



مؤسسة عامل الدولية
amelassociationInternational



Amel Monthly Situation Report #2

Supporting all populations affected by
the crisis

March & April 2026

EXECUTIVE SUMMARY

SITUATION IN LEBANON

- Lebanon continues to face a severe humanitarian crisis, with hundreds of thousands of people still displaced and living in precarious conditions despite the fragile ceasefire.
- Damage to critical infrastructure, including roads and bridges in South Lebanon, continues to restrict access to food, healthcare, and humanitarian assistance.

AMEL EMERGENCY RESPONSE



101,581 people reached*



187 sites reached

DISTRIBUTION



Amel reached the most vulnerable distributing key relief items: hygiene kits food parcels, assistive devices, older people diapers...

10,387

Total Items Distributed

75%

in-households distributions

11,957

Individuals reached

ACTIVITIES

4,224

TOTAL ACTIVITIES

INSIDE SHELTERS

1,862 | 44%

OUTSIDE SHELTERS

2,362 | 56%

HEALTH

- **51,399** total health services provided
- **30,982** Primary Healthcare consultations
- **19** active Health centers providing Primary Health Care services
- **14** Mobile Medical Units reaching vulnerable and underserved areas (in/outside shelters) in **65** sites

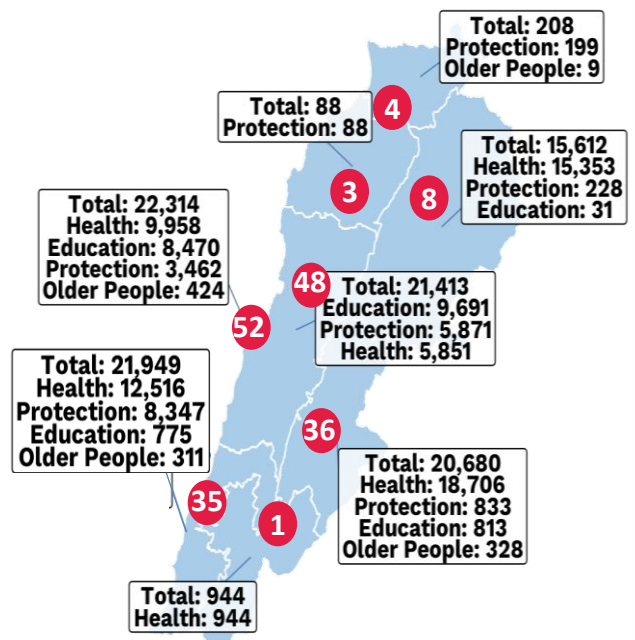
PROTECTION

- **20,329*** people reached
- Integrated response with Protection, Child Protection, GBV teams delivering a set of intervention including MHPSS support

EDUCATION

- **19,780** children reached
- Recreational activities, social emotional learning and retention support

Total People reached by Amel activities per sector and governorate*



Map provided with the support of Amel Italia.

*Note: during emergency, the data does not account for unique count of beneficiaries.

SITUATION OVERVIEW

Two months into the renewed conflict in Lebanon, **the humanitarian situation continues to deteriorate at an alarming rate**, with nearly **1.3 million people displaced**, roughly one-sixth of the country's population ([Rescue.org](#)) and hundreds of thousands of families still living in precarious conditions without safety or stability.

Serious **violations of international humanitarian law** have been documented throughout this period, including the **targeting of civilians, attacks on medical personnel and first responders, and the killing of journalists during field coverage** ([OHCHR](#)). Since the escalation began on 2 March, more than 2,500 people have been killed and over 7,800 wounded ([Global Security](#)). According to WHO, 147 attacks on healthcare facilities have been recorded, resulting in 100 deaths and 233 injuries among healthcare workers on duty. Six hospitals and 51 Primary Healthcare Centres remain closed, leaving affected communities without adequate access to healthcare, while the destruction of bridges, roads, and critical infrastructure continues to cut off large populations in the south from aid and essential services ([OCHA](#)).

Lebanon, already weakened by years of economic collapse and political instability, now faces a humanitarian crisis demanding an immediate and scaled-up response. Displaced families endure desperate conditions in overcrowded shelters, cars, and makeshift arrangements, with acute shortages of food and basic supplies. Approximately 24 per cent of the population are projected to face acute food insecurity between April and August 2026, ([OCHA](#)) driven by displacement, market disruption, and rising prices. The Lebanon Flash Appeal remains critically underfunded at only 38 per cent of required resources, placing the entire humanitarian response at risk.

+1.2M

People displaced

+2,500

Martyrs

+8,000

People injured

+270

Children killed

10%

Lebanese territory under occupation

90%

IDPs outside collective shelters



AMEL RESPONSE STRATEGY

Amel Association International activated its emergency response plan and declared a nationwide state of emergency across its 40 centres and mobile units, mobilizing its 1,500 staff members. The primary goal is to provide immediate relief to displaced populations and those in conflict-affected areas, while ensuring the continuity of essential services: health, support to older people, protection, education, and food security and core relief items.

