

This report is produced by OCHA Lebanon Office in collaboration with Inter-Sector Coordination Group under 2026 Lebanon Response Plan (LRP) Framework.

KEY FIGURES



>1,049 K (MoSA)

Self-registered Internally Displaced People (IDP)



132 K (DRM)

displaced in collective shelters



622 (DRM)

shelters



886 (MoPH)

people killed



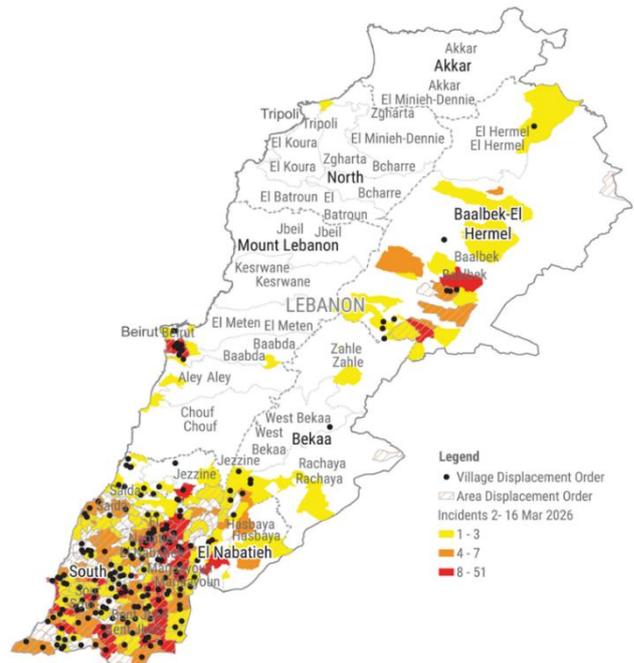
2,141 (MoPH)

people injured

HIGHLIGHTS

- High-intensity airstrikes across Beirut's southern suburbs and southern/eastern Lebanon have resulted in at least **886 deaths and 2,141 injuries**.
- Over **1 million people** are displaced, majority outside formal shelters. Overcrowding, inadequate WASH conditions, and exposure to harsh weather are exacerbating vulnerabilities and public health risks.
- Expanded displacement orders now cover **~14% of Lebanon's territory**, triggering repeated displacement, and increasing fear among civilians.
- Continued attacks on civilians, healthcare, and civilian infrastructure underscore the urgent need to **respect international humanitarian law**, ensure protection of civilians, and safeguard humanitarian access.

CONFLICT INTENSITY MAP as of 16 March



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 17 March 2026 Source: incidents: public media
 Feedback: ocha@lebanon@un.org www.unocha.org www.reliefweb.int

SITUATION OVERVIEW

Airstrikes on Beirut's southern suburbs, as well as on villages across southern and eastern Lebanon, have continued at high intensity. The human toll continues to mount. As of 16 March, the Ministry of Public Health reports **at least 886 people killed and 2,141 injured** since the escalation began, including **111 children among the fatalities and 332 children among the injured**. Civilians, especially women, children, and other vulnerable populations, continue to bear the brunt of the ongoing hostilities.

Attacks impacting civilian infrastructure, including health facilities, continue to raise serious concerns. To date, **the number of incidents affecting healthcare facilities has been increasing daily**, resulting in the deaths of **30 healthcare workers while on duty**. This is further constraining the health system's capacity to respond

to growing needs. Such incidents highlight the mounting strain on critical services and the increased risks faced by medical personnel attempting to provide life-saving care. On 16 March, at least 2 paramedics were killed, and one was injured due to dual Israeli attacks in Kfarsyr, Nabatieh district, and one paramedic was killed and one was injured due to Israeli attacks on healthcare workers in Yater village, Tyre district.

