

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

KEY FIGURES



Self-registered (IDPs)

>1M

(MoSA)



Displaced in collective shelters

130K

(DRM)



Shelters

635

(DRM)



People killed

3K

(MoPH)



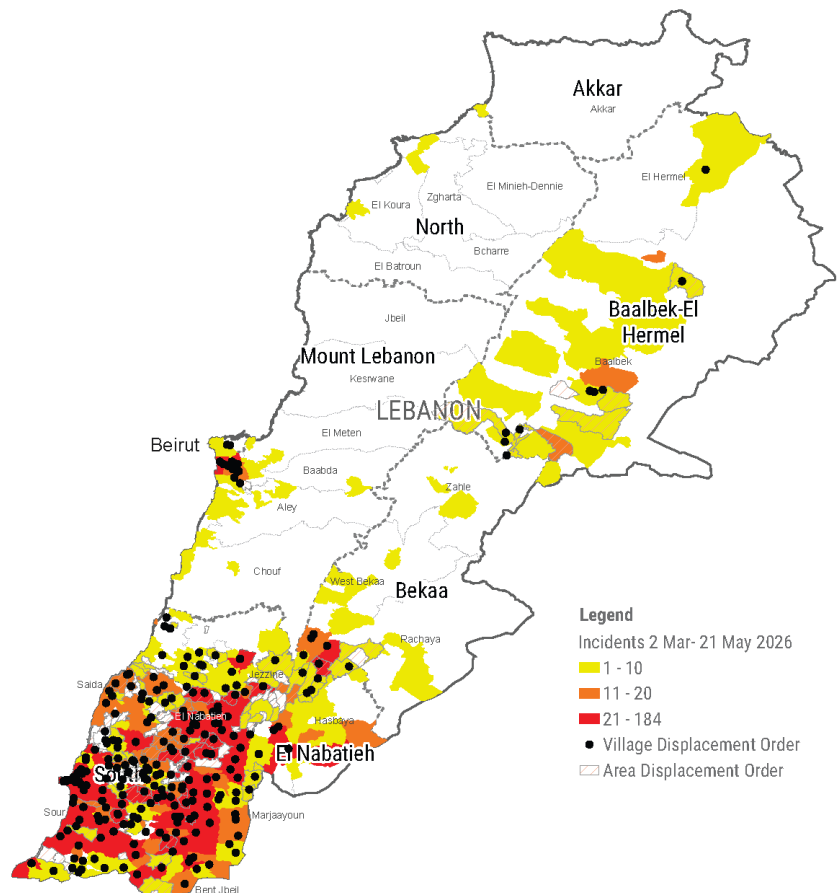
People injured

9.4K

(MoPH)

HIGHLIGHTS

- Hostilities continued despite the ceasefire extension announcement, with continued airstrikes and displacement orders affecting at least 14 new localities.
- Hostilities have killed at least 3,089 people and injured 9,379 people since 2 March.
- Civilians continue to be displaced from their homes, placing an increased strain on collective shelters and host communities.
- Health assessments across 15 affected districts estimate that 60–80 per cent of households are unable to afford health services.
- Another airstrike damages the Tibnine Hospital in South Lebanon on 19 May.
- More than 618,000 people received emergency multi-purpose cash assistance through Government-led response activities since March.
- Humanitarian partners have provided 10.3 million hot and cold meals for displaced families and vulnerable households to date.
- The Lebanon Flash Appeal is 54 per cent funded. A revised extension of the appeal will be launched during the first week of June 2026.



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: 22 May 2026 Source: incidents: public media
 Feedback: ocha@lebanon@un.org www.unocha.org www.reliefweb.int

SITUATION OVERVIEW

Airstrikes across the southern governorates during the reporting period have continued, resulting in widespread casualties, displacement, and the destruction of civilian infrastructure. According to the Ministry of Public Health, **3,089 people have been killed** since 2 March 2026, of whom 296 were women and 216 were children. An additional **9,379 people have reportedly been injured**, 1142 of whom are women and 845 are children.

