

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)



125,621 (DRM)

displaced in collective shelters



622 (DRM)

shelters



2,727 (MoPH)

people killed



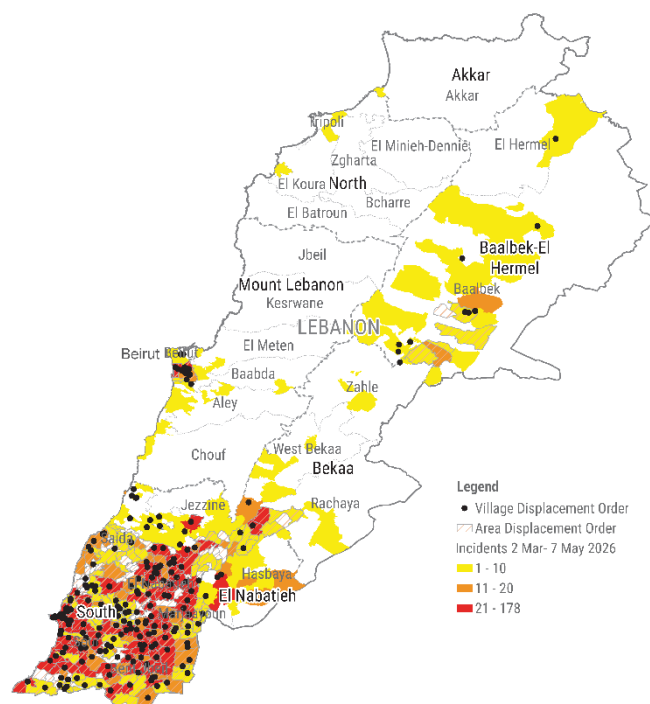
8,438 (MoPH)

people injured

HIGHLIGHTS

- Despite the announced ceasefire, a targeted airstrike hit Beirut's on 6 May for the first time since 17 April.
- Renewed displacement orders announced for at least 15 localities in South and Nabatieh, triggering further displacement.
- 5 health workers killed and 12 injured in 7 attacks on healthcare since ceasefire announcement on 17 April.
- Humanitarian operations face growing risks of pipeline breaks, particularly in health and WASH, as the Lebanon Flash Appeal remains only 40.8 per cent funded, severely constraining the response amid rising needs.

CONFLICT INTENSITY MAP of 7 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: 8 May 2026 Source: incidents: public media
Feedback: ocha@lebanon@un.org www.unocha.org www.reliefweb.int

SITUATION OVERVIEW

The humanitarian situation in Lebanon remained highly unstable during the reporting period, with renewed insecurity further constraining population movement, humanitarian access and prospects for safe returns.

On 5 May, airstrikes were reported in **Nabatieh district**, including in villages that recently received renewed displacement orders, causing casualties and prompting new movements of families toward Saida, Mount Lebanon and Beirut, according to local authorities and humanitarian partners.

On 6 May, shelling and explosions reported in the **Tyre and Bint Jbeil districts** temporarily disrupted local markets and limited civilian access to essential services, while damage to secondary roads further restricted movement for both civilians and responders. In several locations, humanitarian movements were delayed or rerouted due to security concerns and debris on access routes.

On 6 May, southern suburbs of Beirut were targeted by airstrikes for the first time since the announcement of the ceasefire on 17 April. Hostilities continue to expand in the southern Lebanon, and renewed displacement orders are announced almost on daily basis. Two renewed displacement orders were announced 06 and 07 May 2026, for 15 localities across the South and Nabatieh Governorates triggering further displacement.

Risks to emergency responders and healthcare personnel remained acute. WHO Director General Tedros Adhanom Ghebreyesus [condemned](#) the injury of three paramedics while on duty in an early morning strike in Lebanon's Deir Kifa on 6 May. Health and civil defense partners reported **near-miss incidents and secondary strike risks** during response activities in southern districts, adding pressure on an already overstretched health system and limiting response capacity in high-risk areas. Health facilities in affected locations continued to operate under reduced functionality amid staff shortages, damaged infrastructure and limited supply pipelines.

Displacement trends remained **fluid and uneven**, with patterns varying significantly by region. While some families undertook short, precautionary movements to assess conditions, **no sustained or large-scale returns were observed**, particularly in **South Lebanon and Nabatieh Governorates**, where insecurity, military presence, damaged infrastructure and unexploded ordnance (UXO) continue to pose serious risks.

Overall displacement levels increased slightly compared to the previous reporting period, with renewed pressure recorded on collective shelters. An estimated **majority of displaced households remained outside organized shelter settings**, living with host families, in rented accommodation or informal arrangements, often with limited protection and constrained access to assistance.

