

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)



119,623 (DRM)

displaced in collective shelters



626 (DRM)

shelters



2,576 (MoPH)

people killed



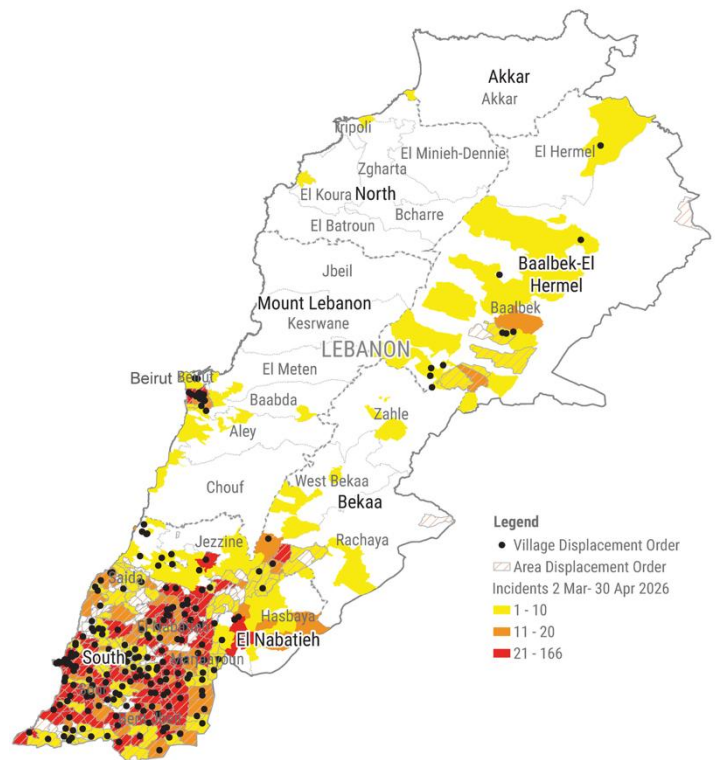
7,962 (MoPH)

people injured

HIGHLIGHTS

- Since the announcement of the ceasefire on 17 April and recent extension, hostilities continued resulting in additional loss of lives.
- 24 per cent of the population are projected to face acute food insecurity between April and August 2026.
- 103 humanitarian movements including 19 convoys were facilitated delivering urgent assistance to conflict affected and hard-to-reach areas.
- Lebanon Flash Appeal remains significantly underfunded with only 38 per cent of resources available, putting humanitarian assistance supply chains at risk.

CONFLICT INTENSITY MAP of 30 April



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 1 May 2026 Source: incidents: public media
 Feedback: ochalebanon@un.org www.unocha.org www.reliefweb.int

SITUATION OVERVIEW

The humanitarian situation in Lebanon remains fragile and volatile, despite the extension of the ceasefire initially announced on 17 April. Continued shelling, airstrikes, demolitions and movement restrictions were reported, particularly in southern Lebanon and parts of Nabatieh and the Bekaa governorates. These conditions have not enabled safe and sustained returns, or unimpeded humanitarian access, and prospects for durable stabilization remain limited.

Civilian casualties and risks to frontline responders persisted. On 29 April, three civil defence rescue workers were killed in Tyre District when two consecutive strikes hit the same building while

emergency teams were responding to people wounded in an earlier attack, underscoring the continued risks faced by first responders. More broadly, healthcare workers, paramedics and rescue teams were further affected by attacks during the period. Since 2 March, more than 131 attacks on healthcare have been recorded, resulting in 103 deaths and 234 injuries among health workers, significantly increasing pressure on an already overstretched health system. As of the reporting period, the Ministry of Public Health reported 2,576 conflict-related deaths and 7,962 injuries.

