



Day 13 of escalation

CASUALTIES MOPH on 14 March 2026



DISPLACEMENT DRM on 14 March 2026

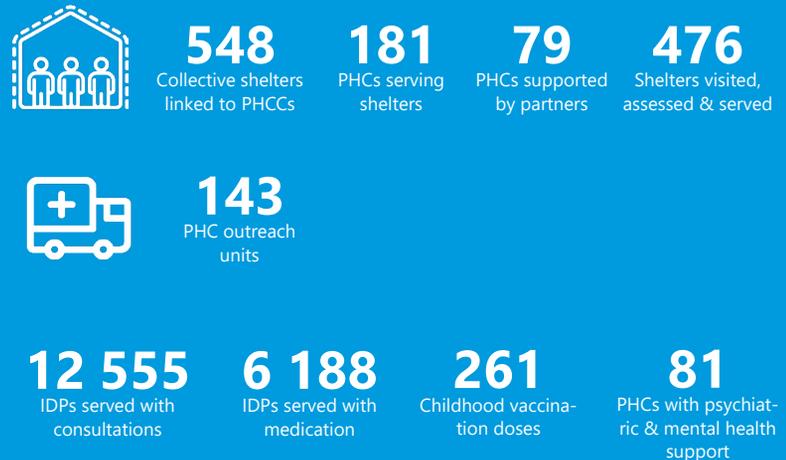


WHO SSA System



* Source MoPH/PHEOC | ** Source MoPH PHC Department

PHC department - MOPH on 12 March 2026



Situation updates

Impact of ongoing airstrikes

- In the past 24 hours, multiple airstrikes continued overnight and early on 14 March, targeting areas in southern Lebanon and near Saida, resulting in several fatalities and injuries. Overall, the security situation remains highly volatile, with continued airstrikes across southern Lebanon and other areas and rising civilian casualties. The escalation is further exacerbating humanitarian needs, with increasing displacement and growing pressure on health services and infrastructure.
- Total hostiles reach 1,928 since 2 March, 2026.

Casualties and injury overview

- MoPH reported that the cumulative number of casualties since 2 March has reached 2,835, including 826 (29%) deaths and 2,009 (71%) injuries, as of 2:00 pm on 14 March 2026, with an increase in daily reported deaths observed over the last two days, Fig. 1.
- Out of the total injured, 1,024 (51%) were treated at Emergency Rooms as outpatient, 787 (39%) admitted to regular wards and 198 (10%) admitted to ICU.
- The majority of fatalities and injuries occurred in the Nabatiyeh (762 injured, 343 deaths), followed by South (765 injured, 313 deaths), and Mount Lebanon (218 injured, 49 deaths), Additional cases were reported across other governorates. Fig 2.

Calls on the MOPH hotline **1787** since 2 March 2026
Cumulative calls: **3,706** with **312** received in the past day

- o 18% of the calls requesting info on MoPH/Hospital Coverage
- o 15% of calls related to hospital referral/admission
- o 10% of the calls related to access to chronic medications
- o 8% of the calls related to cancer treatment support
- o 25% of the calls were received from Beirut, followed by 12% received from Chouf District.

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

Cumulative calls: **447** (Seven psychiatric emergency dispatches were conducted, four resulted in hospitalization)

Ministry of Public Health hotlines

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



Following yesterday's launch of the [UN Flash Appeal for Lebanon](#) by UNSG Guterres in Beirut, WHO Lebanon has issued its [Health Response Plan](#) to fully outline the priority and lifesaving actions. The plan, in alignment with the joint appeal, requires USD 10M over six months to help protect access to essential care during this unprecedented crisis.

- Of the total casualties, 81% (1,329 injured, 655 death) were male and 19% (353 injured, 65 death) female, Fig 3.
- 15% of the total casualties are children, 327 injured and 106 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 14 March 2026, DRM reported a total 831,882 self-registered displaced individual, of whom 132,419 (33,902 families) are residing in 619 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 37 shelters with remaining capacity are currently 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.

Impact on health services and vulnerable groups

- The ongoing conflict is further straining an already fragile health system, disrupting access to essential health services and affecting health workers, health infrastructure, and the delivery of critical care.
- Today, threats and attacks against emergency responders and healthcare workers continue to be reported, with medical teams and paramedics operating under heightened risk while responding to casualties from ongoing airstrikes. Recent reports indicate that medical staff on duty were killed in strikes in southern Lebanon, underscoring the growing danger faced by emergency health workers.
- Since 2 March 2026, 27 attacks on Health Care have been reported on WHO Surveillance System for Attacks on HealthCare, resulting in 35 injuries and 30 deaths.
- 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, 48 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 groups affected by displacement and the ongoing crisis in Lebanon. The response is being coordinated through the Disability Emergency Task Force to ensure accessible shelters, coordinated services, and inclusive humanitarian assistance. Among IDPs in shelters, 653 people with physical disabilities, 403 with mental disabilities, 237 with hearing disabilities, and 214 with visual disabilities have been reported.
- Access to essential healthcare is disrupted, particularly emergency obstetric and maternal care for women on the move, including displaced Syrian women. Among IDPs in shelters, 481 pregnant women and 703 lactating women have been reported.

