



**LEBANON**  
**Response Plan**

# Inter-Sector Coordination Group Meeting

*April 2, 2026*



# Opening Remarks

*ISCG Co-Chairs*

# Agenda

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- 1. Response At a Glance**
- 2. First Response Sector Update (Part 2)**
  - **Health**
  - **Nutrition**
  - **Protection**
- 3. UN Women Rapid Gender Analysis: Gendered Impacts of Displacement Outside Collective Shelters in Lebanon**
- 4. Update from Operational Coordination Groups**
- 5. AoB**

# Action Points

## Follow Up

Meeting	Action Point	Status
2-Apr-2026	Develop LRP 2025 End of Year Inter-Sector Dashboard: template to be shared by ISCG Co-Chairs with sectors for inputs.	Ongoing
27-Mar-2026	AAWG to share the list of partners interested in conducting out-of-shelter assessments with OCGs to support subnational coordination.	Ongoing
27-Mar-2026	Sectors to provide any remaining inputs on the out-of-shelter assessment tool to the AAWG.	Completed
27-Mar-2026	ISCG to finalize and share the Standard Operating Procedures (SOPs) on convoy coordination to clarify roles, prioritization process, and communication channels in consultation with a small group including one representative from Logistics,AWG, OCG, and national sector coordination.	Ongoing
6-Mar-2026	Sectors to provide inputs on Flash Updates on Mondays and Thursday by 7:00 PM.	Ongoing
6-Mar-2026	Sectors to closely follow-up with their partners to report their activities DAILY through <a href="#">ActivityInfo</a> by 16:00, covering assistance provided both inside and outside collective shelters.	Ongoing
2-Mar-2026	MoSA to activate and share the shock-responsive safety net registration link for affected populations based on assessment and needs.	Ongoing
2-Mar-2026	Logistics Cluster to collect and assess transportation and logistics gaps (including fuel and convoy preparedness) and coordinate with sectors accordingly.	Ongoing



# Response At a Glance

*Eyram Dzitrie, Humanitarian Affairs Officer (OCHA)*

# Response At-a-Glance

Key Figures & Response Progress (as of 30 March)

## Food Security

 **2.9M** meals distributed

## MPCA


**72K** households reached

## Nutrition

 Emergency nutrition rations & micronutrient supplement provision

**11.6K** children under five, adolescent girls and pregnant & breastfeeding women reached

## Education

 **1K** education kits or supplies distributed


## Shelter & CRIs

Shelter items distributed in collective shelters


 **98.8K** mattresses

 **325** shelters assessed <sup>(5)</sup>

## Health

 **661** collective shelters linked with primary health care centers

## Protection

 **54K** IDPs reached with protection, Child protection and GBV services including information & awareness sessions, psychosocial support, case management and emergency protection cash

## WASH

WASH services in collective shelters

 **615** shelters receiving WASH assistance  **150.2K** people reached

 Fuel provision to water establishments for water pumping

**571K** Litres fuel provided  **412K** people reached

## Social Stability

Tension Pulse published by Tensions Monitoring Team.

## Logistics & Telecommunications

Humanitarian convoys for deliveries to hard-to-reach areas, customs facilitation support and emergency telecommunications services



# First Responder Sector Update (Part 2)



**LEBANON**  
Response Plan

## Health

*National Health Sector Coordination Team*

# Health Response



## Key Figures



**3,935**  
Total Injuries



**1,318**  
Total Deaths



11% of the total casualties are children



11% of the total casualties are females



**51**  
PHCCs Closed



**04**  
Hospitals Closed



**16**  
Health Facilities Damaged



**204**  
PHCCs linked to CSs

Supported PHCCs: **83**  
Non-Supported PHCCs: **121**



**690**  
Collective Shelters linked with the PHCCs/PSUs

[Collective Shelter Linked to PHCCs/PSUs Dashboard](#)