Displacement orders issued by the Israeli Forces continue to drive mass-scale movement of people. Official figures indicate that over one million people – around 19 per cent of Lebanon’s population – have self-registered as displaced. Many families have fled multiple times as hostilities reach new areas. Only around 12.5 per cent (132,742) of registered displaced people are in collective shelters, with the remainder relying on host families or informal arrangements. Despite the **efforts of the Government of Lebanon to expand the capacity of collective shelters**, many displaced people remain without adequate accommodation. In **Beirut Governorate**, displaced families reported sheltering in **streets, unfinished buildings, and makeshift tents**, reflecting the limited availability of suitable shelter space. **Overcrowding in collective shelters and inadequate access to safe water, sanitation facilities, and hygiene supplies** are raising concerns about **deteriorating living conditions and heightened public health risks**. Heavy rain and adverse weather over the past few days have exacerbated humanitarian needs, worsening living conditions in informal sites, and have increasingly reflected widespread public concern and solidarity with displaced families, highlighting the scale of humanitarian needs and the strain on host communities.

Access to adequate collective shelter for the Lebanese and non-Lebanese population remains paramount for an efficient and inclusive response in Lebanon amid the increase of protection, insecurity and safety risks to the vulnerable populations exacerbated by the lack of financial capacity of vulnerable people to find other alternatives.

The displacement orders have expanded geographically and in scope, triggering large-scale population movements across multiple governorates. Since the start of the escalation, the Israeli displacement orders are now estimated to cover roughly [1,470 square kilometres – or around 14 per cent of Lebanon’s territory](#) – including large parts of southern Lebanon, Beirut’s southern suburbs, and areas of the Bekaa Valley, forcing many families to flee with little notice and limited options for safe relocation. In several villages in the south, including **Shabriha in the Tyre district**, civil defence teams or municipalities reportedly received instructions to forcibly evacuate the remaining residents. In a new development, Israeli forces reportedly issued an **individual displacement order via WhatsApp**, instructing a resident in Beirut to evacuate both his apartment and company offices—marking the first such instance reported during the current escalation. The use of such methods has heightened anxiety among residents and further contributed to uncertainty and fear among civilian populations. According to **OHCHR**, “the breadth of such displacement orders makes them very difficult for the population to comply with and therefore brings into question their effectiveness, a requirement under international humanitarian law, and **risks amounting to prohibited forced displacement**.”

On **14 March**, Israeli forces issued two warnings that have raised serious humanitarian concerns. The first indicated that **ambulances and medical facilities in Lebanon could be targeted if used by Hezbollah**, in a context where **28 incidents affecting healthcare facilities have already been reported over the past two weeks**. The second warning suggested that **trucks travelling along coastal areas in southern Lebanon could also be targeted if suspected of carrying military assets**. Such warnings increase the perceived risks associated with civilian transport and may further complicate humanitarian logistics, potentially affecting the delivery of essential assistance to affected populations.

Access to several conflict-affected areas remains critical. Roads in **Dibbin and Khardali**, which were recently damaged, were temporarily repaired over the weekend by the **Lebanese Armed Forces (LAF) and UNIFIL**, enabling the restoration of access to otherwise hard-to-reach communities. Maintaining safe humanitarian access remains critical to ensure that assistance can reach populations in need.

According to the **World Food Programme (WFP) market functionality assessment**,¹ markets remain broadly functional at the national level; however, **severe localized disruptions are emerging in areas directly affected by hostilities**. Markets south of the Litani River appear to have largely ceased operations, with many monitored shops closed or evacuated and supply deliveries significantly reduced. In contrast, markets in areas hosting displaced populations remain operational but are experiencing **sharp increases in demand and early signs of price inflation**, particularly in Beirut and parts of Mount Lebanon. At the national level, supply chains continue to function, and strategic food stocks remain available, though **delivery disruptions and rationing by distributors are beginning to emerge in conflict-affected areas**. Food prices are expected to rise in the coming weeks, driven primarily by higher fuel and logistics costs, increased demand linked to displacement, and broader regional energy market shocks rather than immediate national shortages.

Authorities and humanitarian actors have introduced emergency measures to sustain supply chains and mitigate market disruptions. These measures include **24-hour operations at the Port of Beirut** to accelerate cargo clearance and facilitate the movement of essential goods. However, Lebanon's heavy reliance on imports for food, fuel, and other critical commodities leaves the country highly vulnerable to **regional energy volatility and potential disruptions to maritime shipping routes**, which could further affect domestic market stability if the regional situation deteriorates.

