

This report is produced by OCHA Lebanon Office in collaboration with Inter-Sector Coordination Group under 2026 Lebanon Response Plan (LRP) Framework.

KEY FIGURES



>1,049 K (MoSA)

self-registered Internally Displaced People (IDP)



136,731 (DRM)

displaced in collective shelters



674 (DRM)

shelters



1,345 (MoPH)

people killed



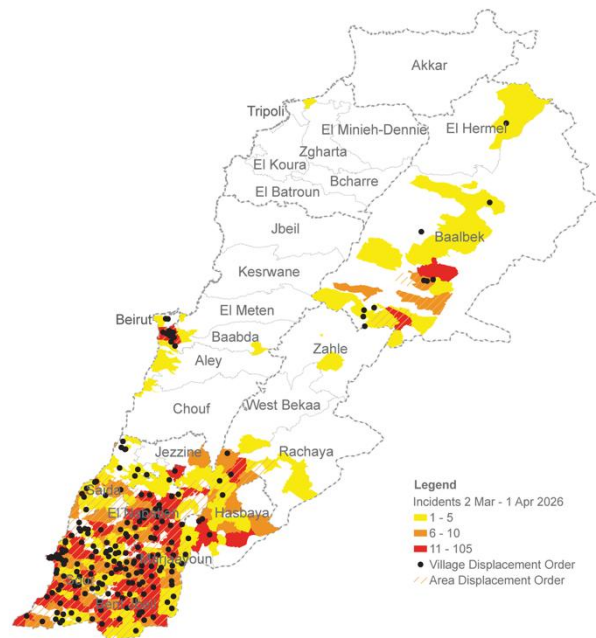
4,040 (MoPH)

people injured

HIGHLIGHTS

- During his recent visit to Lebanon on 31 March, the Emergency Relief Coordinator, Tom Fletcher, engaged Government officials, first responders and affected families impacted by the escalation. In his briefing on the situation to the UN Security Council, he reiterated calls for a de-escalation and safeguarding humanitarian space.
- Humanitarian partners are responding with existing capacities but face access and other operational challenges.
- Funding against the Flash Appeal stands at US\$94.3 million (30.6 per cent coverage).

CONFLICT INTENSITY MAP as of 1 April



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
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Feedback: ocha@lebanon.org www.unocha.org www.reliefweb.int

SITUATION OVERVIEW

UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC) Tom Fletcher visited Beirut from 31 March to 1 April, reaffirming the United Nations' commitment to supporting the Government-led response and to advocate for civilian protection and sustained humanitarian access. During the visit, he met with senior Lebanese officials, including the President, Prime Minister, Speaker of Parliament, and the Minister of Social Affairs.

The ERC also visited collective shelters in Beirut, where he **engaged with displaced Lebanese and Syrian families** and listened to their concerns regarding safety, access to assistance, and prospects for return to their homes. He met with frontline responders, including Lebanese Red Cross teams, underscoring the severe strain on health services and the vital role of national responders who have been operating under the current challenging conditions.

In a **briefing to the UN Security Council from Beirut on 31 March**, the ERC reiterated the UN Secretary-General's call for immediate de-escalation, protection of civilians and humanitarian workers, and respect for International Humanitarian Law. He emphasized the need for unhindered humanitarian access and collective responsibility to urgently address the rapidly worsening situation in the country.

On the same day, the Security Council also **condemned the killing of three UNIFIL peacekeepers** in south Lebanon and reaffirmed its call for full implementation of Resolution 1701 and support for Lebanon's sovereignty.