Displacement levels rose due to ongoing hostilities and displacement orders. During the reporting period, **two renewed displacement orders were issued for 14 localities extending to Nabatiyeh city for the first time since the escalation started on 2 March**, triggering new population movements. As of 21 May 2026, approximately **33,897 families (129,729 people) were reported as displaced in 635 collective shelters nationwide**, reflecting a clear upward trend in national displacement numbers. Beirut, Mount Lebanon, South Lebanon, and North Lebanon are experiencing the greatest number of displaced people hosted, with growing congestion reported in shelters and an increased reliance on host communities and informal arrangements.

Displacement patterns remain highly fluid, **with repeated cycles of departures and returns** complicating data tracking and operational planning as humanitarian needs continue to evolve unevenly across governorates, requiring ongoing adaptation of shelter and coordination responses. **Returns remain limited** due to insecurity, damaged housing, lack of services, and risks associated with unexploded ordnance (UXO).

Attacks on health care professionals continue. On 19 May, another airstrike significantly damaged [Tibnine hospital](#) in Bint Jbeil District of South Lebanon Governorate, resulting in nine people injured, seven of whom are hospital staff. These incidents underscore the continued vulnerability of essential services and the risks faced by frontline responders, despite the ceasefire extension announcement.

On 21 May, the 79th World Health [Assembly](#) recognized the severe health emergency in Lebanon caused by ongoing hostilities, expressed concerns over the devastating impact on civilians and the Lebanese health system, including attacks on health facilities and workers, closure of hospitals and primary care facilities, disruption of essential services such as maternal care, immunization, and non-communicable disease (NCD) management, and a critical shortage of medicines. It highlighted the urgent need for mental health support for affected populations and displaced persons and reaffirmed the obligation of all parties to protect health care under international humanitarian law.

Funding constraints remain a major challenge to sustaining life-saving assistance. As of 21 May, the [Lebanon Flash Appeal](#) calling for US\$308 million is **54 per cent funded with US\$166 million received**. The significant funding gap is limiting the capacity of humanitarian partners to maintain essential services and provide life-saving assistance. Critical sectors, including Water, Sanitation and Hygiene (WASH), continue to face the risk of service interruptions starting in June 2026 if additional funding is not urgently provided.

HUMANITARIAN RESPONSE

Humanitarian partners continue to provide emergency assistance in support of the national authorities to respond to growing humanitarian needs driven by ongoing hostilities and repeated population displacement. Operations are prioritizing rapid and coordinated multi-sector interventions to support displaced families and host communities, particularly in areas recently affected by renewed hostilities.

Humanitarian response activities focus on delivering emergency food assistance, shelter support, and core relief items. Cash-based assistance programmes are being expanded to help affected families address their immediate priority needs, with particular attention to persons with disabilities. **Humanitarian access to conflict-affected and hard-to-reach areas is being coordinated** to enable the delivery of life-saving assistance and support the relocation of vulnerable people to safer locations.



Access and Civil-Military Coordination

The operational context for the response remains highly volatile and unpredictable, with humanitarian teams reporting degraded road conditions, damaged infrastructure, communications disruptions, the spoofing of Global Positioning Systems (GPS), unexploded ordnance contamination, conflict debris, and rapidly changing route conditions.

Humanitarian partners, supported by the Humanitarian Notification System (HNS), continue to facilitate access to conflict-affected and hard-to-reach communities across southern Lebanon and other impacted areas. Since 2 March, a total of **151 humanitarian movements were enabled through the HNS**, reaching locations including Qlaiaa, El Nabatiyeh, Baalbek, Qaa, the southern suburbs of Beirut, Marjaayoun, Jdeidat Marjaayoun, Hasbaya, Chebaa, Ain Ebel, Tyre (including Palestinian camps), Rmeish, Ebel El Saqi, Fardiss, Bourj El Moulouk, Tebnine, Kaoukba, and Souk El-Khan. Of these, **120 missions south of the Litani River (SLR) were facilitated** under existing notification arrangements and in coordination with the United Nations Interim Force in Lebanon (UNIFIL). These humanitarian movements enabled the delivery of life-saving assistance. When requested, humanitarian partners also assisted families and vulnerable people from high-risk areas to relocate to safer locations.

During the reporting period, **several planned missions faced delays, postponements, or cancellations**, particularly in the Israeli-declared military area. At least **four movements were disrupted by airstrikes** in southern Lebanon, including in Tyre and surrounding access routes. These developments underscore the complexity of the operational context and the persistent challenges to predictability and planning of humanitarian movements.



