

**Middle East Crisis  
Response Escalation  
Humanitarian  
Outreach for Peace**

# HOPE

**World Vision Lebanon**

**Response Plan**

2 March – 31 May 2026



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## LIST OF ACRONYMS

- CRIs** – Core Relief Items
- DRM** – Disaster Risk Management
- ERNA** – Emergency Rapid Needs Assessment
- FSA / FSL** – Food Security Assistance / Food Security and Livelihoods
- GBV** – Gender-based Violence
- HOPE** – Humanitarian Outreach for Peace
- IDPs** – Internally Displaced Persons
- IHL** – International Humanitarian Law
- IPC** – Integrated Food Security Phase Classification
- MEHE** – Ministry of Education and Higher Education
- MHPSS** – Mental Health and Psychosocial Support
- MoSA** – Ministry of Social Affairs
- MPCA** – Multipurpose Cash Assistance
- NFIs** – Non-food Items
- PHCC** – Primary Health Care Centre
- PSEA** – Prevention of Sexual Exploitation and Abuse
- PSS** – Psychosocial Support
- PSU** – Primary Satellite Unit
- WASH** – Water, Sanitation and Hygiene
- WG** – Working Group
- WVL** – World Vision Lebanon



## EXECUTIVE SUMMARY

Lebanon is facing a rapidly escalating humanitarian crisis following renewed hostilities in March 2026, compounding an already fragile and protracted context marked by economic decline, widespread poverty, and large-scale displacement. More than 1.2 million people have been displaced in a matter of weeks, placing immense strain on overstretched services and host communities, while needs are rising sharply across food security, shelter, health, water and sanitation, and protection sectors. Children are among the most affected, facing heightened risks of harm, psychosocial distress, interrupted education, and exposure to protection concerns including child labour and child marriage.

In response, World Vision Lebanon is implementing a 90-day, multi-sectoral emergency response aiming to reach 250,000 people, including 87,500 children, with life-saving and life-sustaining assistance. The response prioritises integrated service delivery across basic needs, cash assistance, food security, WASH, health, education, and protection, while embedding child protection, safeguarding, and community engagement throughout. Anchored in localisation, coordination with national systems, and conflict-sensitive programming, the response seeks to ensure timely, equitable, and accountable support to the most vulnerable, while advocating for increased flexible funding, protection of civilians, and sustained humanitarian access.



# SITUATION OVERVIEW

Lebanon's current emergency comes on top of an already fragile and protracted crisis. Despite the 27 November 2024 cessation of hostilities, insecurity continued, with more than 10,000 reported air and ground violations and continued civilian casualties. Even before the latest escalation in March 2026, an estimated 62,000–90,000 people remained displaced from earlier hostilities, while the country was already facing deep poverty, severe food insecurity, overstretched public services, unresolved displacement, and the continued presence of large refugee and migrant populations.

Regional tensions escalated sharply at the end of February 2026, with hostilities expanding into Lebanon on 2 March. Airstrikes, evacuation warnings, and attacks on densely populated areas have affected Beirut's southern suburbs, Bekaa, and South Lebanon, with signs of a widening geographic scope and increasing intensity of attacks. [By March 2026](#), over 1,000 deaths and over 2,800 injuries were reported, while the number of displaced rose to over 1.2 million people. Many families have been forced to flee more than once within short periods, deepening vulnerability and making it harder to access shelter, services, and assistance.

The escalation is sharply worsening humanitarian needs across the country. Shelter capacity is under severe strain, with collective shelters overcrowded, and many more displaced people staying outside formal sites in host communities, informal arrangements, vehicles, or open spaces. Host communities are reaching absorption limits; rental costs are rising, and safe accommodation is becoming harder to secure. Cross-border movement into Syria is also increasing, showing the regional spillover of the crisis and the extent to which insecurity is driving onward displacement.