Displacement remained high, fluid and reversible. The fragile ceasefire was accompanied by tentative and uneven return movements, with some displaced families undertaking short visits to assess conditions in their areas of origin. However, these movements largely remained limited, and overall displacement increased slightly compared to recent days. As of 30 April, over 119,000 people were staying in 626 collective shelters, while the majority of displaced people continued to reside outside formal sites, hosted by families, in rented accommodation or informal settings. Ongoing insecurity, military presence, damaged bridges and other critical infrastructure, unexploded ordnance (UXO), and official warnings against premature returns continued to restrict safe movement and returns, particularly in southern Lebanon.

Essential services remained under strain. Continued insecurity and recent damage limited the restoration of basic services, including water supply and healthcare, while access constraints further delayed repairs in affected areas. Damage to roads and key infrastructure continued to impede civilian movement, humanitarian operations and the sustainability of returns.

Food security conditions continued to deteriorate sharply. The [Lebanon Acute Food Insecurity Report](#) projects that 1.24 million people – approximately 24 per cent of the assessed population – will face acute food insecurity (IPC Phase 3 “Crisis” or above) between April and August 2026, marking a significant increase compared to previous periods. The deterioration is driven primarily by the escalation of hostilities since March, large-scale displacement, disruption of livelihoods and markets, and a projected decline in humanitarian assistance. While food remains available nationally, affordability remains the primary constraint, as rising prices and declining incomes continue to erode household purchasing power.

Humanitarian access remained constrained but feasible, depending on security conditions. Route safety continued to be affected by UXO, conflict debris and damaged infrastructure, particularly in southern Lebanon, limiting sustained humanitarian operations and safe civilian movement. Despite these challenges, humanitarian partners continued to deliver life-saving assistance through existing coordination mechanisms while adapting operations to the evolving security environment.

HUMANITARIAN RESPONSE

The **ongoing Emergency Rapid Needs Assessment (ERNA)**, covering people both inside and outside collective shelters, is designed to capture multi-sectoral needs of IDPs to support the identification of priorities and enable a data-driven humanitarian response. Implementing partners are supporting data collection in close coordination with the Operational Coordination Groups (OCGs), the Ministry of Social Affairs (MoSA) and local authorities.

A total **disbursement of USD 15.6 million reached 138,000 households** through the Government-led Shock Responsive Safety Net (SRSN) programme.

The Ministry of Economy and Trade, in coordination with the Disaster Risk Management Unit, launched a new initiative supported by the Food Security and Agriculture (FSA) Sector starting 30 April 2026 aims to reach most needy families with an approximate of 31,000 bread bundles a day.



Access and Civil-Military Coordination

Humanitarian partners, supported by the Humanitarian Notification System (HNS), continue to reach civilian populations in conflict-affected and hard-to-reach areas. Between 2 March and 30 April, **103 HNS-facilitated movements** enabled access to communities across southern Lebanon – including Qlaiaa, El Nabatieh, Baalbeck, Qaa, the southern suburbs of Beirut, Marjayoun, Hasbaya, Chebaa, Ain Ebel, Tyre (including Palestinian camps), Rmeish, Ebel El Saqi, Fardiss, Bourj El Moulouk, and Tebnine, among others.

These movements supported the delivery of essential, life-saving assistance, including food and bread, fresh produce, flour, safe drinking water, medical supplies, fuel, hygiene and dignity kits, and nutrition commodities. They also facilitated, where feasible and requested, the relocation of the most vulnerable individuals to safer areas.

The operational environment remains highly challenging, particularly due Israeli-declared military zone in parts of southern Lebanon, referred to by Israel as a “Yellow Line”. Other challenges relate to damaged infrastructure – including bridges and crossings – which constrain movement and often necessitate longer or less safe routes for civilians.

While humanitarian access remains feasible, it is increasingly contingent on route predictability and volatile local security conditions. The presence of improvised explosive devices (IEDs), UXO and conflict debris continues to pose significant risks to humanitarian personnel and the safe movement of assistance.



Multipurpose Cash Assistance (MPCA)

Distribution of emergency MPCA is ongoing among Cash Working Group (CWG) partners. To date, the total number of households reached through the Government-led Shock Responsive Safety Net (SRSN) is **138,000 households, benefiting 490,000 individuals**, representing a total **disbursement of USD 15.6 million**. Similar emergency MPCA payments for conflict affected non-Lebanese populations have reached 518 households, accommodating 2832 individuals, representing a disbursement of USD 50.730.

