

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



2,869 (MoPH)

people killed



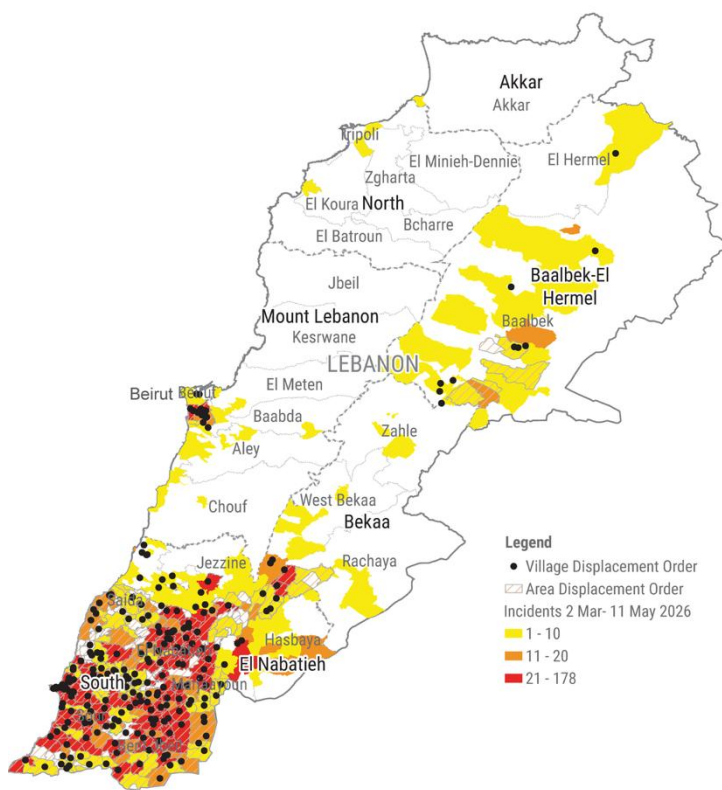
8,730 (MoPH)

people injured

### HIGHLIGHTS

- To date, a total of 8,730 individuals were injured and 2,869 individuals were killed, 10 per cent of which are women.
- Renewed displacement orders announced for at least additional 27 localities, triggering further displacement.
- 121 HNS-facilitated movements helped humanitarian partners reach conflict-affected communities in hard-to-reach areas.
- Six additional attacks on healthcare recorded, resulting in five deaths and eight injuries among healthcare service providers.
- Humanitarian operations face growing risks of pipeline breaks, particularly in health and WASH.

### CONFLICT INTENSITY MAP of 11 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: 12 May 2026 Source: incidents: public media  
 Feedback: ocha@lebanon@un.org www.unocha.org www.reliefweb.int

### SITUATION OVERVIEW

Despite the announcement of the ceasefire as of 17 April, the **humanitarian situation** in Lebanon remained **highly unstable** during the reporting period, with **continued insecurity** forcing further population displacements, humanitarian access challenges, and undermining prospects for safe returns. **Hostilities continued** to expand across southern Lebanon, with **renewed displacement orders** issued daily. During the reporting period, **six renewed displacement orders** were announced, for **27 localities**, 90 per cent of which are in the South Governorate, triggering further waves of displacement.

**Attacks on healthcare continue unabated.** Since the last reporting period, **six new attacks on healthcare** have been recorded, resulting in **five deaths** and **eight injuries among health workers**. Risks to emergency responders and healthcare personnel remain acute. Health facilities in conflict-affected areas continue to operate under severely reduced functionality amid staff shortages, damaged infrastructure, and disrupted supply pipelines. **On 11 May**, paramedics in the town of Toul in Nabatieh Governorate were reportedly targeted by an airstrike while transporting wounded civilians. On the same day, a strike on a health facility in Srifa, South Governorate reportedly killed one and injured four people.

**Displacement patterns remained dynamic and uneven across the country.** No large-scale or sustained returns were observed, particularly in **South Lebanon and Nabatieh governorates**, where insecurity, military presence, damaged infrastructure and unexploded ordnance (UXO) contamination continue to pose significant risks. Overall displacement levels remained elevated, with **continued pressure on collective shelters** and most displaced households residing **outside formal shelter settings**, including in host communities, rented accommodation and informal arrangements. In several governorates the number of people inside collective shelter is **approaching pre-ceasefire announcement peak levels**. Local authorities and partners report that the increase is driven by a combination of newly displaced families and previously displaced households returning to shelters. The continuous redistribution of shelter populations adds significant complexity to data tracking and humanitarian planning across all governorates.