With no immediate signs of improvement, recent developments indicate a **further deterioration in access and connectivity across regions in Lebanon** that are being heavily impacted by the ongoing hostilities. Following systematic strikes on bridges and crossings in the south aimed at isolating towns, the expansion of Israeli military operations **threatens to limit access to the Bekaa region**. Airstrikes in western Bekaa have cut multiple roads between villages, including Saghmor–Yahmor, Qleia–Dallafeh, Yahmor–Labaya, Qleia–Ahmadiyah, and Ahmadiyah–Abl al-Saqi. As reported previously, these disruptions are isolating parts of the south, constraining access to essential services and humanitarian assistance for **over 150,000 people**, and heightening the risk faced by communities already under significant pressure. Local communities have expressed anxiety amid the **reported withdrawal of the Lebanese army troops from some villages in the south**.

Rising social tensions are emerging across multiple regions due to compounded pressures from displacement, restricted access, economic hardship, and a polarized information landscape. Increasing host community fatigue, anti-IDP narratives, and misinformation related to security developments are further straining fragile social cohesion. While diplomatic efforts continue, there is growing concern that Lebanon may face significant long-term destabilization if the regional conflict becomes protracted.

HUMANITARIAN RESPONSE

Across all sectors, humanitarian response activities are progressing both quantitatively and qualitatively. This includes cash and in-kind distributions as well as improved quality of services for those in need.

Despite the enormous challenges, the government is making every effort to expand the number of collective shelters across the country and make the needed upgrades to accommodate as many as possible. This aims to address overcrowding in some collective sites which could heighten protection risks, especially for children, women, older people, and refugees.

Efforts to strengthen Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) are being coordinated across actors to ensure that complaint and feedback mechanisms (CFMs) are available, accessible, and systematically mainstreamed across the response. Work is underway to establish a Communication with Communities sub-working group under the AAP Working Group. Capacity building for MoSA staff operating in collective shelters is also underway to strengthen safe and dignified aid delivery and reinforce accountability and safeguarding standards.

Funding and Resource Mobilization

As of 2 April, total incoming funding against the Flash Appeal stands at **US\$94.3 million** (equivalent to 30.6 per cent of the overall funding requirement of US\$308.3 million). Of this contributions, US\$15 million are from the Central Emergency Relief Fund and another US\$15 million are from the Lebanon Humanitarian Fund.



Access and Civil-Military Coordination

Humanitarian partners, supported by the Humanitarian Notification System (HNS), continue delivering assistance in conflict-affected and hard-to-reach areas. Between 2 March and 2 April, **36 HNS-supported movements were completed**, while static humanitarian sites remain regularly notified across Lebanon.

Following the expansion of HNS coverage for **north of the Litani River (NLR)**, **13 movements were facilitated**, enabling the retrieval of core relief items from Haret Hreik and the delivery of hygiene kits, food assistance, and medical supplies across multiple locations.

For **South of the Litani River (SLR)**, **23 movements supported** the delivery of essential assistance, including food, hygiene kits, medical supplies, and other core relief items, to collective shelters, alongside evacuations of the most vulnerable from border areas. However, the constrained operating environment continues to significantly limit humanitarian access and partners' ability to reach affected populations.

The Access Working Group and Civil-Military Coordination (CMCoord) Cell continue efforts to facilitate and advocate for safe, principled, and timely humanitarian access, with a focus on the most affected and hard-to-reach areas.



Education

Following more than three weeks of school closures affecting nearly 400,000 children enrolled in public schools, **the Ministry of Education and Higher Education (MEHE) has initiated a phased reopening of schools** in some areas. Schools that are not currently used as collective shelters are resuming operations through a flexible, hybrid approach combining in-person and online learning, depending on space availability, staff presence, and student access. However, displacement continues to significantly constrain access to education. According to DRM reports, approximately **47,700 children are currently accommodated in collective shelters**, including **486 schools** (364 public, 75 private, and 47 TVET) that host IDPs and therefore unavailable for learning.

