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"My memories are gone. I want to learn so my father can be proud of me." Khaled, 12 years old in Karantina, Beirut. UNICEF supports children across Lebanon following hostilities and displacement.

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Humanitarian Situation Report No. 6

Reporting Period
August - September 2026

Lebanon

HIGHLIGHTS

- Despite the June ceasefire framework, hostilities persisted in southern Lebanon, killing 261 children and injuring 1,058 children since March. Almost 330,000 people, including over 115,000 children, remain displaced, as destroyed homes and unexploded ordnance block returns.
- The new school year opened with schools damaged or used as shelters, putting children's safety and learning at risk, while returning families seek access to services in the South.
- In August and September, UNICEF reached 590,756 children and women through primary healthcare, vaccinated 36,066 children, sustained water supply for over 354,000 people and reached 151,598 people with explosive ordnance risk education.
- UNICEF helped launch the National Learning Recovery Programme, training around 10,000 teachers.
- The Lebanon Humanitarian Action for Children appeal was 55 percent funded, with the Social Protection and Palestinian programmes critically under-funded.

SITUATION IN NUMBERS

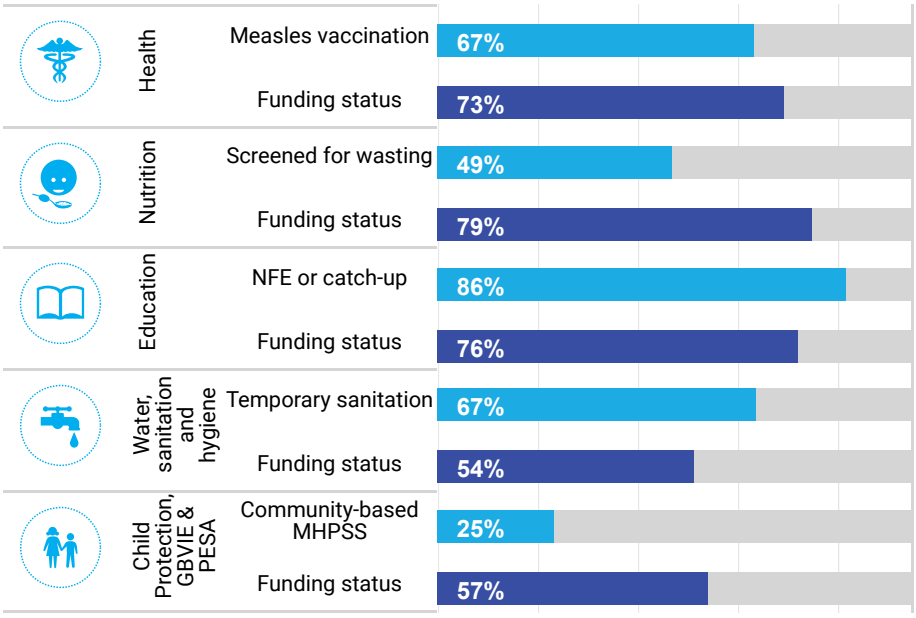
1,061,968
Children in need of humanitarian assistance[1]

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

261
Children killed in the conflict since 2 March 2026[3]

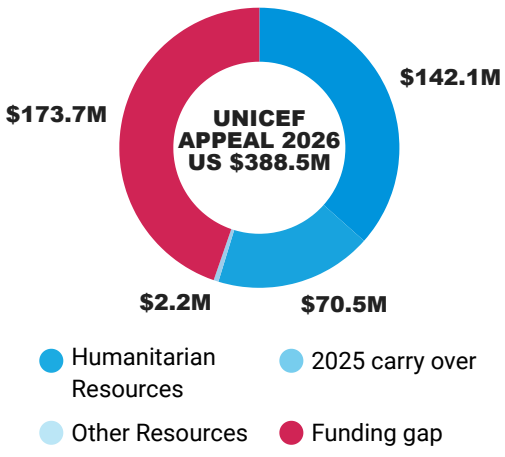
115,390
Children remaining displaced by the conflict[4]

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 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 30 September 2026, UNICEF has mobilized US$214.8 million, representing 55 per cent of the total requirement. This includes US$142.1 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$173.7 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$47 million unfunded), WASH (US$ 45.6 million), and Palestinian Programme (US$14 million unfunded). These funding shortfalls directly constrain the reach and depth of assistance to the most marginalized populations, including limiting the provision of services basic services in Palestinian camps and Informal Tented Settlements for Syrian refugees.

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 the ceasefire framework established in June 2026, the humanitarian situation in Lebanon remained fragile throughout August and September. Hostilities persisted across southern Lebanon, with recurrent airstrikes, artillery shelling, demolitions, and land-clearing operations concentrated in Nabatieh, Bent Jbeil, Marjaayoun, and Tyre districts. According to the Ministry of Public Health (MoPH), cumulative casualties reached 4,386 killed and 12,413 injured by September 26, 2026. Of these, 261 children were killed, and 1,058 were injured. In 2026, MoPH reports that 135 health workers have been killed and 416 injured, with 17 hospitals damaged due to the conflict.

According to IOM, as of the end of September 2026, almost 330,000 people remained internally displaced in Lebanon, including over 115,000 children. Over 13,000 displaced people were still living in 154 collective shelters, with under one percent of the remaining IDPs living in 'at-risk shelter conditions' including unfinished buildings, tents, parks, on the streets, or self-settled sites - in Mount Lebanon or the North.[5] Many families are unable to return safely due to widespread destruction of homes and public infrastructure, ongoing military operations, contamination by unexploded ordnance and explosive remnants of war, and limited access to essential services and trained personnel. Consequently, secondary displacement persisted, with many families relocating closer to their areas of origin, particularly in Tyre, Nabatieh and Bint Jbeil, overstretching even more water, sanitation, health, education, protection, social welfare and municipal services in areas where humanitarian actors face recurrent access constraints.

