

30 September 2025

1. Crisis overviewⁱ

3.8 / 5	4.1 million	3.6 million	\$2.99 billion	26%
Inform severity index	People in need of humanitarian aid (HRP 2025)	People targeted in the response plan (HRP 2025)	Required to reach the target (HRP 2025)	Of the required funding secured (LRP & Flash Appeal June 2025)
59 MSEK	-	3,3 MSEK	62,3 MSEK	
Initial allocation	Additional allocation	Flexible funding	Total Sida funding 2025	

Lebanon is experiencing a multi-layered crisis with acute humanitarian consequences. After a year of conflict between Israel and Hezbollah since October 2023, Lebanon faced the largest escalation of conflict since the 2006 Lebanon War from November - December, with thousands of people killed and injured. Out of a population of approximately 6 million and at the height of the crisis, at least 1.3 million people had been affected, including more than 1 million internally displaced. As of August 2025, over 82,000 persons remain internally displaced. While a cessation of hostilities was agreed on 27 November 2024, the situation remains volatile, and daily violations of the cease fire agreement are reported.

The conflict escalation came against a background of a multifaceted governance, economic and financial crisis, including embedded corruption and dire prospects for reform. This has resulted in a severe deterioration of public institutions, services and of social stability. Between 2019 and the end of 2023, the country's currency lost approximately 98 per cent of its value, while poverty has more than tripled in the last decade. In addition, the country hosts the largest number of refugees per-capita in the world, with an estimated 1.4 million displaced Syrians, 27,000 Palestinian refugees from Syria, 195,000 Palestinian refugees in Lebanon and over 11,000 refugees of other nationalities. Since the change of power in Syria in December 2025, there are major uncertainties regarding the number of displaced Syrians. The situation is dynamic with a high volume of cross-border population movement, including increasing refugee returns.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), has classified around 4.1 million people in need of humanitarian assistance and protection in 2025,

targeting approximately 3.6 million people in the Lebanon Response Plan; including 1.7 million vulnerable Lebanese, 1.4 million displaced Syrians, 200 000 Palestinian Refugees in Lebanon, 23,000 Palestinian Refugees from Syria and approximately 176,000 migrants.

2. Humanitarian needs & affected population

Despite the current agreement of cessation of hostilities, Lebanon continues to struggle with severe humanitarian challenges and large needs for rehabilitation and reconstruction. The widespread destruction, particularly in the south part of the country, has deepened the economic and social crises, further straining public services and deepening humanitarian needs. Many displaced are moreover still unable to return to their communities due to damage and destruction, sporadic strikes and continued military presence by the Israeli Army. Even though the war between Israel and Hezbollah has been particularly intense in southern Lebanon, it has undoubtably affected the whole country, especially the Bekaa Valley and the southern suburbs of Beirut. The cost of economic losses and physical damage due to the war is estimated at 14 billion US dollars, according to the World Bank. Needs assessments show that all population groups struggle to cover their basic needs, and that poverty and food insecurity are on the rise. Refugees, migrants and internally displaced persons (IDPs), in particular women, LGBTQI (Lesbian, gay, bisexual, transgender, queer and intersex) people, children, elderly and people with disabilities, are nonetheless particularly vulnerable due to limited access to resources, services, voice, and power.

Limited funding for Water, Sanitation and Hygiene (WASH) has significantly raised the risk of disease outbreaks in the country. Due to rising levels of poverty and weak water governance and management, millions of people are at risk of losing access to safe water. Water shortages force households to increasingly rely on unsafe and more expensive alternatives such as collecting untreated water from springs or using water trucking, contributing to the spread of waterborne diseases.

Already before the escalation of the conflict, school attendance among children was on a steady decline and the severe mismanagement of public institutions had greatly affected the education sector. During the war between Israel and Hezbollah, the number of children out of school increased drastically, further increasing risks such as child labour and early marriage for girls. Even with the ceasefire, school attendance remains low. Over 25 per cent of children are still out of school according to a survey conducted by UNICEF, as compared to 65 per cent out of school during the war. For refugee children of primary school age, the equivalent number is as high as 41 per cent. The UNICEF survey also states that 72 per cent of caregivers said their children were anxious or nervous during the war. In Baalbeck-Hermel, more than half (51 per cent) of children under 2 years of age are experiencing severe food poverty. In Bekaa, the rate was 45 per cent, a dramatic increase from 28 per cent in 2023.

Wide-spread corruption and the mismanagement of public institutions have moreover led to a depletion of the public health sector and an over-reliance on the private sector. This has made healthcare increasingly inaccessible and unaffordable to large parts of the population.

The war naturally aggravated the already dire situation and intensified pre-existing needs for health services including Sexual and Reproductive Health and Rights (SRHR) among all vulnerable populations. The health system is currently struggling to respond to the needs of the conflict-affected, with a shortage of human resources and essential supplies.

Despite the ceasefire, about 1.17 million Lebanese residents, Syrian refugees and Palestine refugees continue experiencing high levels of acute food insecurity. Among them, around 55,000 people are classified in (Integrated Food Security Phase Classification) IPC Phase 4 (Emergency) while 1.1 million people are classified in IPC Phase 3 (Crisis). Notably, all those classified in IPC Phase 4 (Emergency) are refugees.