HUMANITARIAN RESPONSE

The humanitarian partners under LRP and Flash Appeal continue to scale up the response in close coordination with national and local authorities to meet the needs of people in collective shelters and hard-to-reach areas.

WHO has announced an initial allocation of US\$1 million to support emergency health operations in Lebanon. This funding will help strengthen trauma care, disease surveillance, and the procurement and distribution of essential medicines and medical supplies.

On 16 March, the [United Kingdom](#) announced over £5 million in additional emergency humanitarian funding for vulnerable and displaced civilians in Lebanon, which will be delivered through partners including to the World Food Programme (WFP), the Lebanese Red Cross (LRC) via the British Red Cross (BRC), and the Lebanon Humanitarian Fund (LHF) managed by OCHA under Humanitarian Coordinator Leadership.



Access and Civil-Military Coordination

Between 2 and 16 March, eleven humanitarian movements have been formally notified through the OCHA-managed Humanitarian Notification System (HNS) and successfully carried out by partners. Following the activation of the HNS for areas north of the Litani River (NLR), an additional notified movement on 11 March enabled the retrieval of core relief items from Haret Hreik in Beirut's southern suburbs, and the delivery of food parcels on the 16th. Other notified SLR movements facilitated the delivery of food parcels and essential relief supplies, including hygiene kits, RTEs, bottles of water, blankets, mattresses, to collective shelters, as well as the safe evacuation of vulnerable civilians from several border villages. The operational environment is increasingly challenging, particularly South of the Litani River. This is making it more difficult for humanitarian actors to reach and assist the people remaining in border villages.

¹ Findings are based on a rapid retail market monitoring conducted by WFP between 4 and 6 March 2026 across 236 contracted retailers in all eight governorates, complemented by information from national market actors, and analysis of WFP price monitoring data.

Education

Education partners are coordinating with the Ministry of Education and Higher Education on guidance and Ministry of Social Affairs approval to deliver Education in Emergencies (EiE) within collective shelters.

As of 16 March, approximately **290,850 self-registered displaced persons are children**. The Disaster Risk Management Unit (DRM)'s report, among the displaced individuals, around **45,750 are children currently accommodated in 628 collective shelters**. In total, **458 schools** (including 346 public and 68 private, and 44 TVET schools) are being used as collective shelters.

Education partners are supporting displaced children through psychosocial and recreational activities in coordination with the Child Protection sector, while also identifying learning options, including remote and alternative modalities, to support the continuity of learning. To date, partners have distributed **556 education kits or supplies to shelters and learning centres** (18 in Beirut, 260 in the North, 24 in Akkar, and 254 in the South).

To date, **39 education partners have committed to covering 242 shelters**. However, 363 shelters remain without an assigned education partner, indicating a significant coverage gap. As the number of shelters is expected to increase, additional partner engagement will be critical to ensure displaced children can access education, psychosocial, and recreational support.

Many shelters are already operating at or near full capacity, while several open shelters remain without education partner support, highlighting the urgent need to scale up activities in underserved areas. Partners with additional capacity are encouraged to coordinate with sub-national coordinators to expand coverage and avoid duplication of services.

Food Security & Agriculture

The Food Security & Agriculture Sector is coordinating with the Ministry of Social Affairs on a protocol for one-off distribution of food parcels for IDPs outside collective shelters. The guidance will support partners who deliver food parcels. In Akkar, a five-day joint distribution by UNICEF, WHP and UNHCR is planned that will provide hygiene kits, food parcels, and core relief items (such as mattresses, blankets, etc.) to affected communities.

Food Security partners distributed a total of **1,164,464 hot meals and 38,314 Ready-to-Eat kits in collective shelters and displaced people from Beirut's southern suburbs** who continue to spend the night along the seaside and in open public areas. Growing needs for additional meals inside shelters have been communicated.