This escalation is compounding pre-existing humanitarian needs on a very large scale. Before the latest violence, nearly 3 million people in Lebanon were already estimated to need humanitarian assistance in 2026, while funding remained critically limited. The March–May 2026 Flash Appeal identifies 1.3 million people newly affected by the hostilities who require urgent life-saving support. As a result, Lebanon is now facing a humanitarian caseload affecting more than half the population, placing enormous pressure on response systems that were already underfunded and overstretched.

Needs are rising across all sectors. Displacement, market disruption, loss of income, and reduced purchasing power are worsening food insecurity. Overcrowding and shortages of basic household items are driving urgent shelter and relief-item needs. Pressure on water and sanitation systems is increasing public health risks. Health services are under growing strain as casualties rise, trauma cases increase, and some facilities have been damaged or forced to close. Protection risks are also intensifying due to repeated displacement, family separation, unsafe shelter conditions, and barriers to trusted information and support. Disruption to schooling is further deepening children's and families' distress in a context where education access was already severely constrained.

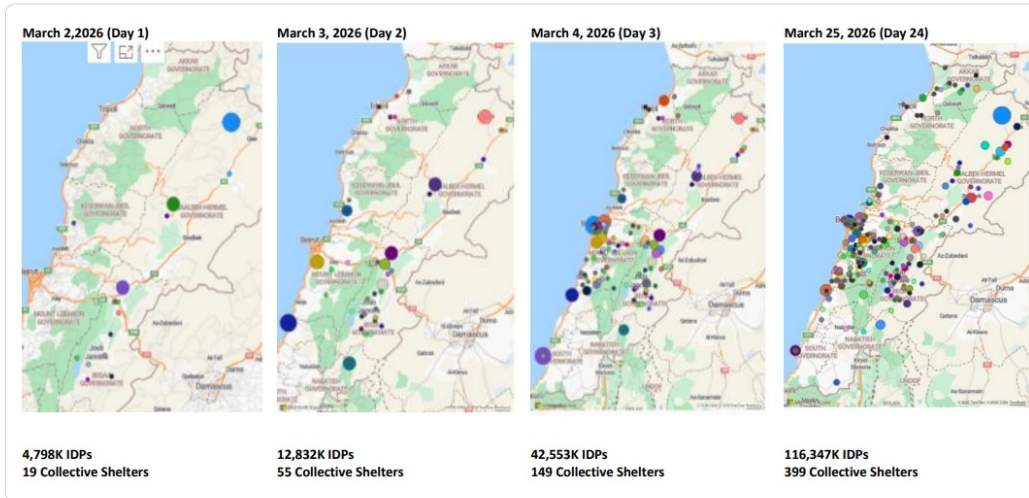


## Impact on Children

Children are bearing a particularly heavy burden in this crisis. Since the escalation began, children have been killed and injured at alarming rates, while rapid and repeated displacement has uprooted them from familiar environments, interrupted learning, and exposed them to fear, distress, and increased protection risks. These impacts come on top of already severe pre-existing vulnerabilities, with large numbers of children in Lebanon already out of school before the latest escalation. Refugee children, Palestinian children, children with disabilities, children in hard-to-reach areas, and children living in poverty face especially high risks. As displacement continues, overcrowded shelters, family stress, reduced privacy, and limited access to essential services are increasing the risk of psychosocial distress, abuse, neglect, child labor, and child marriage. Immediate priorities for children include safety and protection, psychosocial support, continuity of education, and access to health, nutrition, and other essential services.

