



## Lebanon Emergency Response

SitRep. #3

Reporting period: 11 – 23 March 2026

Country of reference: Lebanon

2026

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## 1. KEY FIGURES



**5.3M**

Total population



**1.3M**

People in need<sup>i</sup>

The following figures represent developments recorded between March 2 and March 23,<sup>ii</sup> capturing the scale of the most recent escalation of hostilities:



**1,029**

People killed



**2,786**

People injured



**>1,200,000**

Internally Displaced  
People (IDPs)



**59**

Healthcare  
facilities closed

## 2. CESVI ASSISTANCE IN NUMBERS

In the two weeks following the previous [CESVI SitRep#2 on Lebanon](#), produced on March 10, 2026, CESVI rapidly mobilised its emergency response, as detailed below.



**~1,575**

People received core relief items such as mattresses, pillows, and blankets (315 families).



**103**

Children reached with protection activities, such as Psychological First Aid (PFA) and recreational activities.



**700**

Hygiene kits distributed.

**~3,500**

People reached with hygiene kits (700 families).

Distributions are ongoing, and the planned delivery of **UNHCR-donated individual hygiene kits** will reach an additional **1,500** beneficiaries. Further distributions of hygiene, menstrual, and baby kits are planned to take place in the coming weeks in Dekwaneh (Beirut), targeting 450 families.

MPCA implementation is pending approval from the Ministry of Social Affairs and will target around 2,800 people.

### 3. CESVI RESPONSE STRATEGY



*“The situation has evolved compared to the early days of the conflict, as attacks become indiscriminate. The shelter system cannot cover the entire displaced population, which is reaching extremely high numbers. In this complex, layered context, CESVI is providing Psychological First Aid to children in shelters and distributing hygiene kits and essential relief items. We will continue to scale up our response in line with evolving needs in the coming days and weeks.”*

Federico Pataconi, Head of Mission Lebanon & Syria



CESVI is mobilising its **emergency capacity to deliver immediate life-saving assistance** in response to the rapid escalation of hostilities across Lebanon, conducting rapid needs assessments while scaling up targeted support to IDPs and vulnerable host communities.

Building on its established presence and operational infrastructure, CESVI is rapidly expanding emergency interventions in areas where it already maintains access and strong local partnerships: **Saida, Baalbek, Iqlim El Kharroub and Bourj Hammoud in Beirut**. The immediate response prioritises **life-saving assistance to displaced populations in shelters and host communities**, providing **protection services** and **psychosocial support**, **Multi-Purpose Cash Assistance (MPCA)**, **health services**, and the **distribution of core relief items**.

CESVI, present in Lebanon since 2001, is currently delivering life-saving emergency assistance, building on its integrated, multisectoral **humanitarian-development-peace (HDP) nexus** approach in response to worsening violence, deteriorating public services, and rising vulnerability among both Lebanese communities and refugees.

With experienced staff, strong local partnerships, and active participation in humanitarian coordination mechanisms, CESVI is well-positioned to respond rapidly to Lebanon's evolving humanitarian needs. The organisation can carry out **rapid emergency needs assessments within 24-48 hours** of the onset of a crisis, a capacity already activated as part of the current response to enable timely, targeted, and flexible assistance to affected populations. Additionally, teams based in Syria have been mobilised to support the response.

#### MAIN SECTORS OF INTERVENTION



**Shelter and  
Non-Food Items (NFIs)**



**Health<sup>iii</sup>**



**Protection**

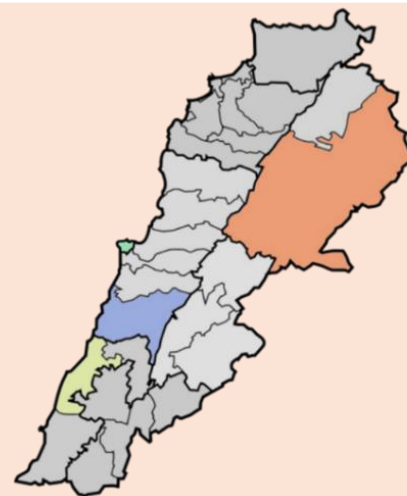
#### SUB-SECTORS OF INTERVENTION



**Multi-Purpose Cash Assistance (MPCA)**

## 4. CESVI RESPONSE CAPACITY

1. **Rapidly deploy emergency assistance** through CESVI's established field presence in critical areas of Lebanon, as well as through its Regional and Headquarters Emergency Roster.
2. Activate **CESVI internal and private funds** to initiate immediate emergency assistance, enabling a **rapid response** in the first phase of the crisis, independent of institutional funding.
3. Conduct rapid emergency needs assessments within 48 hours of the onset of the crisis, drawing on the established experience of staff and of local partners.



