

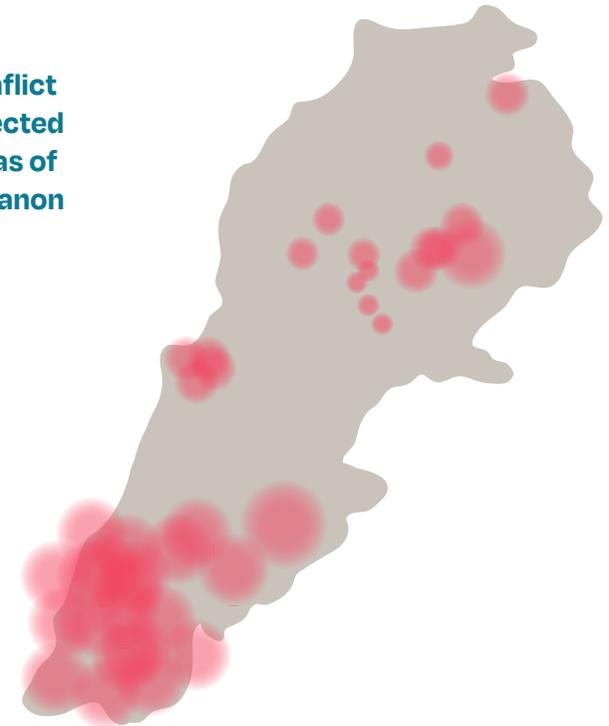
Situation Report – 1 March 2026 - 4 March 2026

Situation Overview

The current escalation follows prolonged instability and military activity despite the 27 November 2024 cessation of hostilities. Since the ceasefire came into effect, more than 10,000 air and ground violations have been recorded, resulting in at least 335 people killed and 973 injured as of 5 January 2026. Reported incidents have included airspace incursions, cross-border fire, and military activity in Baalbek, Hermel, and southern areas, alongside the continued presence of foreign military forces in five border villages. Prior to the renewed escalation in March 2026, an estimated 62,000 to 90,000 people remained internally displaced from earlier conflicts, underscoring the protracted nature of the crisis and the heightened humanitarian vulnerability across affected regions.

Over the weekend, regional tensions escalated following developments involving the United States and Iran, with hostilities expanding into the country to the south of Lebanon and Lebanon on 2nd of March. Airstrikes were reported across multiple areas, including the southern suburbs of Beirut, Bekaa, Baalbek-Hermel, and South Lebanon. According to Disaster Risk Management (DRM) Unit sources, an estimated more than **81,791** internally displaced persons (IDPs) including **9,000 children**, have been recorded thus far, primarily in Beirut & Mount Lebanon (BML), Bekaa, Baalbek, and southern governorates. So far, over **60 people have been reported killed and at least 154 injured**, with figures continuing to evolve. Warnings have been issued to evacuate over **200** towns across Lebanon, contributing to significant population movement from border areas and high-risk locations, while shelter data remains fluid due to continued secondary displacement and movement between collective sites.

Conflict affected areas of Lebanon



Humanitarian Snapshot



2.99M people in need (over 50% of the population)



1.4M children at risk



81,791 newly internally displaced persons (IDPs) **17,448** families



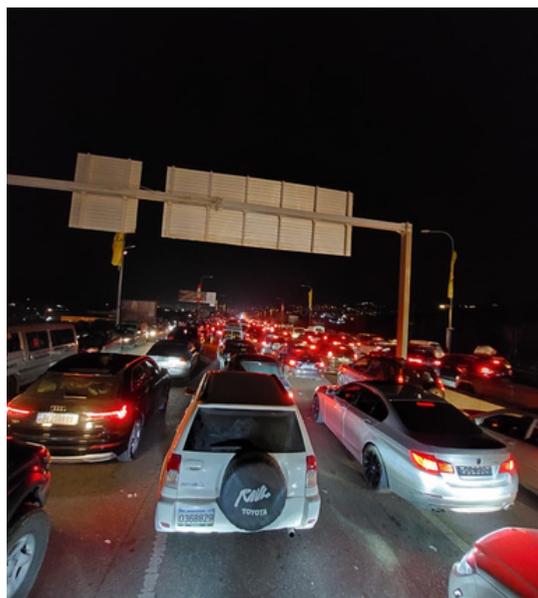
9,000 children



389 collective shelters **347** shelters at full capacity (90%) **62,000-90,000** IDPs from previous escalations

This escalation compounds a critical, protracted humanitarian crisis. Displacement from the 2024 escalation remains unresolved in several areas, and Lebanon continues to host one of the largest refugee populations per capita globally, including displaced Syrians, Palestinian refugees, and migrants. With a national population estimated at approximately 5 million, the Lebanon Response Plan (LRP) estimates that **2.99 million people, more than half the country, need humanitarian assistance in 2026**, including vulnerable Lebanese, displaced Syrians, Palestinian refugees, and migrants. The plan targets 1.5 million people and requires US\$1.62 billion in 2026; however, as of early March, only US\$812,100 (0.05%) has been recorded against total requirements, underscoring the severe funding shortfall. Indeed, three days into the escalation in Lebanon, the main barrier to effective response by the humanitarian community remains funding.

Children are at the centre of this crisis and remain disproportionately affected. Following the nationwide closure of schools, many public-school buildings are now being repurposed as collective shelters, further disrupting learning continuity. This marks the sixth consecutive year of educational disruption for children in Lebanon due to the poly-crisis. Before the current escalation, over 1.4 million children in Lebanon were already at risk of long-term harm and require humanitarian support, including nearly 420,000 school-aged children who were out of school. This renewed escalation heightens risks of further school disruption, psychosocial distress, family separation, and protection violations, particularly among already vulnerable displaced and refugee children.