Regional trends diverged further. **Mount Lebanon and Beirut** continued to experience rising pressure on shelters, while **North Lebanon, including Akkar**, recorded steady increases in displaced arrivals. In contrast, **Baalbek-Hermel and parts of the Bekaa** continued to register comparatively lower displacement levels. These uneven movements placed additional strain on host communities, municipal services and overstretched humanitarian capacity.

Food security conditions continued to worsen. Conflict-related disruptions, loss of income and rising prices further eroded household purchasing power during the reporting period. While food availability at national level remained relatively stable, **affordability and access** – particularly for displaced families and those living in informal settings – remained the primary constraints, increasing reliance on humanitarian assistance.

Humanitarian access remained possible but increasingly constrained, particularly in southern Lebanon. UXO contamination, damaged roads and bridges, conflict debris and localized insecurity continued to affect route reliability, delay humanitarian movements and hinder the restoration of essential services.

According to recently published UN Women's [Rapid Gender Analysis](#) (RGA), displacement is seen to be deepening gendered risks and responsibilities for women and girls, particularly those outside collective shelters. The Analysis focuses on gendered impacts of displacement outside collective shelters following the escalation of hostilities and highlights how current conditions are deepening gender inequalities aiming to inform gender-responsive humanitarian programming.

The Gender Based Violence (GBV) [Safety Audit Report](#) issued on 6 May, showcases a comprehensive analysis of GBV risks within collective shelters and how shelter conditions, infrastructure, and service delivery environments contribute to increased exposure to GBV, particularly for women and girls.

HUMANITARIAN RESPONSE

Humanitarian partners continued to provide assistance across priority sectors amid a volatile operating environment and renewed displacement. Working in close coordination with national authorities, UN agencies and local partners, response efforts focused on **shelter support, food assistance, health services, protection, WASH interventions and multipurpose cash**, prioritizing areas affected by recent displacement in **southern Lebanon**.

Partners maintained support to populations **inside collective shelters** while intensifying outreach to the **large proportion of displaced households living outside formal sites**, where protection risks, unmet needs and gaps in assistance remain most acute. During the reporting period, partners reported increased demand for **emergency shelter items, food assistance, potable water, healthcare and mental health and psychosocial support**, particularly among newly displaced families.

Health partners continued to prioritize trauma care, continuity of essential services and referrals for vulnerable patients, while adapting service delivery modalities in response to security constraints. WASH actors sustained water trucking and emergency repairs where access allowed, while warning of growing risks to operational continuity amid funding shortfalls and damaged infrastructure. Shelter partners continued targeted distributions and shelter upgrades, while managing competing needs amid fluctuating movements in and out of collective sites.

Humanitarian operations remained affected by **access and security constraints**. UXO contamination, conflict debris and damaged infrastructure continued to limit movement and slow response activities, particularly in recently affected areas of southern Lebanon. Humanitarian staff capacity was further strained as national staff and their families continued to experience displacement and insecurity.

Response efforts were **increasingly constrained by funding gaps**. Several sectors reported heightened risks of **pipeline interruptions**, notably in WASH and health, affecting the sustainability of water supply, hygiene services and the availability of essential medicines. In this context, partners continued advocacy for urgent resource mobilization, compelling the need to **extend the Lebanon Flash Appeal through August 2026** to sustain assistance amid ongoing instability and displacement.

Rapid Health Sector Partners Capacity Assessment indicates that in the absence of additional funding **11 per cent of partners reported a high risk**, while **53 per cent report a moderate risk of service interruptions within the next 4–8 weeks indicating a serious potential breakdown threatening continuity of essential services**.

Continued advocacy for **civilian protection, respect for international humanitarian law, safe humanitarian access and timely donor support** remains critical as humanitarian needs continue to deepen.



Access and Civil-Military Coordination

Humanitarian partners, supported by the Humanitarian Notification System (HNS), continue to reach civilian populations in conflict-affected and hard-to-reach areas. Between 2 March and 7 May, a total of **111 HNS-facilitated movements** enabled access to communities across southern Lebanon—including 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, among others. These movements supported the delivery of essential, life-saving assistance, including food, bread, fresh produce, flour, safe drinking water, medical supplies, fuel, and a range of core relief items such as baby kits and incontinence kits for the elderly. The notifications also facilitated, where feasible and when requested, the relocation of vulnerable individuals to safer areas.