The Emergency Pillars, a comprehensive approach

Distribution	<ul style="list-style-type: none">• Immediate distribution of life-saving non-food items, food parcels, hygiene kits and dignity items to displaced people inside and outside shelters• Particular attention to the most vulnerable: older people, people with disabilities, pregnant/lactating women, and migrants.
Health services	<ul style="list-style-type: none">• Strategic deployment of Mobile Medical Units (MMUs) to collective shelters and informal settlements.• Continued operation of PHCCs and dispensaries providing consultations, pharmacy services, SRH care, vaccinations, mental health support and referrals.
Protection Activities	<ul style="list-style-type: none">• General Protection, MHPSS, Gender Based Violence prevention and response, Child Protection programming, case management, and emergency cash assistance.• Recreational activities for children in shelters and migrant community support.
Education Activities	<ul style="list-style-type: none">• Education activities for children in shelters and in centers including recreational activities, retention support and social emotional learning.

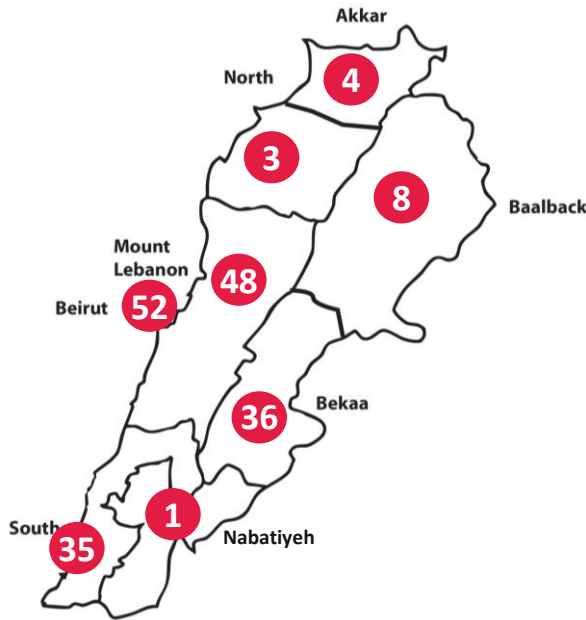
Operational Principles

- Operations are carried out **both inside and outside shelters** in close coordination with the Ministry of Social Affairs, the Ministry of Public Health, and the humanitarian sector system.
- **A multi-sectoral approach brings together health, protection, and education teams in and outside shelters to maximize impact.** Where center safety permits, regular services are maintained for 40,000 monthly beneficiaries across Amel's network, ensuring continuity of care with no disruption to existing patients and vulnerable populations.
- Dedicated services are provided to the most vulnerable groups, including older people, persons with disabilities, pregnant and lactating women, children, and migrants.
- **Staff who were themselves displaced by the conflict continued to serve on the frontlines of the response**, supporting Primary Healthcare Centers and Protection Support Units from wherever they could. A structured rotation system was established to ensure continuous coverage and uninterrupted service delivery across all locations.

OVERALL EMERGENCY OPERATIONS

- Among providing care across **14** of its operational health centers (as of end of April) and its social centers, Amel Emergency Response is spread out in different site types to reach the most vulnerable people (collective shelters, camp, municipalities, households...).
- Amel's mobile units, in coordination with relevant local and national stakeholders, are strategically positioned to address the specific needs of individuals.

187 Sites reached



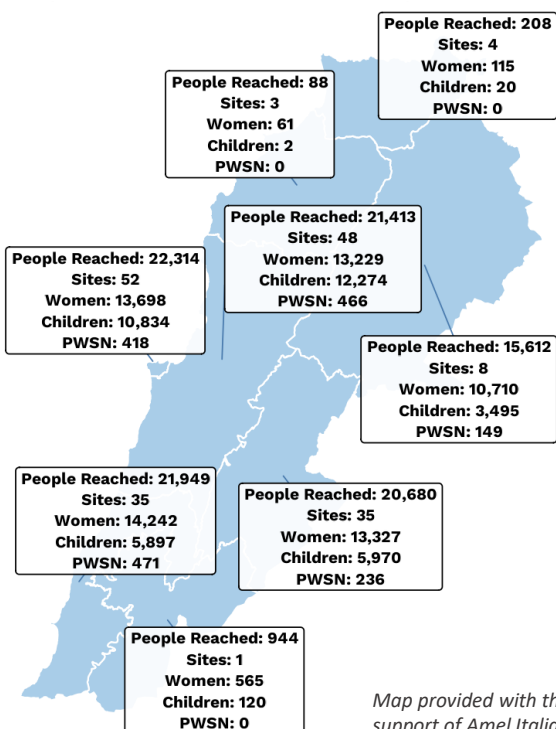
SITES TYPES



110 collective shelters covered by Amel

24 mobile units

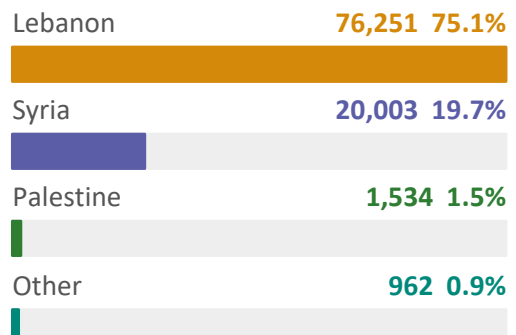
Total People Reached, Sites & Breakdown by Governorate



101,581
Total people reached

64% of female **37%** children

1,748 People With Specific needs (PWSN)



Map provided with the support of Amel Italia

*Note: during emergency, the data does not account for unique count of beneficiaries.