Source: MoPH - As of April 1, 2026



## Primary Health Care:

- # of total consultations: 51,648
- # of ANC consultations: 906
- # of MH consultations: 724
- # of NCD consultations: 2,168
- # of IDPs receiving family planning services: 674
- # of IDPs received medication: 38,629
- # of vaccination doses administered: 653



## Hospitalisation:

Total IDPs supported for improved access to hospital: 213

- War Wound : 58
- Acute life/limb saving: 10
- Maternity: 76
- Other: 64

Source: MoPH & ActivityInfo - As of March 31, 2026

## Surveillance System For Attacks on Health Care (SSA)



**92**  
Attacks



**53**  
Deaths



**137**  
Injuries



**67**  
Attacks Impacted Health Personnel



**40**  
Attacks Impacted Transport



**34**  
Attacks Impacted Health Facilities



**46**  
Attacks Impacted Supplies



**06**  
Attacks Impacted Patients

Source: SSA - As of April 2, 2026

Scan Me



Lebanon Health  
Sector Portal

Lebanon Health  
Sector Portal

# Health

## Challenges and Cross Sectoral Considerations



### Challenges

- Health facilities overstretched, especially ER, trauma, ICU, NICU
- Fragmented referral pathways causing delays in secondary and specialized care
- Rapid, fluid displacement, with many IDPs outside formal shelters, limiting follow-up
- Rising demand for MHPSS and disability-inclusive services amid limited specialized capacity

### Cross Sectoral Consideration

- Clarify roles across Health-Protection- Education for MHPSS and PWD-inclusive services
- Improve living conditions in shelters through Health–WASH–Shelter coordination to reduce communicable diseases (e.g., lice, scabies)
- Streamline food safety coordination between Health and FSA



# Nutrition

*Name, Title (Organization)*



# Nutrition

## Key Figures and Updates

- 🏠 440 shelters covered:  
Integrated nutrition and Early Childhood Development (ECD) interventions delivered through community outreach, PHCCs/PSUs, and education platforms (Makani).
- 🧑 37 nutritionists deployed:  
Across 37 PSUs, supporting 87 shelters, host communities, and high-risk areas.
- 📦 190,000 emergency nutrition rations distributed to 11,562 children and women.
- 👨👩 3,402 caregivers reached:  
Received IYCF, nutrition, and ECD awareness and counselling services.
- 🔍 4,700 children U5 & PLW screened for malnutrition  
Cases identified and referred:  
86 children U5 and 12 PLW identified with wasting and referred for life-saving treatment.
- 🎓 Capacity building for ~200 frontliners  
Health and nutrition staff trained on nutrition in emergencies.
- 🍼 7,900 tins of infant formula provided safely:  
Distributed under MoPH-led protocols through IYCF specialists for non-breastfed infants.
- 📦 3,000 BMS kits to be provided:  
Targeted support for non-breastfed infants in line with safe IYCF practices.



# Nutrition

## Challenges and Cross Sectoral Considerations


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### Challenges:

- Uncoordinated nutrition & BMS donations: Untargeted BMS and non-programmatic supplies undermining IYCF and increasing health risks.
- Misidentified needs for infant formula: Formula prioritized despite greater need for IYCF counseling and support.
- Insufficient breastfeeding spaces: Lack of safe, private areas in shelters limits optimal feeding practices.
- Inappropriate child feeding support: Reliance on processed foods and snacks affecting diet quality.
- Weak referral pathways (children with disabilities): Limited access to specialized nutrition services for under-5 children.

### Cross sectoral Considerations

- Scale up dissemination of the national IYCF hotline: Ensure wide outreach through all sectors.
- Strengthen referral pathways for children with disabilities:
- Ensure safe and supportive shelter environments: Work with Shelter and Protection sectors to establish breastfeeding-friendly spaces.
- Coordinate with Food Security sector to avoid distribution of unhealthy/processed foods for young children.