The **operational environment remains highly challenging**, particularly due to the Israeli-declared military zone in the south, as well as damaged or sensitive infrastructure - including bridges and crossings - which continue to constrain movement and often necessitate longer or higher-risk routes. While humanitarian access remains feasible, it is increasingly contingent on route predictability and evolving local security conditions. The **presence of improvised explosive devices (IEDs), unexploded ordnance (UXO), and conflict debris**, as well as the disruption in telecommunication continue to pose significant risks to humanitarian personnel and the safe delivery of assistance.



Multipurpose Cash Assistance (MPCA)

Distribution of blanket emergency MPCA continues among Cash Working Group (CWG) partners. To date, a total of **138,000 households** were reached through the Government-led Shock Responsive Social Safety Net (SRSN), benefiting around **490,000 individuals**, with a total disbursement of **USD 15.6 million**. Planning and preparations are underway for the next phase of the SRSN, with additional households expected to be included. In parallel, work is ongoing to refine targeting criteria that will inform the prioritization of households for subsequent rounds 2 and 3 of emergency MPCA.

Similar **emergency MPCA support has been extended to conflict-affected non-Lebanese populations**, reaching 518 households (2,832 individuals), with a total disbursement of USD 50,730. The same phased approach is being applied across nationalities. The recently developed emergency MPCA guideline by the task team is currently undergoing final review prior to its dissemination to all CWG partners.



Education

Education partners continue to support displaced children through **formal and non-formal pathways**. In formal education, around 180,000 children access online learning. Internet top-up support is being mobilised for **7,000 teachers and 58,000 (PM shift) students** to address this gap. Nevertheless, access remains deeply unequal; 100,000 (AM shift) out of 130,000 students benefit from free internet between 08:00 and 14:00h, while only 3,000 of the 58,000 (PM shift) students - mostly non-Lebanese- can connect via Teams.

Meanwhile, **109,105 children attend in-person classes**, and **4,179** were reached through **non-formal programming**. A total of **1,621 education kits** reached an approximate of **81,050 children** across governorates.

Significant barriers to online learning uptake remain, driven by weak network connectivity, limited digital literacy among caregivers, inconsistent distribution of data packages, and insufficient access to devices and learning materials. The restriction of free internet continues to create an inequitable divide, effectively sidelining (PM shift) students and compounding the risk of learning loss. Declining psychosocial wellbeing among both; children and caregivers remain a factor that further marginalises education.

Partners are currently mapping key capacity-building needs across the sector, including psychosocial support, safe space management, and inclusive education approaches. A standard operating procedure (SOP) to support children's access to education within shelters is in place. **Ministry of Education and Higher Education (MEHE) approved and requested partners to implement supporting activities inside shelters**. This recent decision is expected to support remote learning for children in shelters and help tackle the identified challenges.

Food Security & Agriculture

Since the start of escalation on 2 March, food security partners were rapidly mobilised to deliver life-saving assistance to affected people. In collective shelters, **over 8.1 million hot and cold meals were provided**, while also providing **105,483 ready-to-eat (RTE) kits**.

Food security conditions in Lebanon **deteriorated significantly**. According to the latest Integrated Food Security Phase Classification ([IPC](#)) projection analysis. A complementary rapid [gender analysis](#) indicated how worsening food insecurity is placing additional pressure on women within households, as many manage scarce food resources, adjust consumption and prioritize children and other family members, often at personal cost.

As the situation continues to evolve and in response to anticipated access constraints, the sector is working with its partners to preposition sufficient food supplies and essential commodities in areas currently facing access challenges or at high risk of becoming inaccessible. This measure is critical to mitigate the impact of potential access restrictions caused by ongoing insecurity, logistical disruptions, or deteriorating road conditions, which could limit the timely delivery of assistance. This allows partners to ensure continuity and reliability of food assistance over an extended period if humanitarian access becomes further restricted. This as well maintains uninterrupted support to vulnerable populations, reducing operational delays, enhancing the overall responsiveness of the food security response in a highly volatile context.

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, 7 attacks were reported, resulting in 5 deaths and 12 injuries among health care workers.

Since the onset of hostilities on 2 March, a total of **153 attacks on health care have been recorded, leading to 103 deaths and 243 injuries among medical personnel**. These continued attacks severely undermine the functionality of the health system and further restrict access to essential health services.

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, particularly in areas of return.

Findings from the **Rapid Health Sector Partners Capacity Assessment** indicate that **11 per cent of partners report a high risk**, while **53 per cent report a moderate risk of service interruptions within the next 4–8 weeks in the absence of additional funding**.

