

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)



124,231 (DRM)

displaced in collective shelters



625 (DRM)

shelters



2,679 (MoPH)

people killed



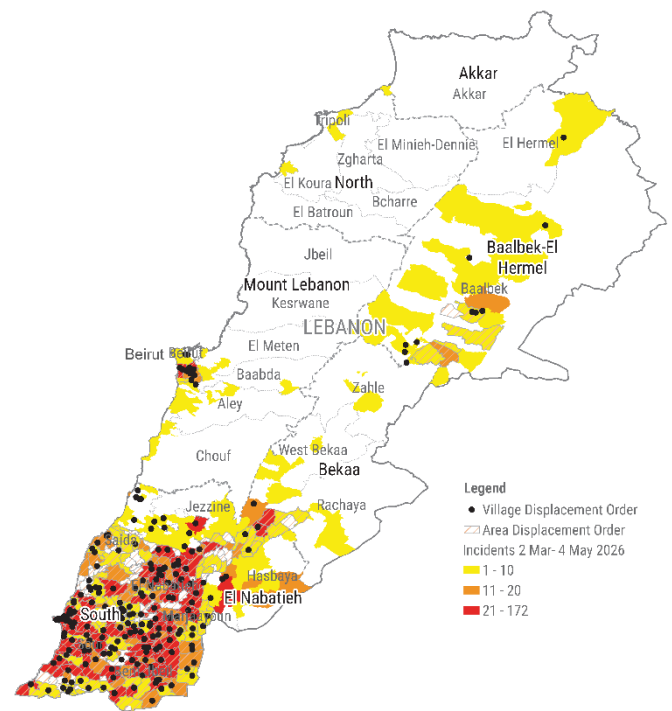
8,229 (MoPH)

people injured

HIGHLIGHTS

- Renewed displacement orders and airstrikes in Nabatieh Governorate on 4 May triggered new displacement and casualties.
- More than 1 million people remain displaced, including over 124,000 people hosted in 625 collective shelters, while the majority remain outside formal sites.
- WASH sector facing a potential breakdown as early as July 2026, threatening the continuity of water trucking, hygiene supplies and fuel for water systems amid sustained displacement.
- Health partners report growing risks of service disruptions, as pipeline breaks in essential medicines, non-communicable disease (NCD) drugs and medical consumables could significantly increase morbidity and further strain an already overstretched health system.
- The Lebanon Flash Appeal is only 38 per cent funded, as humanitarian needs deepen across sectors.

CONFLICT INTENSITY MAP of 4 May



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: 5 May 2026 Source: incidents; public media
 Feedback: ocha@lebanon@un.org www.unocha.org www.risofweb.int

SITUATION OVERVIEW

The humanitarian situation in Lebanon remained **fragile and volatile**, with developments during the reporting period further undermining prospects for civilian protection, safe and sustained returns, and unimpeded humanitarian access. On **4 May, renewed displacement orders were announced for 11 villages and towns in Nabatieh Governorate**, followed by airstrikes that reportedly caused casualties and triggered **new waves of displacement**, according to local authorities. These developments marked a renewed deterioration in the security environment and reversed tentative stabilization trends observed in recent days.

Displacement dynamics shifted again, with **increased pressure observed on collective shelters** as movements across the country remained uneven. **Majority of displaced people continue to reside outside organized shelter settings**, living with host families, in rented accommodation, or in informal arrangements, often with limited protection and reduced access to assistance. While **no full-scale returns have been observed in South Lebanon and Nabatieh Governorates**, movement patterns remained partial and precautionary. Some families continued to leave shelters for short-term or exploratory movements, while many others remained displaced due to ongoing insecurity.

Regional displacement trends varied. While some reduction in displacement figures has been reported in several governorates, **Mount Lebanon experienced a clear increase in displacement**, while **Beirut continued to face sustained pressure on collective shelters**. **North Lebanon, including Akkar**, recorded steady to moderate increases in displacement, adding pressure on host communities and municipal services.

Displacement across Lebanon continued to rise overall, with growing numbers of families seeking refuge both **inside collective shelters and in informal settings**, including rented accommodation and host family arrangements. The **scale and pace of ongoing displacement are placing mounting pressure on an already overstretched humanitarian response**, particularly as needs deepen across shelter, food security, protection, health, and WASH sectors.