The Food Security Sector conducted a rapid phone survey to assess collective shelters in Mount Lebanon and availability of cooking facilities required to receive food parcels. The findings will guide the selection of the most appropriate assistance modality for each shelter, and the assessment will be expanded to additional regions in the coming days.

Health

Needs: Flexible and rapid funding to sustain emergency health operations and ensure uninterrupted lifesaving service delivery including surge capacity for trauma care, emergency departments, and referral pathways. **Replenishment of lifesaving essential medicines and medical supplies**, including trauma kits, and emergency obstetric and newborn care items is critical.

Particularly at the level of collective shelters, **strengthen surveillance activities and reinforce rapid detection and response to communicable disease outbreaks**. This is to be coupled with enhanced

communication, education, and awareness, especially among service beneficiaries, to promote early care-seeking and reduce health risks.

Response: To safeguard **access to secondary care**, MoPH has issued a decision granting 100 per cent coverage for displaced populations in selected public and private hospitals. MoPH with Health Sector partners is ensuring access to life and limb-saving interventions, trauma care for injured children, NICU and PICU services, and institutional delivery support for internally displaced populations, displaced Syrians, and migrants.

Primary healthcare access is being maintained through linkages between PHCCs, mobile clinics, and active shelters. **Disease surveillance findings** continue to be reported through established public health channels. The **inpatient mental health capacity has been expanded** and the updated list of PHCCs providing mental health services offering psychiatry, psychology, and social work support has been validated and shared by MoPH.

Gaps and constraints: Improved and uninterrupted **access to high-risk and hard-to-reach areas** to restore service outreach and support partners.

Nutrition

Response: **7,842 children under five, adolescent girls, and pregnant and breastfeeding women were reached** with emergency nutrition rations and micronutrient supplementation sufficient for one month in 323 shelters. **650 children under 5 and pregnant and breastfeeding women** were screened for wasting and referred to specialized services in designated PHCCs. **1,218 caregivers of children under 5 years were reached** with specialized IYCF, nutrition, and ECD counselling and awareness on optimal nutrition practices in an emergency.

The Nutrition Sector is leveraging existing health service delivery platforms and collaborating with education actors to expand the provision of nutrition and early childhood development (ECD) services in shelters that remain underserved. This approach aims to ensure continued access to essential nutrition and ECD support for affected populations across uncovered locations.

The Nutrition Sector, in coordination with partners and the Ministry of Public Health, disseminated a validated Infant and Young Child Feeding (IYCF) messaging package through digital platforms, including U-Report, to promote optimal feeding practices and strengthen referrals to the national IYCF hotline and chatbot for individualized caregiver support.

Gaps and constraints: **Unsolicited donations and procurement of breastmilk substitutes (BMS)** and baby food in the current emergency risk are leading to untargeted distributions that may undermine breastfeeding and pose health risks for infants. Ensuring a safe response requires specialized IYCF support and strict individual assessments, while limited trained personnel and the circulation of such supplies remain key operational challenges.

The nutrition sector response remains constrained by limited funding to scale up essential interventions, including infant and young child feeding support. Without timely and flexible funding, partners face challenges in expanding coverage, deploying trained personnel, and ensuring the continuity of lifesaving nutrition services for affected populations.

Protection

Needs: With increasing civilian casualties, protection from physical injury and violence, including towards children, is a fundamental need.

In addition, psychosocial distress, trauma and conflict-related fatigue have been reported and require significantly scaled-up access to mental health and psychosocial support services. **Inadequate shelter conditions, such as overcrowding and limited privacy, have given rise to risks of GBV, such as harassment or physical and sexual violence.**

Overcrowding and limited privacy are reported in collective shelters, with both male and female members, as well as multiple families residing in the same rooms. While some families are using improvised separation screens, others live with non-family members with no plastic sheeting segregation, requesting support from the agencies to ensure their privacy and dignity.