Despite ongoing efforts, access to education for displaced children remains critically limited. **Education partners have continued to provide support through the distribution of learning materials, reaching thousands of children across regions.** However, **only a small proportion of children are accessing structured education**: 630 displaced children have accessed online formal education, while 652 children have participated in in-person non-formal education and 330 children in online non-formal learning. These figures highlight a substantial gap in access relative to needs. In many cases, support remains largely limited to psychosocial and recreational activities, with insufficient integration of structured learning. Barriers such as **overcrowded shelter conditions, lack of devices and connectivity, and limited capacity of caregivers and frontline workers** further restrict both in-person and remote learning opportunities.

In response, **the Education Sector is prioritizing a more holistic and scalable approach** that positions education as a life-saving intervention, providing protection, stability, and continuity of learning for children in crisis. Efforts are focused on expanding access to both formal and non-formal education through flexible modalities, including blended and remote learning. A key **priority is the integration of psychosocial support with structured learning**, ensuring that children benefit from both simultaneously. The sector is also identifying alternative learning spaces to enable safe reopening.

Food Security & Agriculture

Since the escalation on 2 March 2026, food security partners mobilized rapidly to deliver life-saving assistance to people displaced across the country. Partners immediately launched food distributions inside shelters, providing a total of **3.3 million hot and cold meals**, while also providing **66,800 ready-to-eat (RTE) kits** containing items that do not require cooking—such as canned meat, cheese, hummus, and beans—to help families meet their immediate food needs.

In parallel, the World Food Programme (WFP) supported the Ministry of Social Affairs (MoSA) in rapidly activating emergency cash assistance through the national shock-responsive safety net (SRSN). **Within 24 hours of the mass displacement from Beirut's southern suburbs on 6 March, approximately 183,000 people received cash transfers** to meet their immediate needs. Additional cash transfers followed in the days after. On 12 March, 9,100 conflict-affected individuals in Ain Ebel, Debel, Rmaych, Qaouzah, and Aalma Ech Chaab were assisted; on 19 March, a further 30,200 people received support; and on 21 March, another 4,300 individuals were reached. **In total, 226,000 conflict-affected people have received emergency cash assistance in one month since the escalation began.**

At the same time, **WFP and UNHCR have expanded their basic needs cash assistance** to cover conflict-affected Syrian refugees and refugees of other nationalities. As part of this temporary scale-up, an additional **35,645 Syrian families and around 1,500 households of other nationalities received cash assistance in March 2026.**

An **increase in food prices** has been reported, mainly due to rising fuel and transportation costs, heightened demand linked to the escalation, and regional energy disruptions. A confirmed **17 per cent increase in the price of bread** has also been observed. These rising costs are adding pressure on conflict-affected displaced individuals and affecting their ability to meet their basic daily food needs. Humanitarian actors are facing higher demand for assistance as they work to maintain supply chains and reduce the impact of market disruptions caused by the ongoing conflict. In addition, convoys are being coordinated with the sector to deliver life-saving assistance to hard-to-reach areas, although challenges in securing security approvals continue to cause delays.

Several assessments have indicated an **overall cost increase of about 15 per cent for meal provision**, including ingredients, kitchen operations, and transportation. In response, the sector and its partners discussed the impact of these rising costs on the hot meals response and agreed to update the guidance **by increasing the meal cost from US\$1.9 to US\$2.5 per meal** for the duration of the current emergency.

In addition, the sector and MoSA are working closely with the **Government Food Safety Task Force** to plan monitoring visits to all kitchens involved in food assistance. The Task Force includes representatives from MoSA, MEHE, MoA, MoPH, WHO, WFP, and the Food Security and Agriculture Sector, and is chaired by the Government Food Safety Coordinator appointed by the Prime Minister's Office. A survey was carried out to collect information on all kitchens preparing hot meals, cold meals, or conducting any cooking activities as part of the response. Monitoring visits are scheduled to begin next week.

The sector dashboard that provides detailed information on the ongoing response inside shelters is accessible via the link https://analytics.wfp.org/t/Public/views/2026_LB_Emergencytracker/ERLebanon2026.