**Access constraints** persist across parts of the South and Nabatieh governorates. **Humanitarian partners face mounting pressure** to simultaneously sustain services in displacement settings and scale up assistance in **hard-to-reach and return areas**. Fragmented referral pathways continue to delay access to secondary and specialized care, while **insufficient funding constrains** partners' capacity to maintain essential services, and adapt to rapidly evolving displacement and return dynamics.

**Humanitarian access remains 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.

[The Health Emergency Situation report](#) identified that since beginning of the escalations 02 March, a total of **155 attacks on healthcare** have caused **104 deaths and 244 injuries** among health personnel, impacting 50 facilities, 88 transport vehicles, and 96 medical supply stocks. These persistent violations underscore the urgent need for the protection of medical personnel and full respect for international humanitarian law.

## HUMANITARIAN RESPONSE

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

WASH coverage across open collective shelters stands at 96.7 per cent. The Rapid Technical Assessment team (Round 2) was deployed to update and validate current needs and available services. Continuous population movements places increasing pressure on WASH services in collective shelters, while **funding limitations** are constraining partners' ability to scale up the response. Critical gaps remain in sanitation infrastructure, with a baseline assessment identifying response shortfalls. Immediate operational priorities include the installation of water filtration systems, urgent fuel support for water systems, and rehabilitation and expansion of sanitation facilities,

**The National Mental Health Programme (NMHP)**, supported by health sector partners, is rolling out **self-care and burnout prevention training sessions for frontline workers** across Lebanon throughout May 2026, covering Beirut, Mount Lebanon, the Bekaa, the South, and the North governorates. The sessions focus on self-regulation and emotional resilience for personnel operating in high-pressure emergency settings.

**Humanitarian operations remained affected by access and security constraints.** Operational capacity was further strained as national staff and their families continued to experience displacement and insecurity. In this context, partners continued to advocate for urgent resource mobilization, to sustain assistance amid ongoing instability and displacement. Continued advocacy 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 populations in conflict-affected and hard-to-reach areas.

Between 2 March and 11 May, a total of **121 HNS-facilitated movements** enabled access to communities across southern Lebanon, including Qlaiaa, El Nabatieh, Baalbek, 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 and bread, fresh produce, flour, potable water, medical supplies, fuel, and a range of core relief items.

Where feasible and upon request, movements also **facilitated 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, compounded by damaged infrastructure.

While humanitarian access remains feasible, it is increasingly contingent on route predictability and evolving local security conditions. The presence of improvised explosive devices (IEDs), UXO, and conflict debris further compounded by significant disruptions to telecommunications networks, continues to pose serious risks to humanitarian personnel and to the safe and timely delivery of extremely needed assistance.



### Multipurpose Cash Assistance

Distribution of blanket emergency multipurpose cash assistance continues through Cash Working Group (CWG) partners. To date, **a disbursement of USD 15.6 million reached 138,000 households** through the Government-led Shock Responsive Social Safety Net (SRSN).

Simultaneously, work is ongoing to refine targeting criteria that will inform the prioritization of households for subsequent rounds of emergency MPCA.

Similar emergency MPCA support has been extended to conflict-affected **non-Lebanese populations, reaching 518 households, with a total disbursement of USD 50,730.** The same phased approach is being applied consistently across all population groups and nationalities.



## Education

**More than 800 public schools have reopened for over 220,000 students**, with approximately 100 operating in hybrid mode providing education services to around 27,000 students across morning and afternoon shifts. Over 580 public schools are delivering remote learning to more than 116,000 students, including over 320 schools in conflict-affected areas.

The Ministry of Education and Higher Education (**MEHE**) **continues its phased, hybrid reopening**. However, 448 educational institutions - comprising of 332 public schools, 67 private schools, and 49 Technical and Vocational Education and Training (TVET) institutions - remain unavailable for educational use as they continue to shelter internally displaced persons.

To support learning continuity, MEHE has activated online accounts for 390,000 students and 40,000 teachers across multiple online platforms. Since first of May approximately **13,018 children** accessed the Call&Learn Tutoring Hotline, **representing a 400 per cent increase** since March 2026.