# WORLD VISION LEBANON'S RESPONSE

## Response to Date

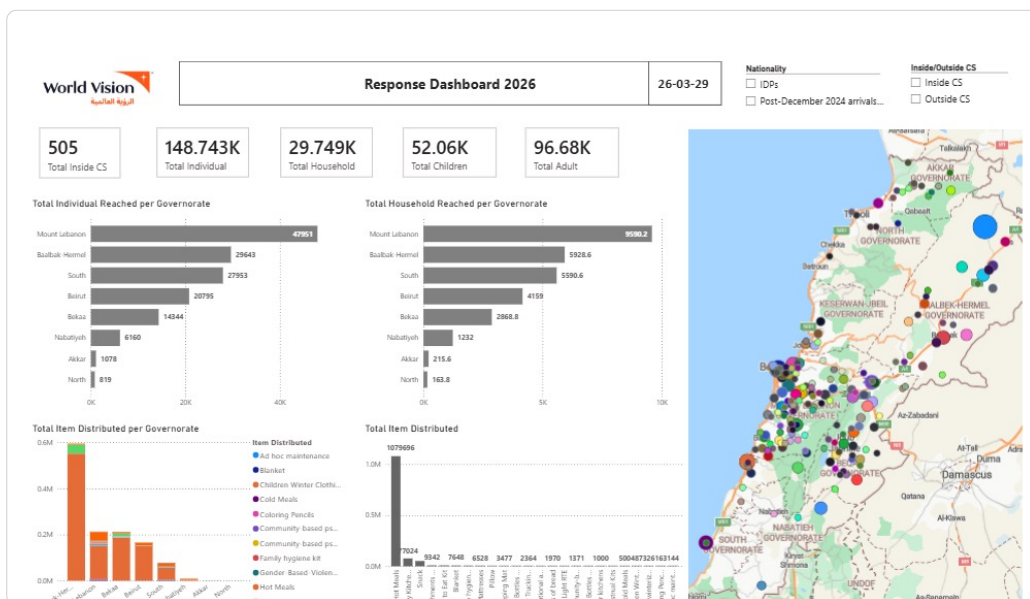


WVL is actively responding to this escalation since early hours of March 2, in coordination with the government and coordination mechanisms.

Within the first 15 days of the response, WVL was able to mobilise **US\$2.4 million from existing funds and US\$967,000 in new funding**. This was made possible primarily through anticipatory funding secured in advance of the crisis from the Start Fund, as well as the rapid repurposing and leveraging of existing grant funding. WVL leveraged existing WFP, OCHA, and DEC funding to immediately distribute hot meals and other lifesaving assistance (NFIs, hygiene kits) to internally displaced people hosted in collective shelters. Also, during these first days, WVL was among the first actors able to distribute emergency items to families in the South. One month into the response, WVL has mobilised a total of **US\$3.37 million in repurposed funding and US\$9.8 million in new funding**.

As of end of March, **WVL has reached more than 148,700 affected population (including IDPs and new Syrian arrivals), including more than 52,000 children** in over 500 shelters with core relief items (CRIs), food, WaSH support and recreational activities for children. In parallel to the support provided to newly internally displaced families, WVL continues to support participants under ongoing projects, who are now further affected by the current escalation.

[Latest sitrep available here.](#)





## Response Goal

Between March 2026 and May 2026, WVL will **address immediate needs through a multi-sectoral emergency response designed to deliver timely, safe and accountable lifesaving and life-sustaining assistance to 250,000 individuals, including 87,500 children**, affected by the escalation of this conflict.

## Response Objectives

- **Life-saving and basic assistance:** Deliver in-kind and cash assistance to conflict-affected communities to meet urgent food, shelter, WASH, health, and other basic assistance needs.
- **Protection and psychosocial wellbeing:** Promote the protection, safety and psychosocial wellbeing of girls, boys, women and men affected by conflict and displacement.
- **Education continuity:** Ensure inclusive and safe access to and continuity of quality learning for conflict-affected girls and boys, including children with disabilities.

## Response Approach

WVL's response is anchored in a **multi-sectoral, integrated, and conflict-sensitive approach**, informed by lessons learned from previous emergencies:

