

# LEBANON

## INTERVENTIONS UPDATE #7

March 2026



# SAMS

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## SITUATION UPDATE

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Recent developments in the ongoing regional escalation have significantly affected Lebanon, contributing to growing humanitarian needs and widespread displacement. As the conflict enters its tenth day, UN agencies report large-scale population movements across the region, accompanied by rising food and fuel prices that are increasing pressure on vulnerable communities.

In Lebanon, nearly 700,000 people — including approximately 200,000 children — have been displaced, according to UNICEF, adding to the tens of thousands who had already been uprooted during previous periods of escalation. The situation has intensified following a series of Israeli and U.S. strikes targeting sites in Iran over the weekend, subsequent Iranian counter-strikes across Israel, and continued Israeli strikes targeting Hezbollah positions in Lebanon.

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), 294 people have been killed and more than 1,000 injured in Lebanon during the first eight days of the conflict. On 7 March, a strike in the town of Nabi Sheet in eastern Lebanon reportedly killed 41 people and injured dozens more, according to Lebanese authorities.

The escalating hostilities continue to place additional strain on already fragile infrastructure and essential services in Lebanon, particularly in areas hosting displaced populations.



In response to the evolving crisis, humanitarian actors, including the Ministry of Public Health (MoPH) and the World Health Organization (WHO), have identified several priority areas to support the health sector and ensure continued access to lifesaving services including the following:

- Strengthening coordination between national authorities and humanitarian partners
- Reinforcing the capacity of referral hospitals to manage the growing number of trauma and critical cases. This includes enhancing emergency care services, strengthening referral pathways between primary health facilities and hospitals, and ensuring that facilities are equipped to handle severe injuries.
- Pre-positioning trauma kits, essential medicines, and medical supplies in strategic health facilities is also critical to guarantee timely medical response during periods of intensified conflict.
- Facilitating equitable access to treatment for conflict-related injuries, including among refugees and displaced populations, remains a core priority.
- Rapid health needs assessments in collective shelters and host communities are required to better understand evolving health risks and service gaps. These assessments will guide targeted interventions and ensure that assistance addresses the most urgent needs.
- Strengthening disease surveillance and outbreak response systems is also crucial during displacement crises. Supporting early warning systems and the national epidemiological surveillance unit will help detect and control potential disease outbreaks in overcrowded settings.
- Sustaining resource mobilization is necessary to maintain Lebanon's fragile health system and support emergency health interventions. Key figures are provided in the WHO Lebanon Health Emergency Situation Update #1 (06 March 2026).