While more than 877,000 people have returned to their communities,[6] these families and their communities still need humanitarian assistance. Indeed, repeated displacement, worsening socioeconomic conditions, and prolonged disruption of livelihoods continued to erode household coping capacities, placing children and their caregivers at heightened risk of further harm, including negative coping strategies that may result in child labour, child marriage, and access to minimum acceptable diet. However, returns remained uneven, particularly in border villages and heavily damaged communities in the South and Nabatieh. Displacement and uncertain returns continued to heighten protection risks, particularly GBV[7] for women and girls, for those living in collective shelters, and those returning to their areas of origin where the availability and adequacy of services is not guaranteed. Child protection needs are expected to remain high with the start of a new school year as some areas remain under the threat of bombardment, some educational facilities continue to serve as collective shelters, and a considerable number of schools have resumed operations despite dire needs for rehabilitation. Explosive remnants of war, alongside other security concerns, housing destruction, and limited basic services constrain sustainable returns.

Humanitarian needs remain significant in hard-to-reach areas in the South of Lebanon, particularly in parts of Bint Jbeil, Marjayoun, Zahrani and Iqlim El Tuffah. Priority concerns include lack of access to services – including health, nutrition, water and schools, psychological distress, family separation, and child labour. In these areas, GBV risks also require continued attention, particularly for displaced women and girls facing barriers to safe and confidential services.

The almost 855,000 Syrian refugees remaining in Lebanon continue to face worsening socioeconomic conditions. Recent assessments indicate deteriorating food security, increasing reliance on negative coping strategies including child labour in hazardous conditions, with more than half of the households remaining below the Survival Minimum Expenditure Basket.[8] Rising debt, limited livelihood opportunities, and obstacles to access basic services such as health, water and education are further exacerbating vulnerabilities for both refugees and host communities.

Lebanon hosts approximately 231,000 Palestine refugees across 12 camps and 42 gatherings, including around 209,000 Palestine refugees from Lebanon (PRL) and 22,000 Palestine refugees from Syria (PRS). Around 80 percent of Palestine refugees live below the national poverty line, with limited employment opportunities, and 56 percent are excluded from legal paid employment. Wasting affects 4 percent of Palestinian children and over 9 percent of pregnant and lactating women, with 80 percent of Palestinian children aged 6–23 months not receiving the minimum acceptable diet. Over 41 percent of Palestinian households experience food insecurity, while 90 percent of young children experience child food poverty. Palestinian children face risks including child labour, exploitation, violence and abuse. Palestinian refugee camps face security challenges, violence, and inadequate infrastructure, affecting the safety and well-being of residents, particularly children. Palestine Refugees from Syria face additional challenges related to poverty, residency, civil documentation, movement, and access to employment and education.

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 a functional 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 long-term system strengthening initiatives, including upgrades in the MOPH's digital health ecosystem in reference to primary healthcare, and the expansion of secondary healthcare of Kangaroo mother-care in two public hospitals.

PHCCs remained the first line of response, reinforced through the Primary Healthcare Satellite Units (PSUs) and the expanded role of AaSalameh-supported centers, including for community outreach. Between January and September 2026, over 1.6 million children and women were reached through UNICEF-supported primary healthcare facilities of whom 590,756 were reached between August and September. In 2026, 1,579 newborns and children received intensive healthcare services through UNICEF-supported hospitals. In August and September 2026, 47 UNICEF-supported PSUs operated across the country, providing essential health services including consultations, basic treatment, and referrals to 41,271 beneficiaries.

Immunization remained fully integrated into the emergency health response to mitigate the heightened risk of outbreaks associated with displacement and overcrowding. Between January and August, 276,440 children were vaccinated against vaccine-preventable diseases, including measles, between January and August. In August alone 36,066 children vaccinated against vaccine-preventable diseases, including 9,990 reached with measles vaccination.

To sustain emergency preparedness and service continuity, UNICEF continued delivering essential medical supplies and medication to the MoPH for distribution to needed health facilities. Through the AaSalameh programme, 34,361 children received home-based services and follow-up, including 5,980 pregnant women who received antenatal care and 4,085 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[9] and service gaps. In 2026, 448 children (332 Lebanese and 116 Syrian patients) received neonatal and pediatric intensive care services across 11 public hospitals, ensuring access to life-saving treatment.

Additionally, through the Assistance and Care for War-Wounded and Affected Children programme (ACWA), in collaboration with Child Protection Section, 83 children continue under active follow-up for surgical care and rehabilitation, and 110 children and caregivers continue to receive mental health and psychosocial support services (MHPSS). Furthermore, 60 children were assessed for traumatic brain injuries, and their medical treatment plans were developed for them to access rehabilitation, speech therapy, MHPSS, and neurological services.

Water, Sanitation and Hygiene (WASH)[10]

UNICEF 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 continued to prioritize system-level interventions to maintain the 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 September 2026, 2.85 million people had access to a sufficient quantity and quality of water for drinking and domestic needs through more than 247 repair and maintenance interventions at the water station level. This was complemented by the delivery of 300,000 liters of diesel to nine water stations across Bekaa and Beirut Mount Lebanon Water Establishments. During August and September 2026, UNICEF carried out more than 30 repair and maintenance interventions at the water station level, ensuring continuity of supply for over 354,217 individuals, including IDPs.