Multipurpose Cash Assistance

The Cash Working Group (CWG) continues to work closely with partners and Government counterparts to support a coordinated, efficient, and people-centred cash response.

Majority of markets across Lebanon remain functional, allowing cash assistance to continue to be an effective response modality. However, **affordability constraints and declining household purchasing power** continue to limit access to essential goods and services for vulnerable populations.

CWG partners continue delivering Emergency Multipurpose Cash Assistance (MPCA) targeting households affected by displacement and hostilities.

Approximately **618,000 conflict-affected people (169,000 households) have been assisted with cash assistance** since the escalation in March, with at least one round of emergency multipurpose cash assistance. Ongoing efforts focus on harmonizing emergency cash guidance and targeting, mobilizing additional resources, strengthening complementarity between MPCA and sectoral responses, and reviewing market monitoring to inform modality choices, particularly in hard-to-reach areas.



Education

Access to education in Lebanon remains severely disrupted, noting that 330 of the current collective shelters are public schools, 67 are private schools, and 49 are Technical and Vocational Education and Training (TVET) institutions, significantly reducing the availability of learning spaces.

In addition, **336 public schools** across South and Nabatiyeh, Bekaa, Baalbek-Hermel governorates, and the southern suburbs of Beirut **remain closed due to insecurity, affecting an estimated 115,100 children**. Displaced children continue to face multiple barriers to learning, including limited connectivity, lack of safe learning spaces, and ongoing insecurity. These barriers are increasing the risk of school dropouts and negative coping mechanisms.

Since 2 March, the Ministry of Education and Higher Education (MEHE) has activated a **blended learning approach, enabling online accounts and classes for 40,000 teachers and approximately 390,000 students**. The Ministry of Telecommunications has approved Microsoft Teams and the Madristi platform, allowing free weekday data access.

Teaching and Learning Hubs (TLHs) are being established in Beirut, Saida, and Aley, anchored in four Centres for Educational Research and Development (CERD). In parallel, MEHE has begun approving partner-led learning activities in shelters, with a growing emphasis on in-person delivery.

As of 21 May, **a total of 164,059 displaced children had accessed formal education online, while 94,067 attended in-person classes.** The Call and Learn hotline reached 13,018 children in April, 56 per cent of whom were girls.

In non-formal education, **5,154 displaced children received support to access learning opportunities**, including 5,034 through in-person activities and 120 online.

Education partners **distributed 1,824 education kits, benefiting approximately 70,000 children across governorates, alongside more than 25,000 CERD-developed Education Learning Packs.** In addition, 112 children with disabilities received individual student kits, assistive devices, or learning materials, while 53 children benefited from assistive devices and/or rehabilitation and therapy services.



Food Security and Agriculture

Since 2 March, Food Security and Agriculture (FSA) Sector partners have distributed more than **10.3 million hot and cold meals, 129,852 ready-to-eat (RTE) rations, and 37,256 bread bundles** across Lebanon, reaching displaced families in collective shelters as well as vulnerable households outside formal sites. These distributions are critical in supporting households that have lost access to markets and livelihoods due to ongoing hostilities and displacement.

An initiative led by the Ministry of Economy and Trade (MoET), in coordination with the Disaster Risk Management Unit (DRMU) and supported by FSA Sector partners, is producing and distributing bread through 22 bakeries across the country. **Approximately 7,000 bread bundles are being delivered on daily basis** and integrated into existing hot meal and RTE rations distributions, ensuring that families receive a staple food item alongside other emergency rations. Bread distribution is particularly critical given rising food prices and ongoing market disruptions, helping to stabilize access to basic nutrition during the crisis.

A real-time [Dashboard](#) is tracking food distributions in shelters, identifying coverage gaps, and ensuring partner coordination.



Health

The Tibnine hospital in Bint Jbeil District of South Lebanon sustained significant damage following an airstrike on 19 May, resulting in nine people injured, seven of whom are hospital staff.