## CASUALTIES

Reported by MOPH on March 6, 2026



## DISPLACEMENT

Reported by MOPH on March 6, 2026

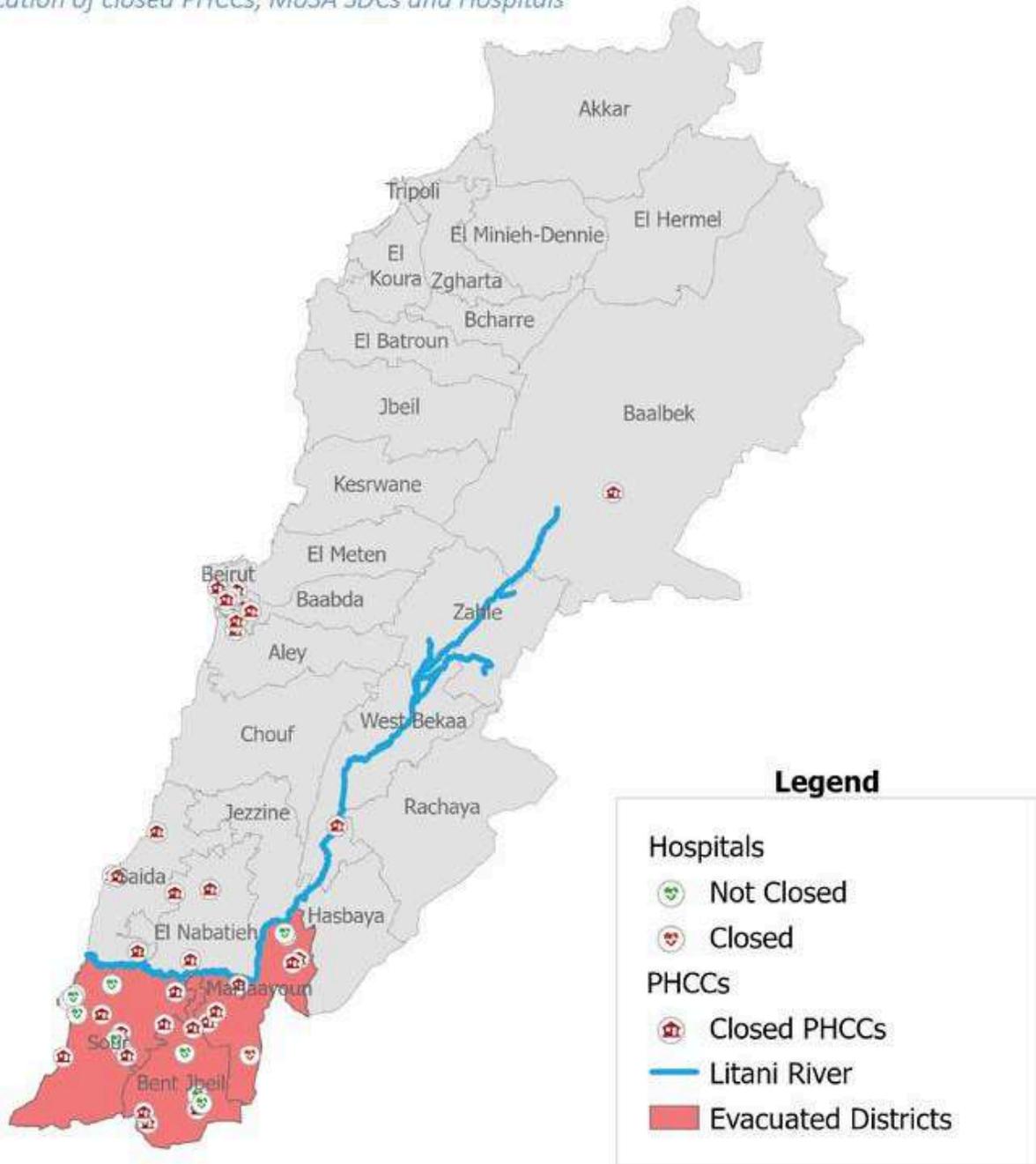




### Health Facilities

#### Closed and Affected Health Facilities

Location of closed PHCCs, MoSA SDCs and Hospitals



- 43 PHCCs are closed across Lebanon
- 13 Hospitals are affected in the evacuated area - 3 being fully closed

## Key Displacement Areas

(According to MoPH and MoSA)

According to the latest humanitarian updates from UN agencies and partners:

- Israeli evacuation orders have been issued for more than 50 villages across southern and eastern Lebanon, triggering rapid population movements away from targeted areas.

### Main Displacement Origin Areas

- South Lebanon (Tyre, Bint Jbeil, Marjayoun)
- Nabatieh Governorate
- West Bekaa and Baalbek-Hermel
- Beirut's Southern Suburbs (DahiyeH)

