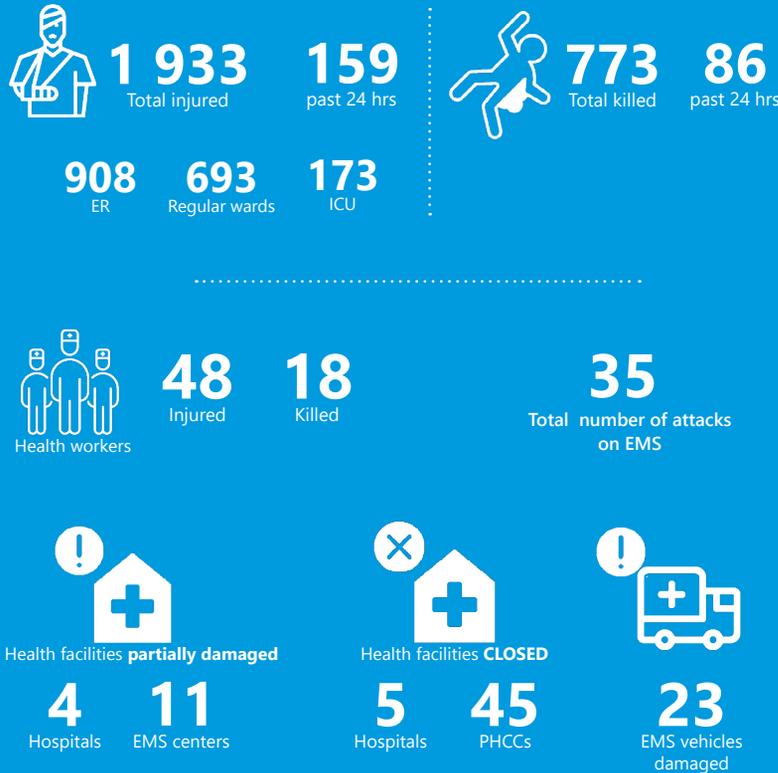




Day 12 of escalation

### CASUALTIES MOPH on 13 March 2026



### DISPLACEMENT DRM on 13 March 2026



Calls on the MOPH hotline **1787** since 2 March 2026

Cumulative calls: **3,394**

- o 19% of the calls requesting info on MoPH/Hospital Coverage
- o 17% of calls related to hospital referral/admission
- o 12% of the calls related to access to chronic medications
- o 23% of the calls were received from Beirut, followed by 14% received from Aley District.

Calls received by National Lifeline: 1564 for emotional support, suicide prevention and telehealth:

Cumulative calls: **404** (Five psychiatric emergency dispatches were conducted) two resulted in hospitalization

#### Ministry of Public Health hotlines

- 1787 – Referral to hospitalization
- 1214 – Inquiries about cancer & other catastrophic diseases
- 1564 – Mental health support

## Situation updates

### Impact of ongoing airstrikes

- In the past 24 hours, hostilities struck central Beirut three times, including one strike hitting displaced people sheltering in tents near the seafront, another targeting a building near government offices, and a third in a densely populated residential area, marking a major expansion of the conflict into the capital. Since 2 March, multiple strikes across Beirut and other urban areas have resulted in hundreds of civilian deaths and widespread injuries, with several attacks targeting residential buildings and locations hosting displaced civilians.
- Overall hostilities have intensified across multiple areas of Lebanon reaching 1,803 (DRM, 13 March 2026).
- Geographical expansion and intensification of hostilities across Lebanon continue to worsen the humanitarian situation and exposing growing numbers of people to persistent insecurity. Evacuation orders are driving repeated and secondary displacement, disrupting fragile living arrangements, increasing pressure on host communities and shelter capacity, and complicating displacement patterns and humanitarian needs, particularly in locations that had already been receiving large numbers of arrivals (OCHA Flash Update #7).