- **Integrated Multi-Sectoral Response:** Shift from siloed interventions to area-based, multisectoral programming, particularly in collective shelters, ensuring simultaneous delivery of WaSH, health, education, protection, and basic assistance to prevent service gaps and public health risks.
- **Strengthening the integration between Education, Protection, Health, and MHPSS:** Scale up education, child protection, MHPSS, and health interventions, embedding trauma-informed and community-based approaches across sectors.
- **Integration of Cash and Economic Security:** Mainstream cash-based assistance (MPCA) and economic security approaches across sectors to increase flexibility, dignity, and efficiency of the response.
- **Community Engagement and Social Cohesion:** Engage faith leaders, caregivers, and community actors to enhance outreach, accountability, and acceptance, while proactively addressing social tensions (e.g., around food assistance and service provision) through conflict-sensitive programming.
- **Dual Targeting Approach:** Prioritise both collective shelters and displaced populations in host communities, ensuring equitable access to services beyond formal shelter settings.
- **Localisation and Risk-Sharing:** Leverage the existing partnership model of WVL and further expand the pool of local partners in high-risk areas, while promoting equitable partnerships that reduce risk transfer and strengthen partner capacity and accountability.
- **Integration of Registered Children and Families into the Response:** Building on its nationwide sponsorship programming, WVL will intentionally integrate registered children and their families affected by displacement into the emergency response. This approach leverages existing community presence, data, and relationships to ensure rapid identification, targeted support, and continuity of care, while maintaining equity by aligning assistance with vulnerability criteria and broader humanitarian targeting frameworks.
- **Operational Leadership and Coordination:** Leverage WVL's co-leadership in WaSH and Cash sectors, and representation within national coordination mechanisms, to strengthen integration across Cash, Shelter, and WaSH actors.

## Response Priorities & Activities

Sector	Key Needs	Output	Planned Activities
<b>Basic Assistance/ Shelter</b>	Urgent household/basic needs through in-kind assistance	Internally displaced communities, including persons with disabilities, are provided with core relief items	NFIs (mattresses, thermal blankets, sleeping kits, household items, clothes); Winter items, Fuel.
<b>Basic Assistance/ Cash</b>	Flexible approach to meet urgent and diverse basic households' needs	Internally displaced communities, including persons with disabilities, are provided with cash assistance to serve their immediate basic needs.	MPCA (capped at US \$145 p/m for family of 5 by Cash WG),
<b>FSA</b>	Reduced access to food, reduced purchasing power, displacement-related food gaps, and negative coping strategies.	Internally displaced communities, including persons with disabilities are provided food assistance to meet their immediate needs.	Fresh and dry ingredients for hot meals, ready-to-eat meals, and food parcels.
<b>WASH</b>	Reduced access to safe water and sanitation, hygiene risks, disruption, damage and pressure on WASH services in displacement and affected areas.	Internally displaced communities, including persons with disabilities, are provided with adequate access to water, sanitation, and hygiene in an emergency context.	Family hygiene kits; disinfection kits and cleaning items; menstrual hygiene items for women and girls for 2 months (sanitary pads, towels and soap); baby kits to IDPs in collective shelters (0-24 months); emergency water trucking and desludging services for collective shelters; rehabilitation of WASH facilities inside collective shelters (i.e: installation of showers, latrines).



Sector	Key Needs	Output	Planned Activities
<b>Protection &amp; MHPSS</b>	Distress, anxiety and psychosocial strain; increased child protection risks; unsafe and overcrowded shelter conditions; limited access to safe, inclusive and dignified support.	Internally displaced girls, boys, women and men, with and without disabilities, are provided with MHPSS programs and protection services.	Establish and equip safe spaces for safe disclosures and referrals, as well as information sessions and sensitisation. Train site management focal points in PSEA, safe identification and referrals; Conduct information sessions on child protection, GBV, PSEA and protection risk tracking; PSS to affected populations; In-kind items to support older persons and persons with disabilities (e.g. wheelchair, walker, adult diapers); In-kind kits to children (per sector guidance: school stationary, recreational items, coloring book, etc); Psychological first aid to frontlines and affected populations; Emergency case management including GBV case management
<b>Health</b>	Reduced access to essential health services, increased health risks, disrupted continuity of care, and barriers for vulnerable groups.	Meet the primary health care and basic mental health needs of the most vulnerable affected communities affected by the conflict escalation.	Equip primary satellite units (PSUs) and primary healthcare centres (PHCCs) with medication and medical equipment; subsidise primary health care services delivered by PSUs in shelters or outside of shelters or in PHCCs; support health referrals pathways; provide health and MHPSS awareness to displaced populations in shelters.
<b>Education</b>	Interrupted access to learning, school disruption, learning loss, psychosocial distress affecting children's participation and wellbeing	IDPs children with and without disabilities are provided retention programming and equipped with educational materials to support their continued learning.	Online retention and psychosocial support; learning materials; children/shelter kits along with key messages; caregiver component; teacher training and support; integrate AI to support learning during emergencies; support MEHE response plan (based on any new guidelines that will be issued)