In parallel, in 2026, 1.35 million people were served by functioning wastewater treatment plants through 77 repair and maintenance interventions across seven wastewater treatment plants and 16 pumping stations, while 700,000 liters of diesel were delivered to eight wastewater treatment plants and 31 pumping stations across Bekaa, Baalbek, South, Beirut and the North. In August and September, UNICEF supported more than 28 repair and maintenance interventions across seven wastewater treatment plants and 16 pumping stations. More than 200,000 liters of diesel were delivered to eight wastewater treatment plants and 31 pumping stations across Bekaa, Baalbek, South, Beirut and the North, reaching more than 1 million people, including 206,000 IDPs.

In collective shelters in 2026, 61,892 IDPs benefitted from WASH services, including the rehabilitation of 84 internal showers and 74 internal latrines, the installation of 395 external prefab showers and 191 external prefab latrines, with gender-sensitive considerations incorporated to enhance safety, privacy and the prevention of GBV. Interventions also included the installation of 686 cubic meters of water storage capacity, the provision of more than 102,000 cubic meters of water through trucking, 2,710 cubic meters of desludging, and the distribution of 606 cleaning kits, with a minimum of 10 per cent of facilities operating in a disability-inclusive manner. In August and September, these WASH interventions reached 12,542 IDPs, including through the rehabilitation of showers and latrines, the installation of external prefab showers and latrines, the provision of 18,220 cubic meters of water through trucking, 587 cubic meters of desludging, and the distribution of 35 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 112,629 Syrian refugees in 2026 through 123,000 cubic meters of trucked water and 60,416 cubic meters of desludging to maintain safe sanitation conditions. During August and September, UNICEF sustained essential WASH service delivery for 72,394 Syrians by providing 19,579 cubic meters of trucked water and 10,131 cubic meters of desludging to maintain safe sanitation conditions.

Despite these achievements, continued funding constraints, with a current funding gap of 46 per cent, 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 continued to sustain access to safe water and sanitation services for millions of people across Lebanon, including displaced populations, returnees, and vulnerable host communities. These interventions remain critical to 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 pressures on essential services. 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) remained a critical lifeline for populations affected by repeated displacement, especially by providing lifesaving assistance to families in hard-to-reach areas and people on the move. Between January and September 2026, UNICEF supported 288,090 people, including 100,832 children, with essential non-food items (NFIs). This included repeated distributions of RRM packages to 248,790 IDPs living in more than 378 collective shelters, as well as support for people on the move, isolated communities, and 39,300 Syrians who arrived after December 2024.

Following the escalation of hostilities on 2 March 2026, UNICEF further scaled up its operational response despite persistent insecurity and significant access constraints. Humanitarian access was facilitated through 57 humanitarian convoys, including joint WFP-UNICEF missions. These missions enabled assistance to reach 152 villages through 29 sites across Tyre, including Palestinian camps and gatherings, Arkoub, Al Sheqif and Qalaa Unions, Rmeich and Ain Ebel, Borj Al Molouk, Marj Al Khoh, Debel, Qlaya'a–Marjaayoun, Chaqra, and Baraachite, extending humanitarian support to communities otherwise facing severe access limitations.

Over August and September 2026, UNICEF provided 16,721 bottles of water, 4,589 family hygiene kits, 2,491 baby kits, 1,648 Laha kits, 200 packs of adult diapers and sanitary pads, and 129 boxes of high-energy biscuits for children aged six months and above and pregnant and breastfeeding women to IDPs, returnees and Syrians arrived after December 2024. In parallel, around 20,280 families of Syrian refugees in Lebanon returning to Syria received light RRM kits to meet their immediate needs during their journey.

Nutrition

During the first nine months of 2026, UNICEF, with the Government of Lebanon strengthened integrated nutrition and early childhood development (ECD) services across healthcare and community platforms, prioritizing displaced and food-insecure families. UNICEF reached 40,260 children under two with emergency food rations (SQ-LNS and complementary food) and micronutrient supplements, 32,169 children under five with fortified biscuits, and 35,038 pregnant and breastfeeding women (PBW) and adolescent girls with micronutrient supplements. Of those reached, 61 percent of children and 20 per cent of women and girls had been affected by the recent escalation.

Wasting screening identified 6,224 children requiring further nutrition support in 2026 out of 158,691 children screened. Of these children, 39 per cent had moderate wasting, 31 per cent had severe wasting, and 30 per cent were infants at risk of poor growth and development. Treatment programmes admitted 1,851 children, of whom 42 per cent were infants at risk. Insecurity, displacement and access barriers continued to constrain treatment uptake.

In August and September, six humanitarian convoys delivered nutrition supplies to 25 villages in South and Nabatieh governorates, reaching over 2,774 children under five and 1,025 PBW with limited access to services. During the same period, 12,572 children under two received emergency food rations and micronutrient supplements, 5,152 children under five received fortified biscuits, and 12,622 PBW and adolescent girls received micronutrient supplements.

Since August 13 PSUs suspended nutrition operations, reducing the UNICEF-supported network staffed with nutritionists delivering life-saving nutrition services to 47 PSUs, with the reduction partly driven by funding constraints and partly by the closing of collective shelters. Inpatient treatment for severe wasting resumed at Mashghara Hospital in Bekaa and continued at other designated facilities. UNICEF trained 206 frontline workers on nutrition and ECD, bringing the total to 1,323 since January. Nutrition support through PSUs is being adjusted in line with evolving needs and displacement patterns, including the closure of several collective shelters. To ensure continuity of nutrition services and address response gaps, UNICEF continues to rely on regular PHCC outreach services, partner-led outreach, and increased engagement in humanitarian convoys to reach underserved populations.