 **Breastfeeding and IYCF communication:** Social media and RCCE key messages (English & Arabic) in development to support breastfeeding and appropriate IYCF, including promotion of the IYCF Hotline and U-Report [link](#), for dissemination through RCCE partners.



## Protection

*Sophie Etzold, PWG and GBVWG Coordinator (UNHCR)*  
*Mia Kusic, GBVWG Coordinator (UNFPA)*  
*Rana Bizri, CPWG Coordinator (UNICEF)*



# Protection Sector Geo-split

Updated on Daily Basis: Protection Sector Geo-Split - 2026 Emergency - Power BI



## Lebanon: Protection Sector GeoSplit - 2026 Emergency

01/04/2026 08:09:03

Source: ActivityInfo



Governorate / District	Cadaster	Site Name	Partner	Activities	Site Type	Mapped/Unmapped	Site Status
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669

Activated Sites

543 (81%)

Mapped Sites

635

Full

34

Open

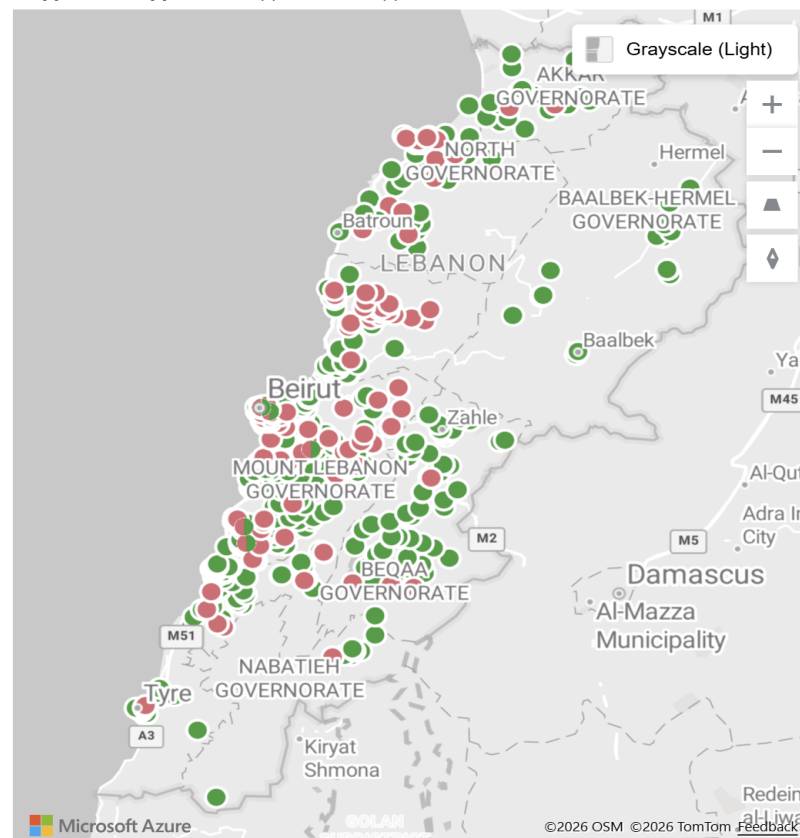
67

Partners

Reset

Governorate	District	Cadaster	Sites Name	Sites Type
Akkar	Akkar	Aakkar El-Aatiqa	ICS: Akkar Al Aatika Mixed Public School	School
Akkar	Akkar	Bebnine	ICS: Marzouka Al Mozakzak Intermediate for girls (Previously Bebnine Int.)	School
Akkar	Akkar	Bezbinda	ICS: Bazbinda Kindergartens Public School	School
Akkar	Akkar	Daouret Akkar	ICS: El Dora Mixed Public School	School
Akkar	Akkar	Kouachra	ICS: El Bireh Secondary Public School - Kawashra Branch	School
Akkar	Akkar	Rahbe	ICS: Rahbeh Public School for Boys	School
Akkar	Akkar	Habchit	ICS: Habshit Mixed public school	School
Akkar	Akkar	Machha	ICS: Mashha Mixed Public School	School
Akkar	Akkar	Mhammaret	ICS: Battir Mixed Elementary School	School
Akkar	Akkar	Halba	ICS: Halba Official Vocational	Technical institute
Akkar	Akkar	Halba	ICS: Halba public school for Boys	School
Akkar	Akkar	Tal Bire	ICS: Tal Bireh Mixed public school	School
Akkar	Akkar	Cheikh Mohammad	ICS: Cheikh Mohammad Municipality Building	IDP Collective She
Akkar	Akkar	Hmaire Akkar	ICS: Al Hmaira Mixed Public School	School
Akkar	Akkar	Cheikh Mohammad	ICS: Sheikh Mohammed Mixed Public School	School
Akkar	Akkar	berqayel	ICS: Rafic El Hariri Public School - Berqayel	School
Akkar	Akkar	Biret Akkar	ICS: Al Bireh Mixed Public School	School
Akkar	Akkar	Zouq El-Moqachrine	ICS: Deir Dalloum Mixed public school	School

Mapped/Unmapped: ● Mapped ● Unmapped



## Lebanon - Protection Sector Monitoring Snapshot Emergency 2-15 March 2026

Protection Analysis and Monitoring Task Force (PAMTF) 2-15 March 2026  
**Lebanon**  
 Protection Snapshot: Displacement Post-Escalation

1,049,328 Displaced | 622 Collective shelters | 886 Killed | 2,141 Wounded

