



# Middle East Gender Based Violence in Emergencies Snapshot - April 2026

Lebanon | Iraq | Syria | Yemen | Occupied Palestinian Territory



## REGIONAL OVERVIEW

<b>101</b>	<b>18M+</b>	<b>226</b>	<b>\$70M</b>
Women & Girls Safe Spaces (WGSS) closed in the last 12 months due to funding gaps and insecurity.	Women and girls at heightened risk of GBV across the region.	GBV organisations delivering life-saving response services.	Needed urgently to reopen WGSS and sustain GBV services.

The February 2026 airstrikes on Iran triggered a rapid escalation of risks across the region, intensifying gender-based violence (GBV) exposure in Lebanon, Syria, Iraq, Yemen, and the Occupied Palestinian Territory, while further degrading already fragile protection systems and service delivery structures. What was already a region that is home to several of the world's most acute protection crises has deepened considerably in a matter of weeks.

Across the region, more than [161 million women and girls](#) reside in countries directly affected by the conflict. Over [18 million women and girls](#) and, increasingly men and boys, across Iraq, Yemen, Lebanon, the Occupied Palestinian Territory, and Syria are exposed to heightened GBV risks, driven by displacement, insecurity, and the progressive breakdown of protective environments. Within this, adolescent girls, female headed households and women and girls with disabilities face compounded and often invisible risks due to entrenched gender norms, economic dependency on males, exclusion from information and services, and reduced mobility.

GBV incidents remain significantly underreported due to stigma, fear of retaliation, and the risks associated with accessing services. Concurrently, access to lifesaving GBV services is increasingly constrained by insecurity, internal and cross-border population movements, and the disruption, reduction, or absence of specialized service provision in multiple locations. The contraction of livelihoods and income-generating opportunities is further increasing exposure to GBV, reinforcing cyclical patterns of vulnerability. While conflict-related sexual violence remains a critical concern, there is also documented increase in other forms of GBV, including intimate partner violence and early and forced marriage, which are expanding in both scale and complexity.

In Lebanon alone, internal displacement has surpassed [one million people](#). Cross-border movement between Lebanon and Syria has also intensified sharply, with [more than 130,000 recorded entries into Syria](#) in the same period. In Iraq and Yemen, populations with prolonged prior exposure to conflict are again facing the risk of renewed airstrikes and displacement. In the Occupied Palestinian Territory, populations continue to experience ongoing bombardment alongside severe constraints in access to essential goods, including water, food, and shelter. These population movements are occurring within already weakened protection environments, further increasing exposure to GBV risks for women and girls.

## Who is most at risk

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Within the broader population of affected women and girls, certain groups carry a disproportionate and often invisible burden of risk:

- **Adolescent girls**

Adolescent girls face elevated risk during displacement, including exposure to harassment, sexual violence, and early and forced marriage. These risks are frequently linked to negative coping strategies adopted by households under economic and security pressure. Girls separated from caregivers, or those assuming caregiving roles, face increased exposure to exploitation and abuse.

- **Female-headed households**

Female-headed households face concurrent protection and economic pressures with limited access to support systems. In Yemen, female-headed households are three times more likely than male-headed households to experience extreme food insecurity, increasing exposure to exploitation and negative coping strategies and poor health.

- **Women and girls with disabilities**

Women and girls with disabilities face compounded risks in overcrowded and poorly monitored environments. Dependence on caregivers, limited mobility, and lack of accessible services increase exposure to neglect, exploitation, and sexual violence.

- **Migrant and undocumented women**

In Lebanon, [over 45,000 migrants](#) have been displaced since the escalation. Between 2–16 March, 60 percent of [approximately 1,700 requests](#) for safe-site access received by IOM were submitted by women, including domestic workers facing heightened risks of exploitation, trafficking, and exclusion from services due to their legal and employment status.

- **LGBTIQ+ individuals**

Face intersecting stigma and exclusion, with severely constrained access to services and minimal visibility in formal response systems.

## What is driving the increase of GBV risks

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**Multiple, intersecting dynamics are converging to intensify GBV risks:**

