



مؤسسة عامل الدولية
amelassociation International



Amel Situation Report

Supporting all populations affected
by the crisis

From 2 to 31 March 2026

EXECUTIVE SUMMARY

SITUATION IN LEBANON

- Lebanon is facing a catastrophic humanitarian situation with more than a **1.2 million people displaced** struggling to access basic needs.
- **15% of Lebanese territory is now under evacuation orders.** Key bridges connecting South Lebanon to essential supply routes have been targeted, severely limiting access to food, humanitarian and medical aid.

AMEL EMERGENCY RESPONSE

 **54,937** people reached*

 **170** sites reached

DISTRIBUTION

Amel reached the most vulnerable distributing key relief items: hygiene kits food parcels, assistive devises, older people diapers...



4,553

Total Items Distributed

75%

in-households distributions

5,208

Individuals reached

1,696

TOTAL ACTIVITIES

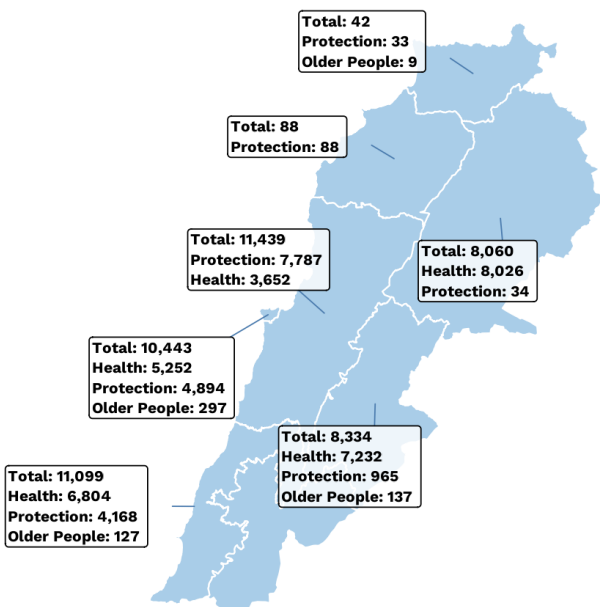
INSIDE SHELTERS

738 | 44%

OUTSIDE SHELTERS

958 | 56%

Total People reached by Amel activities per sector and governorate*



Graph provided with the support of Amel Italia.

HEALTH

- **21,354** health services provided
- **13,868** medical consultations
- 8 active Health centers providing Primary Health Care services
- MMUs reaching vulnerable and underserved areas (shelters and outside shelters) in **52 sites**

PROTECTION

- Integrated response with Protection, Child Protection, GBV and Education teams
- **17,734*** people reached by protection interventions
- Informative MHPSS, Group PSS sessions and informative sessions
- **220** Recreational Activity for children inside shelters

*Note: during emergency, social workers work with groups. The data does not account for unique count of beneficiaries.

SITUATION OVERVIEW

One month into the conflict in Lebanon, **the humanitarian situation has deteriorated rapidly, with over 1.2 million people displaced** and thousands of families living in precarious conditions without safety or stability.

Serious **violations of international humanitarian law** have been documented throughout this period, including the targeting of civilians in populated areas, attacks on medical personnel and ambulances, and the killing of journalists during field coverage. Since the start of the escalation, 1,268 people have been killed and 3,750 injured. 54 healthcare workers have lost their lives, and the direct targeting of rescue teams has not only cost lives but severely undermined the capacity to save others. Compounding these human losses, **the destruction of critical infrastructure** — including key bridges and main roads in southern Lebanon — has cut off more than 150,000 people in Tyre and surrounding areas from humanitarian aid and essential services.

Lebanon, already weakened by years of economic collapse and political instability, now faces a **rapidly deteriorating humanitarian situation demanding an immediate and scaled-up response**. Displaced families are enduring desperate conditions, sleeping in tents, makeshift shelters, or their cars, with little to no protection from the elements. Overcrowded collective shelters lack adequate sanitation, while acute shortages of food parcels and essential relief items leave thousands without sufficient nutrition or basic supplies. The onset of seasonal rains has worsened the situation further, flooding informal settlements and accelerating the spread of disease among the most vulnerable.