Health

At primary healthcare center (PHCC) level, **205 PHCCs are linked to almost all collective shelters**, ensuring continued access to **comprehensive Sexual and Reproductive Health (SRH), immunization, non-communicable disease (NCD) services, and MHPSS support**. Heightened pressure persists in the South, Mount Lebanon, and Beirut with each PHCC supporting an average of four collective shelters.

PHC satellite units (PSU) continue expanding their outreach beyond shelters, with partners delivering services and raising health awareness across North, Bekaa, and Mount Lebanon governorates. **Thirty-nine PSUs are fully operational, serving populations in the South and Nabatieh governorates**, and additional PSUs are currently being mobilized.

Partners have also reported notable shifts in service demand: in Saida and Beirut, there has been a sharp decline in Neonatal Intensive Care Unit (NICU) admissions for Syrian newborns compared to the first two weeks of the war, while NICU caseloads have significantly increased in the North. At the same time, hospitals are witnessing a rise in Lebanese children presenting without identification documents, potentially to access MoPH coverage.

The **clinical management of rape (CMR) Task Force**, in collaboration with the MoPH, successfully relocated staff from the Tyre CMR facility, which was temporarily closed due to the escalation, to the Saida CMR facility. Medication and supplies were rapidly dispatched to ensure uninterrupted access to CMR services across the South governorate.

Nutrition

Needs: 13 Mother–Baby Corners (MBC) and Early Childhood Development (ECD) corners have been established in shelters to provide safe, private, and supportive spaces for breastfeeding, Infant and Young Child Feeding (IYCF) counselling, and early stimulation activities. Establishment of more Mother–Baby Corners and dedicated breastfeeding spaces within shelters is necessary to ensure safe, private, and hygienic environments for infant and young child feeding, particularly during emergencies where caregiving conditions are severely disrupted. These spaces are critical to protect, promote, and support breastfeeding, reduce reliance on unsafe feeding practices, and provide mothers with access to counselling, ultimately safeguarding the health and nutrition of infants and young children.

12,399 children under five, adolescent girls, and pregnant and breastfeeding women were reached with emergency nutrition rations and micronutrient supplementation sufficient for one month in 482 shelters out of which approximately 79 children aged 6-11 months were reached with age-appropriate complementary feeding packages. **6,235 children under five and pregnant and breastfeeding women** were screened for wasting. So far, **123 children under 5 years of age and 33 women have been identified with wasting** and referred for life saving treatment. Through the recently developed IYCF chatbot link, 388 caregivers have accessed guidance on optimal feeding practices in emergencies, thus complementing in-person counselling and enhancing the timeliness of referrals for caregivers in need of counselling. In parallel, 218 caregivers contacted the national IYCF hotline, of whom 140 were referred for additional specialized support. Overall, more than 4,355 caregivers of children under 5 years were reached with specialized IYCF, nutrition, and ECD counselling and awareness on optimal nutrition practices in an emergency.

The nutrition sector has enhanced the **integration of essential nutrition and early childhood development (ECD) interventions across multiple service delivery platforms in Lebanon, including Primary Healthcare Centres (PHCCs) and their Satellite Units (PSUs)**. To date, **37 nutritionists have been deployed across 37 PSUs**, delivering nutrition interventions across 87 shelters.

Challenges: Five PHCCs providing wasting treatment are currently non-operational, disrupting access to life-saving services. In addition, widespread displacement has led to **at least 92 children under five and 146 pregnant and breastfeeding women defaulting from treatment** and missing essential nutrition support due to insecurity and transportation barriers; to mitigate this, the Nutrition Sector is supporting 37 PSUs across Lebanon to deliver treatment within shelters and through community outreach activities.

Uncontrolled distribution of processed and ultra-processed foods in shelters is contributing to poor dietary quality and negatively impacting children's nutritional status. To mitigate this, the Nutrition Sector is developing guidance and a social media package to promote healthier food assistance, reduce ultra-processed food

donations, and support partners in managing unsolicited in-kind items. In addition, WFP will provide fortified date bars for 23,000 school age children in non-formal education platforms along with awareness on optimal nutrition practices.