Despite these escalating needs, the **Lebanon Flash Appeal remains significantly underfunded**, with **only 38 per cent (approximately US\$117 million) received against the US\$308 million required**. Funding shortfalls continue to constrain the ability of humanitarian partners to scale up and sustain life-saving assistance. Against this backdrop, the **Ministry of Social Affairs formally requested an extension of the current Flash Appeal for an additional three months (June–August 2026)**, highlighting the need to ensure continuity of humanitarian assistance amid sustained displacement and ongoing instability.

HUMANITARIAN RESPONSE

Humanitarian partners continued to deliver **life-saving assistance** during the reporting period through existing coordination mechanisms, despite a volatile operating environment. National and international partners, working closely with line ministries and local authorities, focused on **shelter, food assistance, health services, protection, water and sanitation, and multipurpose cash**, prioritizing areas hosting large numbers of displaced people and communities facing repeated displacement.

Response efforts continued to focus on **both populations inside collective shelters and most displaced households living outside formal sites**, where access to assistance remains more limited and protection risks are elevated. Partners reported sustained demand for **emergency shelter support, food assistance, health and nutrition services, WASH interventions and protection services**, including mental health and psychosocial support and family tracing and reunification.

Health partners prioritized trauma care, continuity of essential services and support to overstretched health facilities amid ongoing attacks on healthcare. WASH actors continued emergency water supply and infrastructure repairs in areas where services remained disrupted, while shelter partners focused on improving conditions in collective sites and supporting vulnerable households outside shelters.

The **security environment and access constraints** continued to affect operational reach, particularly in southern Lebanon, where UXO contamination, damaged roads and bridges, and

intermittent insecurity constrained movement. Staff capacity was further affected as humanitarian personnel and their families continued to experience displacement and insecurity.

Response efforts remained **significantly constrained by funding shortfalls** under the Lebanon Flash Appeal. Partners reported increasing difficulty sustaining assistance levels and responding to emerging needs amid rising costs and expanding caseloads.

The **WASH funding pipeline faces a serious risk of breakdown by July 2026**. Without urgent additional funding, the continuity of water trucking, hygiene kit distributions, and fuel supply to water stations cannot be guaranteed at a time when displacement remains widespread and collective shelter populations are still highly vulnerable.

The **Rapid Health Sector Partners Capacity Assessment** indicated critical shortages of non-communicable disease (NCD) medications, essential drugs, and medical consumables, placing patients at immediate risk, likely increasing morbidity, complications, and further strain the limited health system.

Continued **advocacy for civilian protection, respect for international humanitarian law, sustained humanitarian access and urgent resource mobilization** remained critical to prevent further deterioration of the humanitarian situation.



Access and Civil-Military Coordination

With the support of the Humanitarian Notification System (HNS), humanitarian partners have sustained their efforts to reach civilians living in conflict-affected and difficult-to-access areas. From 2 March to 4 May, a total of 104 HNS-facilitated movements provided access to communities throughout southern Lebanon—among them Qlaiaa, El Nabatieh, Baalbeck, Qaa, the southern suburbs of Beirut, Marjayoun, Hasbaya, Chebaa, Ain Ebel, Tyre (including Palestinian camps), Rmeish, Ebel El Saqi, Fardiss, Bourj El Moulouk, Tebnine, and Souk El-Khan, and several others.

Through these movements, critical life-saving aid was delivered to affected populations, encompassing food and bread, fresh produce, flour, potable water, medical supplies, fuel, and a variety of essential relief items—including family hygiene kits, menstrual hygiene management kits, baby kits, incontinence kits for elderly individuals, and shelter cleaning kits. Where possible and upon request, the movements also supported the safe relocation of vulnerable people to more secure locations.

Operational conditions on the ground remain deeply challenging. The Israeli announced restricted zone in the south, combined with compromised or sensitive infrastructure—such as damaged bridges and crossings—continues to limit freedom of movement, frequently forcing convoys onto longer or higher-risk alternative routes.

Although humanitarian access has not been entirely disrupted, it is growing more dependent on route reliability and shifting security dynamics on the ground. The persistent threat of improvised explosive devices (IEDs), unexploded ordnance (UXO), and conflict-related debris poses considerable danger to aid workers and significantly complicates the safe delivery of assistance.



Multipurpose Cash Assistance (MPCA)

Cash Working Group (CWG) partners are continuing with the distribution of blanket **emergency MPCA**, to date, the total number of households reached through the Government-led Shock

Responsive Safety Net (SRSN) is **138,000 households**, benefiting 490,000 individuals, representing a total disbursement of USD 15.6 million. Current planning and preparation are underway for the next phase of SRSN, with additional households expected to be targeted under the blanket approach. This will be followed by two additional rounds of emergency MPCA, based on a prioritization exercise.