The Protection Sector Emergency Snapshot is produced by the Protection Analysis and Monitoring Task Force (PAMTF), drawing on information and secondary data from sector lead agencies in the context of the ongoing escalation of conflict and displacement. It considers input from Protection, Child Protection, and GBV partners, including additional protection monitoring sites. The snapshot reflects field observations, community level insights, and operational updates from Protection Monitoring and Protection Service Delivery and monitoring.

### Situation Overview

On 2 March, the humanitarian situation in Lebanon escalated from localized tensions and sporadic violence to a full-scale national emergency, triggered by military operations by the Israeli Defense Forces (IDF) and subsequent escalation involving affected Lebanon, Displaced Syrian, and Palestinian refugees, as well as Iraqis. Facing large numbers to flee their homes on very short notice, an estimated 100,000 people were newly displaced within 24 hours, fragmenting the speed and scale of the crisis. According to the Ministry of Social Affairs (MOA), as of 16 March, more than 1 million people had their homes in the last few weeks of the conflict. Of these displaced, 111,131 are currently in government designated collective shelters (CS), while government figures indicate more than 900,000 being displaced outside collective sites, staying with relatives, in informal sites, in cars, or in public spaces with limited access to services and basic assistance.

The risk of civilian harm from hostilities remains high. According to the Ministry of Public Health, 181 deaths and 1,141 injuries have been reported to date, with many incidents occurring in or near residential areas and locations housing displaced populations. Attacks on relief workers have also been documented, including an incident on 9 March where a Lebanese Red Cross ambulance was struck in Hajar Zayta, resulting in the killing of one personnel and injured another staff member. It not only present life-threatening situations for frontline staff but also leaving humanitarian aid workers' personal safety of humanitarian operations.

Evacuation orders cover all of South Lebanon, including at least 100 villages, as well as the entire Dajel area of Beirut. Even before the latest escalation, some 2.99 million people across Lebanon were assessed to be in need of humanitarian assistance, including individual Lebanese, displaced Syrian, Palestinian refugees, and residents, with a target of 1.5 million people for immediate support. The current conflict and displacement compound pre-existing vulnerabilities, necessitating elevated levels of protection and emergency social cohesion, particularly in areas housing large numbers of newly displaced people.