*\*Activities might change as needs assessments are conducted and needs evolve.*

## Targeting Approach

WVL will prioritise populations affected directly by the escalation as well as individuals already facing vulnerability whose needs have worsened in the current context. This includes Syrian refugees and December 2024 new arrivals from Syria, Palestinians, migrant populations, returnees, new internally displaced people, and host communities under severe pressure.

Activities will be conducted across all governorates (North, Akkar, BML, South, Baalbeck-Hermel, Nabatieh).

Across all sectors, targeting will prioritise:

- Households in active conflict-affected areas
- Displaced families inside and outside collective shelters
- Households with children
- Pregnant and lactating women
- Persons with disabilities and older persons
- Households with high dependency ratios
- Families facing acute protection risks or barriers to service

### *Targeting in Collective Shelters*

MoSA leads the collective shelter response, including site oversight, focal point designation, and partner access, with shelter-level data and inter-agency coordination helping to identify needs, reduce duplication, and align support. Given the high levels of vulnerability linked to displacement, overcrowding, and limited access to services, WVL will apply a blanket site-level targeting approach in selected collective shelters, regardless of nationality.

### *Targeting Outside Collective Shelters*

For populations residing outside collective shelters, a rapid **Emergency Needs Assessment (ERNA)** is planned, with humanitarian partners supporting MoSA in its implementation. Guidance on targeting and assistance modalities will be provided once the assessment is completed

### *Cash Assistance Targeting Approach*

MoSA has activated the Shock Responsive Safety Net to provide rapid multipurpose cash assistance to conflict-affected households in shelters and host communities. In the initial phase, targeting relied on existing government and partner data, alongside households in evacuation order areas, to enable a rapid no-regret rollout while limiting duplication. Subsequent rounds will be informed by MoSA-led prioritisation of registered IDPs. For non-Lebanese households, targeting will be coordinated through data-sharing with relevant humanitarian agencies to support harmonised and complementary coverage.

## Beneficiary Reach

The table below includes the target reach per sector. The total represents the unique number of participants, excluding double counting across sectors.

Sector	Individuals affected	Individuals targeted	Children affected	Children targeted
Shelter (CRI/NFI)	1 M	46,240	350,000	14,784
Cash	1 M	6,000	350,000	2,100
FSL	1 M	91,000	350,000	31,850
Child Protection & MHPSS	0.7 M Protection 0.5 M GBV	53,570	245,000 Protection 175,000 GBV	46,470
Health	1 M	20,800	350,000	7,280
Education	0.35 M	6,000	350,000	6,000
<b>Totals</b>	<b>1M</b>	<b>250,000</b>	<b>350,000</b>	<b>87,500</b>

## Response Funding

WVL requires an additional 15 million to fulfil this 90-day plan. WVL has mobilised new funding and repurposed additional grants to this escalation to be able to assist IDPs during the first weeks of the response. Funding for this response is critical, urgent and limited.

One month into the response, WVL has raised an additional US\$9.8 million in new funding against the US\$15 million target, and repurposed US\$2.4 million to this response from 7 ongoing grants (WFP, OCHA, DEC, and private WV funds).

The new funding includes major contributions from WFP (USD 7.34M), UNOCHA (USD 1.15M), and KOICA (USD 219K), alongside funds from Aktion Deutschland Hilft (ADH) / WV Germany (USD 477K), Irish Aid (USD 164K), and private WV funding from WV Support Offices (US, HK, NZ, Taiwan) (USD 458K).