As of 21 May, support to **primary health care outreach continues through 210 outreach units**, including Primary Satellite Units (PSUs) and Mobile Medical Units (MMUs), linked to 182 Primary Health Care Centres (PHCCs), supporting service delivery in conflict-affected areas. Access to PHCC services remains substantial, with **339,992 consultations provided and 124,193 displaced people receiving medical treatment.**

The care of chronic diseases continues to be prioritized, with **55,841 displaced people supported through services and chronic medication.** Essential preventive and priority services also remain ongoing, including the **vaccination of 11,456 displaced children and 5,604 antenatal care consultations.**

Preliminary findings from the Rapid Health Assessment (RHA) conducted in May 2026 across 15 affected districts indicate that access to health care remains severely constrained, with **60–80 per cent of households unable to afford health services**, particularly medications and hospitalization.

The capacity of health systems is under significant strain, with facilities facing insecurity, staff shortages, and limited partner support. An estimated **68 per cent of health facilities are fully functional and 29 per cent partially operational**. Service delivery is further weakened by frequent attacks on health care, weakened referral systems, reduced operational capacity, and the depletion of medicine stocks.

Public health risks continue to rise, including respiratory infections, mental health conditions, diarrheal diseases, and injuries, while **critical shortages persist** in essential medicines, non-communicable diseases (NCD) medications, trauma supplies, psychotropic medications, fuel, and medical consumables.

Nutrition



Since 2 March, a total of **19,869 children under five, adolescent girls, and pregnant and lactating women (PLWs) have received one month of emergency nutrition rations and micro-nutrient supplements**. This includes age-appropriate complementary feeding kits provided to 773 children aged 6–12 months in collective shelters. Needs remain high in strengthening the provision of age-appropriate complementary feeding kits for children aged 12–23 months.

The national Infant and Young Child Feeding (IYCF) hotline received 589 calls from caregivers, of whom **456 cases were referred for specialized IYCF support services**. In parallel, **more than 13,197 caregivers** of children under five benefited from **counselling and awareness sessions** on IYCF, nutrition, and Early Childhood Development (ECD), delivered through both in-person and digital platforms.

Nutrition Sector partners have been supporting the Ministry of Public Health (MoPH) in the provision of unbranded infant formula through a targeted approach for infants under one year of age. To date, **1,832 tins of infant formula have been distributed to 222 children** identified as requiring formula-feeding support through IYCF assessment tools, with tailored counselling provided to caregivers. Additionally, **106 breastmilk substitute (BMS) kits have been distributed** to support the safe preparation and use of formula milk in shelters where hygienic conditions and essential equipment remain limited.

A critical gap persists in the availability of breastfeeding support supplies, including breast pumps and nursing covers, which are essential to promoting and sustaining optimal breastfeeding practices, particularly among women in collective shelters.



Protection

Continued hostilities in the South and in Nabatiyeh, displacement orders for new areas, and airstrikes continue to drive displacement in Lebanon. Protection monitoring in Beirut and Mount Lebanon (BML) governorates has identified challenges in targeting **families in open sites and informal settlements**. Monitoring indicates that while many families have accepted relocation to formal sites, others remain hesitant due to concerns related to privacy, proximity to livelihoods and communities, and inter-community tensions.

Protection partners continue to respond to complex needs, including support for vulnerable individuals living in makeshift tents, high-risk cases involving persons with disabilities, and support to people requiring targeted evacuations.

Women and girls residing in tents, public spaces, and open areas face acute protection risks, with urgent needs related to safe accommodation, water and sanitation facilities, and access to essential services. Children are often left unattended and require access to recreational activities as well as mental health and psychosocial support (MHPSS). Monitoring by Child Protection (CP) Sector partners in collective shelters has identified **a rise in child protection risks among displaced children**, including emerging child labour trends and an increasing number of high-risk cases.

Increasing psychosocial distress among children and caregivers is being reported and highlights the need to strengthen focused psychosocial support (PSS) interventions. At the same time, partners continue to face challenges in securing safe and appropriate spaces within shelters to deliver child protection and psychosocial support activities for children and caregivers.

Existing challenges are exacerbated for non-Lebanese populations due to their legal status and documentation concerns. Legal residency renewal remains difficult due to bureaucratic procedures and delays in application processing, leading to accumulated overstay fees. High renewal costs have pushed some households to adopt negative coping strategies. **Partners report increasing needs for legal awareness and legal counselling** related to access to legal services and housing, land, and property (HLP) issues.