In some shelters, due to full capacity, families – including women and children – are sleeping in open areas such as yards and shelter entrances, without walls or any form of protection from exposure. The safety considerations were also raised for women and girls due to the lack of sex-segregated wash facilities and improvised shower bins that do not provide the needed privacy. Women and girls report the urgent need for, and the lack of, dignity kits in these facilities. **Loss of documentation and legal identity risks** as any displaced families fled without civil documentation, requiring access to humanitarian assistance, registration, and cash support.

Accessibility and inclusion of persons with disabilities has remained a considerable challenge in identifying housing and relevant health and care services. Severe funding shortages significantly limit options, constraining direct assistance and operational capacity of OPDs, who remain essential actors in ensuring an inclusive, specialized, rights-based response.

Response: Since the start of the escalation, protection, child protection and GBV partners have provided critical support to the affected populations across Akkar, Bekaa, South, North, and Mount Lebanon. Protection interventions reached some **8,232 displaced people, including 3,253 through protection services, 2,994 through GBV response and 1,985 through child protection services.** The majority was reached in Baalbek El Hermel and Beirut.

In the first two weeks of the conflict, partners faced challenges in implementing protection activities in collective sites. **On 16 March, MoSA announced their approval for Protection, CP and GBV actors to implement additional activities at collective sites,** including awareness sessions, PSS (non-case management), GBV Safety Audits and recreational activities, dignity-kits and other in-kind provisions. Partners are now preparing to roll-out activities as early as tomorrow. For the remaining list of activities, such as case management and focused PSS, partners require registration through MoSA before final activities are implemented.

Protection sector members scaled up outreach/response to displaced outside collective shelters as the approval from MoSA to conduct protection activities remained pending. Most activities focus on ensuring displaced access to shelters, **access to information, and persons at heightened risk are referred/linked to critical services.** Sector coordination focused on finalizing geo-split and the geo-split dashboard. 73 per cent of mapped CS are covered by a protection actor, with some hard-to-reach or remote areas uncovered. At the sub-national level, the geo-split exercise continues as displacement evolves.

In the GBV Sub-Sector, an online session on the GBV safety audit was given to 230 staff from GBV, PRT, and CP partner orgs to strengthen capacity to identify GBV risks in CS. The session introduced an observational tool (developed as part of GBV preparedness measures pre-war) to help frontline staff identify, document, and address potential risks that may compromise the safety and well-being of women/girls in shelters.

In addition, a meeting was held discussing the need for GBV case management and continuity of care during the current conflict. Partners reported that **service provision continues across multiple regions,** though approaches differ based on security and access constraints. **In the South and Baalbek-Hermel,** some organizations maintain remote follow-up for existing cases, while most are unable to reach out or continue services that would allow for safe disclosure in areas with severe access restrictions. To maintain support, some

agencies were able to **open new safe spaces in highly dense displacement areas like Mount Lebanon**. Others have adapted by relocating facilities to safer areas to reduce survivors' exposure to distressing conditions. **Services in Beqaa and Mount Lebanon remain active**, with several organizations able to manage cases, and cash assistance is still provided where possible. Helplines remain operational for high-risk situations, and some partners have observed new cases among displaced women, highlighting increased vulnerabilities. While remote modalities help ensure continuity of care, partners report ongoing challenges related to confidentiality, connectivity, and survivor safety.

Close coordination with the OPD-led Emergency Task Force for PwD continues daily to jointly identify needs, risks and gaps from field visits and OPD inputs, and develop tools—i.e. a tracker for inclusive shelters and updated referral pathways—to strengthen info-sharing and improve access to services. As observed during the 2024 escalation, persons with physical/intellectual disabilities face serious barriers to accessing CS or encounter unsuitable/unsafe conditions once inside. The most effective support is provided by specialized NGOs and OPDs running inclusive shelters and dedicated programmes tailored to the diverse needs of persons with disabilities.

Since the onset of the conflict, NGO **partners started operating temporary shelters for migrants** and refugees of other nationalities, already at capacity with almost 180 and 90 people hosted in two sites in Mount Lebanon, coordinated with MOSA and DRM as well as the shelter sector. However, shelters are at capacity, while requests increase by day as migrants displaced within, especially Beirut Southern Suburbs continue to leave for safer areas/seek shelter options in safer areas. IOM's estimate of the number of migrants displaced/in affected areas has increased from 30,000 (week 1 and 2) to 45,000.