Cumulative reach through counselling and awareness on infant and young child feeding (IYCF), nutrition and ECD totaled 115,404 caregivers of children under five. The national IYCF hotline received 1,791 calls since January, with 1,322 resulting in referrals for and access to specialized support, with these cases closed post-referral. The IYCF chatbot achieved 1,202 engagements.

To strengthen growth monitoring and prevention of wasting, UNICEF extended anthropometric equipment support to 62 UNRWA schools, complementing earlier provision to 21 hospitals and 1,215 public schools. Over 2,000 breastfeeding covers were distributed, while a Youth Cash-for-Work initiative produced another 2,090 to improve privacy in crowded settings. Distribution continued towards targets of 5,000 Baby Nutrition and ECD Kits and 3,000 Safer Breast Milk Substitutes (BMS) Kits, with the latter provided following individual assessment to infants who cannot be breastfed, in line with IYCF-E guidance.

In August, UNICEF and MoPH launched the World Breastfeeding Week National Campaign and, with WHO and the World Bank, the National IYCF Capacity Building Programme. This programme strengthens community and healthcare workers' feeding counselling skills through standardized tools, including UNICEF's Community IYCF Counselling Package and a recipe booklet developed with the NGO IOCC promoting affordable, nutritious diets for children under two. The campaign reached 400,000 people, and generated 353,000 video views.

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



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Khaled 7 years old, Aya 4, and Zahraa 2 - Karantina, Beirut. UNICEF and partners are providing services including psychosocial support, while helping children recover from violence and displacement.

The prolonged displacement of some IDPs and the fragile return of others required continued and adapted CP and GBV support to respond to violence, abuse, family separation, and psychosocial distress, among other overlapping deprivations. Fluid displacement cycles fractured continuity of care as some children lost access to case management and MHPSS while moving between locations, and case workers struggled to maintain access to beneficiaries to provide the necessary care and follow-up. Child Protection partners are progressively resuming activities in accessible areas, including in some Makani or community centers. In contexts where the availability of child protection and social welfare services and available and resourced social service workforce was limited even before the conflict, the ability of government, NGOs and CSOs to meet the immediate and longer-term needs remains a challenge.

Displaced families residing with host communities, relatives or in rented accommodation remained less visible to conventional shelter-based responses. UNICEF and partners adapted implementation modalities to reach displaced families and intensified outreach efforts, particularly outside collective shelters. Outreach through municipalities, Social Development Centres (SDC), schools, community focal points and mobile teams was used, with municipalities proving to be the most effective modality for the identification of IDPs outside shelters. Between January and September 2026, 48,778 children, adolescents and caregivers received community-based psycho-social support (CBPSS). As collective shelters progressively closed and displaced families returned to their areas of origin, UNICEF partners continued providing services in remaining open shelters and through community centres, supporting continuity of care for families affected by displacement and ongoing uncertainty. Community-based activities provided structured opportunities for play, self-expression, and peer connection, strengthening coping skills and helping caregivers to better support their children's wellbeing. These interventions were complemented by focused psychosocial support (FPSS) benefiting 4,244 children requiring more targeted, structured support to address emotional distress and difficulties in daily functioning, including 625 children supported as part of the emergency response. Across both approaches, identification and referral for case management remained integral to connecting children with additional child protection and specialized mental health services. In August and September 2026, 9,180 children and caregivers were reached through CBPSS sessions provided in collective shelters and community settings nationwide (88 per cent children and 12 per cent caregivers). Of those reached, 19 per cent of the children and 27 per cent of the caregivers are being provided with FPSS.

Case management was provided to 766 children at risk or survivors of violence, with 46 per cent of cases in the South and Nabatieh. The main risks involved child labour, emotional abuse, violence at home, children in conflict with the law, and neglect. Since the escalation began in March 2026, 68 unaccompanied and separated children (UASC) have been identified, of whom 42 were reunified with their families and 19 placed in alternative care arrangements and are being followed up by trained social workers for case management and referral to specialized services including MHPSS, medical, and legal support.[11]

In 2026, 568,722 individuals were reached with Explosive Ordnance Risk Education (EORE), including 4,718 who participated in either in-person or online sessions, including 2,506 children (1,291 girls and 1,215 boys) and 2,212 adults (1,568 women and 644 men) - others were reached with information, education and communication materials. These efforts were complemented by six digital EORE campaigns engaging around 2.4 million individuals nationwide, including in hard-to-reach areas. In August and September, EORE interventions reached 326,500 individuals, including approximately 1,598 individuals reached through in-person and online sessions, of whom 1,361 were children (698 girls and 663 boys) and 237 were adults (146 women and 91 men). The remaining reach was primarily achieved through the distribution of EORE materials.

By September 2026, UNICEF and its partners had reached 20,216 women and girls with interventions to address Gender Based Violence (GBV) and the Prevention of Sexual Exploitation and Abuse (PSEA), including 12,065 women and girls reached during the escalation. In 2026, 8,974 people were reached with GBV risk mitigation and PSEA information, 7,752 through dignity kit distribution (58 per cent women and 42 per cent adolescent girls) and 3,490 through GBV response services (of whom 96 per cent are women and girls).

Through the GBV response in August and September, 2,537 girls and women were reached through awareness-raising and information-sharing on GBV risk mitigation and PSEA. UNICEF, through its partners, collaborated with other sectors including WASH, shelter, and education, to ensure actions are taken to address the GBV risks observed through the safety audits, which include actions such as proper segregation of latrines, showers, and privacy upgrades in shared rooms. In addition, UNICEF worked with other sectors to integrate gender-transformative youth-led initiatives, including emergency sessions for displaced girls that equip them with critical information and skills to navigate daily challenges and risks, alongside the distribution of Laaha dignity kits.