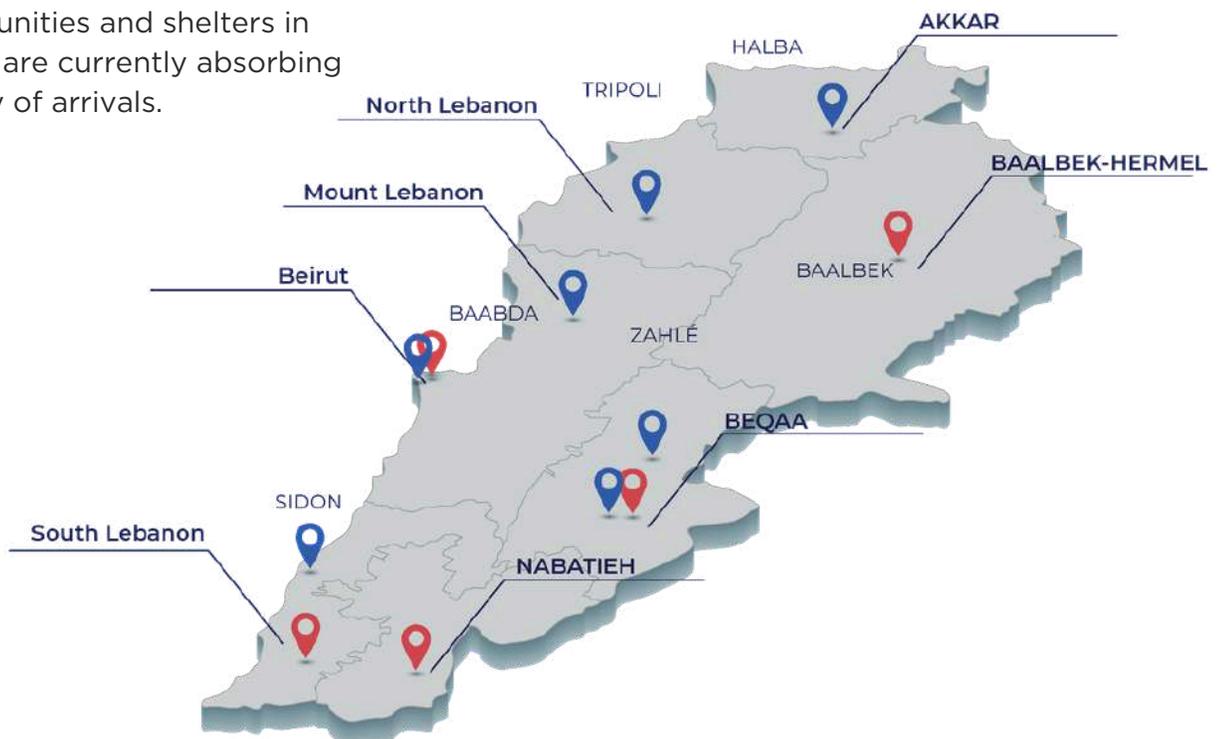
### Main Receiving Areas

Most displaced households are relocating:

- Mount Lebanon
- Central and West Bekaa
- North Lebanon and Akkar
- Saida and central Beirut

### Movement Trends

- Displacement from southern Lebanon is primarily directed toward Bekaa and Mount Lebanon.
- Host communities and shelters in these areas are currently absorbing the majority of arrivals.



## SAMS LEBANON ONGOING SERVICES

SAMS Lebanon is one of the country offices of SAMS Foundation in the Middle East, established in 2015. The organization is fully registered in Lebanon both as a national entity under the Ministry of Interior as SAMS Lebanon, in full coordination with the Ministry of Social Affairs (MoSA), and as a branch of the international organization SAMS Foundation under the Ministry of Foreign Affairs (MoFA). (Final approval is in progress).

SAMS Lebanon currently operates a static, community-based Mental Health and Psychosocial Support (MHPSS) Center in Al-Marj town, Zahle District, Beqaa Governorate, serving a mixed population of host communities, internally displaced persons (IDPs), and Syrian refugees. The center provides a comprehensive package of in-center MHPSS services, complemented by an outreach mobile team that conducts regular visits to formal and informal settlements across surrounding communities.

In addition, SAMS Lebanon manages a static Primary Health Care (PHC) Center in Byblos city, Byblos District, Mount Lebanon Governorate, delivering a comprehensive package of PHC services. Service delivery is further expanded through a Mobile Medical Unit (MMU) that provides essential healthcare services to vulnerable populations living in formal and informal settlements in nearby areas.



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Beyond primary care services, over the past five years, SAMS Lebanon has contributed to strengthening the secondary healthcare system nationwide by subsidizing access to a range of specialized and high-cost medical services through hospitalizations. The organization further supports healthcare delivery through specialized medical missions, involving volunteer medical professionals from both the United States and Lebanon.

SAMS Lebanon actively engages in national humanitarian coordination mechanisms and is a member of the Lebanon Humanitarian INGO Forum (LHIF), the Health Cluster, and the Protection Cluster. The organization also collaborates closely with the National Mental Health Program (NMHP) and participates in the MHPSS Working Group. Additionally, SAMS Lebanon is registered on the UN OCHA partner platform and serves as an active implementing partner under the UN OCHA Lebanon Humanitarian Fund (LHF).



## SAMS LEBANON EMERGENCY RESPONSE

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Recent displacement trends indicate that the majority of displaced families are being hosted by local communities rather than residing in formal shelters. Meanwhile, through the government response, many public schools have been repurposed as temporary shelters, significantly disrupting access to education. The influx of displaced populations has also placed additional strain on health facilities in Bekaa, Mount Lebanon, and Saida, further straining already overstretched services. These developments are particularly relevant to interventions in mobile medical services, primary healthcare, protection, and shelter support.

