screened for wasting	Total	-	320,600	99,729	▲ 1%	320,622	99,729	▲ 1%
Number of caregivers of children 0-23 months receive infant and young child feeding counselling	Total	-	50,500	14,112	▲ 5%	90,967	23,520	▲ 4%
Number of children 6-23 months receiving micronutrient powder, small quantity lipid-based nutrient supplements, or ready-to-use complementary foods	Total	-	107,000	27,688	▲ 11%	107,753	27,688	▲ 11%
Education								
Out of school children and youth access non-formal education or catch-up programmes	Total	-	50,000	29,848	0%	145,711	43,028	0%
#Students in formal education benefitting from retention support or complementary services	Total	-	60,000	42,000	0%	65,900	55,910	0%
#Students (from KG to grade 12) enrolled in public schools and supported by UNICEF	Total	-	321,000	348,628	0%	403,048	348,628	0%
Social protection								
People reached in households receiving humanitarian multipurpose cash assistance	Total	-	157,500	66,471	0%	-	-	-
People with disabilities receiving cash assistance	Total	-	100,000	41,831	▲ 1%	-	-	-
Rapid Response Mechanism								
People reached with multi-sector essential supplies including for winterization	Total	-	-	-	-	-	-	-
People reached with rapid response winterization supplies	Total	-	-	-	-	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People participating in engagement actions for social and behavioural change	Total	-	50,000	44,723	▲ 17%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	300,000	121,831	▲ 4%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	2 million	2.5 million	▲ 25%	2.8 million	2.5 million	▲ 7%
Number of people assisted with temporary access to adequate quantity of safe water for drinking and water for domestic use (meeting sector standards)	Total	-	179,000	120,126	0%	200,000	261,567	▲ 10%
People assisted with temporary appropriate sanitation services (ITS + IDP)	Total	-	179,000	160,173	▲ 4%	200,000	211,567	▲ 7%
People served by functioning wastewater treatment plants	Total	-	1.3 million	1.4 million	0%	1.5 million	1.4 million	0%
Adolescents & Youth								
Adolescents and youth enrolled in formal and non-formal technical vocational training (including entrepreneurshipand digital skills)	Total	-	10,000	7,822	▲ 1%	-	-	-
Number of young people engaged through employment support services and income generation interventions	Total	-	11,000	3,141	0%	-	-	-
Number of adolescent and youth engaged and reached through volunteering, civic engagement and PSS support	Total	-	10,000	4,217	▲ 1%	-	-	-
Food and non-food items produced by youth for emergency relief support	Total	-	150,000	1.7 million	0%	-	-	-
Palestinian Programme in Lebanon								
Palestinian children, adolescents, and caregivers accessing community-based mental health and psychosocial support	Total	-	25,000	42,984	▲ 31%	-	-	-
Palestinian girls and boys enrolled in early childhood education interventions	Total	-	7,000	8,000	▲ 14%	-	-	-
	-	-	-	-	-	-	-	-
Child Protection, GBVIE & PESA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	198,815	39,598	▲ 3%	340,000	174,999	▲ 19%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	57,000	13,009	▲ 4%	300,000	196,333	▲ 11%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Individuals reached with Explosive Ordnance Risks Education	Total	-	87,000	100,032	▲ 1%	87,000	100,032	▲ 1%

**Progress in the reporting period July 2026*

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 (including public health emergencies)	20,000,000	8,984,583	-	5,098,671	5,916,746	30%
Nutrition	6,500,000	3,080,620	-	1,987,580	1,431,800	22%
Rapid Response Mechanism	8,000,000	2,899,992	-	3,457,610	1,642,398	21%
Child Protection and GBViE	21,176,000	7,479,706	3,653,590	-	10,042,704	47%
Social Protection	55,900,000	7,551,581	-	574,553	47,773,866	85%
Education	130,000,000	64,601,536	610,000	31,314,520	33,473,944	26%
Water, sanitation and hygiene	100,000,000	33,227,174	-	20,369,631	46,403,195	46%
Adolescents/youth	28,000,000	5,281,035	1,581,490	2,379,828	18,757,647	67%
Being Allocated	-	1,527,400	-	-	-	-
Palestinian Programme in Lebanon	16,600,000	1,222,516	1,303,221	-	14,074,263	85%
AAP, SBC, and PSEA	2,300,000	220,883	-	399,635	1,679,482	73%
Total	**388,476,000**	**136,077,026**	**7,148,301**	**65,582,028**	**179,668,645**	**46%**

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

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ENDNOTES

1. Ministry of Public Health, July 31, 2026

2. The People in Need and sector needs fi gures are from the Lebanon Response Plan (LRP) 2026. https://lebanon.un.org/en/309523-lebanon-response-plan-2026. The children in need figure is based on the number of children in need of child protection services according to the LRP 2026

3. The People in Need and sector needs figures are from the Lebanon Response Plan (LRP) 2026. https://lebanon.un.org/en/309523-lebanon-response-plan-2026

4. Ministry of Public Health, July 31, 2026

5. IOM Displacement Tracking, children is based upon estimates from the LRP population package for 2026

6. OCHA Flash Update No. 51, Escalation of Hostilities in Lebanon, 24 August 2026

7. Ministry of Public Health, July 31 2026

8. Lebanon Cash Working Group Situation Report #4, 31 July 2026

9. OCHA Lebanon Flash Update No. 47, July 2026

10. UNHCR Lebanon Flash Update No. 5, July 31, 2026

11. Gannet, Lebanon Crisis Situation Analysis, August 2026

12. OCHA Flash Update #47, Escalation of hostilities in Lebanon, 31 July 2026

13. Action Against Hunger. Syrian Refugees in Informal Tented Settlements: A Forgotten Protracted Crisis in Lebanon - Rapid Multi-sectoral Assessment in Key ITSs of Akkar, Baalbek-Hermel, and Bekaa Governorates - July 2026

14. Lebanon Health Sector Emergency Situation Report, Issue #20. August 3, 2026.

15. Syrian Refugees in Informal Tented Settlements: A Forgotten Protracted Crisis in Lebanon - Rapid Multi-sectoral Assessment in Key ITSs of Akkar, Baalbek-Hermel, and Bekaa Governorates - July 2026

16. OCHA Lebanon Flash Update August 2026

17. OCHA Flash Update No 51 August 2026