+1.2M

People displaced

+1,300

Martyrs

+4,000

People injured

+100

Children killed

15%

Lebanese territory under evacuation orders

90%

IDPs outside collective shelters



AMEL RESPONSE STRATEGY

Amel Association International activated its emergency response plan and declared a nationwide state of emergency across its 40 centres and mobile units. The primary goal is to provide immediate relief to displaced populations and those in conflict-affected areas, while ensuring the continuity of essential services: health, support to older people, protection, education, and food security and core relief items.

The First Month Emergency Pillars

Distribution

- Immediate distribution of life-saving non-food items, food parcels, hygiene kits and dignity items to displaced people inside and outside shelters
- Particular attention to the most vulnerable: older people, people with disabilities, pregnant/lactating women, and migrants.

Health services

- Strategic deployment of Mobile Medical Units (MMUs) to collective shelters and informal settlements.
- Continued operation of PHCCs and dispensaries providing consultations, pharmacy services, SRH care, vaccinations, mental health support and referrals.

Protection Activities

- MHPSS, GBV prevention and response, Child Protection programming, case management, and emergency cash assistance.
- Education activities for children in shelters and migrant community support.

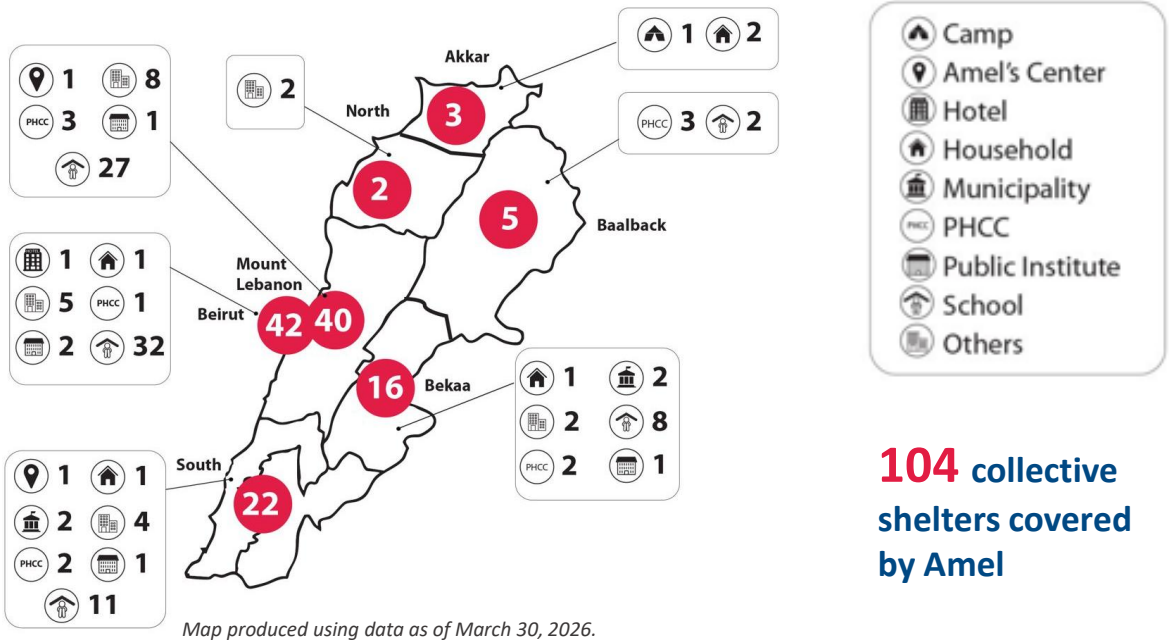
Operational Principles

- Amel's response spans all eight governorates, with an **immediate needs assessment conducted in the first week** to ensure a data-driven, real-time understanding of the evolving crisis.
- Operations are carried out **both inside and outside shelters in coordination with MoSA**, and in close partnership with the Ministry of Public Health, Ministry of Social Affairs, and the humanitarian cluster system.
- **A multi-sectoral approach brings together health, protection, and education teams in shelters to maximize impact.** Where center safety permits, regular services are maintained for 40,000 monthly beneficiaries across Amel's network, ensuring continuity of care with no disruption to existing patients and vulnerable populations. Dedicated services are provided to the most vulnerable groups, including older people, persons with disabilities, pregnant and lactating women, children, and migrants.
- **Staff who were themselves displaced by the conflict continued to serve on the frontlines of the response**, supporting Primary Healthcare Centers and Protection Support Units from wherever they could. A structured rotation system was established to ensure continuous coverage and uninterrupted service delivery across all locations.