## Distribution of new + repurposed funds per sector:

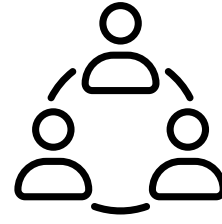
Sector	Grants	Available Funding (USD)
Food Security	6	9,530,299
WASH	5	1,321,833
Shelter/NFIs	1	37,800
Education	1	127,000
Child Protection	4	428,737
Protection	0	0
Livelihoods	0	0
Health & Nutrition	1	200,000
MPCA	1	219,100
Multi-Sector	6	332,738
<b>TOTAL</b>	<b>25</b>	<b>12,197,508</b>

## Moving forward, the planned 15M is to be distributed as follows:

Sector	Total	Percentages[AT1.1]
Food	8,032,000	53.55
WASH	1,389,500	9.26
Child Protection & MHPSS	612,300	4.1
Education in Emergencies	357,500	2.4
Cash	1,500,000	10
Shelter (CRIs & NFIs)	724,000	4.83
Health	368,160	2.45
Admin & Staffing Costs	1,956,594	13.04
Safety & Security	60,000	0.4
<b>Total</b>	<b>15,000,000</b>	<b>100</b>

## Transition & Adaptation

If the conflict de-escalates or a ceasefire is reached before the end of May 2026, WVLC will transition pending activities into its previous response framework, with increased emphasis on protection, livelihoods, education and mental health and psychosocial support. If the conflict persists or intensifies, the plan will be reviewed and updated, and its timeframe and scope extended as necessary in line with the evolving context and assessed needs. In this second case, WVLC will increase its focus in mid-term interventions.



## NATIONAL ALIGNMENT & COORDINATION

WVL's response is positioned within Lebanon's broader humanitarian architecture and complements the Lebanon Response Plan, and coordination with government actors at national and sub-national levels. Moreover, WVL is implementing its response in close coordination with the Ministry of Social Affairs (MoSA), Ministry of Higher Education and Education (MEHE) and other ministries, DRM structures, and is actively contributing to discussions on guidance, targeting, and operational needs and priorities. In particular, WVL continues to participate actively in coordination fora, including the Humanitarian Country Team as observer, the WaSH sector as co-lead agency, the Cash Working group as the co-chair agency, the Lebanon Humanitarian International Forum, the IPC technical working group, and relevant national and sub-national sector working groups. This approach is intended to ensure that WVL's response remains well-coordinated, complementary to national efforts, and aligned with emerging priorities across affected areas.

## PARTNERING

Local partners remain at the frontline of the emergency response, acting as first responders within their communities and enabling rapid, contextually appropriate assistance to displaced families. Through its localisation approach, WVL works with a diverse network of local civil society organisations, faith-based groups, community initiatives, and service providers, whose established presence ensures immediate mobilisation, trusted access, and strong community acceptance. WVL is continuously working to strengthen partners capacity in diverse areas, as well as to maintain accountability and compliance standards and support partner staff safety and duty of care.

As of end of March, WVL has mobilised more than 20 local partners including Basmeh w Zeitouneh, Genius Association, Will Association, and Caritas among others, in addition to local kitchens engaged through ongoing programmes. These partners were instrumental in delivering early response activities, including meal provision, shelter support, distribution of relief items, and identification of vulnerable households.

This approach is aligned with World Vision's commitment under the Grand Bargain to channel at least 25% of humanitarian funding to local and national actors.

# CROSS-CUTTING THEMES

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## **Inclusive, Safe and Accountable Programming**

WVL integrates gender equality, disability inclusion, protection, and safeguarding across all sectors of its response to ensure assistance is safe, accessible, and inclusive for women, girls, persons with disabilities, children, adults at risk, and other groups facing exclusion. Inclusion is built into assessment, design, implementation, monitoring, and community engagement. Staff, partners, and community focal points are trained in gender and disability inclusion, Psychological First Aid, safeguarding, and the safe identification and referral of protection concerns, including GBV cases. WVL also works with women-led groups, organisations of persons with disabilities, and protection partners to strengthen outreach, targeting, referrals, and survivor-centred support.