### Main Protection Risks and Concerns

Rapidly expanding hostilities, rising civilian casualties and repeated evacuation orders are driving large-scale

April 2026

# Protection Sector Dashboard

Overall Reach and Programmatic Response 2-30 March:

Protection Sector IDPs Emergency Response - Protection Sector Emergency Response - 2026 - Power BI



## Lebanon: Protection Sector IDPs Emergency Response

31/03/2026 06:10 Source: ActivityInfo, Daily Response

Governorate / District / Cadaster: All Inside/Outside Shelter: All Site Name: All Sub Sector / Activity: All Donor: All Partner: All Response Date: 02/03/2026 - 30/03/2026

**59.95K**

Individuals Reached

**667**

HHs Received ECA

**84K**

ECA Disbursed Amount

**264**

PWD Reached

**57**

Partners

**19 35 3**

INGO NNGO UN

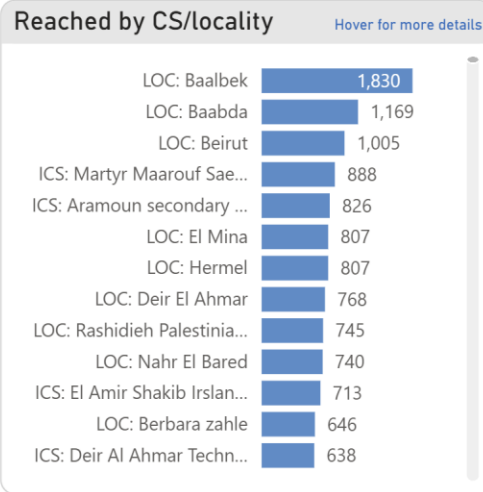
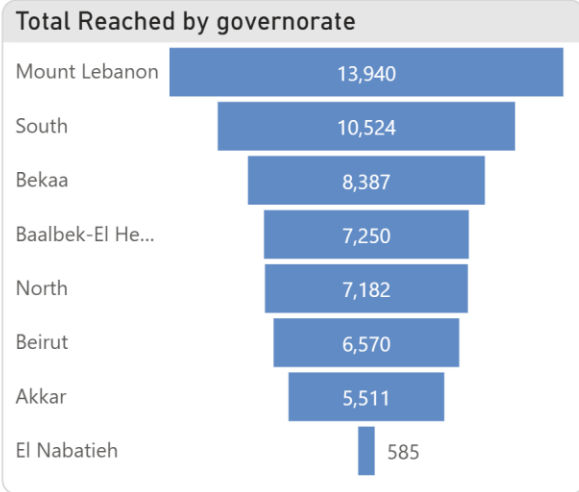
**26**

Reached Districts

[Clear all filters](#)

### Reached by activity across sub-sectors (OCHA reporting)

Activity	Original Figure	Revised Figure(HH*5)
Support to PWD including care support and assistive devices	182	182
Separated and unaccompanied children identified	27	27
Psychosocial support	18,072	18,072
Information sessions and awareness	29,567	29,567
Frontliners trained on topics related to Child Protection	316	316
Emergency Cash Assistance	667	3,335
Dignity kits distributed	7,400	7,400
Case Management	1,050	1,050
<b>Total</b>	<b>57,281</b>	<b>59,949</b>



## Lebanon: Protection Sector Weekly Response Sitrep #3 - 30 March 2026

### Lebanon 2026 Protection Emergency Response

Protection Sector Weekly Response Sitrep

1,049,330

Displaced people

4,570

Incidents

1,247

Deaths

3,480

Injured

449

Cash Values

136,154

ECA's values

35,178

HH's Status

Average HHs: 46 per HH in 2026

#### Protection, Child Protection, and Gender-Based Violence Situation Overview

The conflict has resulted in a critical humanitarian situation with 1,049,330 IDPs and 4,570 deaths reported to date. Approximately 30% of the Lebanese population is now internally displaced with 136,154 IDPs seeking refuge across 687 overcrowded collective shelters. The destruction of other infrastructure, including medical facilities, bridges and routes, as well as the critical security threat has severely restricted humanitarian access. The displacement conditions, limit of the protection environment, and the physical lack of privacy are the primary drivers of escalating protection risks such as GBV, exploitation, and trafficking risks for women and girls as well as access constraints for various groups within the community including non-Lebanese and persons with disabilities. Furthermore, the collapse of family support systems has left children and persons with disabilities being at high psychological distress and a lack of specialized services, necessitating an immediate shift toward rights remote and mobile protection modalities to reach those in high-conflict, inaccessible areas.