OVERALL EMERGENCY OPERATIONS

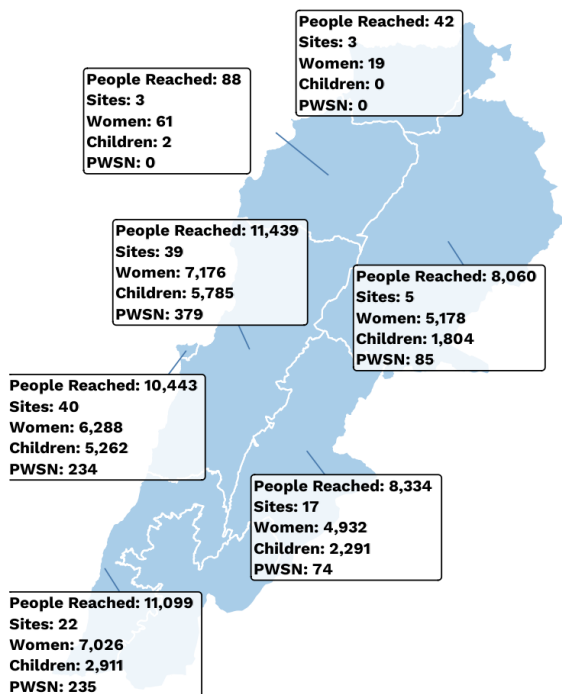
- Among providing care across 11 of its operational health centers (as of end of March 31) and its social centers, Amel Emergency Response is spread out in different site types to reach the most vulnerable people (collective shelters, camp, municipalities, households...).
- Amel's mobile units, in coordination with relevant local and national stakeholders, are strategically positioned to address the specific needs of individuals

170 Sites reached



104 collective shelters covered by Amel

People Reached, Sites & Breakdown by Governorate

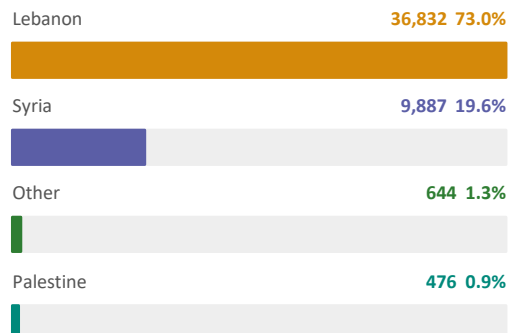


54,937 people reached since March 2

62% of female

36% children

1,015 People With Specific needs (PWSN)



Graph provided with the support of Amel Italia

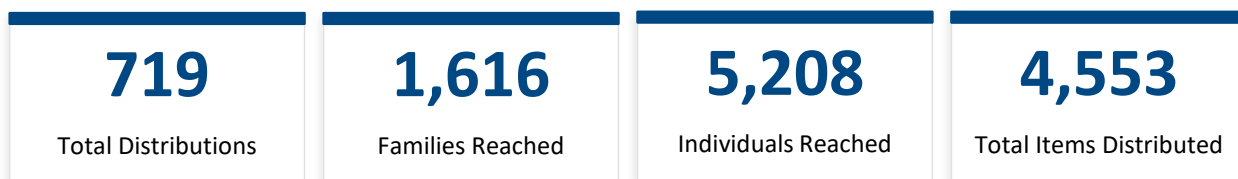
DISTRIBUTION - Ensuring dignity for all displaced people

In March 2026, Amel Association International conducted distributions of key relief items both inside and outside shelters, reaching **5,208** individuals. Amel prioritizes reaching the most isolated