As of **11 May**, around **180,000 displaced children** have accessed **formal online education**, while **109,105 attended in-person classes**, and **4,089 internally displaced children** are enrolled in non-formal education programmes. Education partners have distributed **1,621 education kits** reaching approximately 81,050 children, with **740** additional individual student **kits** and **assistive devices** provided to **31 children with disabilities**.

A significant participation gap persists for afternoon shift students. Only 23 per cent of enrolled students in remote learning in the afternoon shift are actively using the platform. The Ministry of Telecommunications' education broadcasts currently cover only the hours of 7:30 am to 2:00 pm, consequently excluding afternoon shift students from digital learning. Advocacy efforts by the education sector continue, highlighting ongoing concerns to safeguard learning continuity for this cohort, which remains at significant risk.



## Food Security & Agriculture

Since the escalations on 2 March 2026, food security partners mobilized rapidly to **deliver life-saving assistance** to people displaced across the country. Partners immediately launched food distributions inside collective shelters and to date provided a **total of 8.5 million hot and cold meals**. Additionally, **108,563 ready-to-eat (RTE) kits** containing items requiring no preparation, were distributed to help families meet their immediate food needs.

Food security conditions in Lebanon have deteriorated significantly. According to the latest Integrated Food Security Phase Classification ([IPC](#)) projection analysis, acute food insecurity is more deepening, driven by the ongoing conflict escalation.

As the situation continues to evolve, and in anticipation of further access constraints, the sector is working with partners **to preposition food supplies and essential commodities** in areas with challenging or unstable access. Prepositioning enables partners to ensure continuity and reliability of food assistance over an extended period should humanitarian access become further restricted.



## Health

Since the last reporting period, WHO recorded **six attacks on healthcare**, resulting in **five deaths and eight injuries among health workers**. This brings the post-ceasefire total to 12 attacks, causing 10 deaths and 18 injuries.

Since the onset of hostilities on 2 March, **158 attacks on healthcare** resulted in **108 deaths and 249 injuries among health workers**. These ongoing and systematic violations underscore the urgent need to protect medical personnel and health facilities, and to ensure full compliance with international humanitarian law.

Six hospitals are yet to resume Birth Delivery services for pregnant women following the escalation, currently prioritizing emergency room services only in Tyre, Bent Jbeil, Hasbaya, and Nabatieh districts.

These compounding constraints are overburdening functional facilities and critically limiting Birth Delivery services coverage, particularly in high-need, underserved, and return areas, further restricting access to essential care.

Health partners continue to **flag suboptimal meal frequency among displaced pregnant women in collective shelters**, a trend confirmed across assessed sites. Inadequate nutrition at this stage negatively affects both mother and fetus, increasing the risk of obstetric and neonatal complications.

## Nutrition

Challenges in reaching displaced children and pregnant women residing outside collective shelters remain, limiting coverage and the ability to adequately meet the needs of the most vulnerable.

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 481 calls from caregivers; **357 cases were referred** for specialized support of infant and young child feeding services. Meanwhile, more than **10508 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, **948 tins** were distributed to **113** 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

The protracted nature of the crisis has given rise to heightened socioeconomic pressures, escalating protection risks within families, and increased reliance on negative coping mechanisms.

The current emergency dynamics require **urgent support** to enable households meet their essential needs. Risks are particularly acute for women and girls both inside and outside collective sites, separated children or engaged in street-based work, and persons with disabilities.

Women, children, and other vulnerable individuals outside the collective shelters face significant exposure to protection risks, and severe gaps in access to basic needs and WASH facilities.

As of 11 May, 77 Protection, Child Protection (CP), and Gender-Based Violence (GBV) partners reached **182,313 IDPs across the country**, 62 per cent of whom were reached inside collective sites. Prioritized services included community outreach, awareness raising, and information sessions covering a range of issues such as risky behaviours, bullying, GBV and safety risks, hygiene, shelter-specific concerns, and awareness on how to access protection services. In addition, 64,976 people participated in mental health and psychosocial support (MHPSS) interventions, **over 1,259 people received dedicated case management services**, and 1,796 protection cash grants were provided to address immediate protection risks. GBV partners provided 24,841 women and girls with dignity kits.

Approximately **90,000 people** were reached through **one-way protection-tailored awareness messages via mass communication** channels disseminating protection-specific messages on available services and key response announcements. **21,000 people were supported through the processing of protection feedback and complaints submitted** via dedicated hotlines and other communication tools.