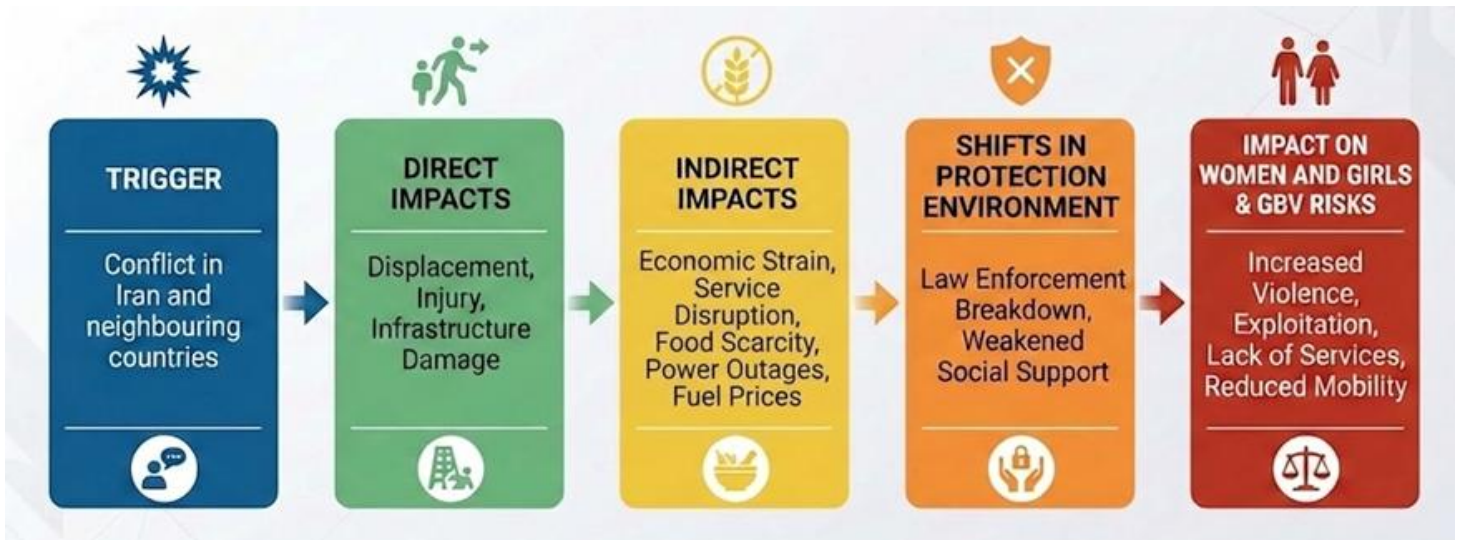
**Displacement into unsafe conditions.** Women and girls across the region are sheltering in overcrowded collective sites, informal settings, and schools - spaces that lack gender-segregated WASH facilities, adequate lighting, and basic safety measures. In Lebanon, [over 70,000 displaced women and girls](#) are in collective shelters, while an estimated 450,000 more are in overcrowded private arrangements – many at risk of sexual exploitation by landlords.

**Energy cuts.** Reduced electricity supply - resulting from disruption of Iranian gas supplies, direct infrastructure damage in Gaza, and deteriorating energy systems in Yemen and Syria - has significantly reduced lighting in residential areas, displacement sites, and sanitation facilities. Lack of lighting, particularly at night, is a documented factor increasing exposure to sexual harassment and violence.

**Economic collapse and harmful coping mechanisms.** Rising costs of food and energy, loss of income, and reduced remittance flows are increasing household vulnerability. Families are adopting negative coping strategies, including increased rates of early and forced marriage. Evidence indicates that child marriage rates among Syrian refugee populations remain significantly higher than pre-crisis levels and increase further during periods of displacement and economic stress.

**Trafficking and exploitation.** Disruption of supply chains and shifts in control by armed actors are increasing trafficking risks, particularly for women and girls separated from family or community networks. This is due to increased presence and movement of men from outside the community. Migrant and undocumented women are at heightened risk of sexual exploitation and abuse due to legal precarity and dependency on employers.

**Intimate partner violence.** Economic strain, loss of livelihoods, and prolonged insecurity are established drivers of increased intimate partner violence. In conditions of displacement and resource scarcity, intra-household stress is increasing, contributing to higher incidence of physical, emotional, and sexual violence within intimate relationships. Collectively, these dynamics are expanding exposure to the full spectrum of GBV - including intimate partner violence, sexual violence, trafficking, exploitation, and early and forced marriage - within contexts where legal protection is limited and service availability is contracting.



## The impact on GBV response systems

As violence escalates, the systems designed to prevent and respond to it are among the first to weaken. This is one of the defining protection challenges of the current response.

Women and Girls Safe Spaces (WGSS), GBV case management services, and specialised health facilities are being forced to close, scale back, or relocate across all five countries (Lebanon, OPT, Iraq, Syria and Yemen), causing disproportionate impacts on the most vulnerable: women who were already suffering from one or more forms of violence, adolescent girls who rely on safe spaces as one of the few socially acceptable entry points to services, and women and girls with disabilities who require consistent, accessible, and often tailored support to engage safely.

Where services are shifting to remote or mobile modalities, they are reaching those least at risk - while leaving behind those without mobile phones, digital access, or assistive technologies.

**The referral system is also breaking down.** Survivors are increasingly unable to safely reach available services, while providers struggle to maintain confidentiality and quality of care in overcrowded or makeshift conditions. Access barriers are particularly acute for migrants, undocumented individuals, and people requiring disability-inclusive services.

## A funding crisis at the worst possible moment

A comparison of first-quarter funding levels across 2024, 2025, and 2026 indicates a sustained and accelerating contraction in GBV financing across Iraq, Lebanon, Yemen, Palestine, and Syria:

- Funding declined by approximately [14.5 percent](#) between Q1 2024 and Q1 2025.
- A further decline of 44.3 percent occurred between Q1 2025 and Q1 2026.
- The cumulative reduction over the two-year period exceeds 52 percent ([OCHA Financial Tracking Service](#)).

These reductions are not correlated with a decrease in need. Available GBV trend data from response actors indicates that exposure to GBV risks and demand for services are increasing across all contexts. The pattern reflects a systemic contraction in operational capacity at a point when scale-up is actually required.