Similar emergency MPCA payments for conflict-affected non-Lebanese populations have reached 518 households, accommodating 2,832 individuals, representing a disbursement of USD 50,730. The same phased approach, initial blanket coverage followed by prioritized rounds, is being applied across nationalities.



Education

As of 4 May, approximately 44,800 internally displaced children are accommodated in 623 collective shelters. A total of 443 schools, 330 public, 65 private, and 48 Technical and Vocational Education and Training (TVET) institutions, are being used as collective shelters for IDPs, rendering them unavailable for educational use. According to Ministry of Education and Higher Education (MEHE), more than 14,000 public school students are currently residing in collective shelters.

Education partners continue to support internally displaced children across both formal and non-formal education. In formal education, approximately 180,000 internally displaced children accessed online learning, while 109,105 attended in-person classes. In non-formal education, 4,155 children benefited from online and in-person programmes.

Partners have also maintained support through the distribution of learning materials, with **1,586 education kits** reaching approximately **79,200 children** across governorates (45 in Akkar, 108 in Baalbek-El Hermel, 41 in Beirut, 192 in Bekaa, 6 in Nabatieh, 320 in Mount Lebanon, 552 in the North, and 322 in the South). In addition, 736 children received individual student kits or other learning materials, and 31 children with disabilities received assistive devices and/or rehabilitation and therapy services.

Critical gaps persist in online learning uptake due to poor network connectivity, low digital literacy among caregivers, uneven distribution of data packages, and shortages of devices and learning materials. Deteriorating psychosocial wellbeing among children and caregivers continues to deprioritise education. Key training needs, including PSS, safe space management, and inclusive approaches, are being mapped across partners. MEHE's new decision to allow partners to deliver education activities in shelters is estimated to support children's remote learning in shelters and address the observed challenges.



Food Security & Agriculture

Since the start of escalation on 2 March, food security partners have rapidly mobilised to deliver life-saving assistance to affected people. In collective shelters, **over 7.7 million hot and cold meals were provided**, while also providing **99,000 ready-to-eat (RTE) kits** containing non-cook items such as canned meat, cheese, hummus, and beans.

Food security conditions in Lebanon have deteriorated significantly. According to the latest Integrated Food Security Phase Classification ([IPC](#)) projection analysis, the **most severe deterioration has been observed in southern governorates**, particularly in Bent Jbeil, Marjaayoun, El Nabatieh, and Sour districts. In these areas, between 55 and 65 per cent of the population is experiencing acute food insecurity, including approximately 10 per cent in emergency phase. Both Lebanese and Syrian refugee populations are heavily affected, driven by displacement, loss of livelihoods, restricted market access, and damage to infrastructure caused by the hostilities.

The Food Security and Agriculture (FSA) Sector is supporting a government-led initiative, implemented by the Ministry of Economy and Trade in coordination with the Disaster Risk Management Unit, aiming to produce an approximate of 31,000 bundles through 22 bakeries across Lebanon. The initiative started in Beirut, with a total of **7,500 bread bundles** in Beirut and Mount Lebanon, with planning to expand to other areas across Lebanon. The FSA Sector is supporting the response by integrating bread distributions into existing ready-to-eat (RTE) and hot meal interventions, starting next week.

Health

The Health Sector urgently calls for the protection of all medical personnel and demands full respect for humanitarian norms to safeguard access to health care for affected populations.

Despite the ceasefire announcement on 17 April, and its subsequent extension, attacks against health care workers have continued. Since the ceasefire, five attacks were reported, resulting in five deaths and six injuries among health care workers.

Since the onset of hostilities on 2 March, a total of 151 attacks on health care have been recorded, leading to 103 deaths and 237 injuries among medical personnel. These continued violations severely undermine the functionality of the health system and further restrict access to essential health services.

As of 04 May, primary healthcare outreach support continues through **209 outreach units** (Primary Satellite Units (PSUs) or Mobile Medical Units (MMUs)) linked to **184 Primary Health care centres (PHCCs)**, supporting service delivery. Access to PHCCs services remains at scale, with 269,748 consultations provided, and **101,067 IDPs receiving medications**. Chronic disease care continues to be prioritized, with **44,368 IDPs supported through chronic medication services**. Essential preventive and priority services remain ongoing, including **vaccination of 9,170 IDP children** and **4,359 antenatal care consultations**.