Nutrition

Since the onset of the escalations, 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**.

The national Infant and Young Child Feeding (IYCF) hotline received 447 calls from caregivers, **328 cases were referred** for specialized support of infant and young child feeding services. Meanwhile, more than **9895 caregivers** of children under five benefited from counselling and awareness activities on IYCF, nutrition, and Early Childhood Development (ECD) through in person and digital platforms.

To date, the Nutrition Sector has been supporting the Ministry of Public Health in the provision of unbranded infant formula through a targeted approach for infants under one year of age. So far, **786 tins** were distributed to **95** out of 567 assessed **children** and were identified as requiring formula feeding support using IYCF assessment tools, provided with tailored counselling. In addition, **70 Breast Milk Substitutes (BMS) kits** were provided to support the safe preparation and use of formula milk in shelters where hygienic conditions and essential tools are limited.

Protection

Protection risks related to ongoing fluid displacement patterns across different locations in Lebanon in the South and El Nabatiyeh governorates continue. Identified risks in the south are characterized by high volatility and loss of lives with increasing fatalities despite the announced ceasefire. Although initially IDPs numbers inside collective sites were reduced earlier, IDP trends today are increasing following the recent attacks, in multiple area.

Concerns are raised for Internally displaced persons (IDPs) residing in public and open spaces in several areas. Protection sector partners monitoring the situation of IDPs outside collective sites shared concerns over the heightened protection risks due to inadequate living conditions and limited access to services due to lack of adequate access to shelter as they are particularly exposed to safety risks, harassment, sexual violence and other forms of gender-based violence (GBV), as well as child protection risks. Children are frequently left unattended, raising concerns related to neglect, exploitation, and abuse. These risks are exacerbated by the absence of basic WASH facilities, insufficient or non-existent lighting, and insecure tents or other makeshift shelter arrangements, which increase vulnerability to exposure. Elevated levels of tension among IDPs, driven by overcrowding and competition over scarce resources, further compound protection concerns.

Protection, Child protection (CP), and Gender Based Violence (GBV) partners maintained presence and implementation of prioritized interventions inside and outside collective sites. Together, all partners reached **170,663 IDPs** across the country (with 40 per cent achieved in BML alone) including 78,532 people through community outreach, engagement, awareness, and information sessions on protection, GBV and CP risks. 62,921 people participated in MHPSS interventions, over 1,213 people received dedicated case management services, and 1,776 cash grants were provided to address immediate protection risks. GBV partners also provided 23,821 women and girls with dignity kits which includes menstrual health as well as other relevant items aiming to enhance their comfort and safety. In addition, approximately 89,000 people were reached through one-way mass communication channels to disseminate protection-specific messages on services and important announcements relating to the response. 19,000 people were supported by processing their protection claims made through dedicated hotlines and other communication tools.

Through close coordination between relevant local authorities and protection actors, support was provided to enable the humanitarian evacuation of high-risk individuals from border areas to safe accommodation and medical support. This coordinated approach ensured timely identification, referral, and safe movement of vulnerable cases, while mitigating protection risks during evacuation and transit.

The GBV sub-sector published the first round of the [GBV Safety Audit Report – Collective Shelters, Lebanon \(May 2026\)](#) presenting a comprehensive analysis of GBV risks within collective shelters across Lebanon during a period of large-scale displacement, the report examines how shelter conditions, infrastructure, and service delivery environments contribute to increased exposure to GBV, particularly for women and girls. Findings reveal that while shelters remain operational, they are widely protection-compromised, with risks driven by structural and systemic gaps rather than isolated incidents. **Key concerns** include overcrowding, lack of internal privacy, insufficient lighting, and limited availability of women- and girl-friendly safe spaces. Water, Sanitation, and Hygiene (WASH) facilities, lack of gender segregation, and limited accessibility for persons with disabilities. **Key challenges** include limited partner funding which results in highly stretched staffing capacities and

limited presence of protection actors across the collective sites and in host communities. In addition, protection gaps remain in shelter management, including varying access procedures, unequal access to shelter and limited child safeguarding and GBV risk mitigation measures within collective sites.

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. Collective sites reported both returns and new families arriving.

The sector continues to face ongoing pressure on limited CRI stocks. With continuous new and reversible displacement patterns. Difficulties associated with the continuous move of families is forcing leaving distributed items behind, limiting their access to new ones due to funding constraints.

To date, shelter partners supported **43,792 unique households** through the distribution of a total of **123,983 mattresses** and **163,880 blankets**, alongside other items such as **sleeping mats, solar lamps, jerrycans, and pillows**.