Significant challenges persist in adequately addressing GBV, Protection, and Child Protection needs. Enhanced dissemination of referral pathways and protection, CP, and GBV-specific information materials is required. Protection services and referral pathways is essential to ensure effective outreach and meaningful service uptake.

## Shelter

Collective sites continue to report both returning families and newly arriving displaced households. Distribution of core relief items (CRIs) continues for displaced households. Following the ceasefire announcement, repair activities resumed in collective shelters, with partners addressing priority gaps.

The sector faces **sustained pressure on limited CRI stocks, compounded by continuous, fluid, and often reversible displacement patterns**. The repeated movement of families is resulting in distributed items being left behind, while funding constraints are limiting partners' ability to provide replacement items to those in need.

To date, shelter partners have collectively supported both inside and outside shelters **43,980 households** through the distribution of a total **125,724 mattresses** and **165,598 blankets**, and **62,431 pillows** alongside other essential non-food items, including sleeping mats, pillows, solar lamps, and jerrycans. Of those, **within collective shelters**, distributions have included **104,548 mattresses**, **131,595 blankets**, and **49,294 pillows**, along with additional items to support dignified living conditions. Initial CRI distributions have reached all pre-identified households in shelters, with ongoing targeting of new arrivals through referral mechanisms. **Outside collective shelters**, assistance is provided on a case-by-case basis, reaching vulnerable households with **21,176 mattresses**, **34,003 blankets**, and **13,137 pillows**.

Shelter partners are currently undertaking repairs and upgrades across 360 collective shelters (current and new), of which 282 have been completed to date, focusing on improving safety, capacity, and privacy for displaced populations.



## Site Management and Coordination (SMC)

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 International Organization for Migration (IOM). The Shelter sector with the SMC sub-sector is working together to align site care and maintenance activities.

In collective shelters hosting non-Lebanese displaced populations, IOM assisted 2,713 individuals with referrals to various services including shelter, NFIs, food assistance, cash assistance, cash for shelter, and medical support.



## Water, Sanitation, and Hygiene

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, **88,043 hygiene kits**, **50,333 menstrual hygiene kits** and **1,387 cleaning kits for collective shelters** were distributed across shelters, supporting essential hygiene practices and reducing the risk of communicable diseases. To date, **3,765,725 liters of potable water** and **70,076 m<sup>3</sup> 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**.

Partners provided **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 critical to sustaining network functionality under increased demand and reducing reliance on more costly emergency water supply modalities, such as distribution of water bottles and water trucking.



## Social Stability

According to the Tension pulse of 11 May, the overall tensions landscape remains elevated across several key drivers, including host community pressure, shelter capacity and intra-Lebanese dynamics. Hostilities continue to widen geographically, with renewed displacement orders in multiple areas of Lebanon.

**The ceasefire announcement triggered some immediate returns;** however, due to its fragility and ongoing security incidents, these return movements were often short-lived and frequently reversed. Renewed displacement orders 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.



## Logistics and Telecommunications

As of 13 March, the [Logistics Cluster](#) supported **49 humanitarian partners** through logistics coordination, common services, and information sharing. The Cluster made the **common storage facilities** available to organizations to support both temporary storage and cargo consolidation for convoy operations.

Logistics convoys are facilitated to support the movement of humanitarian assistance for UN agencies, International and National NGOs, to reach locations prioritized by the Operational Coordination Groups (OCGs) in close coordination with local authorities and sectors. Live schedules are shared by the Logistics cluster on [weekly](#) basis.

## GENERAL COORDINATION

Coordination efforts are ongoing at both national and sub-national levels to support the response amid ongoing displacement and evolving humanitarian needs.

**The Inter-Sector Coordination Group (ISCG), Operational Coordination Groups, and Government counterparts** maintained regular coordination to support operational planning, information-sharing, and adaptive response adjustments, including on shelter pressures, service continuity, and access challenges in affected areas.

**Emergency Rapid Needs Assessment (ERNA)** data collection inside and outside collective shelters is ongoing, with findings expected to inform response prioritization and planning.

The ISCG team is organizing a **planning session on extension of 2026 Lebanon Flash Appeal** for the period from June to August 2026.

A targeted **LRP Addendum** covering the period September to December 2026 will be developed to address caseloads and needs arising from the latest escalation yet not captured under the Lebanon Response Plan (LRP) 2026 and currently being responded to under the Lebanon Flash Appeal.