On April 30 MoSA Grievance Redress Mechanism (GRM) team met with SRSN partners. The meeting resulted in developing a tracking sheet to monitor Financial Service providers (FSPs) and partner payments. This tool will support GRM teams in better identification of complaints and providing a more agile response. Additionally, the development of guidance materials will be considered, if needed, to support focal points in effectively using the system.



Education

As of 30 April, approximately 41,000 internally displaced children are accommodated in 623 collective shelters. A total of 461 schools; 342 public, 71 private, and 48 technical and vocational education and training (TVET) institutions are being used as collective shelters for IDPs, rendering them unavailable for educational use.

Education partners continue to support internally displaced children across both formal and non-formal education. In formal education, approximately **180,000 internally displaced children** accessed **online** learning, while **109,105** attended **in-person classes**. A total of 4,100 internally

displaced children benefited from non-formal education, 51 of which through online learning and 4,049 students from in-person programmes.

Partners have also maintained support through the distribution of learning materials, with 1,586 education kits reaching approximately 79,200 children across governorates (45 in Akkar, 108 in Baalbek-EI Herme, 41 in Beirut, 192 in Bekaa, 6 in Nabatieh, 320 in Mount Lebanon, 552 in the North, and 322 in the South governorate). In addition, 736 children have received individual student kits or other learning materials. 31 children with disabilities have received assistive devices and/or rehabilitation and therapy services.

To support the emergency response, the sector has mapped needs inside and outside shelters based on partners' field observations. Key needs identified include safe, positive parenting, psychosocial support (PSS) and stress management for caregivers, staff well-being and burnout prevention, inclusive approaches for children with diverse needs, and referral and service mapping.

Food Security & Agriculture

Since the start of escalation on 2 March, food security partners have rapidly mobilised to deliver life-saving assistance to affected people. In collective shelters, over 7.5 million hot and cold meals were provided, alongside 96,000 ready-to-eat (RTE) kits containing non-cook items such as canned meat, cheese, hummus, and beans.

Food security conditions in Lebanon have deteriorated significantly following the sharp escalation in hostilities and large-scale displacement. According to the latest Integrated Food Security Phase Classification ([IPC](#)) projection analysis, an estimated 1.24 million people are projected to face high levels of acute food insecurity (IPC Phase 3 “Crisis” or above) between April and August 2026. This figure represents a notable increase compared to earlier food security projections for the same period released in October 2025, reversing the modest improvements observed in the previous cycle. Worsening food security conditions are affecting all population groups across the country, including Lebanese, refugees and other communities.

The **most severe deterioration has been observed in southern governorates**, particularly in Bent Jbeil, Marjaayoun, El Nabatieh, and Sour districts. In these areas, between 55 and 65 per cent of the population is experiencing acute food insecurity, including approximately 10 per cent in emergency phase. Both Lebanese and Syrian refugee populations are heavily affected, driven by displacement, loss of livelihoods, restricted market access, and damage to infrastructure caused by the hostilities.

The Food Security and Agriculture (FSA) Sector will be supporting a government-led bread distribution by integrating bread bundles into existing ready-to-eat (RTE) and hot meal regular distributions, starting 30 April 2026 in Beirut and Mount Lebanon governorates and will expand to other areas across Lebanon the following week. This initiative is implemented by the Ministry of Economy and Trade in coordination with the Disaster Risk Management Unit aiming to produce and distribute bread through 22 bakeries across Lebanon. The initiative will provide approximately 31,000 bundles of bread per day over a period of 12 days. Bread will be provided free of charge, and bakeries will deliver directly to humanitarian partners.