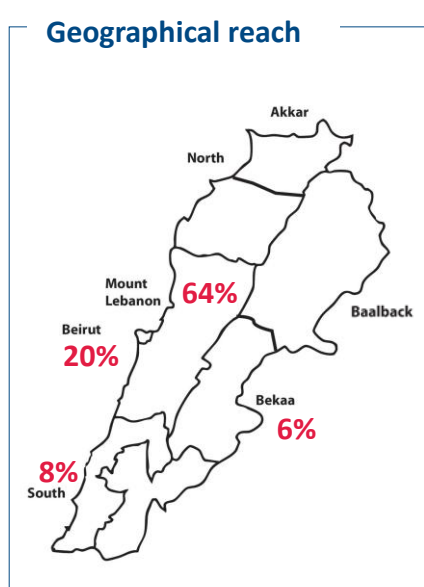
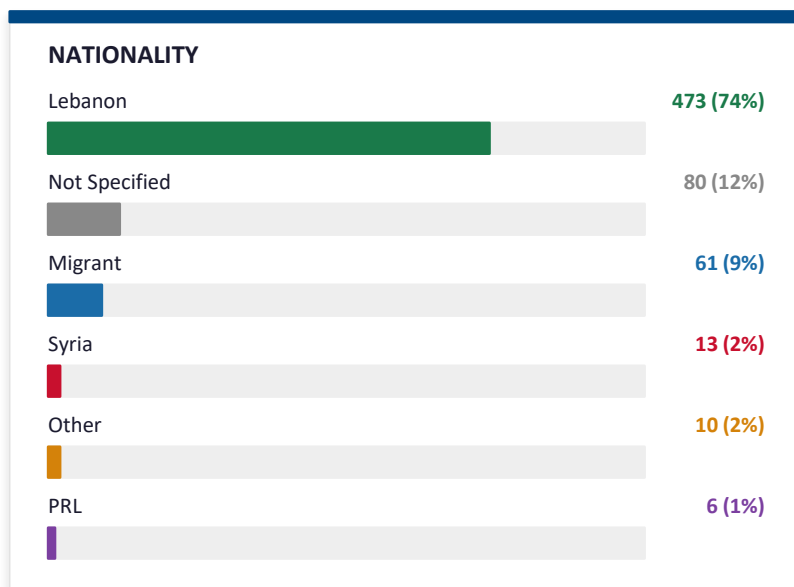
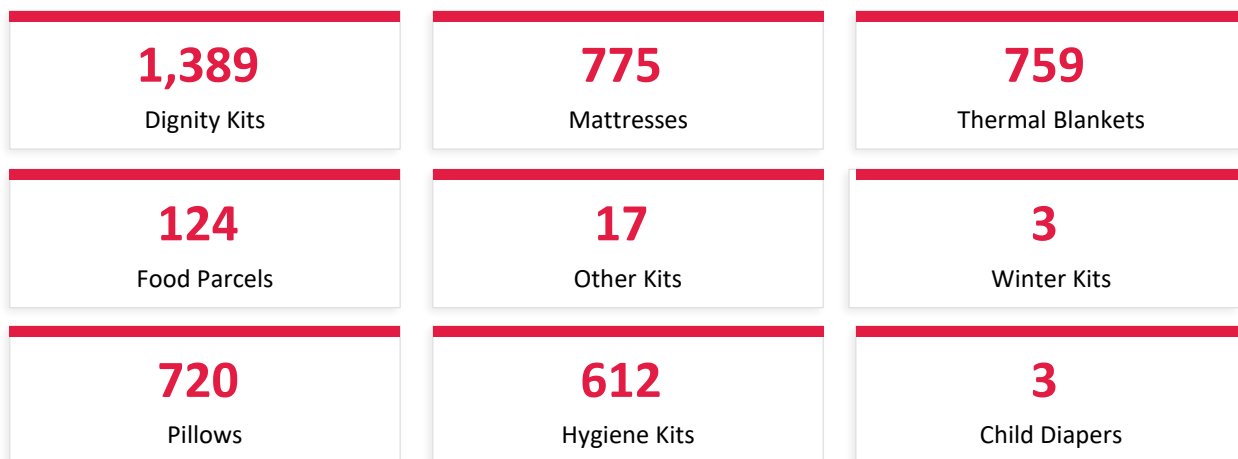
90% of IDPs are outside collective shelters.

75% of distributions were conducted directly in households, outside collective shelters.

DISTRIBUTION OVERVIEW



ITEMS BREAKDOWN



Older People distribution

- Older displaced people face specific barriers to accessing general distributions: limited mobility, chronic conditions, and specific product needs (incontinence products, assistive devices). Amel conducts targeted distribution rounds with specialized items unavailable in standard kits, ensuring equitable access to dignity and health-enabling items.
- Based on the data collected, 2390 older persons documented needs for diapers and 804 documented needs for assistive devices.