### Casualties and injury overview

- MoPH reported that the cumulative number of casualties since 2 March has reached 2,706, including 773

deaths and 1,933 injuries, as of 3:30 pm on 13 March 2026, with an increase in daily reported deaths observed over the last two days. *Fig. 1.*

- Out of the total injured, 989 (51%) were treated at Emergency Rooms as outpatient, 754 (39%) admitted to regular wards and 190 (10%) admitted to ICU.
- The majority of fatalities and injuries occurred in the South (734 injured, 295 deaths), followed by Nabatiyeh (722 injured, 309 deaths), and Mount Lebanon (218 injured, 48 deaths), Additional cases were reported across other governorates. *Fig 2.*
- Of the total casualties, 80% (1,258 injured, 608 death) were male and 20% (349 injured, 62 death) female, *Fig 3.*
- 16% of the total casualties are children, 326 injured and 103 dead. *Fig 4.*
- Nationality data shows that 91% were Lebanese, 7% Syrian/Palestinian, and 2% from other nationalities. *Fig 5.*

### Displaced people and shelters

- As of 13 March 2026, DRM reported a total 830,441 self-registered displaced individuals, of whom 130,624 (33,712 families) are residing in 612 collective shelters across the country.
- The highest concentration of shelters is in Beirut and Mount Lebanon, with several facilities already overcrowded.
- New collective shelters are being opened daily, and around 36 shelters with remaining capacity are current-

ly available, mainly in Akkar, Bekaa, and North governorates.

- Despite these efforts, many displaced people are sheltering in public spaces, open areas, and other temporary locations due to the lack of immediate relocation options.
- 26 districts have reported the arrival of internally displaced people (IDPs), while 16 districts have reported their departure (IOM-DTM Update #5).
- Rising rental costs and limited housing availability are constraining families' ability to secure alternative accommodation, while in several locations host communities are reaching their absorption capacity, further narrowing safe shelter options (OCHA Flash Update #7).

### Impact on health services and vulnerable groups

- The ongoing conflict is placing significant strain on the already fragile health system and is increasingly affecting access to essential health services. The impact is being felt across multiple levels, including health care workers, health infrastructure, and the delivery of critical health services.
- Since 2 March 2026, 35 attacks on Emergency Medical Services (EMS) have been reported, resulting in 48 injuries and 18 deaths. These incidents also caused damage to 11 EMS centres and 23 ambulances.
- Health infrastructure has been further affected, with five hospitals forced to close (Bahman Hospital, Al-Sahel Hospital, Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, and Al-Burj Hospital), while four hospitals sustained partial damage (Hasbaya Hospital, Bahman Hospital, Jabal Amel Hospital, and Al-Najda Hospital).
- In addition, 45 primary health care centres (PHCs) across Lebanon have closed, further limiting access to essential health services.
- The crisis is disproportionately affecting vulnerable populations, including children, women, persons with disabilities, refugees, and migrant workers.
- As of 11 March, approximately 285,900 displaced people are children, of whom around 44,000 are living in collective shelters. Across the country, 407 schools (344 public and 63 private) are being used as collective shelters, highlighting the scale of displacement and its impact on education (OCHA Flash Update #7).
- Emergencies significantly increase the vulnerability of affected populations, with heightened risks of exploitation and abuse. Women and children remain particularly at risk, underscoring the urgent need for proactive protection measures and adherence to the highest standards of safety.
- Persons with disabilities remain among the most vulnerable populations affected by displacement and the ongoing crisis in Lebanon. The response is being coordinated through the Disability Emergency Task Force working to ensure accessible shelters, coordinated services, and inclusive humanitarian assistance, while WHO continues to monitor and respond to their health needs, particularly ensuring access to essential medications.

- Access to essential healthcare is also disrupted, notably emergency obstetric and maternal care, particularly for women on the move, including displaced Syrian women. Reports indicate that some women are delivering outside health facilities or arriving late to hospitals, increasing maternal and neonatal risks.
- Access to safe water, sanitation, and hygiene (WASH) services remains critical, especially in high-density shelters not designed for large populations. Combined with overcrowding, interrupted immunization programs, damaged WASH infrastructure, and weakened public health systems, these conditions create a high risk for communicable disease outbreaks, including acute watery diarrhea, measles, and respiratory infections.

## WHO response efforts

### Enhancing health emergency preparedness and response capacities

- The Public Health Emergency Operations Center (PHEOC) has been reinforced to strengthen the coordination and management of public health emergencies, enabling rapid, around-the-clock response. WHO has supported the expansion of the core team by adding 12 new positions, including a data analyst, bringing the total PHEOC staff to 18 members.
- To ensure real-time information sharing and data-driven decision-making, all collective shelters linked by the MoPH with PHCCs and supporting partners have now been connected to the Health Sector portal [CS Linked to PHCCs/PSUs | Lebanon Health Sector Portal](#).

