



Situation Report

Lebanon Crisis

2-9 March 2026

Highlights

Between 2 and 9 March 2026, following intensive airstrikes, the crisis in Lebanon sharply deteriorated with a total evacuation order for the area south of the Litani River, the entirety of the southern suburbs of Beirut, and dozens of villages in Bekaa. As of 8 March, there have been at least 394 deaths, including 42 women and 83 children, with more than 1,000 people injured.¹

More than 119,700 internally displaced persons (IDPs) have sought refuge in overcrowded public schools, repurposed as collective shelters.² **These are among the more than 667,800 individuals registered as displaced.** Others are staying with host communities, sheltering in cars, or remaining along roadsides. As displacement orders have shifted from village-specific instructions to broad geographic directives, the scale and complexity of population movements has significantly increased. More than 1 million people – nearly a fifth of the population – now face imminent forced displacement.

The health system is severely strained, with nearly 50 primary healthcare centres (PHCs) and hospitals forced to close. Disruption to **sexual and reproductive health (SRH)** services, compounded by inadequate sanitation, are increasing health risks for women and girls. Lack of privacy in shelters and the stress associated with displacement heightens risk of **gender-based violence (GBV)**.

UNFPA is deploying mobile health teams to address existing health gaps and is providing integrated SRH, GBV, and mental health services in PHCs that remain operational in areas with high IDP concentrations. UNFPA, as it distributes dignity kits and baby kits³ to pregnant

¹ [WHO Lebanon Emergency Situation report #3 - March 8, 2026.](#)

² [Disaster Risk Management daily report, March 9, 2026.](#)

³ Baby kits are provided to pregnant women and new mothers. They include a blanket, baby clothes, baby hygiene material, diapers, towel, baby rash cream, and breastfeeding pads, among other essentials.

women, also provides protection services in collective shelters in support of the efforts of the Ministry of Social Affairs.



Situation Overview

Displacement and protection concerns: Over 667,800 people have registered as displaced; however, these numbers do not represent total displacement, as thousands more remain unregistered.⁴ Among the displaced, there are an estimated 187,000 women of reproductive age and 53,400 adolescent girls aged 10 - 19 years. Close to 7,750 women are estimated to be pregnant and 860 are expected to deliver in the next 30 days. To date, 119,700 registered newly displaced people have found shelter in 567 public schools and other repurposed facilities, including the Camille Chamoun Sports City Stadium, the Charles Helou Station in Beirut, and the Olympic pool in Dbayeh. Many makeshift shelters lack the basic infrastructure required to support the rapid influx of families. Poor sanitation and lack of privacy make menstrual hygiene management challenging and health partners reported a high caseload of vaginal infections associated with poor water, sanitation, and hygiene conditions along with increased risk of reproductive tract infections. 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, increasing vulnerability to sexual violence, exploitation, and harassment.

Overstretched healthcare: The ongoing conflict continues to disrupt public health services, with providers themselves affected and displaced. As of 8 March, 43 PHCs and five hospitals have had to close due to insecurity, direct threats, and displacement orders. Attacks on healthcare have partially damaged five hospitals, killed nine paramedics, and injured 16 others while on duty. To maintain access to essential healthcare, 282 operational shelters are connected to nearby PHCs.⁶

Impact on access to SRH: In much of Lebanon, access to emergency obstetric and maternal care has been compromised. At least two women are reported to have given birth on the street while trapped in traffic following mass evacuation orders, and two stillbirths in Baalbek El Hermel governorate occurred due to delays in reaching a health facility. While women are forced to flee, Syrian refugee women, in particular, are facing immense difficulty to access maternal care at hospitals in Bekaa and Baalbek El Hermel governorates. The disruption of SRH services, compounded by restricted movement, leaves pregnant women and those in need of emergency obstetric care at grave risk.

Operational Constraints: Operations of UNFPA partner organizations have been temporarily suspended in areas currently experiencing heavy military attacks. Half of UNFPA-supported facilities,

⁴ [Disaster Risk Management, March 9, 2026](#)

⁵ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

⁶ [WHO Lebanon Emergency Situation report #3-March 8, 2026](#)

including women and girls' safe spaces (WGSSs), PHCs, and Social Development Centres (SDCs), primarily located in South Lebanon, 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 IDPs across Lebanon. This includes collaboration with the Ministry of Public Health (MoPH) across multiple locations to ensure the provision of reproductive healthcare for displaced people within shelters and host communities through:

- Support to PHCs for the provision of SRH services inside health facilities and deployment of medical mobile teams, as well as community outreach, to shelters assigned by MoPH;
- Deployment of midwives to PHCs, communities, and shelters to provide critical midwifery care and facilitate referrals;
- Support to displaced populations of all nationalities to access institution-based delivery;
- Working to procure life-saving reproductive health supplies as critical global air and sea supply routes are compromised, including for clinical management of rape, to be delivered as soon as possible into the country.