TOTAL BENEFICIARIES

395

DIAPERS

484

ASSISTIVE DEVICES

59

TOTAL BAGS PROVIDED

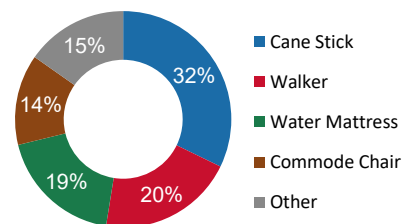
1,501

GENDER DISTRIBUTION

Female 252 (64%)

Male 140 (36%)

59 Total Assistive Devices



Distribution Activities for migrants

MIGRANT BENEFICIARIES

60

To address the immediate basic needs of IDP migrants due to the recent escalation, the team conducted a targeted distribution activity for migrants.

- Items Distributed: Non-Food Items (NFIs) and Hygiene Kits

Needs

- Significant humanitarian gaps persist as initial displacement coverage remains incomplete.
- Demand for life-sustaining assistance — particularly food, hygiene items and baby diapers — is recurring and requires sustained resource mobilisation.

Challenges

- Reaching people outside shelters remains the primary operational challenge.
- Several critical item categories are depleted and require urgent replenishment. Sustained funding is essential to maintain ongoing distribution cycles.

HEALTH - Reaching the most vulnerable and continue providing primary health care for all

Amel operates through a dual-track approach: fixed Primary Health Care Centres (PHCCs) for walk-in patients and continuity of care, and Mobile Medical Units (MMUs) with Primary Support Units (PSUs) for outreach to shelters and informal settlements.

Active PHCCs (end of March)

11

Saida, Ain El Remmaneh, Achrafieh, Bourgourian, Douris, El Ain, Ersal, Chmestal, Mashgara, Kamel El Loz, Terbol

Bourgourian and Terbol are supported centers.

Mobile Medical Units (MMUs):

- Primary Health Care package delivered through MMUs - except non-specialized Mental Health (MH) services.
- **6,773** health services provided through MMUs.
- **52** sites reached through PSUs and MMUs for health services.

Operational Context

- **Close coordination** is maintained with the Ministry of Public Health Primary Healthcare department throughout the emergency response.
- Amel health teams provide **multi-sectoral interventions** wherever possible, integrating protection and psychosocial support alongside medical care.
- **Staff displaced by the conflict were redeployed** to support operational PHCCs and PSUs, maintaining service continuity.

Health Service Package

- Subsidized **general primary healthcare consultations**
- **Dispensing medications** for acute and chronic conditions
- **Sexual and Reproductive Health (SRH) services** (midwifery consultations and awareness sessions).
- **Vaccinations** and **hygiene kit distribution**.
- **Mental health** and psychosocial support (specialized/ non specialized consultations and awareness sessions). **Psychotherapy** sessions (only in Amel centers).
- **Referrals** to specialised and advanced care services.

21,354

Health services provided

13,868

Medical consultations
incl. 1,816 midwifery

15,267

Medication dispensing

793

Referrals to health & social services

12,448

Unique individuals reached

285

Awareness sessions
2,837 participants

453

Specialised MH services

447

Non-specialised MH services

PROTECTION (1/3)

- Interventions targeting internally displaced persons (IDPs) in collective shelters are centrally organized and coordinated by the Ministry of Social Affairs (MoSA), including the identification of shelters for operational engagement.
- **During the initial two weeks of response, organizations were authorized to implement recreational activities only.** This scope was subsequently expanded to include awareness-raising sessions, psychosocial support, and structured recreational activities.
- All interventions systematically integrate a multi-sectoral approach, including Protection, Child Protection, and Gender-Based Violence (GBV).
- Protection activities in shelters were initially rolled out in the South and Beirut and Mount Lebanon (BML) regions, before being progressively extended to the Bekaa, Baalbek-Hermel, and North governorates. In the North, protection interventions have so far primarily targeted out-of-shelter IDPs. Subject to MoSA approval, activities within shelters are expected to commence shortly, while ongoing efforts continue to address the needs of both displaced populations and host communities in the area.
- In parallel, protection teams have been actively reaching IDPs residing **outside of collective shelters**, delivering tailored services and distributions based on identified needs.