Disaggregated data and community feedback are used to adapt programmes and improve accountability. Across service delivery, WVL applies practical protection measures to reduce risk and support dignity, including safe distribution arrangements, female staff presence where appropriate, clear reporting channels, and child-friendly feedback mechanisms.



## **Environmental Responsibility**

Environmental considerations are integrated across the response to ensure humanitarian assistance is delivered responsibly and in line with do no harm principles. WVL will aim to reduce waste, encourage the use of recyclable or reusable materials, and promote more sustainable sourcing and distribution practices where feasible. Digital tools such as QR codes will also be used to reduce paper use. Environmental screening will be applied where relevant so that risks can be identified early and mitigation measures built into implementation.



## **Conflict Sensitivity and Social Cohesion**

WVL will implement the response in close coordination with the Ministry of Social Affairs, sector partners, local authorities, and community stakeholders to support transparency, complementarity, and trust. Particular attention will be given to reducing tensions linked to limited resources, perceived exclusion, or differences between affected groups. Clear communication on project objectives, eligibility criteria, and assistance modalities, together with regular coordination and information sharing, will help minimise duplication, reduce gaps, and strengthen social cohesion.

## **STAFF CARE**



Staff care remains a central priority throughout the response. Building on lessons from previous escalations, the organisation has strong support systems in place, including access to professional psychological support through the Employee Assistance Programme, a Peer Support programme, and staff care sessions being rolled out across the organisation to strengthen wellbeing and resilience. Flexible work arrangements, rotation schedules, compensatory time off, and backstopping for key roles are also in place to help manage workload and reduce fatigue as staff adapt to changing programme demands. With many staff and their families directly affected by the escalation, including displacement from high-risk areas, WVL continues to maintain robust staff tracking, support, and safety measures, including hibernation arrangements and emergency preparedness in its offices.

# KEY ADVOCACY ASKS



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**Scale up flexible humanitarian financing:** Advocate for immediate, flexible, and unearmarked funding to address critical gaps. The response remains significantly underfunded, limiting the ability to operate at scale and sustain assistance, including both life-saving support and early recovery.

**Strengthen coordinated and inclusive response systems:** Ensure coordination remains clear, streamlined, and locally informed, enabling all partners to contribute effectively and reach all affected populations.

**Ensure access to all displaced populations:** Prioritise efforts to reach those outside collective shelters, including in informal settings and host communities, who remain underserved and face heightened protection risks.

**Embed protection across the response:** Ensure protection is central to all interventions, with particular attention to children, women and girls, refugees, migrants, and other vulnerable groups.

**Safeguard humanitarian access and infrastructure:** Advocate for safe and unimpeded access, particularly to hard-to-reach areas. Damage to critical infrastructure continues to restrict movement and limit response capacity.

**Protect civilians and uphold International Humanitarian Law:** Reinforce the protection of civilians, humanitarian personnel, and civilian infrastructure, and ensure respect for International Humanitarian Law.

**Prioritise children and education:** Ensure continuity of education and child protection, including alternatives to the use of schools as shelters to prevent long-term harm.

**Support community stability and social cohesion:** Invest in local and community-based responses to mitigate rising tensions and reduce the risk of civil unrest and localised conflict.

EXPLORE THE LATEST FIGURES AND UPDATES FROM OUR RESPONSE THROUGH OUR DASHBOARD ([HERE](#))



**"WHEN THE SHELLING QUIETS DOWN, IT FEELS LIKE MY HEART CAN FINALLY STOP RACING. GOD, PLEASE LET THIS WAR END SO WE CAN RETURN HOME."**

**- Celine,  
8-year-old displaced girl**

**"HERE IN THE SHELTER, IT FEELS MUCH CALMER; THE BOMBING ISN'T AS INTENSE AS IN OUR NEIGHBOURHOOD."**

**- Ibrahim,  
7-year-old displaced boy**



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