Shelter

Shelter partners have **distributed 84,741 mattresses, 97,938 blankets, 49,142 sleeping mats, 26,668 pillows, as well as approximately 10,212 solar lamps and 9,346 jerry cans** across collective sites in all governorates.

In addition, the **Shelter Sector has assigned 343 collective sites** to shelter partners. Of these, 200 sites have been assessed to identify repair needs, partitioning requirements to increase hosting capacity and improve privacy, and any upgrades required to ensure the sites are adequate to host displaced families, with partners proceeding with the necessary works accordingly. A total of 89 technical submissions have been made to secure approvals to initiate repairs from the relevant authorities/ focal points, of which 55 have been approved and works have already commenced in 33 sites.

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Water, Sanitation, and Hygiene (WASH)

Needs: Access to safe water, sanitation facilities, and hygiene supplies remains a critical concern, particularly in high-density collective shelters. WASH partners are scaling up emergency interventions while deploying the Rapid Technical Assessment (RTA) to identify priority needs and guide response planning.

Response: WASH partners have delivered assistance in **508 collective shelters, reaching 113,876 IDPs with essential WASH services**, while at least **20 registered collective shelters hosting 14,024 IDPs remain without WASH partner coverage**.

Partners continue distributing hygiene kits and providing emergency water supply. To date, **28,579 hygiene kits and 12,908 menstrual hygiene kits have been distributed across 475 shelters, while 479,516 litres of bottled drinking water and 2,979m³ of water through water trucking have been delivered in 334 shelters.** In addition, **352,285 of fuel have been provided to Water Establishments** to sustain public water supply services.

Gaps and constraints: some new shelters opened have not been registered on DRM list, limit their inclusion in the sector planning to deliver assistance. In addition, the funding limitations restrict the ability of partners to scale up response across all shelters, including ensuring timely partner implementation of WASH interventions following the technical assessments.



Social Stability

The Tension Monitoring Team published the [Tension Pulse](#). This aims to **equip decision makers and humanitarian actors with timely, evidence-driven insights** to support informed planning and response adaptation. It features a Tensions Dashboard, Online Narratives section, Map of Geographical Hotspots, and a “What to Watch” segment outlining emerging issues to monitor closely.

GENERAL COORDINATION

The Humanitarian Coordinator continues to lead close coordination with the Government of Lebanon to ensure a common understanding of the humanitarian crisis and its impact, and to define the priorities and key asks. **Advocacy continues for inclusive response for Lebanese and non-Lebanese affected populations** including access to collective shelters and broader access to the humanitarian interventions.

Inter-sector and inter-agency coordination continues under the leadership of the Government of Lebanon and in close collaboration with the Humanitarian Country Team (HCT), Inter Sector Coordination Group (ISCG) Co-Chairs, sector coordination teams, Operational Coordination Groups (OCGs), and national and international humanitarian partners to ensure a coherent and timely response.

Coordination with ISCG Co-Chairs and national authorities remains ongoing to support the operationalization of recent government decisions related to the allocation of two collective shelter sites per governorate for non-Lebanese, including clarification of the formal communication to Governors.

Discussions between the **Government of Lebanon and ISCG Co-Chairs** continue regarding assistance modalities for displaced populations outside collective shelters.

Coordination between **MoSA, ISCG Co-Chairs, and the WASH and Health sectors** is ongoing to respond to additional hygiene kit needs in Mount Lebanon, including in response to reported scabies and lice cases, and to mobilize sectors capacities to address emerging WASH needs and public health concerns.

The **Logistics Cluster, in coordination with the ISCG, OCGs, and sector partners**, continues to facilitate the planning and coordination of humanitarian convoys to affected areas. The cluster is reinforcing advanced coordination timelines to allow sufficient time for needs identification, cargo consolidation, and coordination with local authorities, supporting the timely and efficient delivery of humanitarian assistance.