Ensuring dignity for all through **distribution**

Since the beginning of the emergency, Amel Association International conducted distributions of key relief items both inside and outside shelters, reaching **11,957** individuals. Amel prioritizes reaching the most isolated areas. Amel's distributions form part of a broader package of complementary activities

90% of IDPs are outside collective shelters.

75% of distributions were conducted directly in households, outside collective shelters.

DISTRIBUTION OVERVIEW

1,085

Total Distributions

4,929

Families Reached

11,957

Individuals Reached

10,387

Total Items Distributed

ITEMS BREAKDOWN

1,014

Dignity Kits

2,864

Mattress Sets

1,332

Food Parcels

2,657

Hygiene Kits

32

Other Kits

268

Family Winter Kits

4,044

Diapers

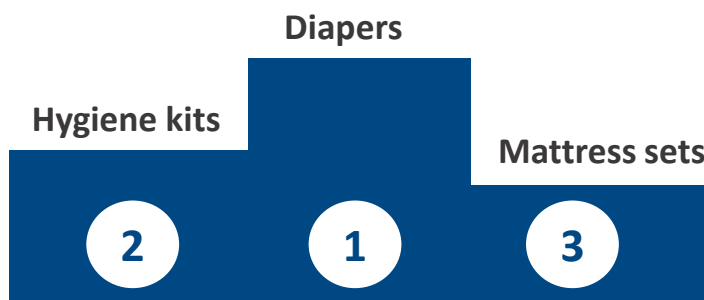
Excl. Older People distributions

6

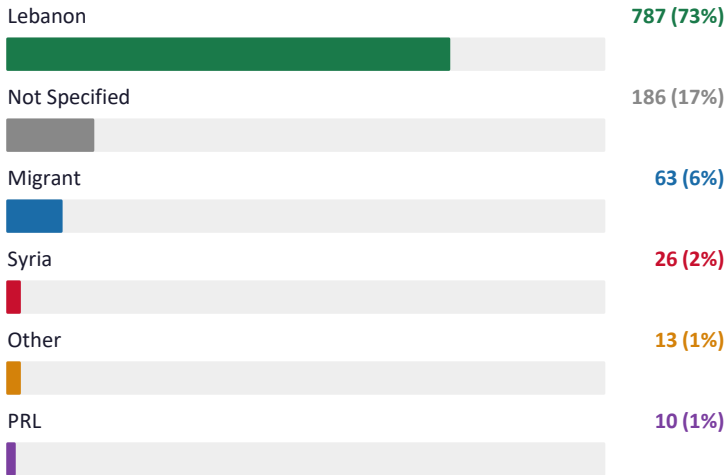
Shelter recreation kits

20

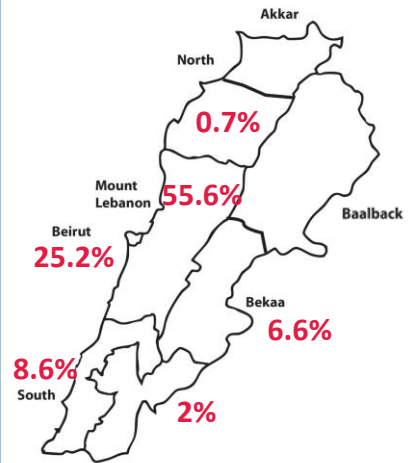
Family Solar Lamps



NATIONALITY



Geographical reach



Amel sent 3 convoys to the South to support people the most affected by the conflict

- 3 convoys have been sent to the South with hygiene kits, food parcels and diapers, etc.
- One has been sent to **Marjayoun** and two to **Sour**. The items are distributed to municipalities which are then in charge of the distribution to the residents.



Older People distribution

- Older displaced people face specific barriers to accessing general distributions: limited mobility, chronic conditions, and specific product needs (incontinence products, assistive devices). Amel conducts targeted distribution rounds with specialized items unavailable in standard kits, ensuring equitable access to dignity and health-enabling items.

