



Lebanon Situation Report

March 2026

The Latest From Anera's Staff on the Ground

In Lebanon, the escalation of warfare has increasingly cut off areas south of the Litani River from the rest of the country, including Tyre and surrounding communities. These areas are becoming progressively harder to reach, raising serious concerns about access to aid and basic services.

Reports from Palestinian camps – including El Buss, Rashidieh and Burj El Shamali – indicate that many residents have not evacuated despite official orders. The same is true in nearby Lebanese towns and villages, where families remain in place even as risks grow. As routes are disrupted, movement is restricted and access to assistance is becoming more difficult.

Despite these challenges, Anera has already reached approximately 11% of Lebanon's displaced population, with plans to scale up to 20% in the coming weeks. The organization is also supporting roughly a quarter of the country's internally displaced persons' shelters.

As it becomes clear that the war may be prolonged, Anera is shifting toward more sustainable interventions, particularly in areas that may remain cut off for extended periods. Water systems are a key priority. In addition to bottled water and trucking, Anera is installing 30 filtration systems in shelters to provide consistent access to safe drinking water while reducing reliance on repeated deliveries and overuse of plastics. At the same time, in the area of sanitation, our efforts are focused on rehabilitating existing facilities rather than installing costly temporary units.

To prepare for further fragmentation, Anera is prepositioning contingency stocks across Saida, the Bekaa Valley and northern Lebanon, in coordination with partners such as OCHA. These measures are critical in a context where a single strike on infrastructure could isolate entire regions overnight.

Humanitarian Sector Updates

Shelter and Displacement

Displacement in Lebanon has reached an unprecedented scale following the escalation of hostilities beginning in early March 2026. Recent government registration figures place the total number of internally displaced persons at around [1.16 million](#) as of March 16.

A significant portion of displaced populations are concentrated in formal shelters, though the majority of displaced are elsewhere. As of March 30, [136,156 displaced people](#) — roughly 12% of all displaced individuals in Lebanon — are currently sheltering across 669 community-based open shelters, many of which are public schools repurposed for emergency use. The majority of internally displaced people in Lebanon are living [outside formal shelter](#) systems — either hosted by families, renting temporary accommodations, or residing in unfinished buildings, on streets, beaches, or in vehicles. Shelter capacity is critically strained, with many sites operating at or above capacity and exhibiting severe overcrowding.

Displacement is also geographically widespread and driven by large-scale evacuation orders and ongoing hostilities. Orders to evacuate now cover [approximately 14%](#) of Lebanon's territory (around 1,470 square kilometers), affecting southern Lebanon, Beirut's southern suburbs, and parts of the Bekaa. These orders have triggered repeated and secondary displacement, with civilians often forced to move multiple times as conflict zones expand. In parallel, cross-border displacement is increasing, with [over 189,000 people](#) having fled from Lebanon into Syria since early March.

Children alone account for over 350,000 displaced individuals, while tens of thousands are living within shelters (around 47,000 children in collective sites). Women and girls constitute a majority of those in shelters and face heightened risks in overcrowded and unstable environments. Additionally, thousands of older persons and persons with disabilities are [present in shelter settings](#), further complicating displacement dynamics due to additional accessibility and care constraints.

Health

The escalation of hostilities in Lebanon since early March 2026 has placed the health sector under severe and rapidly intensifying strain, driven by a combination of mass casualties, infrastructure damage, and large-scale displacement. Healthcare systems have been forced to absorb [3,315 injuries and 1,280 deaths](#) as of March 2, with a significant share requiring emergency, inpatient, and intensive care treatment. Nearly half of all cases are treated in emergency departments, while a substantial proportion require hospitalization, indicating sustained pressure on already limited hospital capacity, particularly ICU and neonatal services .

The operational capacity of the health system has been significantly degraded by direct and indirect impacts of the conflict. As of March 30, the [World Health Organization has recorded](#) 88 incidents affecting facilities, personnel, transport, and supplies, resulting in 52 deaths and 126 injuries among health workers. These attacks have led to the [closure of four hospitals](#) and over 50 primary health care centers, alongside partial damage to multiple additional facilities, sharply constraining service availability—especially in the heavily affected southern regions. In some districts, the majority of primary care centers are no longer operational, leaving large populations with limited or no access to essential health services.