Protection

Needs and Protection Risks: Increasing protection risks are reported across collective sites resulting from overcrowding, limited privacy, and limited capacities to respond to the complex concerns of vulnerable people. Outside collective sites, granular information on needs is critical for understanding the profile and needs of the population and to develop a more tailored protection and cross-sectoral response.

Reaching and supporting people in high-risk areas is highly challenging with efforts ongoing to extend remote support and information on services. Working modalities are increasingly impacted by the security situation in specific areas. Electricity outages in Hasbaya and Marjaayoun have resulted in limited communication and severe challenges to follow up on ongoing case management activities in the mentioned areas. High rental costs and challenges to find adequate housing remain a significant concern that forces highly vulnerable people to return or remain in unsafe areas. In several locations, people continue living in tents or on the streets due to a lack of viable alternatives. People with high levels of vulnerability are referred to Protection partners to find more viable and dignified solutions, requiring staff-intensive efforts, while options are limited.

A recent **Rapid Gender Analysis** highlighted the disproportionate impact of the conflict and displacement on women and girls. Displacement is reshaping care roles and access to resources, with women and girls – particularly those outside collective shelters – facing reduced mobility, limited privacy, and unequal access to assistance and information. Increased unpaid care burdens and economic pressures are constraining their ability to seek support, while reliance on informal accommodation and overcrowded settings is associated with heightened exposure to exploitation and protection risks. Access to safe and confidential spaces and services remains uneven due to insecurity and movement restrictions.

GBV response services and necessary risk mitigation measures remain a priority as risks are identified across collective sites and urban areas. Overcrowding inside the collective shelters and in private accommodations, high rental costs and limited access to viable shelter options have increased risks for sexual harassment, assault and sexual exploitation. Insecurity in high-risk areas resulted in limited access of women and girls to Safe Spaces while mobile outreach remains limited, reducing access to confidential GBV services.

Child protection risks continue to increase, **with partners noting psychosocial distress among children and caregivers** as well as risks related to family separation, child labor, movement restrictions, and loss of documentation. **Many children continue to experience fear and panic** responses triggered by loud noises. **This high level of psychosocial distress, combined with the economic hardship, is leading to** physical and verbal violence, **increased tensions and fights between families in shelters** as well as harsh parenting practices. Families also raise issues of unsanitary conditions leading to **health risks** and spread of lice in several shelters, requiring a cross-sectoral response. **Safety risks for children within shelters** continue to increase due to overcrowding and lack of adequate supervision and privacy. Many reports from the field indicate that some children remain outside until late hours, without supervision and without adequate rest.

Persons with disabilities continue to face access challenges, with many staying in non-accessible shelters or outside formal sites where essential services remain limited. Limited capacities and inadequate shelter conditions have resulted in undignified stay for some persons with disabilities requiring dedicated attention from protection partners and Organizations for Persons with Disabilities (OPDs). Some are accommodated in designated inclusive facilities, including accessible schools and OPD centers.

Feedback and Complaints mechanisms remain a critical need in collective sites as well as upscaled information on referral modalities to essential services. A more detailed analysis of protection risks can also be found in the [Protection Monitoring Snapshot #2](#).

Response: The Protection Sector made **significant efforts to ensure the work of Protection, Child Protection, and GBV partners is increasingly reflected and analyzed. As of 2 April, Protection, Child Protection and GBV partners supported a total of 70,559 displaced individuals** with the core package of services agreed across sector members, reaching **33,932 IDPs** through information sessions, **24,129 people** with case management and mental health and psychosocial support, **8,376 women and girls with dignity kits** as part of GBV awareness sessions, and **894 cash grants** (benefitting ~4,122 people). A detailed response dashboard was established, feeding into sectoral data analysis and compiled on a weekly basis in detailed Protection, CP and GBV Sector Sitreps, see link to Protection [SitRep #3](#).