INDIVIDUALS REACHED*

17,624







INDIVIDUALS REACHED IN SHELTERS

90%

WOMEN AMONG BENEFICIARIES

64%

TOP INTERVENTIONS

		# Activities	People reached*
Recreational Activities		246	8,762
Informative Sessions		81	4,037
# of HH supported with ECA		60	
Group PSS Sessions		22	602
Case Management		17	
# of HH supported with EPCA		5	

- During **informative sessions** (20-30 minutes), Amel staff is giving informal about Amel services or any relevant information about the current situation.
- **Emergency Cash Assistance** consists of a lump sum of 100 to 150\$ given to a family once.
- **MHPSS awareness sessions** (45 min) address key topics such as anxiety, depression, psychological distress, PTSD, self-care, and behavioral changes in children.

*Note: during emergency, social workers work with groups. The data does not account for unique count of beneficiaries

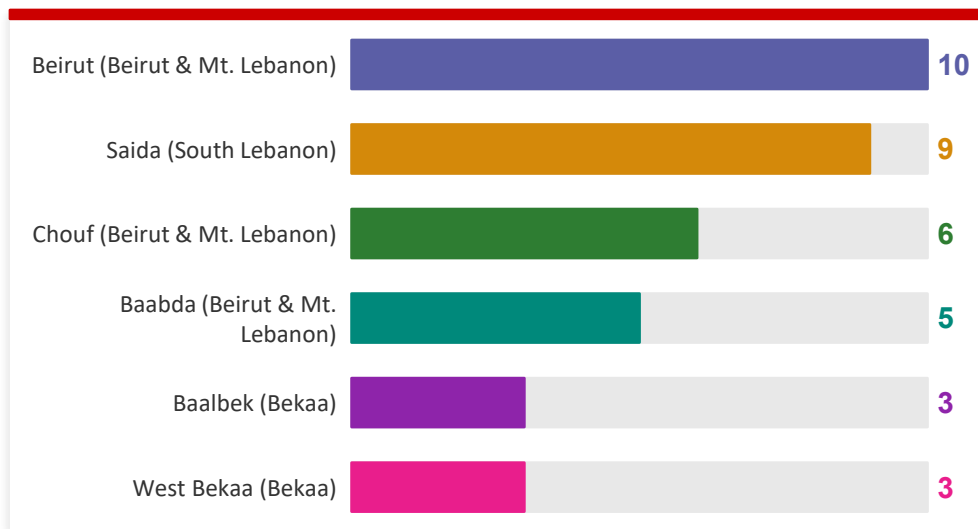
PROTECTION (2/3)

Amel's protection response integrates GBV prevention and response, Child Protection and Mental Health and Psychosocial Support across all settings and geographic areas. Activities are delivered by Mobile Protection Units operating in coordination with MoSA and humanitarian clusters.

Child Protection & Education

- By adopting a multi-sectoral approach, Amel integrated its efforts with the Child Protection and Gender-Based Violence (GBV) and Education teams to deliver a holistic, trauma-informed intervention.
- CP recreational activities launched in collective shelters following MoSA and school administration approval. Activities provide children with safe spaces, routine and normalcy.

The intervention currently spans a network of **36** schools repurposed as collective shelters. The geographical distribution highlights a significant presence in high-need areas:



- **220** recreational sessions conducted
- **3,107** children reached through Education activities
- **54** children with specific needs (PWSN) identified in education activities
- **39** children benefited from Social Education Learning
- **2** Awareness session on CP concerns
- Emergency training on CP in Emergencies conducted with IRC

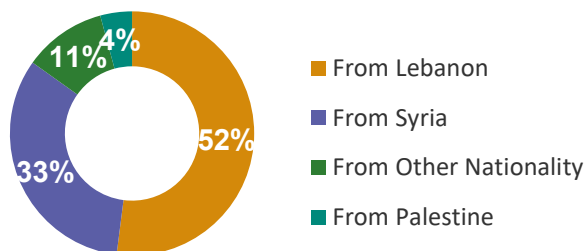
PROTECTION (3/3)

MHPSS Interventions

- Psychological First Aid (PFA) provided to individuals in acute distress (newly displaced, outside shelters, or experiencing trauma)
- MHPSS awareness covering anxiety, depression, PTSD, self-care and behavioural changes in children
- Group PSS sessions for structured emotional support in shelters
- Active coordination with mental health actors for referral pathways
- Parenting in Times of Emergencies training planned for displaced caregivers

24 Group PSS Sessions*

667 Participants



23 Mental Health Awareness Sessions reached **321** people

GBV Prevention & Response

GBV risk is heightened in displacement contexts due to overcrowding, loss of social support networks, and disrupted access to services.

