



Lebanon Crisis

REGIONAL CONFLICT

Flash Update

March 3, 2026

Highlights

On March 2, 2026, Israel launched intensive airstrikes across Beirut's southern suburbs, South Lebanon, and the Bekaa valley, following Hezbollah's response to the killing of the Iranian Supreme Leader Ayatollah Khamenei. This latest escalation has killed at least 40 people and injured 246 as of 3 March.

Israeli forced evacuation orders on 3 March 2026 for over 50 villages have triggered a massive displacement wave, with residents fleeing South Lebanon and Beirut's southern suburbs to overcrowded public schools repurposed as collective shelters. More than 58,000 internally displaced people have been registered within two days and thousands more still remain in transit. This new wave is on top of 65,000 people who still remain displaced from the 2024 conflict, which previously saw displacement figures peak at 1 million.

Disrupted access to Sexual and Reproductive Health (SRH) services increase health risks for women and girls, further compromised by a lack of adequate sanitation. Women and girls also face heightened risk of Gender-Based Violence (GBV) due to lack of privacy in shelters. UNFPA is deploying mobile health teams to address existing health gaps; and is providing integrated SRH-GBV and mental health services in primary healthcare centres that are still operational in areas with large numbers of IDPs. UNFPA is also distributing dignity kits along with protection services in collective shelters; and is conducting rapid assessments to inform data-driven decision-making.



60,000

Total people affected¹



16,800

Women of reproductive age²



700

Estimated pregnant women²



16,800

People targeted w/ GBV and SRH services

¹[Disaster Risk Management Daily Situation Report March 3, 2026](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Currently, more than 58,000 registered displaced people have found shelter in 321 public schools that have been repurposed as collective shelters, 269 of which have reached full capacity. However, these figures represent only a fraction of the total displacement while thousands more are on the move, unregistered, or trapped in traffic.

The impact on women and girls is particularly acute. Access to emergency obstetric and maternal care has been compromised as people flee for safety along extremely congested roads, with reports of a woman giving birth on the street³. Of the displaced, an estimated 16,800 women are of reproductive age and 4,800 are adolescent girls. Close to 700 women are pregnant and 80 are expected to deliver in the next month.

The makeshift shelters lack the basic infrastructure required to support the influx of families. Poor sanitation and lack of privacy make menstrual hygiene management challenging; add to psychological stress, and increase the risk of reproductive tract infections. The disruption of SRH services, compounded by restricted movement, leaves pregnant women and those in need of emergency obstetric care at risk. Meanwhile, the lack of gender-segregated sanitation facilities and lighting in overcrowded schools heightens the risk of GBV and severely restricts the mobility of women and girls.

UNFPA partner operations are temporarily suspended in areas currently experiencing heavy military attacks. Half of UNFPA-supported facilities, including Women and Girls Safe Spaces (WGSS), Primary Health Care Centres (PHCs), and Social Development Centres (SDCs), primarily located in the South, Beirut, and the Bekaa region, are closed, and service providers themselves have been displaced.

UNFPA Response

Sexual and reproductive health: UNFPA and its partners are reprogramming and scaling up operations to meet the needs of Internally Displaced Persons (IDPs) in collective shelters, particularly in Beirut and Mount Lebanon, noting that half of the displaced people stay with host communities.

UNFPA partners are collaborating with the Ministry of Public Health (MOPH) in multiple locations to ensure the provision of reproductive health care for displaced people within shelters and host communities through:

- **Mobile outreach** providing gynecological consultations and support by midwives.
- **Referrals** to Primary Healthcare Centres and ensuring provision of an integrated package of SRH-GBV services, coupled with mental health support and psychosocial counselling.
- **Maintaining continuum of care**, including access to safe delivery services for displaced populations of all nationalities.
 - As critical global air and sea supply routes are compromised, UNFPA is working on getting **reproductive health supplies**, including for clinical management of rape, delivered into the country.
 - **300 baby kits**⁴ are available to support mothers and newborns.

³ [MTV report](#)

⁴ **Baby kits** are provided to pregnant women and new mothers. They include a blanket, baby clothes, baby hygiene material, diapers, towel, baby rash cream, breastfeeding pads, among other essentials.

Gender-based violence: UNFPA Lebanon maintains pre-existing GBV programmes integrated within Social Development Centres, Women and Girls Safe Spaces, and Primary Healthcare Centres across multiple governorates.

- Mobile GBV/SRH integrated teams are providing services at shelters for the displaced and distributing **11,000 dignity kits**⁵; a gap of 6,000 dignity kits requires urgent procurement.
- In line with sector recommendations, and in addition to the provision of dignity kits, the emergency GBV services package includes:
 - **Information sessions** at collective shelters about access to protection, child protection, and GBV services, along with information materials on Protection from Sexual Exploitation and Abuse (PSEA).
 - **Referrals** for emergency GBV case management and support to highly vulnerable individuals;
 - **Emergency cash assistance** for GBV survivors requiring shelter outside of collective shelters;
 - **Psychosocial support sessions** at various sites
 - **Remote support modalities**, such as tele-case management, hotline support, and remote psycho-social support, are operational and can be scaled up further in case of restricted physical access.

Data: UNFPA is prioritizing rapid assessments and the collection of data to inform data-driven decision-making.

Depending on the duration of the hostilities and based on the most recent conflict escalation in 2024, the number of affected people is expected to increase with a worst case scenario of up to 1 million people on top of pre-existing populations in need of assistance. This will necessitate additional resources and support to effectively address the identified GBV and SRH needs.

For more information

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⁵**Dignity kits** contain three months' supply of essential items to maintain hygiene and health. They include sanitary pads, soap, a torch, socks, underwear, toothbrush and toothpaste, and a leaflet with key messages on GBV, the prevention of sexual abuse and exploitation, psychosocial support, and other available services.