Lack of privacy, overcrowding and unsanitary conditions within the collective shelters have created a high-risk environment for sexual and child abuse, while the non-availability of these areas remain inaccessible or unvisited for persons with disabilities. Although Protection, GBV, and Child Protection actors have established a presence in displacement beds and host communities, their capacity is severely compromised due to the dual burden of ongoing demands and the displacement of their staff. This capacity gap is most acute in urban conflict areas, including the South, Nahr-el-Bared, Bekaa, and the Southern Suburbs of Beirut, where infrastructure destruction has made life-saving protection services nearly impossible to deliver.

#### Key Response Highlights

- Up to 90 people, 68,850 displaced people have been reached with protection, GBV and child protection services, including 11,043 individuals through information and awareness sessions in available services, 28,877 with psychosocial support events, cultural arts, and targeted case management for high-risk cases outside shelters, in addition, 7,490 women and girls received dignity kits, and 478 non-Lebanese households received Emergency Protection Cash (EPC).
- A coordination tool mapping ongoing and planned training and capacity development interventions across the sector was developed and shared as Sector Care Group Update. Under the GBV subsector, GBV/CP coordinator developed guidance on safe transfer of displaced GBV survivors to service providers (L4516). Under the CP subsector, a series of coordination sessions on operational protocols and child protection events were held for humanitarian frontlines. Across the sector including PNT, CP and GBV several events are planned on provision of life-saving GBV and CP services as well as case management during Emergency through alternative facilities.

48,505

People Reached

31,045

Assistance and Information Services

7,498

Dignity Kits

20,877

PS and Case Management

Map 3: Governmental reach

Map 4: Governmental reach

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Map 613

# Protection – Legal, Community-based, MHPSS and ECA

*Emergency Response – Figures as of 1 April*



## Key figures and achievements

- 17,947 people reached, incl. 10,368 with protection specific information sessions; 2,091 MHPSS; 1,051 cases supported with case management; 232 persons with disabilities receiving support; 841 ECA grants (~4,205 individuals)
- **Non-tracked support:** NGO supporting individuals without access to shelters; hotlines and outreach, community engagement; OPD support; liaison with actors on Hum Evac
- Protection Monitoring – systematic, cross sector, IA

## Key Protection Risks:

- **Attacks on civilians** and widespread insecurity.
- **Shelter accessibility** for various population groups requiring intense Protection actor engagement and follow-up.
- **Housing scarcity**, informal shelters, and weak legal protections heighten risks of eviction and exploitation, pushing vulnerable IDPs to stay in or return to conflict-affected areas.
- **Lack of documentation** continues to restrict access to services.

## Challenges and support required

- **Delays** in provision of protection services at onset of response; overlap in LRP/non-LRP actors
- **Limited access to populations in hard-to-reach areas**
- **Case management** services remain limited to outside CS
- **Limited outreach capacity** and information for people outside shelters – RNA will support
- **Stretched partner capacity** and dedicated funding for specialized support (OPDs)
- Need to support **Protection Cash for LEB**

## Cross-sectoral considerations

- **Population and AGD data** on population outside sites and response; REF pathways; **PRT mainstreaming & AAP**
- **Enhance cross-sectoral missions** to hard-to-reach incl minimum package of CwC material
- **Shelter/ SMC**; enhance accessibility and alternative housing; CBP/SMC collaboration incl. On CRI distribution
- **WaSH**: increased accessible shower and WaSH

# GBV

## Emergency Response



### Key figures and trends

- Since 2 March, **20.4K** is reached with GBV services: with **PSS 357**, with **Awareness Raising 12,628**, with **ECA 86**, with **Dignity kits 7404**. **360 staff are trained** on the relevant emergency GBV response interventions.
- **GBV Safety audits** are ongoing, with **329** sites mapped; **GBV Needs Assessment** is under development
- The emergency **GBV referral pathways** are in place, and **GBV Facility Mapping** tool is developed.