Recent inter-agency data underscores the operational implications. An OCHA survey found that [76 percent of organizations](#) affected by the termination of US funding reported reductions in life-saving assistance targeting women and girls. A separate UN Women survey indicates that [up to 50 percent of women-led organizations](#) (WLOs) operating in humanitarian settings may cease operations within six months as a result of funding cuts. A [UNFPA survey](#) found that 66 percent of women led and women focused local organisations operating in the Arab Region had either never applied

for or successfully secured funding via the Country Based Pooled Funds mechanism - one of the main funding opportunities for locally led humanitarian response interventions.

Reductions in GBV funding have direct consequences for service availability. The closure of Women and Girls Safe Spaces and other specialized service points reduces access to case management, psychosocial support, information, and referral pathways. The current trajectory reflects a widening gap between increasing demand and declining investment, with immediate implications for coverage, continuity, and quality of GBV response services.

## GBV response organisations: An overstretched system

The **capacity of GBV actors to sustain and adapt service delivery** is under significant and increasing strain. Across the region, more than 226 GBV actors continue to provide life-saving services: however, this is occurring in a context defined by high caseloads, staff displacement, and reduced operational resources. Service providers are managing a marked increase in the volume, complexity, and severity of cases without commensurate increases in staffing, funding, or institutional support. A proportion of GBV personnel are themselves displaced or directly affected by the crisis and are operating under conditions of sustained insecurity. In Lebanon and Gaza, GBV staff have been displaced by the same airstrikes and displacement orders affecting affected populations. In Iraq, airstrikes in Erbil are directly impacting the communities in which staff live and work.

**Funding reductions** are directly constraining operational capacity. Partners are unable to recruit or retain qualified personnel, expand service delivery points, or sustain core functions such as supervision and staff care where funding has declined by more than 50 percent over the past two years. Case managers are consistently carrying caseloads that exceed established safe thresholds, with direct implications for the quality, timeliness, and survivor-centred nature of care. This is particularly acute for high-risk cases requiring sustained engagement and specialized clinical or psychosocial support. Supervision and staff care mechanisms are often reduced or discontinued under funding pressure, increasing the likelihood of burnout, staff turnover, and declines in service quality at a time when demand is increasing.

**Mobile and remote modalities** have been expanded to mitigate access constraints and, in some contexts, represent the only viable means of service delivery. However, these approaches do not replace the need for consistent, confidential, in-person services. This is particularly relevant for survivors with complex trauma, women and girls with disabilities, individuals without access to digital tools, and those in environments where privacy cannot be ensured. Without targeted mitigation measures, increased reliance on remote delivery risks reinforcing existing access barriers.

The cumulative effect is a **widening gap between escalating needs and a constrained response capacity**. Absent immediate and sustained investment, the likely outcomes include further degradation of services, increased staff attrition, loss of institutional capacity, and reduced access for high-risk populations. Addressing this gap requires predictable and flexible funding, prioritization of GBV services within broader humanitarian response frameworks, investment in national and local actors, and targeted measures to strengthen workforce capacity, including caseload management, structured supervision, and staff care systems.

A recent UNFPA survey on the mental health and wellbeing of GBV Case Managers working in the Arab States Region found that case managers were overwhelmed and exhausted.

- **52 percent** of survey respondents felt unsafe when carrying out their work.
- **50 percent** of survey respondents had no access to psychological support from their organization.
- **83 percent** of survey respondents reported feeling totally or increasingly overwhelmed by the types and number of GBV cases they were expected to support.

*“In my role supporting and guiding case managers, we meet every month to talk through the cases they are handling and the challenges they face. But the stories never seem to stop. Case after case of violence, and so many families living through unimaginable hardship. Carrying all of that, month after month, is exhausting. Sometimes it just feels incredibly heavy”.*

GBV Case Manager, OPT

# COUNTRY SNAPSHOTS

## LEBANON

**1.2M+**

People displaced in the first two weeks, with 1,116 fatalities and 3,229 wounded

**1.53M**

Women and girls at risk of GBV

**19**

GBV Women & Girls Safe Spaces forced to close

**300K**

Displaced women and girls in urgent need of Dignity Kits

### Risks

Lebanon is experiencing the most acute displacement dynamic in the region. As of early April 2026, more than 1.2 million people have been uprooted, with women and girls sheltering in schools, on streets, and in collective sites that have long since exceeded capacity. Social networks have been severed, community protection mechanisms have collapsed, and access to services is severely constrained - a combination that reliably drives GBV underreporting to near-invisible levels.

Over [69,900 pregnant women](#) face extreme risks. Reports of women giving birth in cars, schools, and on sidewalks - without clean water or medical support - illustrate how completely the health system has been overwhelmed. These are not exceptional cases; they are becoming the norm in areas of dense displacement.

**Migrants face particular danger.** [IOM estimates](#) that over 45,000 migrants have been displaced in Lebanon as of 31 March 2026. Domestic workers face heightened risks of trafficking, exploitation, and denial of services, compounded by language barriers, uncertain legal status, and exclusion from formal assistance. Of 1,700 requests IOM received from migrants seeking access to safe sites between 2–16 March, 60 percent came from women.