TOTAL BENEFICIARIES

1,108

DIAPERS BENEFICIARIES

945

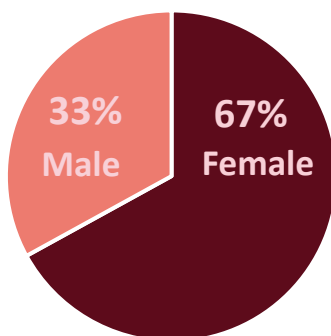
TOTAL DIAPERS BAGS PROVIDED

3,846

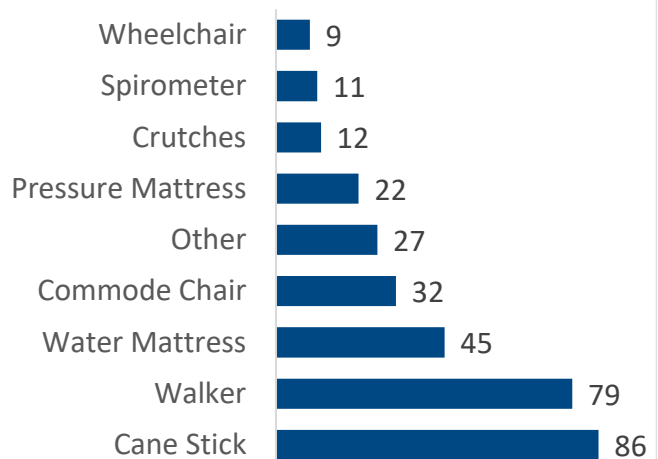
ASSISTIVE DEVICES

323

GENDER DISTRIBUTION



323 ASSISTIVE DEVICES DISTRIBUTES



GEOGRAPHICAL REPARTITION



■ Beirut ■ Saida ■ Bekaa

Overall distribution needs and key challenges

Needs

- Significant humanitarian gaps persist as initial displacement coverage remains incomplete.
- Demand for life-sustaining assistance — particularly food, hygiene items and baby diapers — is recurring and requires sustained resource mobilisation.

Challenges

- Reaching people outside shelters remains the primary operational challenge.
- Several critical item categories are depleted and require urgent replenishment. Sustained funding is essential to maintain ongoing distribution cycles.

**Note: during emergency, the data does not account for unique count of beneficiaries.*

HEALTH, reaching the most vulnerable and continue providing **primary health care** for all

Amel operates through a dual-track approach: fixed Primary Health Care Centres (PHCCs) for walk-in patients and continuity of care, and Mobile Medical Units (MMUs) with Primary Support Units (PSUs) for outreach to shelters and informal settlements.

19 active PHCCs
(as of end of April)

- Majority of PHCCs are operational despite the security situation and the staff displacement.
- Only Khiam and Bazourieh remain closed due to security reasons.

14 Mobile Medical Units (MMUs)

- Primary Health Care package delivered through MMUs to hard to reach or underserved areas.
- **15,028** health services provided through MMUs.
- **65** sites reached through PSUs and MMUs for health services.

Operational Context

- **Close coordination** is maintained with the Ministry of Public Health Primary Healthcare department throughout the emergency response, Amel being one of the key health providers nationwide.
- Schedule of the PSUs has been revised and adapted weekly following displacements.
- Amel health teams provide **multi-sectoral interventions** wherever possible, integrating protection and psychosocial support alongside medical care.
- **Staff displaced by the conflict were redeployed** to support operational PHCCs and PSUs, maintaining service continuity.
- PHCCs were opened at limited capacity once the security situation allowed (Sour, Bazourieh and Qaqayeet) - Bazourieh and Qaqayeet have been closed again as the security deteriorated.