As of 21 May 2026, **Protection, Child Protection (CP), and GBV partners had reached 223,626 displaced people** across the country, about half of whom were supported within communities. Prioritized services included community outreach, awareness-raising and information sessions, mental health, and psychosocial support activities, as well as dedicated case management services.

More than **2,000 protection cash grants** were provided to address **immediate protection needs**, while over **27,000 women and girls received dignity kits and GBV-specific awareness materials** from GBV partners. Protection actors also scaled up dedicated support for people with disabilities, reaching more than **1,010 individuals with specialized care services or assistive devices**.

Significant staffing shortages across Protection, CP, and GBV programmes are increasingly constraining the sector's ability to reach all people in need. Protection Sector and sub sectors are reviewing outreach coverage, response modalities, and operational gaps affecting displaced people outside collective shelters, aiming to ensure a more coherent, protection-sensitive response is provided, particularly for displaced households in informal settings.

Shelter

Shelter partners have collectively supported 44,759 households both inside and outside collective shelters through the **distribution of 131,697 mattresses, 171,305 blankets, and 79,564 pillows**, alongside other essential non-food items (NFIs), including sleeping mats, solar lamps, and jerrycans. Within collective shelters, distributions included **106,440 mattresses, 133,446 blankets, and 64,892 pillows**, in addition to supplementary items aimed at supporting dignified living conditions. Initial core relief item (CRI) distributions have reached all households within shelters, while ongoing targeting of new arrivals is being managed through established referral mechanisms.

Outside collective shelters, assistance is being provided on a case-by-case basis, with **25,257 mattresses, 37,859 blankets, and 14,672 pillows distributed to vulnerable households**.

Shelter partners are currently undertaking **repairs and upgrades across 406 collective shelters**, including both existing and newly established sites, of which 302 have been completed to date. Response activities are focused on improving safety, capacity, and privacy conditions for displaced populations.

Site Management and Coordination

In response to sustained humanitarian needs, the **Ministry of Social Affairs is leading a scale-up of site management activities with support from the International Organization for Migration (IOM)**. The Shelter Sector is working closely with the Site Management Coordination (SMC) Sub-Sector to align site care and maintenance activities.

The SMC Sub-Sector held its first partner coordination meeting, co-chaired by MoSA and IOM, bringing together 13 SMC partners. In addition, a SMC strategy has been developed, including planned targets, funding requirements, and priority activities under the planning preparations for the upcoming extension of the Flash Appeal.

In collective shelters hosting non-Lebanese displaced populations, sector partners assisted **3,315 people through referrals to a range of services**, including shelter, non-food items, food assistance, cash assistance, and medical assistance.



Water, Sanitation and Hygiene

WASH needs remain significant across collective shelters and conflict-affected areas, driven by continued displacement, disruptions to water supply systems, and limited access to safe sanitation and hygiene services. Without timely funding for emergency WASH response activities, the risk of a further deterioration in water access and its associated public health consequences is a serious concern.

The strain on public water infrastructure has substantially risen, creating urgent needs for fuel support, emergency repairs, operation and maintenance, and the provision of spare parts to ensure continuity of water service delivery for affected populations. Since 2 March, **WASH sector partners have provided 812,000 litres of fuel to water establishments, sustaining public water supply services for an estimated 657,694 people**. WASH partners further supported 259 water stations with fuel, repairs, and spare parts critical to maintaining network functionality under increased demand.

WASH Sector partners have supported a total of 884,661 people across collective shelters, outside shelters, and host communities through emergency services, as well as the repair and maintenance of water supply and wastewater systems. WASH partners are working to ensure continued access to safe water, sanitation, and hygiene services in high-density and high-risk environments to mitigate public health risks associated with overcrowding, limited water access, and inadequate hygiene conditions.

Displaced people in collective shelters have received a total of 100,233 hygiene kits, 59,039 menstrual hygiene kits, and 1,394 cleaning kits. WASH partners have also provided **3,765,725 litres of potable water and 83,720 m³ of water to collective shelters** through water trucking, addressing immediate drinking water needs in sites with limited or disrupted water supply. Activities to improve safe sanitation services included the installation of 92 external latrines and 337 external showers, in addition to the running emergency desludging services.