- **GBV awareness** integrated in all informative sessions: **23** GBV awareness sessions reaching **1,949** people (82% of females)
- **Safe referral pathways** established for GBV survivors
- **Case management support** for protection cases including GBV
- Teams **trained on GBV in Emergencies protocols**
- **6 Emergency cash assistance** provided to women in acute vulnerability
- The **GBV Safety Tool** is being deployed to assess to situation in all shelters covered by Amel

Protection Concerns Identified

- Curfews and restricted movement limiting access to services and safe spaces for children
- Friction between IDPs and host communities; family conflict due to overcrowding
- High levels of stress, anxiety and psychological distress across all age groups
- Unmet WASH, hygiene, shelter and baby diapers needs observed during outreach
- Limited awareness of available services and referral pathways
- Insufficient formal support driving reliance on informal mechanisms
- Need for cash for rent and transportation allowing people to reach care services

CARING FOR PEOPLE WITH SPECIFIC NEEDS

As part of its emergency response, Amel Association International ensured that persons with specific needs were systematically identified and prioritized. This targeted approach reflects Amel's commitment to inclusive humanitarian action, ensuring that the most vulnerable are never overlooked in crisis settings.

964

TOTAL PEOPLE WITH SPECIFIC NEEDS REACHED

Caring for Pregnant and Lactating Women

- Amel pays particular attention to pregnant and breastfeeding women.
- An International Board Certified Lactation Consultant (IBCLC) is deployed across multiple Primary Support Units, covering an average of 8 to 10 shelters per PSU.

Services provided:

- Systematic screening of children under 2 years and pregnant women
- Assessment of feeding practices and breastfeeding status
- Real-time breastfeeding coaching and confidence-building for mothers
- Formula provision for non-breastfeeding mothers (under 6 months), with standardized guidance
- Milk provision for children above one year
- Complementary feeding counselling for children 6 months+
- Prenatal consultations on breastfeeding preparation

Key challenge: eroded maternal breastfeeding confidence due to aggressive formula marketing. Amel actively counters this through direct counselling and evidence-based guidance.

All support follows the IYCF framework. On average, shelters house **1 to 2 lactating or pregnant women**, with up to 6 infants under one year recorded in a single shelter.

Care for People with Disabilities

59

ASSISTIVE DEVICES DISTRIBUTED

- Displaced people with disabilities face additional barriers to accessing humanitarian assistance including physical barriers, limited information in accessible formats, and specific product needs.
- Amel ensures dedicated distributions and health consultations specifically targeting people with disabilities across all operational areas.

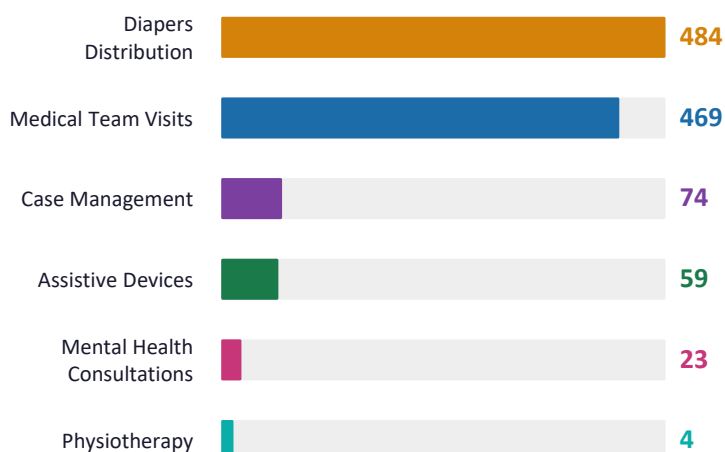
Caring for Older People

Older persons were among the most acutely affected groups. Limited mobility, chronic health conditions, reduced access to transportation, and reliance on family support made them disproportionately vulnerable to unmet needs, isolation, and interrupted healthcare. Ensuring continued access to assistance and outreach for this population became a critical programme priority.