### IN DETAILS

- **Geographic reach:** CESVI has operated in Lebanon for 25 years, developing **established access, contextual knowledge, and trusted local networks**. This enables an efficient emergency response in the priority areas of Saida, Baalbek, Iqlim El Kharroub, and Bourj Hammoud (Beirut).
- **Direct implementation:** CESVI operates through a team of **international and national staff**, supported by outreach and social workers. **Additional personnel from regional and Headquarters emergency rosters** have been mobilised to address the emergency.
- **Partnerships and localisation:** CESVI complements its direct implementation with established local partnerships, combining its technical expertise with partners' access and operational capacity. Detailed information can be found in the previous **CESVI SitRep#2 on Lebanon**. Key examples include:
  - **Mousawat** supports NFI distributions, mobile clinics, warehousing, and access to fragile areas, like refugee camps in the South and Bekaa,
  - **Nabad for Development** facilitates protection activities in Saida and Bekaa.
  - As a member of **Alliance2015**, CESVI shares office space with ACTED and CONCERN.
- **Engagement in coordination mechanisms:** CESVI actively participates in multiple **clusters** (Education, Protection, Child Protection, Livelihoods, and Cash) and in the **Lebanon Humanitarian INGO Forum** (relevant working groups: Cash, Logistics, Preparedness, and Partnership and Localisation). CESVI also coordinates with the Italian NGO Coordination Platform and the Social and Solidarity Economy (SSE) Task Force.
- **Institutional engagement:** CESVI maintains working relationships with national ministries, municipalities, and chambers of commerce. The emergency response in Lebanon is led by the **Ministry of Social Affairs**, with which CESVI remains fully aligned and coordinates closely.
- **Logistics and procurement capacity:** CESVI procures relief items primarily through Hulo (a humanitarian logistics cooperative), and established local supplier networks, as local markets remain functional. This enables **rapid sourcing and distribution**.
- **Financial Capacity:** CESVI has rapidly mobilised its response through the reallocation of existing funds and the immediate activation of private and internal funds.

## 5. CESVI OPERATIONAL PRIORITIES

### a) Situation update

Lebanon is facing a rapidly deteriorating humanitarian crisis following the continued escalation of hostilities, with sustained Israeli airstrikes across multiple regions and expanding ground operations in the South. The conflict is now affecting wider areas of the country and of Beirut, with reported targeting of health workers and of critical infrastructure such as bridges.

The conflict has triggered large-scale displacement across the country following the expansion of Israeli evacuation orders from village-level instructions to broad geographic displacement directives affecting entire urban neighbourhoods. To date, more than 1.2 million people have registered as displaced with local authorities, bringing the **number of IDPs to nearly one quarter of Lebanon's total population** of 5 million. **Government shelters are rapidly approaching their limits**, with approximately 90% of available capacity already occupied. Even at full capacity, the shelter system can only accommodate around one fifth of the total displaced population. Secondary displacement is common as hostilities continue and safe shelter options remain limited.<sup>iv</sup>





134,439 individuals are currently accommodated in 636 collective shelters<sup>v</sup>; the rapid scale of displacement is placing **severe pressure on shelter capacity and local services**. Collective shelters are overcrowded and frequently lack adequate sanitation facilities, privacy, and essential supplies. Shelter overcrowding is also increasing protection risks, **heightening risks of gender-based violence and family separation**: there are growing concerns regarding separated and unaccompanied children. The hostilities are **driving extreme fear, anxiety, and psychological distress** in communities that have already had to endure years of instability and repeat displacement.<sup>vi</sup>

The majority of IDPs remain outside formal shelter arrangements: many families have had to seek refuge with relatives or host communities, while others remain in vehicles or gather along roadsides while searching for safe accommodation. Their needs are particularly acute, especially as temperatures begin to drop. In response, numerous local initiatives and grassroots organisations have mobilised **informal support networks** to assist families that cannot access designated shelters.

The escalation is also placing **severe pressure on Lebanon's already fragile health system**. **Five hospitals** have already been **forced to close**, and dozens of other healthcare facilities have been impacted by hostilities.<sup>vii</sup> This situation is further compounded by the influx of wounded patients, as rising casualty numbers overwhelm emergency care capacity and place additional strain on medical staff and resources.

Humanitarian actors are scaling up life-saving assistance across the sectors of shelter, food security, health, protection, and water and sanitation services. However, the scale and speed of the crisis are rapidly increasing humanitarian needs at a time when **available resources remain limited**. Every day of continued hostilities is further stretching the ability of national authorities to respond to affected populations. Sustained and flexible funding will be critical to enable the response to scale-up in line with the growing needs on the ground.