Overcrowded shelters and deteriorating living conditions have contributed to the [emergence of communicable diseases](#), including reported cases of lice and scabies, while weakened water and

sanitation systems heighten the risk of further outbreaks. Surveillance and early warning systems are expanding, but gaps remain due to resource constraints, including shortages in laboratory capacity and medical supplies. Concurrently, access to medications — particularly for chronic conditions — is increasingly precarious, with thousands of patients dependent on strained supply chains and emergency distribution mechanisms.

Food Security and Livelihoods

While markets remain broadly functional at the national level, severe disruptions are emerging in conflict-affected areas, particularly in the South and El Nabatieh, where large portions of shops have closed, supply deliveries have halted, and access routes are blocked. These disruptions are primarily driven by insecurity, displacement of staff, and restricted mobility — rather than infrastructure destruction — resulting in reduced customer access and declining availability of essential goods. At the same time, areas hosting displaced populations — such as Beirut and Mount Lebanon — are experiencing sharp increases in demand, placing additional strain on otherwise functional markets.

From a livelihoods perspective, the escalation has significantly disrupted economic activity. Over 112,000 people are already sheltering in collective sites, with many more displaced informally, undermining income-generating opportunities and increasing reliance on markets that are becoming more volatile. Retailers report shifting to cash-on-delivery systems and rationing supplies, reflecting tightening liquidity and heightened uncertainty in commercial transactions. Simultaneously, precautionary purchasing behavior and displacement-driven demand surges are accelerating stock depletion, particularly for staple foods and cooking gas, further constraining household purchasing power and market access.

Although national supply chains and strategic food stocks remain intact for now, food security risks are rising due to price pressures and supply chain inefficiencies. The cost of a food basket has already begun to increase (by up to 5% in early March), with further rises expected as higher fuel and transport costs transmit through the system. Given Lebanon's heavy reliance on imports, global energy volatility and shipping disruptions are likely to exacerbate inflationary pressures. As a result, even where food remains physically available, affordability is expected to deteriorate, deepening food insecurity among displaced and vulnerable populations while eroding already fragile livelihoods.

Anera's Response in Lebanon

Our emergency response in Lebanon in March 2026 has delivered aid under rapidly evolving conditions, reaching 121,833 people across a wide network of collective shelters and institutions. With more than 1 million people in need and 622 collective shelters nationwide, Anera has directly supported 12% of those affected, while 26% have been reached through assisted shelters. Anera's multi-sector response spans food assistance, WASH, healthcare, shelter rehabilitation, and protection, with psychosocial support integrated across all activities. Key interventions include distribution of food parcels, hygiene kits, and essential medications, water trucking and filtration system installation, deployment of primary healthcare satellite units, minor shelter

rehabilitation works, and digital learning spaces for children in displacement. Response activities are being implemented in coordination with local partners across all governorates, with ongoing scale-up planned as needs continue to evolve.

Food and basic assistance remain urgent. Anera has delivered essential items valued at more than \$532,000, including food and household supplies, alongside \$123,000 in direct cash assistance to help families meet their most immediate needs with dignity and flexibility.

Shelter support has been central to the response. Anera has assisted 159 collective shelters, reaching approximately 110,000 people. In addition, Anera has supported six governmental institutions, reaching 9,430 people, as well as two homeless or street-based locations, assisting 1,300 people. Support has also extended to two urban residential settings, including apartments and hotels, reaching 87 people, and one first responder site, assisting 150 people. This reflects a diverse and adaptive approach to meeting needs wherever they arise.

Clean water, sanitation, and health services are critical. Anera has delivered support across key sectors, including \$175,700 in water, sanitation and health interventions to improve water access and sanitation and \$17,900 in health services, alongside additional assistance to ensure safe and dignified living conditions for displaced families.

We are also addressing broader essential needs. Basic assistance accounted for \$205,000 in distributed aid, while \$132,900 was dedicated to food security, helping households cope with rising costs and limited access to resources.

Interventions span the country, with the highest concentration in the South, where 228 interventions were carried out. This is followed by 77 interventions in Bekaa, 52 in Beirut, 34 in Mount Lebanon, 18 in the North, and nine in Akkar, ensuring support reaches communities most affected by displacement and economic strain.

Through this coordinated, multi-sector response, Anera continues to address urgent humanitarian needs while adapting to a complex and shifting operational landscape across Lebanon. Anera's regularly updated [Lebanon activity log](#) includes more details.