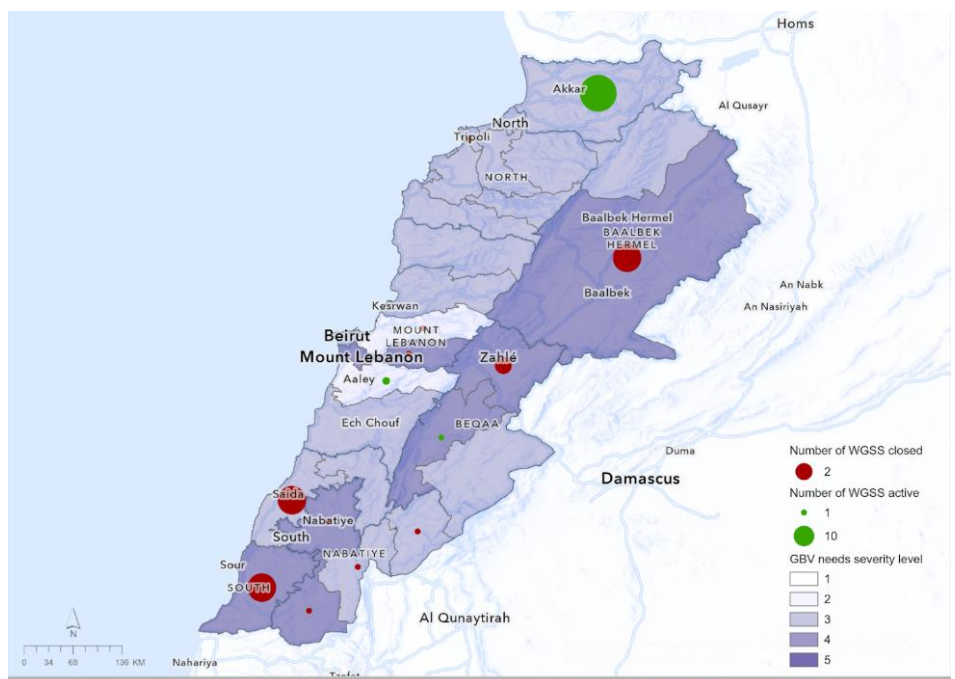
Collective shelters and overcrowded private accommodation are significant risk environments. Many shelters lack gender-segregated WASH facilities, adequate lighting, and privacy — placing over 70,000 displaced women and girls at heightened risk within these settings alone. An estimated 450,000 more are living in informal arrangements where sexual violence, harassment, and exploitation by landlords have been reported.

**Child marriage is a deepening concern.** Prior to the current escalation, UNFPA surveys in Lebanon's Bekaa region found that [over a third of Syrian refugee women aged 20-24](#) had been married before age 18, and 24 percent of girls currently aged 15–17 were already married. These rates, already far above pre-conflict Syrian levels, are expected to worsen as economic desperation deepens.

### Impact on service delivery

Ongoing hostilities have forced the closure of 19 GBV service delivery points in southern Lebanon, with serious concerns that many may not reopen. A key Clinical Management of Rape (CMR) facility in the south has closed, disrupting access to life-saving care for survivors. Temporary suspensions are being reported in high-intensity areas including Baalbek.

Frontline GBV staff are themselves displaced and are experiencing acute psychological distress - a compounding factor that is eroding response capacity from within.




Overview of GBV WGSS in Lebanon 2026

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Priority needs

- Urgent scale-up of static WGSS in high-displacement areas, alongside mobile outreach to reach women and girls in shelters and informal settings.
- Significant investment to expand GBV response teams and ensure access to comprehensive, multisectoral services — health, psychosocial, and legal — for an estimated 520,000 women and girls at risk.
- Immediate scale-up of dignity kit distribution for approximately 300,000 women and girls of reproductive age currently without access to essential items.
- Centrality of protection and GBV risk mitigation ensured across all sectoral responses.

## IRAQ

<b>450+</b> drones & missiles struck the Kurdistan Region by late March 2026	<b>4</b> GBV Response Providers remain operational in Erbil	 Increased need to support government to strengthen GBV coordination	<b>1M+</b> IDPs in Iraq (pre-current escalation)
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## Risks

Northern Iraq is experiencing a renewed deterioration in security, with repeated airstrikes targeting Erbil, Sulaimaniyah governorate, and surrounding areas - directly linked to the regional escalation following the February 2026 strikes on Iran. Drone and missile incidents have disrupted critical infrastructure, deepened displacement, and heightened fear among civilian populations who already carry the trauma of previous conflicts.

For women and girls, this is particularly acute. The Iran conflict has reactivated fears of conflict-related sexual violence, harassment at checkpoints, and restricted freedom of movement in communities that are still recovering from earlier waves of displacement. Women and girls displaced from conflict-affected areas face renewed risks of exploitation, including early and forced marriage driven by economic deterioration and the collapse of household coping strategies.

UNICEF data shows that child marriage rates in some Iraqi governorates are among the highest in the region - reaching [43.5 percent in Missan](#), [37.2 percent in Najaf](#), and [36.8 percent in Karbala](#) - and these rates tend to increase with each displacement cycle.