962

TOTAL OLDER PEOPLE SERVICES

SERVICES BREAKDOWN



570

Older persons reached (excluding distribution)

515

Lebanese

44

Syrian

12

Palestinian

Areas covered

BML

Akkar

Saida

Mashghara

- During March, the OP field staff mounted a phased emergency response reaching 962 displaced older persons across BML, Akkar, Saida, and Mashghara.
- In the first week, staff conducted phone outreach to assess locations, verify safety, and identify urgent needs. Weeks two and three shifted to emergency home visits, reaching 231 displaced older persons — 139 newly identified and 92 previously enrolled.
- A collective shelter not yet covered was also visited in coordination with the Ministry of Public Health, providing health and social services to 203 older persons.
- Displaced persons included 396 Lebanese, 32 Syrian, and 6 Palestinian. Regular field visits for non-displaced enrolled persons continued throughout, ensuring uninterrupted care.

Note: Services for older people are integrated across all three response pillars — distribution, health and protection — ensuring a holistic response to their multidimensional needs.

CHALLENGES AND NEXT STEPS

Key Challenges

Securing flexible and rapid funding remains critical to sustaining emergency operations, with resource needs aligned to Amel's Emergency Appeal of March 2026.

The most significant **operational hurdle: most of IDPs are living outside collective shelters**, spread across private households and informal settlements.

The replenishment of stocks of essential medicines, trauma kits, non-food items and EmONC supplies is a prerequisite for maintaining continuity of care. Similarly, access to high-risk and conflict-affected areas must be improved if outreach to the most isolated communities is to be restored.

Key education needs include age-appropriate Social-Emotional Learning kits for children and teenagers, tablets and mobile data to enable remote outreach and follow-up, and continuous staff training on trauma-informed care and referral pathways in coordination with GBV and Child Protection specialists.

Finally, coordination between line ministries and humanitarian sectors continues to fall short of what is needed. Clearer accountability structures, better-defined referral pathways and more consistent information-sharing are necessary to ensure that mental health and psychosocial support, disability and health services reach all those who require them.

Needs and Next steps

The immediate priority is to scale up the overall response to reach 100,000 people per month across all governorates, expanding both distribution networks and health outreach accordingly with the activation of supplementary mobile medical units. In parallel, shelter coverage will be broadened as MoSA approvals advance, with particular focus on expanding into the North and Akkar regions.

A nationwide social stability campaign will be launched in collaboration with International Alert to promote social cohesion during times of conflict. The campaign will share key messages to reduce tensions, counter misinformation, and strengthen community resilience across diverse communities.

Protection programming will be reinforced across all shelter and outreach locations, encompassing structured psychosocial support, GBV response, child protection safe spaces and case management services. Complementing this, **MHPSS provision will be deepened** through the rollout of Parenting in Times of Emergencies training, the expansion of mental health referral pathways, and strengthened risk communication and community engagement.

For children, recreational activities will be maintained and progressively expanded, with a planned transition toward structured catch-up learning as conditions allow. Throughout all operational pillars, dedicated services for People With Specific Needs will be sustained and extended to ensure the response remains inclusive of those with specific needs.



Targeted reach: up to 100,000 people per month

STORY OF THE MONTH

When Breathing Returns... Life Returns

Dalal, 39, a mother of six from South Lebanon, has been living the reality of displacement since the second day of the war.

"We fled and left everything behind... It took us around 17 hours to reach safety. We had nothing except the clothes we were wearing."

Today, she and her family are staying in a collective shelter in Beirut. Between uncertainty and daily challenges, one fear never left her: her son's health. Her 9-year-old child has lived with severe breathing difficulties since birth.

"Every night was a struggle... I watched him fight to breathe, and I lived in constant fear."

Everything changed the day she spoke to a health team at the shelter.

"They checked him immediately... and provided a breathing device."

Since then, his condition has improved significantly.

"He can breathe. He can sleep. And I can finally breathe too."

For Dalal, this moment meant more than relief it meant hope.

"I was one of the happiest mothers... suddenly, there was a solution."

Today, despite displacement, she holds on to one simple wish:

"I just want my children to be well... this gave me hope again."

Amel Association continues to work to ensure access to essential care for families affected by the ongoing crisis.



مؤسسة عامل الدولية
amelassociation International



+961 1 317 293; +961 1 317 294,
Fax: +961 1 305 646



Abu Chakra Street, Mousseitbeh, Beirut



<https://amel.org>



Scan to access Amel 2026
Emergency Appeal