Lastly, during the past years, refugees have increasingly been subjected to severe discrimination and violence, e.g. through raids, curfews, arbitrary arrests, deportations mass evictions, and limited access to basic services and livelihood opportunities. The widespread anti-refugee rhetoric has moreover given rise to increased social tensions between communities. Across all population groups, women and girls are disproportionately affected by the crisis. LGBTQI persons who are displaced or affected in humanitarian contexts moreover frequently experience multiple, intersecting forms of violence and discrimination, including overlapping forms of social stigma and institutionalised exclusion. Within all vulnerable groups, children are generally hit the hardest as the crisis itself including the many coping mechanisms used affects their nutrition, education and exposure to labour. Responding to protection risks, including gender-based violence (GBV), assisting refugee registration and verification, child protection, legal assistance, and support to access civil documentation is fundamental in this ongoing crisis.

3. The humanitarian response

Until 2023, Lebanon contended with two response plans; the Lebanon Crisis Response Plan (LCRP) targeting Syrian refugees and host communities, and the Lebanon Emergency Response Plan (ERP), targeting vulnerable Lebanese households. The two tended to overlap with limited coordination. In January 2024, a new consolidated framework, the Lebanon Response Plan (LRP), was launched. It aims to address humanitarian needs in a way that is moving towards stability, applying a humanitarian, development and peace nexus approach. The LRP has the time frame 2024-2026 to promote progress against development objectives in the longer-term. The plan connects the United Nations Sustainable Development Cooperation Framework (UNSDCF), the Lebanon Reform, Recovery, and Reconstruction Framework (3RF) and the national chapter of the Regional Refugee and Resilience Plan (3RP) for the Syria Crisis. As of September 2025, 43.76 per cent of the Lebanon Flash Appeal had been funded. The LRP 2025 Appeal accounted for 2.99 billion US dollars. The 2025 LRP includes, for the

first time, a dedicated chapter on Refugee Return, developed between the UN and the government.

In support of the Government-led emergency response to the conflict escalation, the humanitarian community launched a Flash Appeal in October 2024 to enable partners to rapidly deliver principled and effective humanitarian assistance for three months (from October to December 2024). The Appeal has been extended from January – March 2025 calling for \$371.4 million US dollars to deliver life-saving assistance to one million Lebanese, Syrians, Palestine refugees in Lebanon, Palestinian refugees from Syria, and migrants. The Flash Appeal is fully complementary to the LRP 2025, the primary planning framework for the humanitarian- and stabilization response. As of 27 March 2025, and the last Flash appeal update, the Appeal has been funded by 12.4 per cent.

The global freeze and scale-back of US humanitarian funding, announced in January 2025 is having major consequences on aid operations, and the Humanitarian Country Team (HCT) is adapting the response in light of the new funding landscape. In parallel with this, there are also considerable cut-backs of funding from some other major humanitarian donors during 2025.

There are several challenges facing humanitarian operations. Some of these include continued restricted access to some conflict-affected areas, which may delay the delivery of assistance and protection, the prolonged political- and economic crisis in Lebanon severely straining national systems and response capacity, pre-existing vulnerabilities such as widespread poverty and increasing inter-and intra-communal tensions further weakening social stability in the country. Lebanon is moreover a non-signatory state to the 1951 Refugee Convention and its 1967 Protocol and no unified government framework or policy exist to support refugees or migrants. The exclusion of refugees and migrants from broader forms of protection has left these groups dependent on international- and local humanitarian organisations and UN agencies. These gaps in coverage have been further exacerbated by the existing crisis leaving refugees and migrants especially vulnerable.

Lastly, the role of local organisations should be highlighted in the humanitarian response. During the war between Israel and Hezbollah, many local organisations served as first responders and as a critical lifeline to many displaced and conflict-affected. Local organisations carry vital knowledge about local dynamics, enjoy established presence in areas where many international organisations do not operate or struggle to gain humanitarian access. As public institutions have weakened, civil society organisations have assumed responsibility for service provision, most notably within the healthcare sector. As a whole, the humanitarian and development communities serve an important role in filling the gaps left by public institutions and services.

4. Sida's humanitarian allocation

Approximately 62,3 million SEK has been allocated to respond to the most urgent humanitarian needs without regard to nationality or status. The support will be aligned with the first two objectives of the Lebanon Response Plan.

Particular priority will be given to already vulnerable groups such as refugees and migrants, including women, girls and LGBTQI persons. Interventions demonstrating a strong gender sensitivity and focus on protection will be prioritised. To address the unmet protection needs, any partner intervention should clearly indicate the integration and/or direct protection activities, including proactive protection.

SRHR will be also be prioritised considering the increased vulnerabilities of women, girls and LGBTQI persons including barriers to accessing reproductive and maternal health services. Sida will moreover continue to prioritise organisations that have the presence and ability to respond to underserved and hard-to-reach areas, including capacity to meet the most urgent unaddressed humanitarian needs through aid modalities that enable, when and where possible, a sustainable humanitarian impact. Multi-sector programming and the cash modality are considered to be appropriate approaches by Sida.

Sida will review its portfolio to ensure the support is best placed to meet the most severe needs in 2025. Finally, to ensure quality funding, Sida will continue focusing on flexible, programme-based funding and to some extent on multiyear commitments. Considering the importance of localisation in times of emergency, supporting local NGOs will be prioritised.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
ACF	FSL, Nutrition, WASH, Basic Services	10,000,000 ¹
Swedish Red Cross	Health, WASH, Green response	14,000,000 ²
NRC	FSL, ICLA, WASH, Education, Shelter	8,000,000
LHF	Multi-sector	20,000,000
PUI	Health, WASH	7,000,000
TOTAL		59,000,000

¹ Already committed in 2023.

² Already committed in 2024.

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS 2025 (SEK)		
PARTNER	FLEXIBLE FUNDING ³	ADDITIONAL ALLOCATION
MSB	1,050,000	
UNOCHA	2,200,000	
TOTAL	3,250,000	

¹ The 2025 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

³ Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.