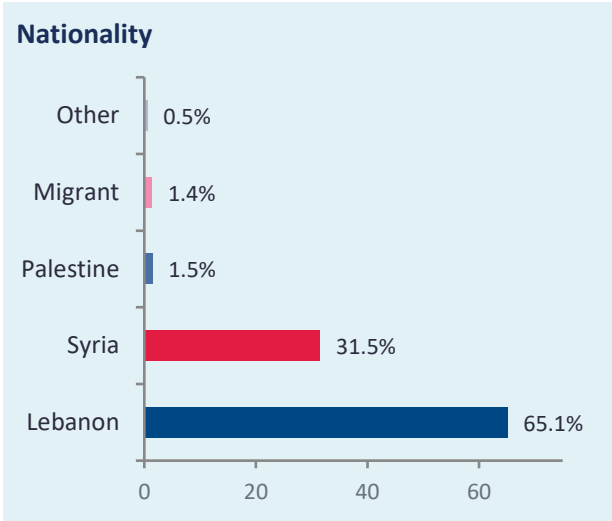
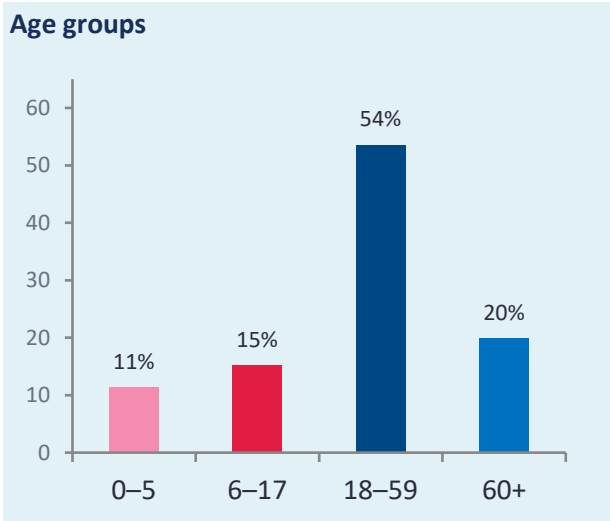
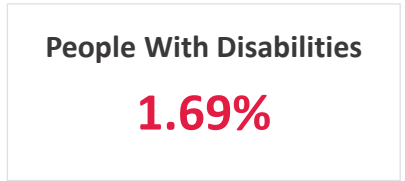
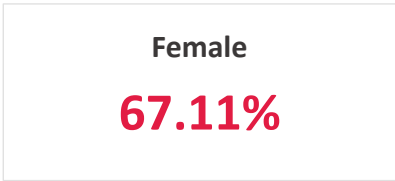
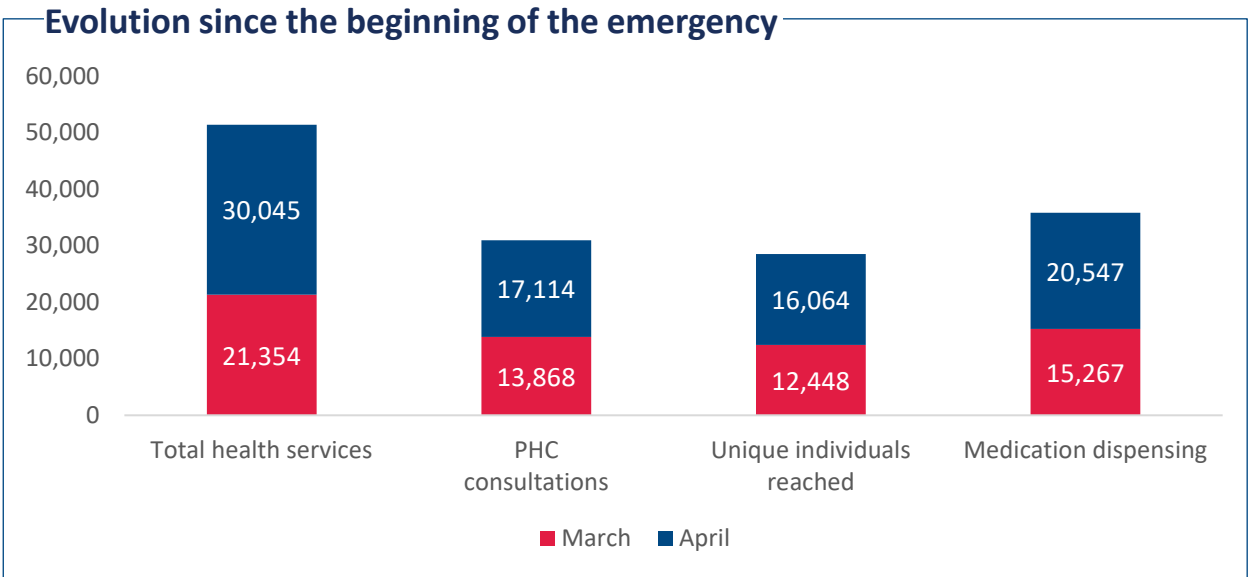
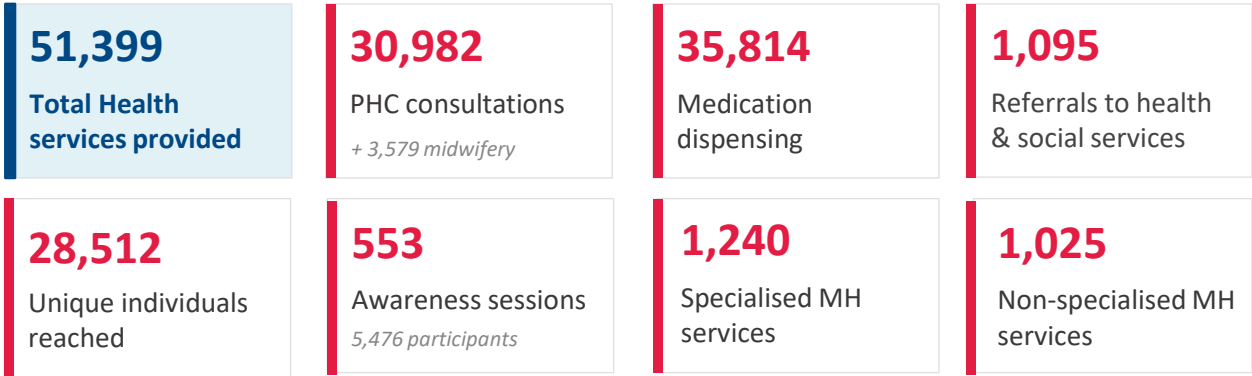
Primary Health Service Package

- Subsidized **general primary healthcare consultations**
- **Dispensing medications** for acute and chronic conditions
- **Sexual and Reproductive Health (SRH) services** (midwifery consultations and awareness sessions).
- **Vaccinations** and **hygiene kit distribution**.
- **Mental health** and psychosocial support (specialized/ non specialized consultations and awareness sessions). **Psychotherapy** sessions (only in Amel centers).
- **Referrals** to specialised and advanced care services.