Health facility closures continue to limit access to healthcare. Three hospitals and 41 PHCCs remain closed, while 6 PHCCs are operational for chronic disease management and emergency care only, placing additional strain on remaining functional facilities and limiting access to services, particularly in areas of return.

Findings from the **Rapid Health Sector Partners Capacity Assessment** indicate critical **shortages of non-communicable disease (NCD) medications**, essential drugs, and medical consumables. These gaps place patients with chronic conditions and those in need of life-saving treatments at immediate risk. If left unaddressed, these shortages are likely to increase morbidity, exacerbate preventable complications, and further strain an already fragile and limited health system.

Nutrition

A total of **19,869** children under five, adolescent girls, and pregnant and lactating women **received one month of emergency nutrition rations and micronutrient supplementation**. This included approximately 713 children aged 6 to 11 months who were provided with age-appropriate complementary feeding packages. Additionally, 11,286 children under five and pregnant and lactating women were screened for wasting, with 208 children and 75 women identified and referred for life-saving treatment.

Digital and remote support mechanisms continue to complement in-person services. Through the Infant and Young Child Feeding (IYCF) chatbot, 696 caregivers accessed guidance on optimal

feeding practices, while 398 caregivers contacted the national IYCF hotline, with 289 referred for specialised support. Overall, more than **8,854 caregivers of children under five were reached with IYCF, nutrition, and Early Childhood Development (ECD) counselling and awareness.**

In coordination with the Ministry of Public Health (MoPH), the sector is centralising all unregulated Breastmilk Substitute (BMS) donations to ensure compliance with IYCF in Emergencies (IYCF-E) standards. To date, **65** non-breastfed infants received **one month of formula milk alongside IYCF counselling.** However, a **critical gap remains in the provision of essential BMS kits.**

Protection

Displacement patterns are highly fluid depending on the area of origin and displacement conditions. Protection risks remain high for **Internally displaced persons (IDPs)** outside of the collective shelters. The South remains the most affected area with highly dynamic reversible displacement patterns, due to renewed insecurity, including recent airstrikes and forced displacement announcements. Frequent movements are exacerbating psychosocial distress, uncertainty, fatigue, and financial strain on affected families. Across the country, most shelters have limited hosting capacities for returning IDPs. Collective site conditions, including lack of lighting, limited privacy and separation as well as lack of sex-segregated WASH facilities in addition to an overall concerning absence of safe spaces, GBV risk mitigation measures and child safeguarding modalities.

The response has reached **160,086 individuals across 534 collective sites and host community areas**, reflecting broad geographic coverage and sustained operational capacity of some 73 partners (including 25 INGOs, 45 local NGOs, and 3 UN agencies). Core Child protection (CP), Gender Based Violence (GBV) and Protection response activities include **information and awareness** (72,954 people reached) and **Case management and Mental Health and Psychosocial (PSS) Services, including community-based PSS** (reaching 59,749 displaced people), complemented by the distribution of 20,260 **dignity kits for women and girls** in reproductive age as well as **Protection emergency cash assistance (ECA)** (assisting 1,492 households or ~5,368 individuals). reinforcing the response focus on mitigating acute protection risks and financial vulnerability.

Engagement in protection and PSS activities is declining, linked to unmet basic needs and reduced prioritization of protection during the transition period. Despite these challenges, protection coverage has expanded, with 87 per cent of collective shelters now supported by at least one protection partner, alongside calls to refocus activities on prioritized PSS and skills-based interventions. Operational and coordination challenges persist, including lack of clarity of shelter policies affecting family and community decision making. Protection response capacities remain overstretched with partners reporting significant concerns to cover all collective sites and host community areas with CP, GBV and protection support.

Shelter

Distributions of core relief items (CRIs) continue for displaced households, guided by context-specific prioritization. Following the ceasefire announcement, repair activities resumed in operational collective shelters, with partners addressing priority gaps. While some families have moved to their areas of origin, collective sites have reported both returns and new families arriving, the latter from those who were staying outside of the collective shelters.

The sector faces ongoing pressure on limited CRI stocks. Although departing families were encouraged to retain items, requests for redistribution have emerged. Due to funding constraints, blanket re-distributions are not feasible.

To date, shelter partners have supported **41,816 unique households** through the distribution of a total of **122,239 mattresses** and **155,608 blankets**, alongside other items such as **sleeping mats, solar lamps, jerrycans, and pillows**.