Health

As of 30 April, primary healthcare outreach continues through **211 outreach units** (Primary Satellite Units (PSUs) or Mobile Medical Units (MMUs)) linked to **186 Primary Health care centres (PHCCs)**,

supporting service delivery. Access to PHCCs services remains at scale, with **247,007 consultations** provided, and **78,172 IDPs receiving medications**. Chronic disease care continues to be prioritized, with **40,775 IDPs supported through chronic medication services**. Essential preventive and priority services remain ongoing, including **vaccination of 8,577 IDP children** (administering 17,215 doses) and **3,995 antenatal care consultations**.

Health facility closures continue to limit access to healthcare. Three hospitals and 41 PHCCs remain closed, while 8 PHCCs are operational for chronic disease management and emergency care only, placing additional strain on remaining functional facilities and limiting access to services, particularly in areas of return.

In coordination with the National Tuberculosis (TB) and Acquired Immunodeficiency Syndrome (AIDS) Control Programme (NTAP), Health sector partners have been scaling up TB screening activities across these locations. A total of 754 IDPs were screened. Among them, 44 individuals were identified as presumptive cases and were assessed on-site using a portable AI-enabled X-ray machine. No abnormal findings were detected.

The **Rapid Health Sector Partners Capacity Assessment**, conducted in the fourth week of April 2026, highlights a critical funding gap that threatens the continuity of essential health services. Despite the availability of partial new funding under the Flash Appeal (March-May 2026) and a comparable amount reprogrammed from Lebanon Response Plan (LRP) 2026, current resources remain significantly below operational requirements. As a result, 53 per cent of health partners reported a **medium risk of service interruption within the next 4 to 8 weeks** if additional funding is not urgently mobilized. The most pressing gaps are in non-communicable disease (NCD) medicines, essential drugs, and medical consumables, placing patients with chronic conditions and those requiring life-saving treatments at immediate risk.



Nutrition

A total of **19,577** children under five, adolescent girls, and pregnant and lactating women **received one month of emergency nutrition rations and micronutrient supplementation**. This included approximately 685 children aged 6 to 11 months who were provided with age-appropriate complementary feeding packages. Additionally, 11,152 children under five and pregnant and lactating women were screened for wasting, with 208 children and 75 women identified and referred for life-saving treatment.

Digital and remote support mechanisms continue to complement in-person services. Through the Infant and Young Child Feeding (IYCF) chatbot, 696 caregivers accessed guidance on optimal feeding practices, while 398 caregivers contacted the national IYCF hotline, with 289 referred for specialised support. Overall, more than **8449 caregivers of children under five were reached with IYCF, nutrition, and Early Childhood Development (ECD) counselling and awareness**.

The Nutrition sector has strengthened the integration of nutrition and ECD services across multiple delivery platforms, including (PHCCs) and their Satellite Units (PSUs). **To date, 62 nutritionists have been deployed across 40 PSUs.**

In coordination with the Ministry of Public Health (MoPH), the sector is centralising all unregulated Breastmilk Substitute (BMS) donations to ensure compliance with IYCF in Emergencies (IYCF-E) standards. To date, **58 non-breastfed infants** aged 0 to 6 months have **received one month of formula milk alongside IYCF counselling**. However, a **critical gap remains in the provision of essential BMS kits** including feeding tools, safe water, fuel, and hygiene items required for safe preparation.

Ongoing efforts include the development of caregiver guidance materials, notably the “Supporting Your Child’s Nutrition During Emergencies” flyer targeting children and adolescents. Adapted nutrition modules for school-aged children in shelter settings are also being developed, alongside a training plan to support their effective rollout.

Protection

Partners report high uncertainty, particularly in southern areas where insecurity remains acute due to ongoing hostilities. Key concerns include deteriorating shelter conditions increasing protection and GBV risks, unclear return processes, and rising risks linked to movement restrictions and weak accountability in service delivery. Children are disproportionately affected, facing disrupted education and escalating psychosocial distress, including suicidal ideation. Access to hard-to-reach populations remains a major challenge, requiring complex coordination, including for evacuating high-risk individuals. [Protection Monitoring Snapshot#3](#) provides in depth protection situation analysis.