In August and September, three UNICEF CP and GBV partners continued operating in 14 out of 151 shelters nationwide, while most Child Protection Sector partners focused their efforts outside shelters where more than 80 percent of IDPs were settled. Activities inside shelters aligned with Government guidance[12] , while a full package of CP and GBV services continued to be offered outside shelters.

Education

In 2026, including throughout 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. In 2026, UNICEF supported 348,628 students from kindergarten to grade 12 enrolled in public schools (of whom 8,832 have special needs and have been supported across 180 inclusive schools), while 56,352 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 (out of whom 5,506 were children with disabilities) in 45 operational Dirasa schools and 60 Makani centres.

As an immediate learning recovery intervention, UNICEF supported the Ministry of Education and Higher Education (MEHE) in implementing the 2026 Summer School Programme which was completed by end August, reaching 56,727 children (65 per cent Lebanese, 35 per cent non-Lebanese, including 52 per cent girls) through a six-week programme delivered across 273 learning locations, including public schools, teaching and learning hubs, Makani centres and guest schools.

In September 2026, the MEHE issued an official memo setting the morning shift to start on September 15 and another memo on registering non-Lebanese students in public schools. Additionally, a request was submitted to the Cabinet for a waiver allowing undocumented non-Lebanese children to begin attending the second shift in October.

Also in September, MEHE launched the National Learning Recovery Programme (NLRP) with UNICEF support, marking an important transition from short-term catch-up interventions to a structured, nationwide learning recovery approach. NLRP targets grades 2–6 and 9–12, and integrates Teaching at the Right Level (TaRL) for Grades 3 and 4. Approximately 10,000 teachers participated in preparatory training, while national diagnostic assessments were conducted in first-shift schools on 22–24 September, with second-shift assessments planned for October.

The UNICEF Call and Learn hotline, deployed to support learning during the summer school catch-up programme, provided academic support to 324 children through 13,127 calls in August (63 per cent Lebanese, 37 per cent non-Lebanese children, including 71 per cent girls). The hotline has reached more than 43,564 children since the emergency began. The majority of beneficiary children are in cycles 1 and 2, while 38 per cent are in cycles 3 and 4.

Phase 1 of the education sector Leadership Development Programme was completed in September, reaching 634 directors, including 16 center directors for the MEHE Centre for Educational Research and Development (CERD), who received leadership training, contributing to strengthening leadership capacities and school management across the education sector.

UNICEF continued to support learning continuity and recovery through 142 operating education gateways, reaching by September 55,473 children across Dirasa schools, Makani centers, new guest schools and online learning modalities (48 per cent Lebanese, 52 per cent non-Lebanese, 36 per cent out-of-school children and 64 per cent in-school children). Through these complementary learning pathways, UNICEF maintained access to structured learning, foundational education, psychosocial support and recreational activities for vulnerable children, including those affected by displacement and disruptions to formal schooling.

At the same time, UNICEF advanced preparations for the 2026-2027 Dirasa academic year, working closely with implementing partners and participating schools to finalize implementation arrangements, conduct outreach and identify eligible children, and prepare for the timely resumption of learning activities, with a continued focus on reaching out-of-school children and providing them with access to education.

Social protection

UNICEF continues to support the Government of Lebanon in strengthening an inclusive social protection system through policy dialogue, technical assistance, systems strengthening and programme implementation. Working closely with the Ministry of Social Affairs (MoSA) and the International Labor Organization (ILO), UNICEF is supporting the implementation of the National Social Protection Strategy (NSPS), with a focus on finalizing the costing and financing framework, monitoring framework and governance arrangements.

UNICEF continues to support MoSA to implement and expand the National Disability Allowance (NDA), Lebanon's flagship disability-inclusive social protection programme that is disbursed monthly to help meet disability-related costs and improve access to essential services. The programme has expanded significantly in 2026 from approximately 33,000 persons with disabilities at the end of 2025 (9 per cent non-Lebanese) to around 39,000 in June 2026, and increasing to 41,382 persons with disabilities (17 per cent non-Lebanese) redeeming their assistance in September. This represents an increase of approximately 2,400 beneficiaries since June, an overall increase of 20 percent since the end of 2025.

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 a one-off US$100 cash transfer to help cover urgent disability-related and basic needs. In mid-September, additional funding was secured to further expand the response to around 7,000 families. The response has demonstrated the capacity of national social protection systems to scale up during crises and complemented the Government-led Shock Responsive Social Safety Net.

Youth and Adolescent Development

Between January and September 2026, under the Youth and Adolescent Development programme, 8,754 adolescents and youth were enrolled in formal and non-formal technical and vocational training, including entrepreneurship and digital skills, and 6,478 young people were reached through employment support services and income generation interventions. In this period, 9,796 adolescents and youth participated in volunteering, civic engagement, and psychosocial support activities.

Throughout August and September 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. 107 youth were reached through youth basic literacy and numeracy programmes and 438 through functional skills and competency-based training, of whom 132 completed work-based learning. The Generation of Innovation Leaders initiative equipped 308 youth with entrepreneurship and business development skills and supported the establishment and funding of 18 youth-led startups. Following the 3-month tracer study completed in August, 209 youth have found job opportunities.

In August and September, 135 youth were reached with Life Skills packages, with 77 engaging in youth-led initiatives.