## Impact on service delivery

GBV service delivery in Iraq is becoming increasingly disrupted and unpredictable. Insecurity and movement restrictions are limiting staff presence, reducing outreach, and forcing intermittent closures. In the Kurdistan Region, government systems are operating at minimal capacity due to ongoing strikes and fiscal constraints, significantly weakening the oversight and coordination of GBV response. Referral pathways are fragmenting as partners scale back or suspend operations, leaving coverage uneven and, in some areas, entirely absent.

A UNFPA rapid assessment found [only four service providers](#) from existing implementing partners remain operational — all with severely limited capacity due to critical funding shortages. This drastic reduction is significantly constraining access to life-saving support including case management, psychosocial support, and safe referrals.

## Priority needs

- Rapid mobilisation of flexible funding to enable GBV actors to restore and expand core services: case management, psychosocial support, and safe spaces.
- Prepositioning of essential supplies, particularly dignity kits, to ensure timely support to affected populations.
- Strengthened coordination mechanisms to fill service gaps as coverage becomes increasingly uneven.

# SYRIA

<b>2.8M</b> People at risk of GBV without access to WGSS in the eleven most severely affected districts	<b>8.6M</b> Women and girls at risk of GBV	<b>22</b> WGSS forced to close	<b>\$2.3M</b> Needed to maintain existing GBV response services
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## Risks

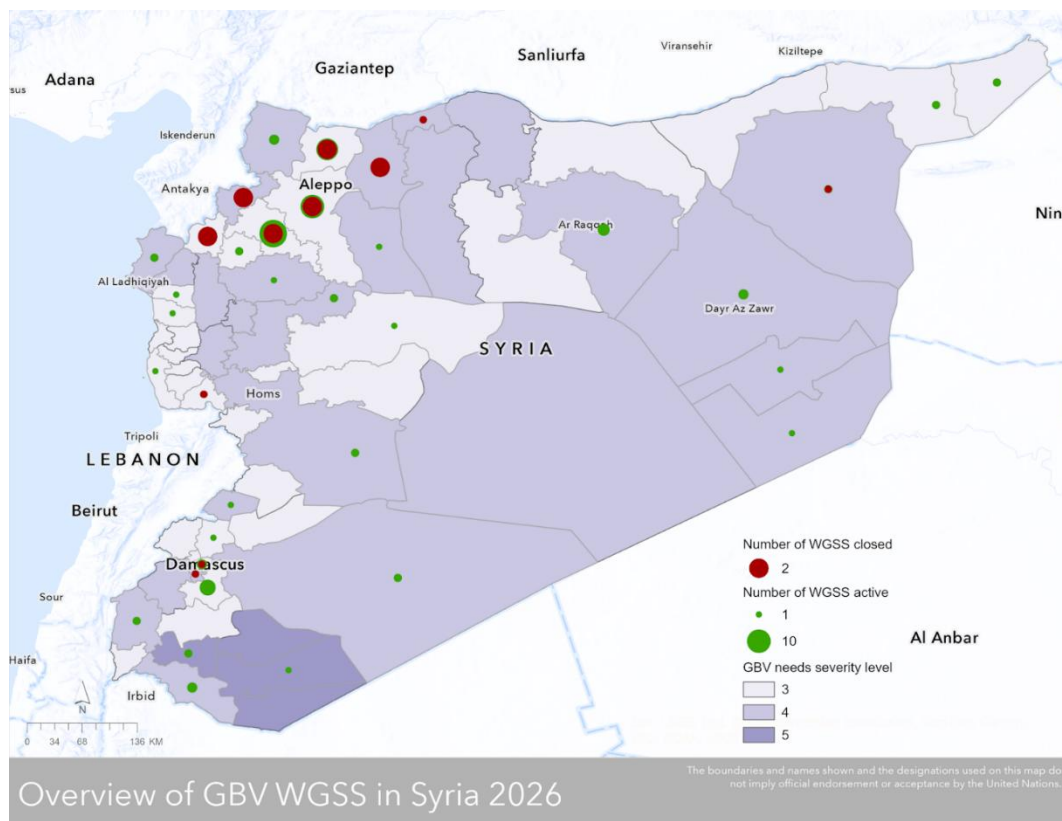
Syria’s already fragile humanitarian context is under additional strain because of the regional escalation following the February 2026 airstrikes on Iran. Recent UN and OCHA reporting (2026) indicates that rising cross-border tensions, population movements, and disruptions to trade routes are accelerating economic decline and contributing to new displacement, particularly in border areas. Tens of thousands of Syrians and Lebanese have crossed into Syria in recent weeks (IOM, 2026), placing additional pressure on already limited services and infrastructure.

According to the 2026 Humanitarian Response Plan, protracted crisis dynamics combined with localized escalations continue to restrict access to essential services for large segments of the population. Women and girls are facing reduced availability of sexual and reproductive health services, alongside the closure or suspension of Women and Girls Safe Spaces in multiple locations.

Deteriorating economic conditions, renewed insecurity, and displacement are associated with increased exposure to GBV risks. Available evidence points to rising levels of intimate partner violence, as well as increased incidence of exploitation and negative coping strategies, including early and forced marriage. These trends are closely linked to loss of livelihoods, reduced household income, and weakened protection systems, which limit both prevention and response capacity.