In collective shelters, 101,662 mattresses, 127,516 blankets and 45,114 pillows have been distributed, along with additional essential items to support dignified living conditions. Initial CRI distributions have reached all identified households in shelters, with ongoing support targeting new arrivals through referrals. **Outside collective shelters**, assistance is based on a case-by-case situation, reaching vulnerable households with **20,577 mattresses, 28,092 blankets, and 12,382 pillows**.

Shelter partners are working on repairs and upgrades on **342 shelters, with 229 completed to date**, focusing on improving safety, capacity, and privacy for displaced populations.



Site Management and Coordination (SMC)

Despite the ceasefire, population movements remain fluid, with continued back-and-forth displacement to and from collective sites. In response to sustained humanitarian needs, a scale-up of site management interventions is being led by the Ministry of Social Affairs (MoSA), with support from IOM through the **establishment of the SMC Sub-Sector coordination platform**.

To further strengthen government leadership, a structured partnership model with site management actors is being developed. This model is informed by assessed needs, partners' capacity and existing geographic presence, and guided by a minimum SMC activity package that enhances service delivery, coordination, and protection outcomes across collective shelters.

In collective shelters hosting non-Lebanese displaced populations, IOM have mobilized and are supporting the NGO-run collective shelters with site tracking and verification, site assessments and referral to services. Additionally, IOM assessed one additional site planned for activation in May, with a capacity to host up to 50 migrants.



Water, Sanitation, and Hygiene (WASH)

Since 2 March, WASH partners have delivered assistance in **605 collective shelters**, ensuring continued access to safe water, sanitation, and hygiene services in high-density and high-risk environments. The scale-up of assistance is helping to mitigate public health risks associated with overcrowding, limited water access, and inadequate hygiene conditions.

To date, **80,574 hygiene kits, 45,199 menstrual hygiene kits and 1,339 centre kits** have been distributed across shelters, supporting essential hygiene practices and reducing the risk of communicable diseases. In parallel, **3,765,725 liters of bottled drinking water** and **64,760 m³ of water through water trucking** have been delivered to 625 shelters, addressing immediate drinking water needs in sites with limited or disrupted supply.

In addition, **739,000 liters of fuel have been provided to Water Establishments**, sustaining public water supply services for **628,453 people**. WASH partners have also supported **225 water stations** with fuel, repairs, and spare parts to maintain operations, which is critical to sustaining network functionality under increased demand and reducing reliance on more costly emergency water supply modalities.



Social Stability

The **ceasefire announcement triggered some immediate return movements**, though the sustainability of these returns remains questionable and fragile. Security incidents persist. Expanded displacement announcements have placed a heavy pressure on Beirut shelters, forcing many displaced persons into public spaces, while misinformation and polarised narratives further increased public anxiety.

The [Tensions pulse](#) aims to equip decision-makers and humanitarian actors with timely, evidence-driven insights to support informed planning and response adaptation.



Logistics and Telecommunications

During the first month of activation, the [Logistics Cluster](#) supported **49 humanitarian partners** through logistics coordination, common services, access analysis, and information sharing. The Cluster made the **common storage facilities** available to organizations. These supported both temporary storage and cargo consolidation for convoy operations.

Access and operational constraints related to security, border procedures, and infrastructure were monitored and communicated, alongside continued coordination with regional teams to support contingency planning and movements. Convoys are facilitated to support the movement of cargo for UN agencies, International NGOs and National NGOs, to reach locations prioritized by the OCGs. Live schedules are shared by the logistics cluster on [weekly](#) basis.

GENERAL COORDINATION

Coordination efforts continued during the reporting period to support a **Government-led humanitarian response** amid renewed displacement and heightened needs. The **Inter-Sector Coordination Group (ISCG)** met regularly to align sectoral priorities, share updates on evolving displacement patterns, and address operational constraints, in close coordination with line ministries, UN agencies and humanitarian partners. Daily engagement with the **Ministry of Social Affairs (MoSA)** and the **Disaster Risk Management (DRM) Unit** supported real-time coordination and response planning.

At sub-national level, **Operational Coordination Groups (OCGs)** continued to facilitate area-based coordination, with a focus on renewed displacement, uneven regional displacement trends, shelter capacity, access constraints and priority locations requiring urgent support. OCG inputs informed national-level analysis and prioritization reflected in this Flash Update.