To support the reintegration of youth returning to Syria, UNICEF launched the Skills for Home track, which supports Syrian youth in Lebanon considering voluntary return by preparing them for a potentially more sustainable transition through skills development and livelihood support before return. Under this component, 80 youth have completed the competency-based training (CBT), while an additional 20 are currently in training. Among those who completed CBT, 35 have subsequently completed the Cash for Work (CfW) component, and 40 have enrolled in advanced training, after which they will transition to CfW. Current training courses are focused on the agri-food sector.

Following the restructuring of the formal TVET education framework, and with technical support from UNICEF, the TVET Directorate formally adopted the UNICEF-developed TVET Pathway in September as the Basic Professional (BP1 and BP2) levels. The pathway provides out-of-school adolescents who dropped out of

general education in Grades 5 or 6 with an opportunity to transition into the formal TVET system.

Palestinian Programme

From June 2026, following the closure of UNRWA shelters, as IDPs gradually returned to their villages and the acute phase of the emergency ended, the UNICEF Palestinian Programme continued its post-emergency response to address the ongoing needs of children, adolescents and caregivers who live in the Palestinian camps and gatherings across Lebanon. Recognizing that the end of the immediate emergency did not mean an end to its impact on affected communities, UNICEF maintained the delivery of essential services through host community interventions across Palestinian camps and gatherings, with a focus on continuity of services, recovery and addressing the remaining vulnerabilities of children and families.

During August and September, integrated multi-sectoral services, including Makani programming, were delivered through operational centers, reaching 5,000 children in the Palestinian camps and gatherings with combined education, child protection, health, and nutrition support, while enabling early identification and referral of vulnerable cases. Health and nutrition awareness sessions reached 527 children, adolescents, and women, supporting improved hygiene practices and health behaviors in emergency conditions.

Education support reached 2,500 children following learning assessments, with children grouped by academic level to enable targeted support. Retention learning programmes are ongoing for 900 children aged 6-14 years, focusing on foundational skills and learning recovery. In parallel, early childhood education is provided to 1,600 children aged 3–5 years through play-based and psychomotor approaches, supporting cognitive and social development.

Adolescent and youth programming remained an important component of the response. 422 adolescents participated in life skills and healthy lifestyle sessions, 1,110 adolescents and youth benefited from non-formal skills training, and 73 youth actively engaged in community-led initiatives, including supporting learning and recreational activities for affected children. In addition, 646 adolescents and youth have been engaged in or led civic engagement initiatives.

Child protection and psychosocial support remained central to the Palestinian response. 7,858 children accessed CBPSS, providing safe spaces for expression and emotional relief. In parallel, 192 children received case management and specialized services. Preventive and awareness-raising activities reached 5,132 individuals through child protection and justice for children's sessions, promoting positive coping strategies.

Adolescent and youth engagement contributed to resilience and social cohesion, with 398 adolescent girls participating in POWER4Girls emergency transformative life skills sessions. 13,665 individuals received awareness-raising activities on safe and accountable access to services, including PSEA and AAP sessions, providing them with information on available services and feedback and complaint mechanisms.

In addition, UNICEF distributed over 60,000 hygiene kits across the Palestinian camps and gatherings in the South of Lebanon. This continued package of interventions reflected UNICEF's commitment to maintaining essential services beyond the immediate emergency phase, responding to the residual impacts of displacement and conflict, and facilitating the transition from emergency response towards recovery while continuing to address the needs of vulnerable Palestinian children, adolescents and families.

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

From January to September 2026, UNICEF hotlines recorded 59,840 calls, including 2,137 records in September. September data provided insights into the current concerns and information needs of affected communities: 68 per cent of callers were Lebanese, while 27 per cent were Syrian and Palestinian. Requests for information accounted for 59 per cent of feedback, while complaints represented 29 per cent. Callers were 55 per cent male and 45 per cent female. In response to the high demand for information, UNICEF continued to update its questions and answers (Q&As) to provide communities with timely and accurate information on assistance programmes, eligibility criteria, registration processes and available support. These efforts take place amid a rapidly evolving national context, including short-term funding cycles with limited longer-term visibility.

Community feedback directly informed programme adaptations, including: i) recommendations to link persons with disabilities no longer receiving cash assistance to Youth Cash-for-Work opportunities as part of the phase-out plan, ii) develop an AAP framework for Cash-for-Work WASH vendors, and iii) strengthen communication with people engaged in UNICEF-supported programmes to ensure they are aware that job opportunities are free of charge.

In parallel, UNICEF continued contributing to the inter-agency Community Accountability Platforms (CAP) to strengthen the coordinated analysis of community feedback and inform responses to emerging needs.

To strengthen child-friendly feedback and reporting channels, UNICEF, in collaboration with the NGO KAFA, developed three age-specific guidance materials for frontline workers to raise awareness among children aged 7–10, 11–13 and 14–17 about expected staff behaviour and available reporting channels, including face-to-face options for children attending Makani centres. A child-friendly video explaining these channels was finalized, and more than 20 community care workers were trained to use it appropriately.

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

From January to September 2026, through the Community Engagement and Communication Sub-Working Group under the AAP mechanism, UNICEF strengthened community engagement and accountability systems, enabling over 6,100 frontline actors and community representatives to enhance their capacities and support more inclusive and people-centred programming. Efforts also promoted inclusive participation, engaging women, men, children, and persons with disabilities from Lebanese and Palestinian communities. While the representation of persons with disabilities remained modest (approximately 100 participants), their engagement reflects ongoing efforts to make capacity-strengthening opportunities more accessible and inclusive.