GBV risks remain elevated inside and outside shelters due to overcrowding, lack of privacy, inadequate WASH, and weak safeguards, exposing women, girls, and other at-risk groups to sexual exploitation and abuse. Migrants are particularly vulnerable due to limited agency, exploitative work conditions, and restricted access to services.

Disclosure remains low mirroring 2024 trends driven by access barriers and competing basic needs, with women often prioritizing children over their own safety. Sustained GBV services are therefore critical, especially as safe accommodation options and comprehensive support remain limited.

Child protection and psychosocial concerns remain acute, with sustained distress among children and caregivers due to violence, displacement, and uncertainty. Overcrowding, limited supervision, and family disruption continue to heighten safeguarding risks, including peer violence.

Access to education is a major concern for displaced families, with prolonged disruptions increasing psychosocial distress and negative coping. Ongoing movement between shelters and areas of origin further undermines stability, education, and protection for children

Protection sector partners continue to respond to protection risks and compounded vulnerabilities across collective sites and in host communities with focus on communication and engagement with communities, awareness and information sessions to ensure access to rights and services as well as specialized programs including Mental Health and Psychosocial Support (MHPSS), provision of case management services and provision of protection-specific in-kind assistance such as dignity kits and adult diapers. Additional information and details are available in the [Protection Sector Sitrep#6](#).

Protection, Child Protection and GBV partners reached 158,728 people inside and outside collective sites, 67 per cent of which are women and girls. Prioritized activities included community engagement, awareness sessions, case management, MHPSS, as well as 1,410 Protection Cash Grants addressing immediate needs of displaced persons at heightened risk. In addition, the sector supported 19,603 women and girls with dignity kits and 973 people with disabilities received care services and assistive devices. Following the finalization of the Protection Sector Cash Guidance in Emergencies, MoSA endorsed the Guidance Note for the 2026 Emergency which allows partners to expand protection cash assistance to highly vulnerable Lebanese IDPs.

Analysis of Protection Sector reach indicates significant limitations in implementing planned activities due to shortfalls in capacity, staffing, and funding. While partners have reprogrammed initial

resources under LRP allocated in January–February, existing capacity remains overstretched and insufficient to scale up responses to the magnitude of current protection needs

Shelter

Distributions of core relief items (CRIs) continue for displaced households, guided by context-specific prioritization. Following the ceasefire announcement, repair activities resumed in operational collective shelters, with partners addressing priority gaps. While some families have moved to their areas of origin, collective sites have reported both returns and new families arriving, the latter from those who were staying outside of the collective shelters.

The sector faces ongoing pressure on limited CRI stocks. Although departing families were encouraged to retain items, requests for redistribution have emerged. Due to funding constraints, blanket re-distributions are not feasible, with available stocks prioritized for new arrivals and urgent cases.

To date, shelter partners have supported **40,866 unique households** through the distribution of a total of **117,278 mattresses** and **151,151 blankets**, alongside other items such as **sleeping mats, solar lamps, jerrycans, and pillows**.

In collective shelters, 98,876 mattresses, 124,614 blankets and 44,005 pillows have been distributed, along with additional essential items to support dignified living conditions. Initial CRI distributions have reached all identified households in shelters, with ongoing support targeting new arrivals through referrals. Outside collective shelters, assistance continues on a case-by-case basis, reaching vulnerable households with **18,402 mattresses, 26,537 blankets, and 11,364 pillows**.

Shelter partners are working on repairs and upgrades on **338 shelters, with 218 completed to date**, focusing on improving safety, capacity, and privacy for displaced populations.

Site Management and Coordination (SMC)

Despite the ceasefire, population movements remain fluid, with continued back-and-forth displacement to and from collective sites. Ministry of Economy and Trade, in coordination with the Disaster Risk Management Unit.

In response to sustained humanitarian needs, a scale-up of site management interventions is being led by the Ministry of Social Affairs (MoSA), with support from IOM through the **establishment of the SMC Sub-Sector coordination platform**. Joint work is ongoing to set up and operationalize a structured SMC coordination framework to enhance overall response effectiveness.