Gender-based violence: UNFPA maintains pre-existing GBV programmes integrated within SDCs, WGSSs, and PHCs across multiple governorates.

- Mobile GBV/SRH integrated teams are providing services at shelters for displaced populations;
- Dignity kits⁷ have been dispatched to partners and are ready to be distributed along with the provision of GBV services;
- 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 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;
 - **Psychosocial support sessions** at various sites, including shelters and supported SDCs and WGSSs;
 - **Remote support modalities**, such as tele-case management, hotline support, and remote psychosocial support, are operational and can be scaled up further in case of restricted physical access.
- UNFPA is supporting the Ministry of Social Affairs to deploy 150 social workers at collective shelter sites.

⁷ 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.

Results Snapshot



17
Primary Healthcare Centre (PHC) facilities supported



8
Mobile Medical Units deployed



15,500 Dignity kits & **300** baby kits dispatched to partners to be distributed to individuals



7
Safe spaces for women and girls (WGSSs) supported

Coordination Mechanisms

GBV Working Group: Under the co-leadership of UNFPA and UNHCR, and in close collaboration with the Ministry of Social Affairs (MoSA), the GBV Working Group has scaled operations to ensure an effective, data-driven emergency response. In response to the escalating crisis:

- The subnational coordination platforms conducted a mapping of GBV service providers interested to support collective shelters across the country, while the GBV Working Group is closely coordinating with MoSA to obtain shelter access;
- The GBV Working Group is mapping partner capacities, priority activities, and geographic gaps to inform the Lebanon Humanitarian Fund Reserve Allocation and ensure the strategic fund mobilization for displaced populations;
- A list of priority activities for emergency response was revised, validated, and shared with GBV responders.

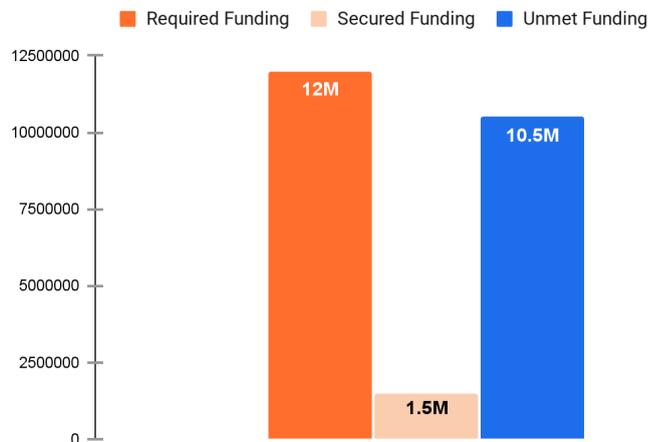
SRH Working Group: In response to the escalating crisis, the Reproductive Health Sub-Working Group (RHSWG), led by MoPH with UNFPA serving as the co-chair, has:

- Circulated MoPH-approved information and educational material on essential SRH topics in times of emergency;
- Disseminated standard Menstrual Hygiene Management (MHM) kit content and associated key educational messages to promote menstrual hygiene in times of crisis;
- Provided the health sector with updates on SRH needs, access to services, and response challenges to ensure SRH prioritization in the response.

Funding Status

UNFPA is appealing for US **\$12 million** to address the rapidly escalating needs resulting from the current emergency. This appeal aligns with ongoing inter-agency and sector planning and supplements the 2026 Lebanon Response Plan (LRP) under which UNFPA requests an additional US **\$30 million**.

To date, UNFPA has successfully mobilized and reprogrammed US **\$1.5 million** to address immediate, life-saving needs of the escalation (US \$1 million reprogrammed from funds received for 2026 LRP). This represents **12%** of the total US \$12 million flash appeal target.



“Our home, our safety, our privacy — taken from us twice in less than two years. We are reliving this nightmare”

— Nadia, mother of two-year-old, Mariam
This is the second time Nadia and her family have fled their home in South Lebanon to the Sin El Fil Public School (Beirut) in less than two years. [Read their story here.](#)

Current Donors

- United Kingdom (FCDO)
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO)
- Swedish International Development Cooperation Agency (SIDA)
- Korea International Cooperation Agency (KOICA)
- UNFPA Emergency Fund

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