Across the reporting period, over 44,000 people were reached with timely and life-saving information through offline and one-way communication channels, including performances and community-based awareness activities promoting healthy and protective behaviours. In parallel, more than 67,000 people participated in two-way engagement activities such as community dialogues, edutainment sessions, games, drawing activities, interactive theatre, and storytelling. These interventions engaged caregivers, children, adolescents, displaced and host communities, volunteers, and local

representatives, promoting positive behaviours and uptake of key health, protection, hygiene, psychosocial well-being, social cohesion, and accountability practices, including awareness of available reporting and support mechanisms.

Building on these efforts, UNICEF and partners further strengthened community engagement systems and SBC capacities across health, disability inclusion, prevention of harmful practices, and the Makani and Dirasa programmes. Overall, 20 community platforms and networks received support, and 116 SBC initiatives were conducted to prevent harmful practices affecting children, women, and caregivers. These efforts included prevention-focused engagement through Qudwa, destigmatizing disability alongside capacity building on disability inclusion, and routine immunization. 391 stakeholders and frontline actors strengthened their community engagement capacities, including 141 participants reached through disability and health-related capacity-building, and 250 Makani and Dirasa stakeholders.

Through strong cross-sectoral collaboration between SBC, Health, Child Protection, Education and disability programmes, UNICEF and partners delivered coordinated community engagement interventions, aligned messaging, and joint capacity-building initiatives. This integrated approach helped strengthen community trust, promote positive behaviours, and expand opportunities for meaningful participation among children, adolescents, caregivers, and communities. Across all reported programmes, there were 20,348 participations in community engagement actions recorded, including 341 persons with disability.

Complementing community-based engagement, UNICEF's social media channels reached approximately 1.97 million people, generating 3.32 million impressions and 25,000 engagements. Content covered mental health tips, information on assistance and care for war-wounded and conflict-affected children, and Programme information related to the emergency response, including Early Childhood Development (ECD), the cash programming, Learning to Earning for youth, and Laaha. Communication efforts also included IYCF messages, campaign activities, and heatwave awareness messaging. Since the beginning of the escalation, 3,352 participants used UNICEF's chatbot to access information.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Lebanon Response Plan (LRP) 2026 budget is US$1.62 billion. 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 are nine sectors including: Health, Protection (including Child Protection and GBV), WASH, Education, Social Stability, Livelihoods, Shelter, Nutrition, and Basic Assistance/Multi Purpose Cash. The Emergency Response is coordinated through the Inter-Sector Coordination Group (ISCG). UNICEF continues to work with Sector partners to strengthen the national humanitarian response, for example in the Nutrition Sector UNICEF with partners strengthened integrated nutrition and ECD services across platforms.

As per the humanitarian coordination architecture under the joint Lebanese Government - UN Steering Committee, UNICEF continues to lead the WASH and Nutrition sectors, co-lead the Education sector with Save the Children, and lead the Child Protection Area of Responsibility working group. UNICEF also participates in the Health, Basic Assistance, Livelihoods, and Protection sectors, including the working groups on GBV, Gender, and Humanitarian Access.

In collaboration with the Disaster Risk Management Unit and the Lebanese Red Cross, UNICEF supports emergency preparedness and response planning across all governorates.

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 contributes to the inter-agency returns action plan, which includes (but is not limited to) child protection case management, youth skilling for employment, facilitating pre-departure vaccination and health screening, and coordination of educational certifications.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Across Lebanon, thousands of children have been displaced, their lives turned upside down by conflict and uncertainty. Many now live in collective shelters – places never meant to replace the safety of home.

Yet even here, one thing must never be interrupted: their protection from preventable diseases.

"I will never miss my daughter's vaccines. this is the only way to protect her and others from diseases," says Zaynab, mother of 13-year-old Lynn.

"Even if we are displaced, we will continue vaccinating our children. I encourage every parent to make sure their children are fully protected," adds Nabil's father, whose six-month-old son is receiving his rotavirus vaccine.

Lebanon's children are increasingly at risk of vaccine-preventable diseases as a convergence of crises has led to a sharp decline in routine immunization.

Determined to reverse this trend, UNICEF—in partnership with the Ministry of Public Health and with the funding support of the European Union and Gavi—is delivering essential health services and routine vaccines to children in collective shelters through Aa Salameh teams.

At one of the shelters that now doubles as a primary healthcare centre, Aa Salameh nurses move from child to child, ensuring no one is left behind. Even when vaccination cards are lost in the chaos of displacement, children are not. Each child is assessed. Each child is protected.

Through the Aa Salameh project, UNICEF and the Ministry of Public Health, with funding from the European Union, are supporting access to essential healthcare services for displaced children and women across Lebanon—from maternal care to vaccinations and growth monitoring—helping to protect the health and development of every child.

For families who have lost so much, these moments restore something vital: reassurance. A sense that their children are still seen, still protected, still cared for.

Because crises may disrupt lives—but they should never take away a child's right to health.

Protecting every child, everywhere, remains a shared responsibility.