WASH sector priorities remain focused on sustaining WASH services and ensuring the continued provision of essential hygiene items, maintaining the functionality of public water systems emergency repairs, operation and maintenance support, and the supply of spare parts to water facilities and networks. WASH partners will continue prioritizing hard-to-reach areas and interventions that support more sustainable and cost-efficient water service delivery approaches where operationally feasible.

The WASH Sector is facing significant funding gaps and increasing risks of pipeline breaks in the coming months as existing emergency funding is expected to be exhausted during the upcoming summer period.



Social Stability

The [Tensions Pulse Survey](#) highlights a **worrying security and social environment in Lebanon** as ongoing airstrikes, new displacement orders, and political tensions continue to intensify the strain of affected people. Displacement orders have expanded for the first time to include Nabatiyeh City, while continued airstrikes are placing an additional strain on emergency response systems and humanitarian assistance. Rising pressure on public services, shelter capacity, and state-citizen relations reportedly continue to fuel tensions across affected communities.

Societal events highlight **growing political and inter-communal tensions linked to debates around the proposed general amnesty law**, including road closures, sit-ins, and public mobilization across several regions including Akkar, Tripoli, Saida, Beirut, and Aarsal.

Logistics and Telecommunications

Services by the Logistics and Telecommunications Cluster (LTC) continue to enable the delivery of assistance by humanitarian partners, with priority areas identified in coordination with national authorities and sectors. The operational environment remains constrained due to insecurity, infrastructure damage, and access limitations, particularly in southern Lebanon. Damage to key infrastructure, including bridges, continues to restrict access to hard-to-reach areas.

Regional instability further increases the risk of delays along critical supply routes. Humanitarian operations remain highly dependent on limited entry points, notably the Port of Beirut and the Masnaa border crossing (with Syria), the latter being the only land crossing through which humanitarian partners can transport cargo into Lebanon. This continues to result in delays and requires time-intensive trans-shipment processes. The LTC supports humanitarian operations by advocating for solutions to common logistics challenges, monitoring supply routes, and providing logistics analysis, including access mapping.

Common logistics services remain a key enabler of humanitarian access. Transport services are provided free of charge to support the delivery of life-saving assistance to hard-to-reach areas, including through coordinated convoy movements. The [Lebanon LTC](#) has supported a total of **22 convoys reaching hard-to-reach areas**, in addition to two regional convoys from Jordan. Shared storage facilities are also being made available to support partners with temporary warehousing and cargo consolidation.

In response to partners' needs, the LTC has expanded its support to include the coordination of **regional convoys from Amman into Lebanon**. On 21 May, the second regional convoy facilitated by the Logistics Cluster transported 22 trucks carrying food, medicines, and dignity kits. Weekly convoy schedules are disseminated to support operational planning. The telecommunications component conducted assessments in six locations across southern Lebanon, which indicated that connectivity conditions remain stable.

GENERAL COORDINATION

Coordination efforts continue at both national and sub-national levels to support the humanitarian response. The Inter-Sector Coordination Group (ISCG), Operational Coordination Groups (OCGs), and Government counterparts continue to maintain **regular coordination at national and sub-national levels**, supporting strategic and operational planning, timely information sharing, and adaptive response adjustments to address emerging needs, access constraints, and service delivery gaps in affected areas.

Emergency Rapid Needs Assessment (ERNA) data collection and analysis, both inside and outside collective shelters, have been completed. Triangulation and verification of the results are currently underway to finalize the assessment findings in coordination with MoSA.

Following a planning session for the **extension of the Lebanon Flash Appeal for an additional 3 months**, sector coordination teams have finalized sectoral planning figures, narrative updates, and costing inputs for the June–August 2026 extension period. Sector submissions and harmonized planning parameters have been consolidated, ensuring alignment with the agreed global strategic guidance and response priorities. The consolidated inputs have been endorsed by the Humanitarian Country Team (HCT) on 21 May. The finalization of these inputs is critical to ensuring an evidence-based appeal to mobilize the resources urgently needed to sustain and scale up the humanitarian response as critical needs continue to rise. Following the consultations with the Government counterparts, the extended Lebanon Flash Appeal is expected to be jointly launched in early June.

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