### Access to essential medicine and emergency medical supplies

- A total of 4,244 Insulin Mixtard vials are being prepared for urgent delivery to the Ministry of Public Health (MoPH) Primary Health Care (PHC) Department to help ensure continued access to treatment for people living with diabetes.
- WHO is preparing an order of essential Interagency Emergency Health Kits (IEHK 2024), including 100 basic equipment units, 10 units each of supplementary medicines, renewable supplies, and supplementary equipment, and 120 first aid kits (Class A).
- The order also includes 660 boxes of water purification tablets (NaDCC 167 mg, 400 tablets per box).
- As of 13 March 2026, 173 supplementary NCD medicine orders have been delivered to referral PHC centres to support continuity of care for patients with chronic conditions.

### Strengthening integrated disease surveillance for rapid public health response

- Support to the Epidemiologic Surveillance Unit (ESU) aims to prevent secondary health crises by strengthening early warning systems for rapid detection and response to disease outbreaks. This includes the surveillance call center (1787) and a training-of-trainers program to establish disease monitoring at the shelter level.

### Ensuring scalable health care during emergency

- The WHO-supported hospital network for life- and

limb-saving interventions, funded by ECHO, has been expanded to provide care for war-related trauma among Syrian refugees and migrant workers. The network ensures hospitals treating these casualties are supported to deliver essential trauma services, with all hospitals notified of coverage arrangements. To date, 8 Syrian war casualties have been assisted.

As displacement continues and the number of collective shelters expands, ensuring sufficient resources to protect the health of the most vulnerable remains essential.

**Strengthening continuity of care**

- WHO is providing technical support to the MoPH, including the development of educational materials on red-flag signs for noncommunicable diseases. These materials aim to help displaced individuals, especially those in shelters, recognize urgent warning signs and know where to seek care for conditions such as diabetes, hypertension, and chronic kidney disease.

**Protection and safeguarding measures**

- In line with the PSEA emergency guidance note issued by the PSEA Network, WHO is committed to ensuring the integration of PSEA considerations across all response activities and continues to remind all staff to uphold the highest standards of protection for affected populations.