Building on SAMS' previous emergency health initiatives in Lebanon, teams have been deployed based on assessment to address emerging humanitarian needs:

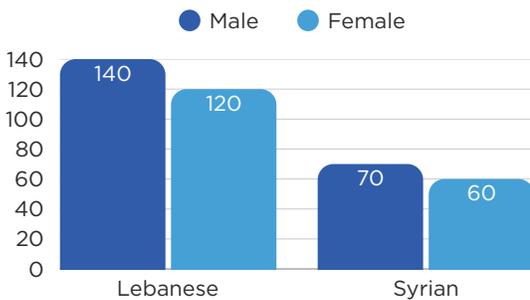
- A Mobile Medical Unit (MMU) to deliver essential healthcare services to conflict-affected communities in Jbeil.
- A Protection Outreach Team to deliver emergency MHPSS and protection services to conflict-affected communities in the Beqaa region.
- Under this intervention, SAMS mobile medical teams operate from the PHCC in Jbeil, functioning as a Power Satellite Unit (PSU) and an Outreach Protection Team linked to the SAMS MHPSS Center in Beqaa. These teams deliver integrated health, mental health, and protection services to conflict-affected and underserved populations in both regions.
- The mobile medical unit provides primary healthcare consultations and basic medical services directly within communities, reducing the need for patients to travel to overstretched health facilities. In addition to clinical care, the team conducts community health awareness sessions focusing on key health risks, preventive practices, and early care-seeking behaviors.



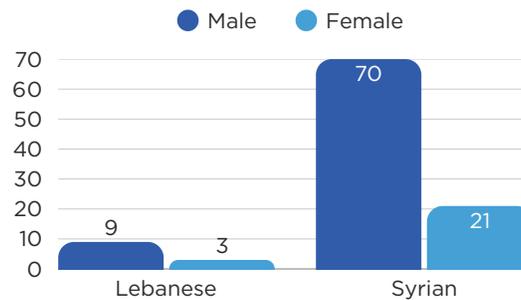
## SAMS MHPSS CENTER IN BEQAA (Western and Middle Beqaa)

DISAGGREGATED BY GENDER/NATIONALITY

### HELPING HAND PROGRAM



### MHPSS



#### Age Group

18-25 Yrs Old

26-59 Yrs Old

5-17 Yrs Old





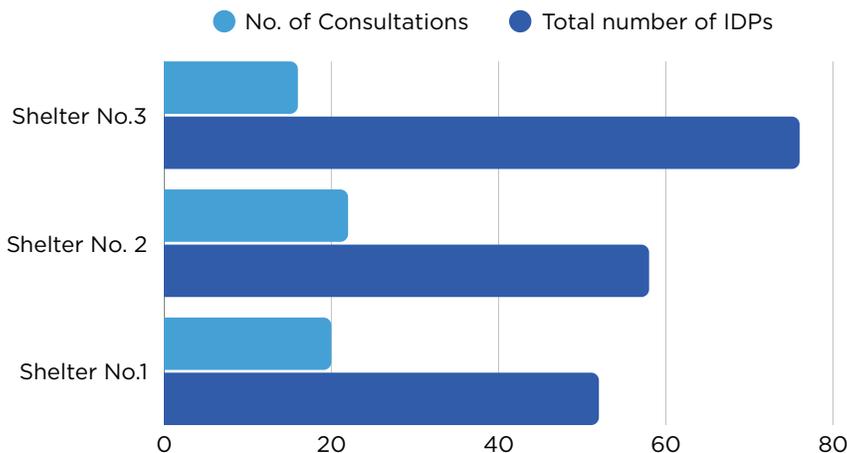
## SAMS PHC center in Mount Lebanon (Jbeil/Byblos)

From March 2-9, 2026, the Primary Health Center in Jbeil provided about 398 services, including general and specialty consultations and the provision of essential medications.

### PHC Service Types and Total Services Provided

Medications — 195	Dentistry — 11
Pediatrics — 42	Cardiology — 10
OBGYN — 28	ENT — 9
GP / Family Medicine — 24	Nutrition Services — 9
Immunization — 23	Urology — 8
Ophthalmology — 16	Radiology — 8
Endocrinology — 12	Orthopedics — 3

On March 6,9 and 10,2026 the mobile medical unit visited one shelter per day. Out of 186 IDPs in these 3 shelters, 58 consultation services were provided.



#### Pediatrics

Shelter 1 - 8  
Shelter 2 - 22  
Shelter 3- 0



#### Adults

Shelter 1 - 8  
Shelter 2 - 0  
Shelter 3- 20



## **LEBANON INTERVENTIONS UPDATE #7**

## **CONTACT**

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