## b) Priorities of intervention detected per sector

Sector	Objective	Activities	Needed Resources
 <b>Essential NFIs</b>	Provide those affected by the crisis with essential, life-sustaining non-food items.	<ul style="list-style-type: none"> <li>• Support to collective shelters hosting IDPs.</li> <li>• Distribution of NFIs including hygiene kits, bedding, and other core relief items.</li> <li>• Provision of dignity and baby kits to displaced populations.</li> </ul>	<b>€1,950,000</b>
 <b>Protection</b>	Reduce protection risks, prevent violations, and ensure the safety and dignity of all affected populations.	<ul style="list-style-type: none"> <li>• Psychological First Aid to displaced populations.</li> <li>• Psychosocial support in collective shelters.</li> <li>• Recreational activities for children in collective shelters.</li> </ul>	<b>€1,300,000</b>
 <b>Health</b>	Ensure access to essential primary healthcare services for crisis-affected populations and help mitigate disruptions caused by the closure or reduced capacity of health facilities.	<ul style="list-style-type: none"> <li>• Support to overstretched primary healthcare services through collaboration with local partner Mousawat, which is operating mobile health clinics to provide medical assistance to displaced populations.</li> </ul>	<b>€980,000</b>
 <b>MPCA</b>	Enable crisis-affected households to meet immediate basic needs, while providing the flexibility to choose how to prioritise their spending.	<ul style="list-style-type: none"> <li>• Provide MPCA to displaced families living outside formal shelters to cover basic needs.</li> </ul>	<b>€2,400,000</b>
<b>Total</b>			<b>€6,630,000</b>

## 6. MAIN CHALLENGES AND OPERATIONAL CONSTRAINTS

- **Security volatility affecting humanitarian operations:** Continued airstrikes and hostile military activity across Lebanon create a volatile operating environment and increase operational risks for humanitarian actors. As a precautionary measure in response to the deteriorating security situation, CESVI has had to limit staff movements outside Beirut to strictly essential travel, while continuing to monitor the context closely and coordinate activities with partners on the ground.
- **Targeting of critical infrastructure:** Ongoing military operations in southern Lebanon have increasingly affected critical civilian infrastructure, particularly bridges. This is further restricting movement.
- **Limited humanitarian funding:** Humanitarian funding in Lebanon has significantly decreased in recent years, with reductions of more than 50% in several sectors. At the same time, the current crisis is generating additional humanitarian needs, creating pressure on the already limited resources available to humanitarian actors.

## 7. CALLS FOR ACTION

With large-scale displacement and civilian casualties overwhelming already fragile public services, Lebanon is facing an unprecedented rapidly escalating humanitarian crisis. Over half a million people have been displaced in just days, many living outside formal shelters with limited access to essential services.

CESVI urges all stakeholders to act immediately to protect civilians, ensure humanitarian access, and mobilise resources to prevent further deterioration. In particular:

- All parties and the international community should:
  - Protect civilians, including healthcare facilities, humanitarian personnel, and essential infrastructure, in line with International Humanitarian Law.
  - Ensure safe, sustained, and unhindered humanitarian access to all affected populations.
  - Intensify diplomatic and political engagement to de-escalate the conflict and prevent further civilian harm.
  - Support coordinated humanitarian efforts with local and community-based organisations to reach displaced populations, including those outside formal shelters
- Donors should:
  - Provide immediate, flexible, and predictable funding to scale-up the humanitarian response and allow organisations to reach displaced populations both inside and outside formal shelters.
  - Strengthen protection and psychosocial services, including child protection, GBV prevention, and support for vulnerable groups such as infants, pregnant and lactating women, and persons with disabilities.
  - Support multi-sectoral interventions, including MPCA, mobile healthcare, protection, WASH, and other essential relief for displaced populations inside and outside formal shelters.

## 8. NOTES

- <sup>i</sup> <https://www.unocha.org/lebanon> as of 23 March 2026. Official estimates of people in need have been revised downward since CESVI's last Situation Report, reflecting prioritisation of the most acute needs.
- <sup>ii</sup> The data was retrieved from <https://reliefweb.int/report/lebanon/health-sector-emergency-sitrep-issue3-march-23-2026>, except for the numbers of displaced people, which is found on <https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-10-escalation-hostilities-lebanon-19-march-2026>
- <sup>iii</sup> CESVI does not directly implement physical health-related activities; health interventions are managed through national partner Mousawat.
- <sup>iv</sup> <https://reliefweb.int/report/lebanon/lebanon-flash-update-2-escalation-hostilities-lebanon-6-march-2026>
- <sup>v</sup> <https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-10-escalation-hostilities-lebanon-19-march-2026>
- <sup>vi</sup> <https://reliefweb.int/report/lebanon/middle-east-situation-lebanon-flash-update-1-9-march-2026>
- <sup>vii</sup> <https://reliefweb.int/report/lebanon/health-sector-emergency-sitrep-issue3-march-23-2026>



SitRep #1  
Lebanon Emergency Response  
Oct-Nov 2024



SitRep #2  
Lebanon Emergency Response  
2-10 March 2026



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