- A damage assessment of Haret Hreik and Bajour PHCCs has been conducted to be able to restore services at full capacity in both centers.
- Security remains the main challenge for operations continuity and continues to create service disruption across PHCCs.



Dignity through Healthcare: Emergency Response in Figures



PROTECTION



- Amel’s protection response integrates a **multi-sectoral approach**, including **General Protection, Gender Based Violence prevention and response, Child Protection and Mental Health and Psychosocial Support** across all settings and geographic areas.
- Activities are delivered by Mobile Protection Units and Amel teams in shelters and centers operating in **coordination with MoSA** and humanitarian clusters.
- The continuous presence of the team within shelters, outreach areas, and centers contributed to strengthening trust with communities, increasing awareness of available services, and ensuring ongoing psychosocial and protection support for affected populations.

KEY FIGURES INCLUDING ALL PROTECTION ACTIVITIES



TOP INTERVENTIONS		# Act.	People*
Informative Sessions		163	6,791
SRH Awareness Sessions		48	3,887
GBV Related Awareness Session		38	2,336
Group PSS Sessions		86	1,927
Protection Related Awareness Sessions		20	966
Case Management		27	812
Awareness raising / Info Sessions (incl. PFA)		—	733
Recreational Activities		34	721
Caregivers — Community-based PSS		—	709
Children/adolescents — Community-based PSS		—	553
Awareness Sessions on CP concerns		16	346
Protection Related Awareness — Participants		—	244
Households supported with ECA		35	141
SRH Awareness Sessions — Participants		—	117
People at risk of GBV — GBV response / PSS		2	25
Households supported with EPCA		4	21
TOTALS			20,329

* People reached from beneficiary data, does not count unique beneficiaries. '—' = activity count not separately reported.

- During **informative sessions** (20-30 minutes), Amel staff is giving dedicated sessions to insure the affected population have the needed information about the services available around them and how to reach them.
- **Emergency Cash Assistance** consists of a lump sum of 100 to 150\$ given to a family once.

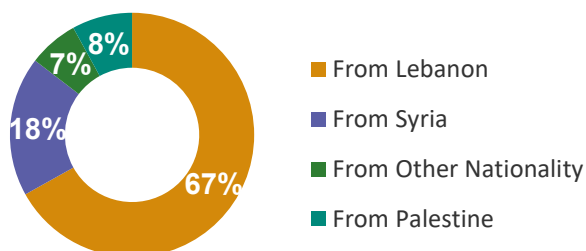
*Note: during emergency, the data does not account for unique count of beneficiaries.

MHPSS Interventions

- **Psychological First Aid (PFA)** provided to individuals in acute distress (newly displaced, outside shelters, or experiencing trauma)
- **MHPSS awareness** covering anxiety, depression, PTSD, self-care and behavioural changes in children
- **Group PSS sessions** for structured emotional support in shelters
- Active coordination with mental health actors for referral pathways
- Parenting in Times of Emergencies training planned for displaced caregivers

92 Group PSS Sessions*

1,942 Participants, 65% of women



50 Mental Health Awareness Sessions reached **607** people

- MHPSS awareness sessions (45 min) address key topics such as anxiety, depression, psychological distress, PTSD, self-care, and behavioral changes in children.

GBV Prevention & Response

GBV risk is heightened in displacement contexts due to overcrowding, loss of social support networks, and disrupted access to services.

- **Safe referral pathways** established for GBV survivors
- **Case management support** for protection cases including GBV
- Teams **trained on GBV in Emergencies protocols**
- The **GBV Safety Tool** is being deployed to assess to situation in all shelters covered by Amel

TOTAL PEOPLE REACHED BY GBV ACTIVITIES

TOTAL: 10,407

GBV — Info Sessions

People benefitting from info & awareness sessions and individual consultations

2,624

Case Management

Persons at risk of GBV & survivors who received case management

649

GBV — Group PSS

People at risk of GBV & survivors accessing GBV response / PSS

458

**Note: during emergency, the data does not account for unique count of beneficiaries.*

Child Protection

- By adopting a **multi-sectoral approach**, Amel integrated its efforts with the Child Protection and Gender-Based Violence (GBV) and Education teams to deliver a holistic, trauma-informed intervention.
- Child Protection recreational activities launched in collective shelters following MoSA and school administration approval. Activities provide children with safe spaces, routine and normalcy.

CHILD PROTECTION ACTIVITIES

TOTAL: 2,007

ECM Services

Children —
Emergency
Case Management

2

0.1% of total



PSS — Children

Children —
Community-
Based PSS

563

28% of total



PSS — Caregivers

Caregivers —
Community-
Based PSS

709

35.3% of total



Awareness & PFA

Children & Caregivers
Awareness / Info
Sessions

733

36.5% of total



* Awareness Raising indicator replaces 3 previous indicators: Awareness Raising, PFA and Info Sessions.