## Impact on service delivery

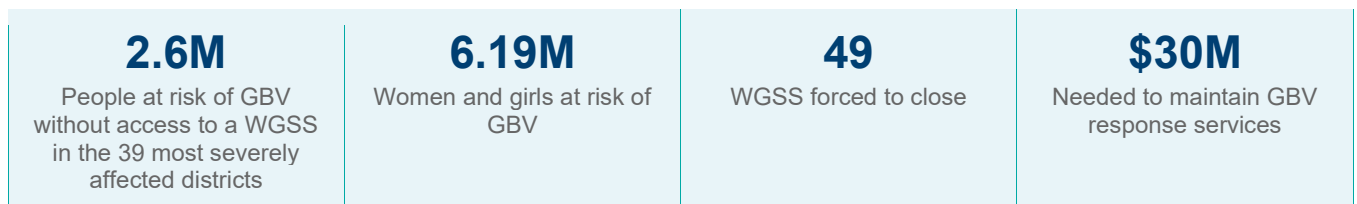
The spillover from the conflict in Lebanon is further constraining an already under-resourced GBV response in Syria. Increased displacement and access restrictions are placing additional strain on service delivery points, particularly in areas already facing limited coverage. Movement constraints, insecurity, and funding gaps are disrupting outreach, reducing the operational capacity of women and girls' safe spaces, and weakening referral pathways. Pressure on health systems is limiting access to clinical management of rape and sexual and reproductive health services.



## Priority needs

- Sustain and expand GBV services in the face of rising demand linked to regional escalation.
- Urgent, flexible funding to prevent further service reductions and scale up case management, psychosocial support, and safe spaces in high-risk and displacement-affected areas.
- Strengthen mobile and community-based approaches to reach women and girls facing movement restrictions or in underserved locations.
- Enhance GBV risk mitigation, including integration across sector responses.
- Reinforce coordination and cross-border analysis to ensure a coherent regional response.

## YEMEN



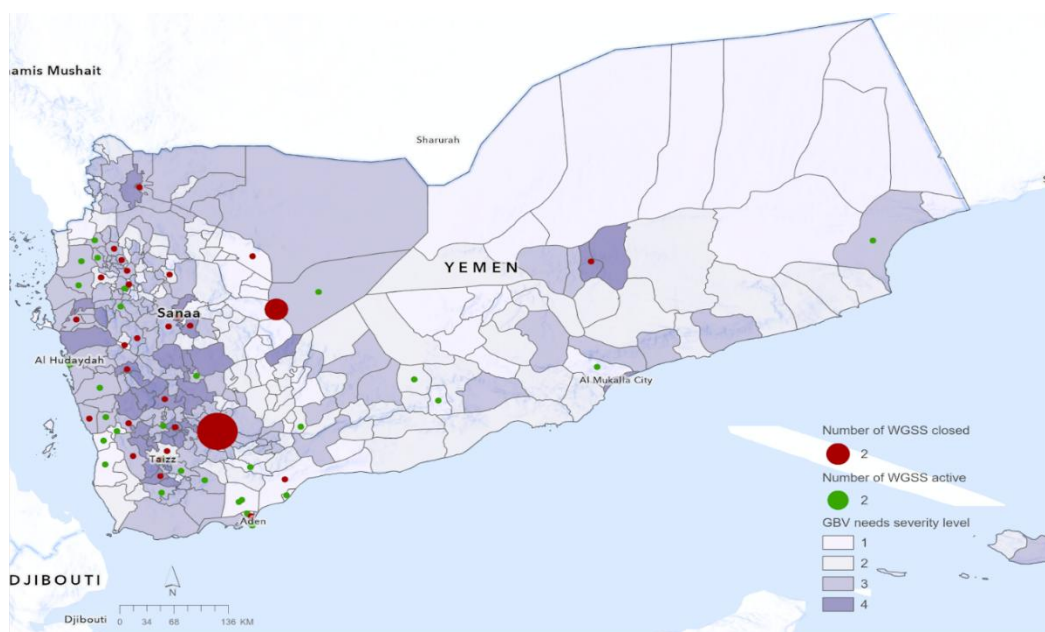
## Risks

Yemen continues to face a deepening humanitarian crisis driven by protracted conflict, economic collapse, and escalating regional instability. The February 2026 strikes on Iran are introducing new indirect pressure: disrupted Red Sea trade routes are intensifying fuel and commodity shortages, further eroding household purchasing power and access to basic goods. Rising inflation and supply chain disruption are pushing more women and girls toward harmful coping strategies — including early marriage.

The scale of need is significant. Yemen's 2026 Humanitarian Needs and Response Plan identified approximately [6.8 million women and girls](#) in need of GBV-related services. Between January and May 2025, [over 6,000 people were newly displaced](#), 26 percent of them in female-headed households, adding to [2.3 million women already living in displacement](#) across Yemen (UN Women, 2025). GBV case reporting has increased in areas with heightened displacement and reduced service access - though underreporting means the true scale is likely far greater.