### GBV risks and trends mapped:

- GBV (sexual harassment, assault, rape, abuse, etc..) due to displacement conditions incl. the overcrowding inside the CS and in private accommodation, sexual exploitation (CS, work, rented apartments), prioritization of male children in the family, Intimate Partner Violence, etc.

### Key challenges and support required

- Closure and/or inaccessibility of WGSSs, directly leads to reduced GBV reporting
- Discontinuation of GBV services due to displacement of staff and GBV cases
- Outreach to new and existing cases – stretched capacities, mapping the GBV cases outside of CS, connectivity issues, fear of accessing GBV facilities  
→ critical need for scale up of GBV teams, mobile and static WGSS, multiplication of GBV entry points and effective GBV referrals

### Key cross-sectoral\* considerations

- **Shelter** – In CS: Overcrowding, lack of privacy and adequate segregation, lack of safe spaces, lighting...
- **WASH** – In CS: Lack of sex segregated and private WASH facilities, discomfort using the facilities at night, ...
- **Health/RHSWG** – Access to CMR facilities, referrals, sensitization

# Child Protection

## Emergency Response



**Key figures and coverage:** To date, **29K** children and caregivers were reached in **24 districts**; in shelters, out of shelters (IDPs on streets), hard to reach areas: **38 partners**: with PSS (**17K** children; **2274** caregivers), with Info sessions **9.5 K**, with case management **74**. FTR of UASC (**23** identified; **17** reunited)  
1 hotline per region  
**394 frontliners** were trained on CP related topics.  
Capacity building plan for CP & non – CP

## Child Protection trends

**Psychological distress** among children & caregivers  
Family Separation  
Physical and verbal **violence**  
Harsh **parenting practices**  
Increased **safety risks** in shelters

## Key Challenges

Access constraints and security concerns  
Overstretched frontline workforce/ funding constraints  
Limited coverage of specialized services,  
**A need to Strengthen referral pathways and inter-sector coordination** (especially at shelter level).

## Key cross-sectoral considerations

**Education** — in and out of shelters on PSS/recreational activities with children  
**Child Safeguarding in Shelter** — overcrowding, lack of privacy, safety risks on children.  
**WASH related CP risks**—Safe WASH facilities, lighting  
**Identification and referral** of at-risk children across all sectors