In a significant political development, the Lebanese Council of Ministers announced that all military actions by non-state actors are suspended and that action will be taken against violations. This announcement signals an effort to contain further escalation; however, the humanitarian situation remains volatile. Immediate response needs include food assistance, shelter support, registration and tracking of displaced populations, protection services, and rapid funding to scale response capacity should displacement increase beyond current estimates.

WORLD VISION LEBANON (WVL) RESPONSE

World Vision Lebanon has activated its National Disaster Management Team (NDMT) and is actively responding to this escalation since early hours of March 2nd, in coordination with the Food Security & Agriculture Sector and relevant mechanisms.

WVL is aligning its capacity for hot meals, ready-to-eat food assistance, and cash-based programming with sector guidance, prioritising collective shelters and displaced families outside shelters pending verified data, while maintaining flexibility for rapid scale-up as displacement figures evolve. In parallel, WVL is leveraging its WASH co-leadership role, with representation at the DRM, to drive stronger integration between Shelter and WASH actors. This strategic shift aims to prevent public health outbreaks in collective shelters and address critical risks from the onset of displacement, reflecting lessons learned from previous responses.

Within the first few hours of the response, WVL was able to reach 5,552 internally displaced people and has, to date, reached 15,222 individuals. This was made possible primarily through anticipatory funding secured in advance of the crisis from the Start Fund (US\$410,730), as well as the rapid repurposing of approximately US\$50,000 from existing grant-funded projects. WVL also leveraged its existing World Food Programme (WFP) Emergency Project in Bekaa and Baalbek-Hermel to immediately distribute hot meals to internally displaced people hosted in collective shelters, ensuring rapid access to food assistance in the first days of displacement. In addition, WVL will reallocate 20% of its AP funding to sustain the response.



However, these resources are extremely limited in relation to the scale and pace of needs. Without immediate additional funding, WVL will only be able to maintain operations for a few more days, putting critical assistance at risk at a time when displacement is rising and needs are deepening. **Urgent financial support is required to ensure continuity of life-saving interventions and to prevent further deterioration of conditions for affected families.**

To continue and scale up the response beyond the initial 72 hours, World Vision Lebanon requires **USD 5 million over an initial 30-day response period**. This funding will enable WVL to reach **120,000 vulnerable people**, including displaced children and families, through **emergency food and basic assistance, WASH support, and child protection and psychosocial support services.**

The Ministry of Social Affairs (MoSA) is leading the national response at the direction of the government, with Disaster Risk Management (DRM) mechanisms activated across affected governorates. Coordination cells are operational in South Lebanon, Nabatieh, Mount Lebanon, Beirut, and Baalbek-Hermel.

MoSA is circulating a formal memo and launching a centralised registration platform for IDPs to strengthen data consolidation and prioritization. This reflects strengthened national and sub-national coordination compared to previous escalations and complements the evolving humanitarian architecture following the UN reset and reductions in international presence.

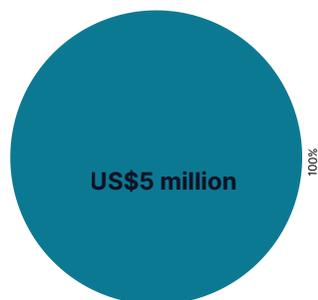
Sector coordination systems, including food assistance booking and shelter mapping, have been reactivated to support structured response efforts and reduce duplication.



Funding

Funding gap
US\$5,000,000

Funding Target



Funds raised
US\$0



ADVOCACY ASKS

In light of the escalation of conflict and the rapidly evolving humanitarian needs, World Vision Lebanon calls for the following:

- 1. Immediate De-escalation.** WVL calls on all parties to immediately de-escalate and take urgent steps to prevent further escalation of hostilities. The protection of civilians must remain the primary consideration in all military and security calculations.
- 2. Protection of Civilians, Humanitarians, and Health Care Workers.** WVL calls on all actors to fully respect their obligations under International Humanitarian Law, including the principles of distinction, proportionality, and precaution. Civilian infrastructure, including shelters, schools, healthcare facilities, water systems, and residential areas, must be safeguarded at all times.
- 3. Prioritization of Children.** WVL calls for dedicated funding and targeted interventions to prevent further school disruption, child protection violations, psychosocial harm, and nutritional deterioration among children already at heightened risk. With more than 80% of collective shelters currently hosted in school buildings, WVL calls for urgent investment in alternative shelter solutions and measures that safeguard children's right to continuous education, in line with lessons learned from previous escalations.
- 4. Unhindered Humanitarian Access.** WVL calls for safe, sustained, and predictable access to affected populations across all impacted areas. Assistance must be delivered impartially and without discrimination, ensuring that all affected communities receive support based solely on need.
- 5. Rapid and Flexible Funding.** WVL calls on donors to urgently mobilise flexible and rapid funding to enable humanitarian actors to respond proportionately to emerging displacement and food security needs. Funding mechanisms should support both in-kind assistance and cash-based programming to reduce pressure on collective shelters and ensure dignified response options centered around the needs of displaced communities and other affected families, women and children.
- 6. Strengthened Coordination and Data Systems.** WVL calls for strengthened coordination among National authorities and humanitarian partners, including harmonised registration, displacement tracking, and information sharing to support evidence-based prioritisation, equitable coverage, and de-duplication.