- UNICEF Lebanon

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: JANUARY 2027 (YEAR END SITREP 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	78,740	▲ 8%	-	-	-
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	500,000	1.6 million	▲ 50%	-	-	-
Newborns and children receiving intensive healthcare services at UNICEF supported hospitals[13]	Total	-	350	1,579	▲ 128%	-	-	-
Nutrition								
Number of children 6-59 months screened for wasting	Total	-	320,600	158,691	▲ 18%	320,622	158,691	▲ 18%
Number of caregivers of children 0-23 months receive infant and young child feeding counselling	Total	-	50,500	16,171	▲ 4%	90,967	26,951	▲ 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	40,260	▲ 12%	107,753	40,260	▲ 12%
Education								
Out of school children and youth access non-formal education or catch-up programmes	Total	-	50,000	43,028	▲ 26%	145,711	46,582	▲ 2%
#Students in formal education benefitting from retention support or complementary services	Total	-	60,000	56,352	▲ 24%	65,900	78,351	▲ 34%
#Students (from KG to grade 12) enrolled in public schools and supported by UNICEF[14]	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	42,822	▲ 1%	-	-	-
Rapid Response Mechanism								
People reached with multi-sector essential supplies including for winterization	Total	-	300,000	288,090	0%	-	-	-
People reached with rapid response winterization supplies	Total	-	40,000	28,710	0%	-	-	-
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[15]	Total	-	50,000	66,700	▲ 44%	-	-	-
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	0%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs[16]	Total	-	2 million	2.9 million	▲ 18%	2.8 million	2.9 million	▲ 13%
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	0%
People assisted with temporary appropriate sanitation services (ITS + IDP)	Total	-	179,000	160,173	0%	200,000	211,567	0%
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	8,754	▲ 9%	-	-	-
Number of young people engaged through employment support services and income generation interventions	Total	-	11,000	6,478	▲ 30%	-	-	-
Number of adolescent and youth engaged and reached through volunteering, civic engagement and PSS support	Total	-	10,000	9,796	▲ 56%	-	-	-
Food and non-food items produced by youth for emergency relief support[17]	Total	-	150,000	1.7 million	0%	-	-	-
Palestinian Programme in Lebanon								
Palestinian children, adolescents, and caregivers accessing community-based mental health and psychosocial support[18]	Total	-	25,000	55,974	▲ 52%	-	-	-
Palestinian girls and boys enrolled in early childhood education interventions	Total	-	7,000	10,500	▲ 36%	-	-	-
	-	-	-	-	-	-	-	-
Child Protection, GBVIE & PESA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	198,815	48,778	▲ 5%	340,000	216,164	▲ 12%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	57,000	20,216	▲ 13%	300,000	238,941	▲ 14%

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 [19]	Total	-	87,000	251,630	▲ 174%	87,000	251,630	▲ 174%

**Progress in the reporting period August - September 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	9,573,539	-	5,098,671	5,327,790	27%
Nutrition	6,500,000	3,115,648	-	1,987,580	1,396,772	21%
Rapid Response Mechanism	8,000,000	3,394,921	-	3,457,610	1,147,469	14%
Child Protection and GBViE	21,176,000	8,312,640	-	3,653,590	9,209,770	43%
Social Protection	55,900,000	8,324,192	-	574,553	47,001,255	84%
Education	130,000,000	67,273,524	610,000	31,314,520	30,801,956	24%
Water, sanitation and hygiene	100,000,000	33,993,399	-	20,369,631	45,636,970	46%
Adolescents/youth	28,000,000	5,426,465	1,581,490	2,379,828	18,612,217	66%
Being Allocated	-	1,075,286	-	-	-	-
Palestinian Programme in Lebanon	16,600,000	1,268,230	-	1,303,221	14,028,549	85%
AAP, SBC, and PSEA	2,300,000	301,558	-	399,635	1,598,807	70%
Total	**388,476,000**	**142,059,402**	**2,191,490**	**70,538,839**	**173,686,269**	**45%**

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. 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. The children in need figure is based on the number of children in need of child protection services according to the LRP 2026.

2. 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

3. Ministry of Public Health, September 26, 2026

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

5. IOM, Displacement Tracking Matrix, Round 118 (1 October 2026)

6. IOM DTM, 1 October 2026

7. Gender-Based Violence

8. VASyr, October 2026

9. Portion of hospital costs that patients and their families would normally have to pay themselves, even when they are covered by a health insurance or another financing mechanism

10. The numbers in the narrative are the total including both IDPs and refugees reached with WASH services, while the numbers on the table of Humanitarian Performance Monitoring are for water alone and sanitation alone without accounting for overlap. Total water support in the ITSs is 58,234 and total sanitation support in the ITSs is 112,629, with the 58,234 covered by both water and sanitation. For IDPs support for water was 61,892, and sanitation 47,544, with the 47,544 covered by both water and sanitation.

11. The other seven cases were already in alternative care arrangements upon identification as UASC. For these cases, case management support is provided as needed.

12. Inside collective shelters activities consisted of i) awareness raising and information sessions; ii) CBPSS for children and caregivers; iii) FPSS for children and caregivers; and iv) GBV risk mitigation (including distribution of dignity kits). Case management and specialized services were provided, including referals, outside the shelters when needs were identified.

13. The overachievement follows UNICEF covering NICU support following the UNHCR withdrawal from the health sector for Syrian refugees.

14. The target was over-achieved following Government of Lebanon, Council of Ministers which issued a waiver, allowing all children to enroll without the required documentation. The Council of Ministers waiver allowed children to enroll without the required documentation.

15. The overachievement is attributed to the work undertaken following the conflict escalation in 2026.

16. Overachievement attributed to cost-effective operational support to water and wastewater infrastructure, including operations and maintenance, fuel, and supplies, which sustained services across multiple municipalities and increased beneficiary coverage beyond initial estimates, as reported by Water Establishments.

17. Overachievement driven by additional funding received which enabled increased meal production, with coverage expanded across multiple TVET schools repurposed as shelters.

18. Overachievement is due to the emergency significantly increasing the number of people reached, including those staying in UNRWA shelters, host communities and hard-to-reach areas across Palestinian camps and gatherings in Lebanon.

19. Overachievement attributed to the scale-up of EORE interventions in response to the ongoing emergency and return phase, increased needs of conflict-affected communities, and additional donor funding. The expanded reach was primarily achieved through the dissemination of information, education and communication materials.