*Note: during emergency, the data does not account for unique count of beneficiaries.



Continued support for migrants

During April 2026, the migration team demonstrated significant expansion in service delivery and beneficiary reach.

262

direct beneficiaries were engaged through various programs and services.

- **Case management:** The team successfully opened **27** new case management files, 85% of the participants being females
- **Legal assistance** provided **14** legal assistance cases, reflecting the organization's commitment to protecting women rights and addressing gender-based vulnerabilities.
- **PSS support:** the team facilitated **26** participants in 2 PSS group cycles at the Achrafiyeh Center.
- **Amel School:** **28** individuals received integrated PSS support, **50** migrants were reached through awareness sessions, and a total of **117** participants were engaged in various educational and vocational training cycles.

Protection Concerns Identified

- Increasing psychosocial stress among displaced populations due to overcrowding, uncertainty, disrupted routines, and limited resources
- Persistent needs for hygiene items, healthcare access, bedding materials, and basic living conditions across multiple locations
- Difficulties maintaining structured environments for children in crowded shelters, especially with online learning activities and limited recreational space
- Need for cash for rent and transportation allowing people to reach care services



CARING FOR PEOPLE WITH SPECIFIC NEEDS

As part of its emergency response, Amel Association International ensured that persons with specific needs were systematically identified and prioritized. This targeted approach reflects Amel's commitment to inclusive humanitarian action, ensuring that the most vulnerable are never overlooked in crisis settings.

1,748

TOTAL PEOPLE WITH SPECIFIC NEEDS REACHED

Caring for Pregnant and Lactating Women

- IYCF counselling sessions were provided to caregivers of children under five residing in shelters, promoting recommended infant and young child feeding practices in line with WHO and UNICEF guidance.
- Mothers were encouraged to continue exclusive breastfeeding and maintain breastfeeding up to two years and beyond whenever possible. Caregivers using mixed feeding were advised on gradually reducing formula milk while supporting continued breastfeeding.
- Guidance was also provided on age-appropriate complementary feeding from six months onward, focusing on nutritious, locally available, and affordable food options for vulnerable families.
- Malnutrition screenings were conducted for children aged 6 months to 5 years, and UNICEF/MOPH-donated micronutrient powder sachets were distributed to support children's daily nutritional needs.

INDIVIDUALS REACHED

Age	♂ Male	♀ Female	Total
0–6 mo	7	11	18
6–23 mo	30	14	44
2–5 yr	24	17	41
TOTAL	61	42	103

Through a generous donation from La Leche League International, **11 breastfeeding covers** were distributed to mothers in shelters to provide additional privacy and modesty while breastfeeding. Additional covers still available for future distribution.

Care for People with Disabilities

323

ASSISTIVE DEVICES DISTRIBUTED

- Displaced people with disabilities face additional barriers to accessing humanitarian assistance including physical barriers, limited information in accessible formats, and specific product needs.

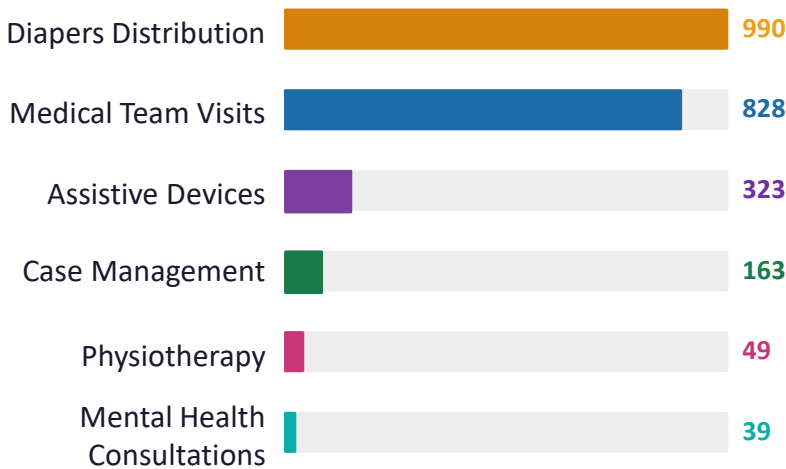
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Caring for Older People

Older persons were among the most acutely affected groups. Limited mobility, chronic health conditions, reduced access to transportation, and reliance on family support made them disproportionately vulnerable to unmet needs, isolation, and interrupted healthcare. The program maintained a balance between emergency response and continuity of care, ensuring that both newly identified and previously supported older persons received assistance.