Currently, the Sector is able to cover around 81 per cent of collective sites with discussions ongoing to seek the support of non-LRP partners, including CBOs and other NGOs to cover those gaps following MoSA approvals. Cross-sectoral coordination with relevant MHPSS and Education partners is key to addressing increasing MHPSS needs currently not fully covered. Partners assigned to cover different sites are working closely with the site focal points and other sector members to address the various cross-sectoral concerns that exacerbate protection risks, including WASH, Shelter, Site Management and Health related issues.

Family tracing and reunification have continued since the start of the escalation, and to date, **27 unaccompanied and separated children were identified and 9 were successfully reunited**. The rest are being provided with the necessary support.

GBV facilities providing life-saving and critical support to survivors and women and girls at risk were mapped to enhance timely access to services. In addition, the **GBV Referral Pathways** were updated and revised ensuring information on GBV case management and MHPSS, CMR, safe shelter and other critical services are up to date and quickly accessible. The **community-level referral pathways** were also updated.

With a view to enhancing community-based engagement and mobilization, the Protection Sector provided a briefing session on community-based protection interventions inside and outside collective sites. Key areas discussed included the need to apply a community-based approach from the onset of the engagement that ensures the community-identified needs are responded to.

Feedback from conducting PSS activities highlights the urgent need and their positive impact on children and caregivers' sense of safety and well-being.

Gaps: Inclusive and accessible shelter remains a key gap area for highly affected and vulnerable population groups. Access to granular data to enhance and upscale the response is needed to implement priority protection interventions outside collective sites. Remaining access constraints, increased caseloads, and funding limitations continue to stretch partner capacities, particularly in hard-to-reach areas. **Demand for dedicated safe spaces** in collective sites and urban areas as well as support to increase MHPSS services is increasing. Dedicated support for OPDs to support persons with disabilities unable to find adequate housing, care or assistive devices is required to meet growing needs. Support for high-risk cases with compounded vulnerabilities present high costs and limited available services. Transparent information on aid deliverables and accountability tools including CFMs remain critical needs highlighted by partners in the field. Training of frontline responders on safe identification and referrals to CP, GBV and protection services is a growing demand.




Shelter

The ongoing response to address emergency shelter needs is reaching affected populations both inside and outside collective shelters. Overall, Shelter partners have distributed **101,878 mattresses** and **126,161 blankets**, among other core relief items (CRIs).

Across collective sites in all governorates, shelter partners have distributed **91,563 mattresses**, **109,724 blankets**, **48,693 sleeping mats**, **40,515 pillows**, as well as approximately **9,497 solar lamps** and **8,488 jerry cans**. CRI response in collective shelters, as reported by subnational DRRs, has successfully reached all identified households in need as part of an initial round of assistance. Ongoing support is being continuously delivered based on daily referrals from DRRs and MoSA, targeting new arrivals in existing sites as well as populations in newly activated collective shelters. In addition, the CRI distribution outside collective sites is being informed by assessed needs and referrals of vulnerable households. This support was delivered on a case-by-case basis and includes **10,315 mattresses**, **16,437 blankets**, and **6,719 pillows** and **3,057 clothing sets**.

In addition, the **Shelter Sector has assigned 578 collective sites to shelter partners**. Of these, **368 sites** have been assessed to identify repair needs, partitioning requirements to increase hosting capacity and improve privacy, and any upgrades required to ensure the sites are adequate to host displaced families, with partners proceeding with the necessary works accordingly. A total of **235 technical submissions** has been made to secure approvals to initiate repairs from the relevant authorities/ focal points, of which 221 have been approved and works have already commenced in **159 sites**, of which **33 have been completed**.



Water, Sanitation, and Hygiene (WASH)

WASH partners have delivered assistance in **672 collective shelters**, reaching **161,779 IDPs**. To date, **54,786 hygiene kits** and **26,012 menstrual hygiene kits** have been distributed across **652 shelters**, while **995,000 litres** of bottled drinking water and **23,000 m³ of water** through water trucking have been delivered to **536 shelters**. In addition, **655,000 litres of fuel** have been provided to Water Establishments to sustain public water supply services for **427,135 people**.