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.
- In light of the [Lebanon Flash Appeal](#) (March-May 2026) issued by the United Nations Secretary General and the Prime Minister, the Health sector reiterates the escalating health needs and urgent requirement for an additional USD 37 million to prevent further deterioration of public health outcomes.

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).

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. ESU officers at district level were trained on shelter-based surveillance and will train shelter focal points and community health workers to

detect and report priority conditions. Immediate reporting to the Ministry of Public Health will be through the 1787 call center.

Ensuring scalable health care during emergencies

- 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, 14 Syrian war casualties have been assisted.

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.

Casualty segregation

Fig 1. Casualty Distributed by day

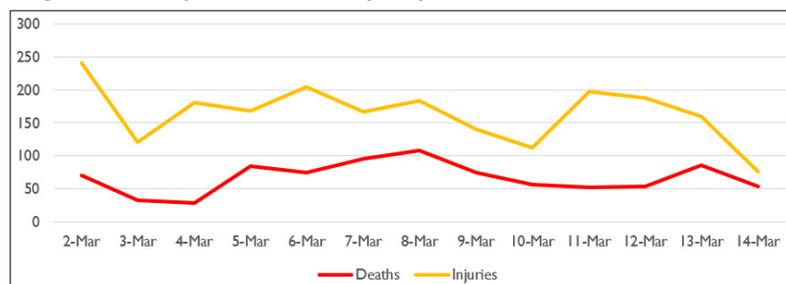


Fig 2. Casualty distributed by Governorates

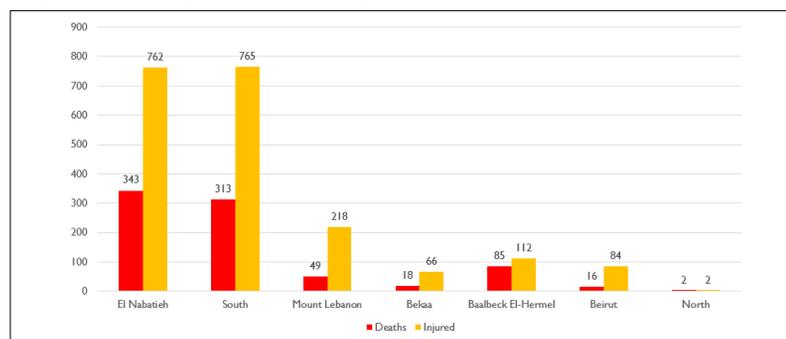


Fig 3. Distribution of Casualties by gender



Fig 4. Distribution of casualties by age category

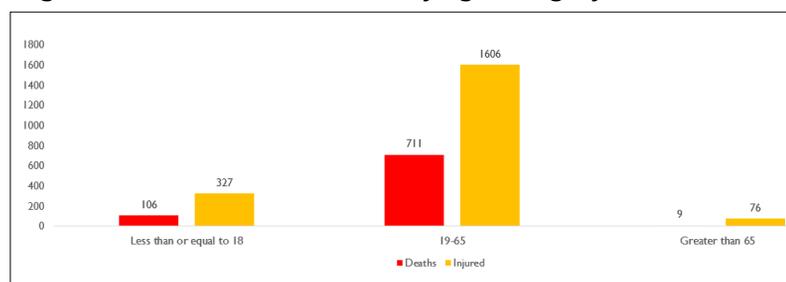
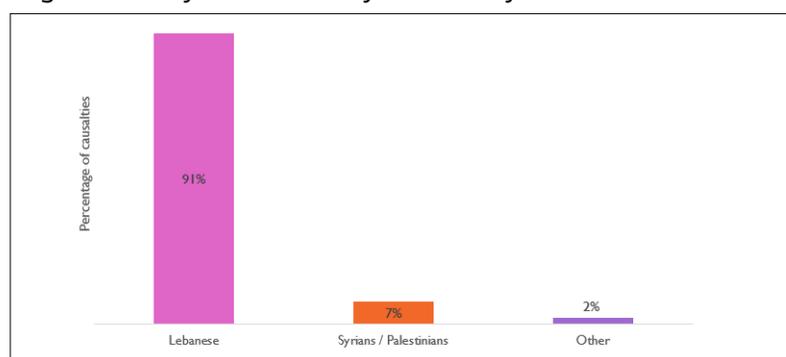


Fig 5. Casualty distributed by Nationality in Lebanon



Priority activities

- Provide trauma and casualty management, including medicines, medical supplies, equipment, capacity building, and surge human resources.
- Support secondary health care, including life- and limb-saving interventions for severe trauma and conflict-related injuries.
- Ensure continuity of care at primary health centers, including consultations, provision of acute and chronic disease medications, medical supplies, equipment, and surge human resources.
- Strengthen outbreak preparedness, including monitoring, diagnosis, and response capacity for diseases such as cholera, hepatitis A, and measles.
- Maintain and enhance coordination and communication to inform affected populations about available health services and monitor and evaluate service delivery.

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