In collective shelters, 102,892 mattresses, 129,965 blankets and 46,480 pillows were distributed, with additional essential items to support dignified living conditions. Initial CRI distributions reached all pre-identified households in shelters, with ongoing targeting to new arrivals through referrals. **Outside collective shelters**, assistance is based on a case-by-case situation, reaching vulnerable households with **21,091 mattresses, 33,915 blankets, and 12,896 pillows**.

Shelter partners are working on **repairs** and upgrades on 358 shelters, **278** of which are **completed** to date, focusing on improving safety, capacity, and privacy for displaced populations.



Site Management and Coordination (SMC)

Despite the ceasefire announcement, population movements remain fluid. In response to sustained humanitarian needs, the Ministry of Social Affairs (MoSA) is leading a scale-up exercise of site management interventions with support from IOM. In addition to developing a structured partnership model with site management actors.

The Shelter sector with the SMC sub-sector are working together to align site care and maintenance activities to ensure accurate implementations and avoid duplication with shelter repairs.

In collective shelters hosting non-Lebanese displaced populations, IOM referred 2,713 individuals in need to services including shelter, NFIs, food assistance, cash assistance, cash for shelter, and medical support.



Water, Sanitation, and Hygiene (WASH)

Since 2 March, WASH partners have delivered assistance in **611 collective shelters**, ensuring continued access to safe water, sanitation, and hygiene services in high-density and high-risk environments. Assistance is helping to mitigate public health risks associated with overcrowding, limited water access, and inadequate hygiene conditions.

To date, **85,176 hygiene kits, 48,252 menstrual hygiene kits** and **1,369 centre kits** were 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 **66,640 m³ of water through water trucking** were delivered, addressing immediate drinking water needs in sites with limited or disrupted supply. Inside shelters activities to improve safe sanitation services were implemented

through installation of a total of **85 external latrines** and **314 external showers**, in addition to providing emergency **desludging services**.

In addition, **785,000 liters of fuel have been provided to Water Establishments**, sustaining public water supply services for **632,973 people**. WASH partners have also supported **250 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, with persistent security incidents, return movements were frequently reversed. Expanded displacement announcements have placed a heavy pressure on Beirut shelters, 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.

The Women Peacebuilding Network in Lebanon issued a public [statement](#), *Building on the Constants: Strengthening Existing Cohesion to Safeguard Civil Peace*, calling for rejecting incitement and internal conflict, strengthening social cohesion, promoting responsible media discourse, and prioritizing Lebanon's unity, diversity, and civil peace. Across Lebanon, women peacebuilders are also helping communities navigate the crisis by connecting displaced families to support, identifying urgent needs, mediating tensions, countering misinformation, and supporting referrals and psychosocial response. [UN Women analysis](#) highlights their role as locally anchored first responders working at the intersection of humanitarian response, peacebuilding and recovery.



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.

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 to support a **Government-led humanitarian response** amid renewed insecurity and shifting displacement trends. The **Inter-Sector Coordination Group (ISCG)** met regularly to identify operational constraints and adjust sectoral priorities and maintained close coordination with the **Ministry of Social Affairs (MoSA)** and the **Disaster Risk Management (DRM) Unit** to support timely information-sharing and response planning.

At sub-national level, **Operational Coordination Groups (OCGs)** strengthened area-based coordination in locations experiencing renewed displacement and increasing pressure on shelters, particularly in southern Lebanon. Discussions prioritised shelter capacity, service continuity, access constraints linked to insecurity and unexploded ordnance (UXO), and targeted support for displaced households.

Emergency Rapid Needs Assessment (ERNA) data collection inside and outside collective shelters remains ongoing, with completion expected **during the week of 18 May**, to inform refined targeting and response adjustments, particularly for newly displaced and hosted populations.

Coordination and advocacy efforts remained focused on the **extension of the Lebanon Flash Appeal through August 2026**, as partners highlighted increasing risks of **pipeline interruptions across multiple sectors**. Coordination structures continued to prioritise **adaptive planning, rapid information-sharing and risk-based approaches**, alongside advocacy for civilian protection, respect for international humanitarian law and sustained humanitarian access.

Following the expiration of the Flash Appeal, the ISCG will sustain a coherent and accountable humanitarian response across all affected population groups. To address caseloads and needs arising from the current escalation which were not captured under the Lebanon Response Plan (LRP) 2026, a **targeted LRP Addendum** covering the period from **September to December 2026** will be developed to ensure programmatic continuity and provide a principled framework to meet outstanding and emerging humanitarian needs.