**Casualty segregation**

Fig 1. Casualty Distributed by day

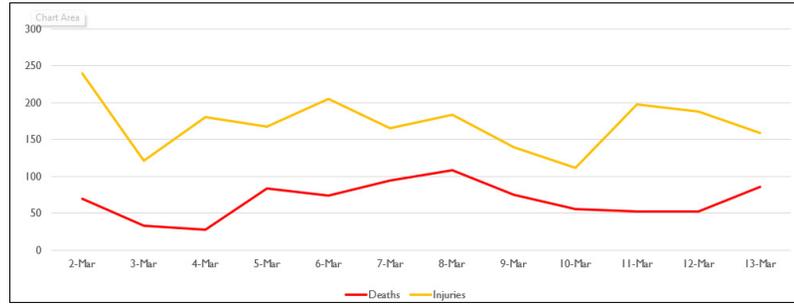


Fig 2. Casualty distributed by Governorates

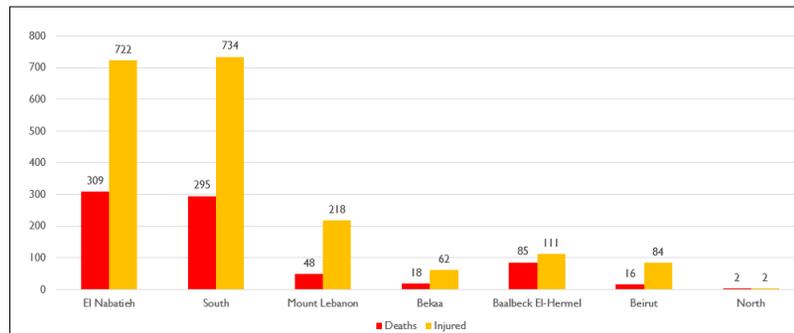


Fig 3. Distribution of Casualties by gender

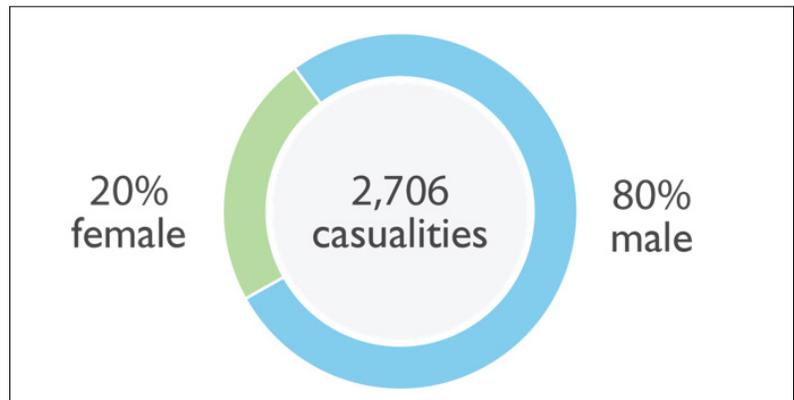


Fig 4. Distribution of casualties by age category

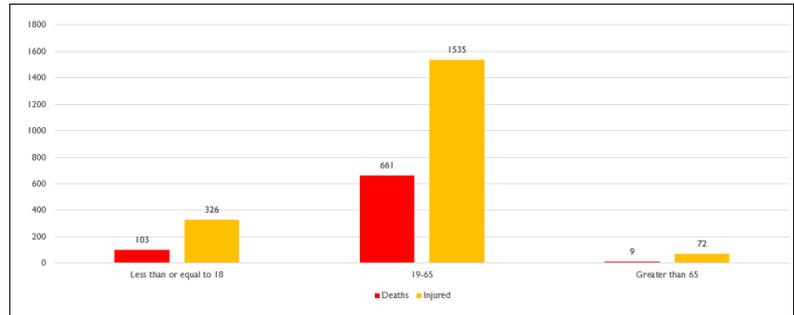
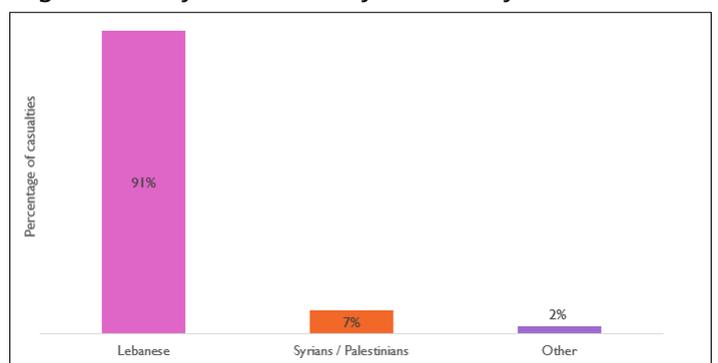


Fig 5. Casualty distributed by Nationality in Lebanon



**Priority activities**

- Preposition Trauma and Surgical Emergency Kits at referral hospitals and trauma centers to support life-saving and limb-saving care for severe trauma and conflict-related injuries.
- Preposition essential medicines, including insulin, dialysis supplies, and other critical medical items, at frontline facilities to ensure timely emergency care.
- Identify and utilize alternative transport routes to mitigate shipment disruptions caused by ongoing hostilities.
- Strengthen referral hospital capacity and optimize referral pathways to ensure timely access to critical care.
- Ensure all hospitals treating war casualties can provide trauma care for Syrian refugees and migrant workers.
- Enhance disease surveillance and early warning systems through support to the ESU and implementation of shelter-level monitoring.
- Mobilize financial and operational resources to maintain health system functionality during the crisis.
- Strengthen coordination with national authorities and international partners to support an effective and integrated health sector response.

**Challenges**

- With temperatures dropping and heavy rains, displaced populations and those in overcrowded shelters face increased risks of cold-related illnesses, respiratory infections, and other health complications.
- Reaching displaced populations at the community level with essential health services, including medications and immunizations, is becoming increasingly difficult due to disrupted access and mobility constraints.
- Without timely and additional funding, humanitarian partners will struggle to maintain these critical services.