To further strengthen government leadership, a structured partnership model with site management actors is being developed. This model is informed by assessed needs, partners' capacity and existing geographic presence, and guided by a minimum SMC activity package that enhances service delivery, coordination, and protection outcomes across collective shelters.

Water, Sanitation, and Hygiene (WASH)

Since 2 March, WASH partners have delivered assistance in **672 collective shelters**, ensuring continued access to safe water, sanitation, and hygiene services in high-density and high-risk environments. The scale-up of assistance is helping to mitigate public health risks associated with overcrowding, limited water access, and inadequate hygiene conditions.

To date, **78,339 hygiene kits**, **43,564 menstrual hygiene kits** and **1,271 centre kits** have been distributed across shelters, supporting essential hygiene practices and reducing the risk of communicable diseases. In parallel, **3,765,725 liters of bottled drinking water** and **60,920 m³ of water through water trucking** have been delivered to 625 shelters, addressing immediate drinking water needs in sites with limited or disrupted supply.

In addition, **739,000 liters of fuel have been provided to Water Establishments**, sustaining public water supply services for **622,915 people**. WASH partners have also supported **225 water stations** with fuel, repairs, and spare parts to maintain operations, which is critical to sustaining network functionality under increased demand and reducing reliance on more costly emergency water supply modalities.



Social Stability

The ceasefire announcement triggered some immediate return movements, though the sustainability of these returns remains questionable and fragile. Security incidents persist, including strikes damaging Tebnine Governmental Hospital and targeting paramedics in Nabatieh. Expanded displacement orders have placed a heavy pressure on Beirut shelters, forcing many displaced persons into public spaces, while misinformation and polarised narratives further increased public anxiety.

Tension drivers remained critical across multiple domains. Host community pressure grew, with evictions, and restrictions on movements. State citizen relations were strained by protests and demands for a stronger security presence.

The [Tensions pulse](#) aims to equip decision-makers and humanitarian actors with timely, evidence-driven insights to support informed planning and response adaptation.



Logistics and Telecommunications

During the first month of activation, the [Logistics Cluster](#) supported **49 humanitarian partners** through logistics coordination, common services, access analysis, and information sharing. The Cluster made the **common storage facilities** available to organizations. These supported both temporary storage and cargo consolidation for convoy operations.

Access and operational constraints related to security, border procedures, and infrastructure were monitored and communicated, alongside continued coordination with regional teams to support contingency planning and movements. To support the community in their operational efforts, the Logistics Cluster supported a total of **19 convoys to hard-to-reach areas**, delivering food, medicines, wash, and shelter items. These convoys facilitated the movement of cargo for UN agencies, International NGOs and National NGOs, and reach all locations prioritized by the OCGs. Live schedules are shared by the logistics cluster on [weekly](#) basis.

GENERAL COORDINATION

Humanitarian partners continue to sustain response activities across all sectors, maintaining assistance in both collective shelters, hard to reach areas and outside of shelters, to support people not to resort to secondary displacement. The response remains highly adaptable, with partners adjusting modalities, geographic focus, and prioritisation in line with rapidly evolving needs and population movements.

Coordination Forums remain fully operational at national and sub-national levels. The Inter-Sector Coordination Group (ISCG), sectors, and OCGs continue to monitor developments closely, ensuring alignment between field-level response and the national planning. Response monitoring is key and essential to enable timely operational adjustments and inform response planning; therefore, the monitoring exercise aims to compare funding received against the beneficiaries reached, using a simplified and rapid approach adapted to emergency contexts.

The **Emergency Rapid Needs Assessment (ERNA) assessment is ongoing** both inside and outside collective shelters. The findings will provide a more comprehensive understanding of needs across affected populations, both within and outside collective shelters, and are expected to inform response adjustments, prioritisation, and forward planning scenarios.

Overall, the response continues to operate with high uncertainty, requiring sustained flexibility, close coordination with Government counterparts, and continuous adaptation to ensure assistance remains needs-based and responsive to evolving conditions.