## Impact on Service Delivery

GBV service delivery is being progressively eroded by funding shortfalls, access constraints, and the broader collapse of essential systems. Severe underfunding has forced humanitarian actors to scale back or suspend life-saving protection services. Yemen's health system - with [only around 60 percent of facilities fully functional](#) and hundreds at risk of closure - is further constraining access to clinical management of rape, sexual and reproductive health care, and referral pathways. As services contract, survivors face increasing barriers to accessing safe, confidential, and timely support.



Overview of GBV WGSS in Yemen 2026

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Priority needs

- Restore and sustain GBV response capacity within an increasingly constrained operating environment.
- Urgent, flexible funding to prevent further closures and enable the scale-up of case management, psychosocial support, safe spaces, and clinical care.
- Strengthen integrated service delivery, particularly through health systems.
- Invest in local and national actors to maintain continuity of care where international presence is limited.

## OCCUPIED PALESTINIAN TERRITORY

<b>240K</b> People at risk of GBV without access to a WGSS in the 6 most severely affected districts	<b>1.74M</b> Women and girls at risk of GBV	<b>11</b> WGSS forced to close	<b>\$10M</b> Needed to maintain GBV response services
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## Risks

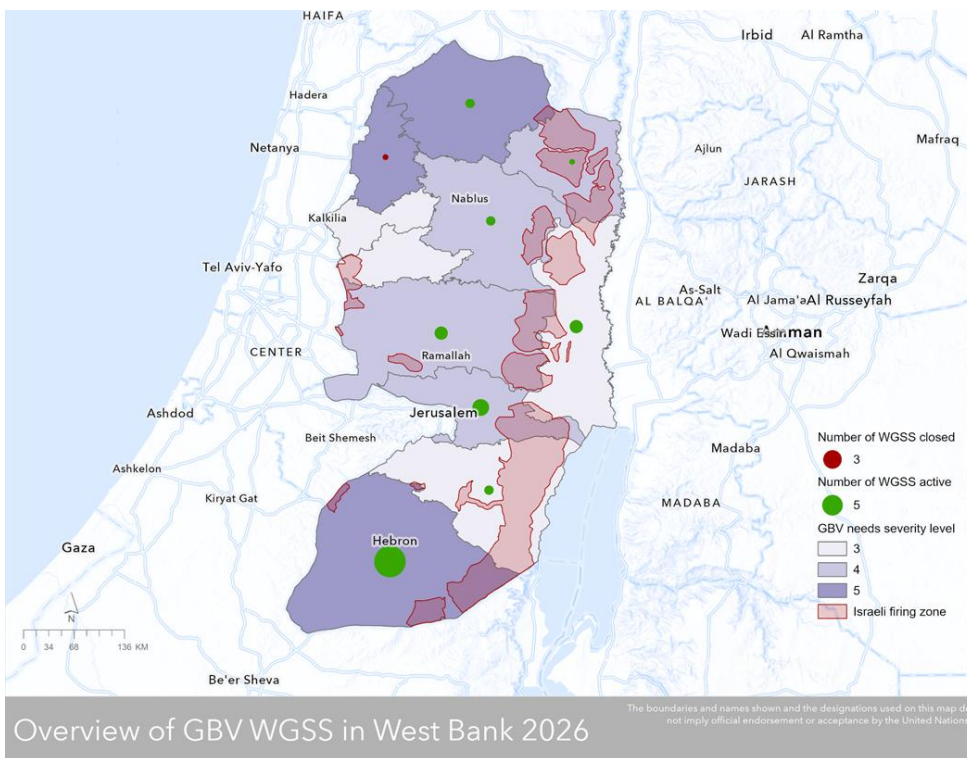
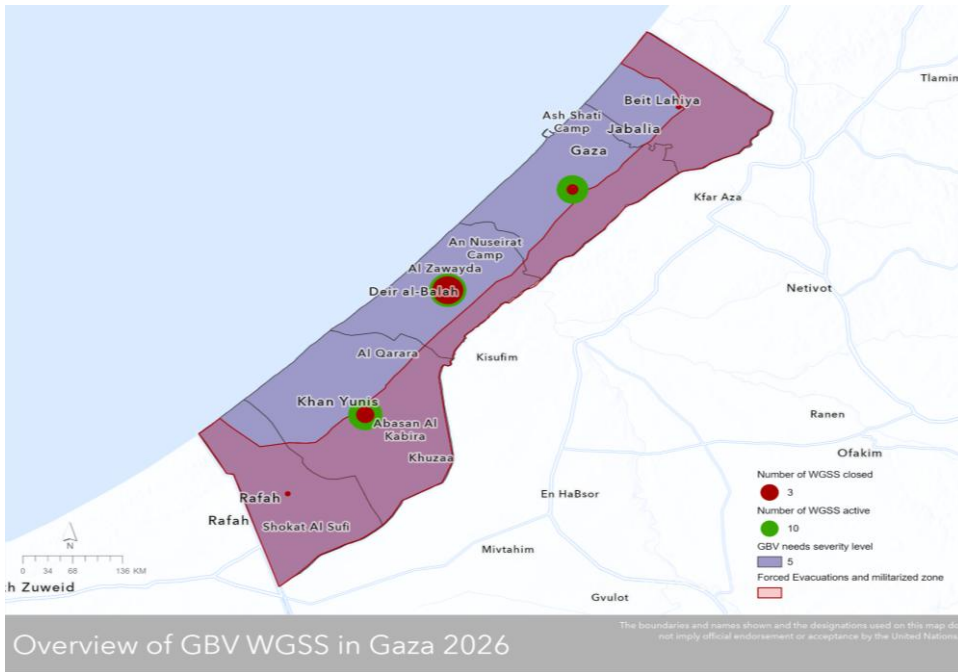
The humanitarian situation in the Occupied Palestinian Territory continues to deteriorate, with distinct but interlinked dynamics in Gaza and the West Bank.