2,073 TOTAL OLDER PEOPLE SERVICES

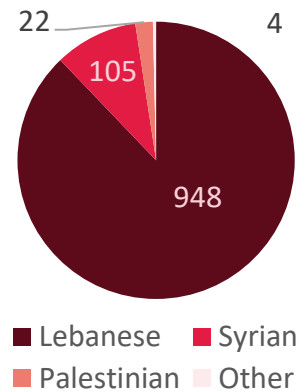
SERVICES BREAKDOWN



1,079

Older persons reached

(excluding distribution)



Areas covered



- The program maintained a rapid and adaptive emergency response, ensuring continuity of care for previously enrolled older persons while expanding outreach to newly displaced and high-risk populations through phone follow-ups and field visits.
- The team delivered integrated and home-based support services, including medical care, psychosocial support, physiotherapy, and distribution of essential items and assistive devices, with a focus on homebound and isolated older persons.
- It strengthened coordination, referrals, advocacy, and data-driven targeting with municipalities, partners, and national stakeholders to improve access to services and prioritize the most vulnerable cases amid growing needs.

The program continued to face major challenges related to increasing demand, limited resources, gaps in medical and hygiene supplies, and the need for additional funding to sustain operations.

Note: Services for older people are integrated across all three response pillars — distribution, health and protection — ensuring a holistic response to their multidimensional needs.

EDUCATION

37

COLLECTIVE SHELTERS

BML • Bekaa • South Lebanon

19,780

CHILDREN REACHED

Children & Adolescents

1,348

CHILDREN IDENTIFIED

For Retention Support

RECREATIONAL ACTIVITIES

17,960 total participations for children and adolescents

- Ongoing structured recreational activities in partnership with multiple organizations
- Focus on child well-being, engagement, and safe learning environments

TRANSITION TO SOCIAL AND EMOTIONAL LEARNING (SEL)

SEL training sessions conducted for **55 staff and volunteers**

- Initiated integration of SEL approach across all interventions
- Aim: strengthen psychosocial support and resilience among children

LEARNING CONTINUITY SUPPORT

- Awareness sessions on use of Microsoft Teams (official platform for public school online learning)
- Planned shadowing support during online classes to enhance engagement and retention
- Identified need for internet access solutions (routers) due to limited functionality of existing data bundles

COORDINATION WITH MINISTRY OF EDUCATION AND HIGHER EDUCATION

- Alignment with national learning continuity plan
- Support to formal education pathways in emergency settings

ASSESSMENT FOR RETENTION SUPPORT

- Assessment targeting school-aged children in collective shelters
- Identified **1,348 children** willing to enroll in retention support activities
- Planning face-to-face retention sessions

IDENTIFIED GAPS & NEEDS

- Significant shortage of stationery and educational materials
- High demand for educational and PSS kits in shelter settings
- Additional need for connectivity support to ensure access to online learning



**Note: during emergency, the data does not account for unique count of beneficiaries.*

CHALLENGES AND NEXT STEPS

Securing flexible and rapid funding remains critical to sustaining emergency operations, with resource needs aligned to Amel's Emergency Appeal of March 2026.

The replenishment of stocks of essential medicines, trauma kits, non-food items and EmONC supplies is a prerequisite for maintaining continuity of care. Similarly, access to high-risk and conflict-affected areas must be improved if outreach to the most isolated communities is to be restored.

Key education needs include age-appropriate Social-Emotional Learning kits for children and teenagers, tablets and mobile data to enable remote outreach and follow-up, and continuous staff training on trauma-informed care and referral pathways in coordination with GBV and Child Protection specialists.

Coordination between line ministries and humanitarian sectors continues to fall short of what is needed. Clearer accountability structures, better-defined referral pathways and more consistent information-sharing are necessary to ensure that mental health and psychosocial support, disability and health services reach all those who require them.

Three Amel centers in Haret Hreik, Borj El Brajneh, and Kham have been damaged, alongside two damaged vehicles, affecting operational capacity and requiring additional funding to support urgent repair and rehabilitation works. A cost assessment estimated the rehabilitation needs at \$78,000 for the Haret Hreik center and \$24,000 for the Borj El Brajneh center.

The immediate priority is to scale up the overall response to reach more than 100,000 people per month across all governorates, expanding both distribution networks, health, protection and education outreach accordingly with the activation of supplementary mobile medical units.



STORY OF THE MONTH

Displacement is Not a Choice

“We left everything behind... now we are just trying to survive.”

Hanan, 37, was forced to flee her home from South Lebanon, as the escalation began.

There was no time to take anything. *“We left without knowing where we were going.”* After hours on the road, her family reached a collective shelter in a school.

Today, around 66 people share the same space. Overcrowding is severe, with no privacy. Water is limited, electricity is almost non-existent, and sanitation facilities are insufficient.

“Even the simplest things have become difficult water, hygiene, even using the bathroom.”

Children are among the most affected. Food is not consistently available, and some days pass without proper meals.

“We live day by day... trying to adapt, but it is not easy.”

Despite everything, Hanan continues to hold on for her family, facing a reality that grows more difficult each day. Displacement is not a choice yet it has become the daily reality for thousands of families across Lebanon, struggling to preserve their dignity under harsh conditions.

Following the fragile ceasefire, more than 125,000 people remain displaced in shelters, living in extremely precarious conditions. Amel remains committed to supporting affected populations while preserving their dignity and access to essential assistance.



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