Social Stability

The Tensions Monitoring System (TMS) at UNDP is issuing the [Tensions Pulse](#), which provides decision-makers and humanitarian actors with timely, evidence-driven insights to support planning and adaptive responses. The Pulse features a **Tensions Dashboard**, **analysis of online narratives**, **a map of geographical hotspots**, and a **“What to Watch” section highlighting emerging issues**. It is based on analysis generated through UNDP’s TMS, which combines open-source and social media monitoring with field inputs coordinated alongside government counterparts and partner organizations.

Peace Building partners implemented **social stability activities targeting IDPs and host communities** across Lebanon, including wellbeing support for women, community and recreational events, and family sessions promoting non-violent communication to reduce tensions. **Outreach initiatives and conflict prevention activities** in Collective Shelters strengthened trust, wellbeing, and community engagement. In parallel, sessions on fake news and hate speech promoted responsible social media use. Activities were implemented in Mount Lebanon, North, South, and Baalbek areas, reaching diverse groups including women, youth, children, IDPs, host communities, local committees, and media actors.



Within the [LTC Logistics response](#), 44 organisations were supported with coordination, IM and common logistics services. **As of 2 April, 369 m³ of humanitarian cargo** was received at the Beirut warehouse, **and four convoys were facilitated** to hard-to-reach areas. These deliveries provided critical relief items, including blankets, mattresses, sleeping mats, kitchen sets, hygiene, health and dignity kits, as well as water and food assistance. **Additional planned convoys have been repeatedly postponed due to security constraints.** This reflects the deteriorating access situation with higher frequency of negative responses to Humanitarian Notification System (HNS) requests, preventing the delivery of life-saving assistance to several locations.

In cooperation with the Access Working Group, WFP Logistics, and the Humanitarian Notification Coordination Centre (HNOCC), the Cluster continues to strengthen information on the access situation, including route availability, truck capacity, and key access constraints. The LTC [LogIE mapping physical access constraints tool](#) is available online for partners to review and report live on physical access constraints. The Cluster is engaging with the Ministry of Public Works and Transport to support triangulation of information on logistics conditions and road accessibility.

The first meeting of the Medical Logistics Working Group was held, focusing on identifying initial gaps and operational issues. Information is still being gathered to further assess needs and determine follow-up actions.

GENERAL COORDINATION

Inter-agency coordination continues to be reinforced at both national and sub-national levels, with Operational Coordination Groups (OCGs) playing a central role in translating national priorities into area-based response planning and identifying priority locations for interventions.

The Humanitarian Country Team (HCT), chaired by the Humanitarian Coordinator, continues to convene on a bi-weekly basis as the primary strategic coordination forum bringing together UN agencies, NGOs and donors to steer the overall response. A meeting was held on 2 April, during which members reviewed recent high-level engagements, provided strategic direction on response priorities, and discussed ways to address key operational challenges, including humanitarian access constraints. Discussions focused on updates to the humanitarian response, advocacy priorities, including the protection of civilians and respect for International Humanitarian Law, and access developments, with a dedicated focus on the Humanitarian Notification System (HNS).

The Inter-Sector Coordination Group (ISCG) continues to meet on a weekly basis to ensure alignment with Government guidance, operational coherence across sectors and alignment between national and sub-national response structures. The meeting held on 2 April covered the Response at a Glance; first response sector updates (Part 2) from Health, Nutrition and Protection; presentation of UN Women's Rapid Gender Analysis on the gendered impacts of displacement outside collective shelters; and operational updates from the OCGs.

Overall, coordination efforts remain focused on aligning Government-led structures with inter-agency mechanisms to ensure a coherent, needs-based, and timely response across all affected areas.