In Gaza, widespread destruction, mass displacement, and the near-complete collapse of basic services define daily life. The regional escalation following the February 2026 strikes on Iran has further constricted humanitarian access and deepened aid funding shortfalls, compounding protection gaps that were already severe. UN Women reports that [more than 28,000 women and girls have been killed](#) between October 2023 and May 2025 — an average of one every hour. Growing reliance on harmful coping mechanisms including early marriage and survival sex has been documented as economic conditions deteriorate and women's livelihoods collapse. Menstrual hygiene, safe delivery, and mental health needs remain critically unmet. Just over one third of health facilities are functioning, and UNFPA estimates that [one in three pregnancies in Gaza is now high-risk](#).

In the West Bank, escalating military operations, movement restrictions, and settler violence are increasing instability and protection risks. OCHA has documented a marked increase in female-headed households following male detention and injury, placing additional protection and livelihood burdens on women without dedicated support systems. The indirect impact of the Iran war - including heightened regional military activity and the reorientation of international political attention and funding - is compounding already severe protection gaps.

## Impact on service delivery

In Gaza, the majority of GBV service delivery points, including WGSS and health facilities have been destroyed, damaged, or forced to close. Ongoing insecurity, displacement, and restrictions on humanitarian access are preventing consistent service provision. Referral pathways are largely non-functional, limiting survivors' access to comprehensive care. In the West Bank, services remain operational albeit increasingly constrained by movement restrictions and insecurity, particularly in areas affected by intensified military operations.



## Priority Needs

**Gaza Strip:** Re-establish and scale up lifesaving GBV services, including mobile and flexible delivery models, rapid deployment of trained staff, and repositioning of essential supplies, including dignity kits.

**West Bank:** Sustain existing GBV services while expanding reach into underserved and high-risk areas.

**Across OPT:** Secure urgent and flexible funding to prevent further service reductions and scale up response capacity in line with escalating needs.

# Recommendations

## 1. Recommendations for Humanitarian Leadership

- **Designate GBV as core response:** Explicitly maintain GBV response as lifesaving within humanitarian response.
- **Operationalise the Centrality of Protection:** Embed GBV risk mitigation across all sectors (shelter, WASH, food security, health, education) with clear accountability.
- **Sustain Women and Girls Safe Spaces (WGSS):** Treat WGSS closures as protection emergencies. Where access is constrained, deploy mobile and community-based modalities with safeguards to avoid exclusion.
- **Enforce minimum safety standards:** Require gender-segregated WASH, lighting, and safety audits in all displacement settings; escalate non-compliance.

## 2. Recommendations for Donors

- **Treat GBV funding as urgent:** Rapidly mobilise predictable and flexible funding to restore essential services, including reopening WGSS.
- **Fund women-led organisations directly:** Prioritise sustained, direct financing to locally embedded actors.
- **Advocate for access and protection:** Leverage diplomatic channels to secure humanitarian access and protect GBV services.

## 3. Recommendations for GBV Actors

- **Adapt delivery modalities:** Scale mobile outreach, temporary WGSS, and prepositioned supplies where static services are disrupted.
- **Safeguard clinical care:** Prioritize access to time-sensitive GBV clinical services; escalate and replace gaps immediately.
- **Maintain referral systems:** Continuously monitor and update referral pathways under fluid conditions.
- **Manage caseloads and supervision:** Enforce safe caseload thresholds and escalate where exceeded.



*With thanks to members of the Arab States Regional GBViE Working Group and GBV coordinators and organisations working in Yemen, Syria, Iraq, Occupied Palestinian Territories and Lebanon for sharing information and insights.*

## CONTACT



### **UNFPA Arab States Regional Office**

[unfpaarabstates@unfpa.org](mailto:unfpaarabstates@unfpa.org)

<https://arabstates.unfpa.org/en>

*Sources: OCHA Flash Appeal Lebanon (March 2026) | OCHA HNRP Yemen (March 2026) | OCHA Middle East Escalation Report (March 2026) | IOM Displacement Tracking Matrix — Lebanon, Syria & Iraq (March 2026) | UNFPA Humanitarian Action Overview 2026 | UNFPA Palestine Situation Reports (2025–2026) | WFP Middle East Hunger Analysis (March 2026) | WHO EMRO Flash Appeal (April 2026) | WHO Attacks on Healthcare Monitor (March 2026) | Save the Children (March 2026) | UN Women (2026) | OCHA Financial Tracking Service | CARE International (March 2026)*