# Gendered Impacts of Displacement Outside Collective Shelters in Lebanon

*Marianne Touma, Data Analyst & Research Associate (UN Women)*



# RAPID GENDER ANALYSIS: DISPLACEMENT OUTSIDE COLLECTIVE SHELTERS IN LEBANON

2 April 2026



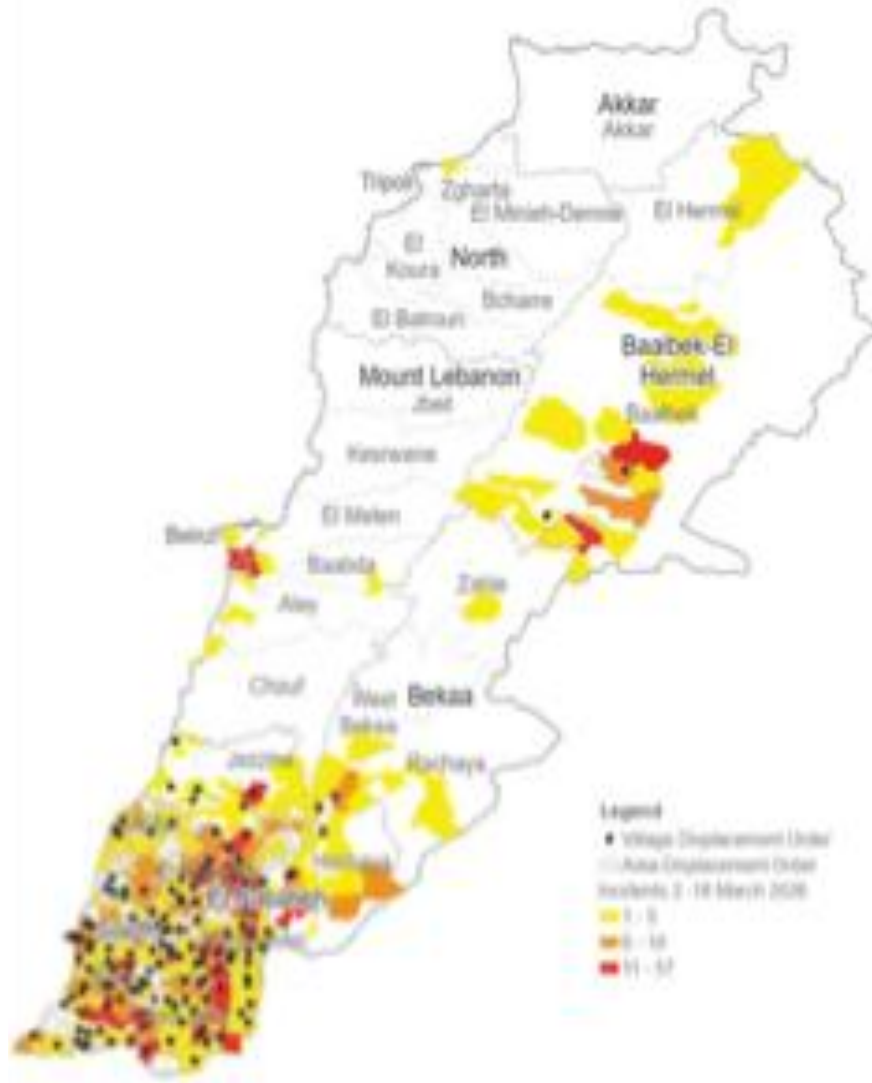
RAPID GENDER ANALYSIS

**GENDERED IMPACTS OF DISPLACEMENT  
OUTSIDE COLLECTIVE SHELTERS IN LEBANON**

March 2026



# OVERVIEW



1. Why this Rapid Gender Analysis matters
2. Objectives and methods
3. Key findings
4. Recommendations
5. Find us

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# WHY IT MATTERS

## **The crisis is reshaping care, risk and access in gendered ways:**

- 1 in 5 people internally displaced (>1 million)
- Women and girls: estimated 52 per cent of the displaced
- Estimated 87 per cent outside collective shelters

## **In this context, a gender analysis is needed to understand how displacement shapes:**

- Care responsibilities
- Safety and protection risks
- Mobility and access to assistance
- Response design and targeting

# OBJECTIVES OF THE RAPID GENDER ANALYSIS

- Understand **the gendered impacts of displacement**
- Focus on **populations outside collective shelters**
- Identify:
  - Protection risks
  - Barriers to assistance
  - Priority needs
- Inform response design and targeting

# METHODOLOGY

- 88 interviews with IDPs outside collective shelters
  - Origins: mainly Nabatieh and South
  - Displacement: mainly Bekaa and Mount Lebanon
- 18 stakeholder interviews
  - Mainly Mount Lebanon/Beirut and Bekaa
- FGDs (Tripoli, Baalbek-Hermel)
- Survey: 176 women peacebuilders, national
- Secondary data: MSNA, VASyR, etc.
  
- **Qualitative, not representative; triangulated across sources**

# DISPLACEMENT DYNAMICS AND GENDER

- In one in four cases displacement was triggered by immediate external events.
- In other cases, households made anticipatory decisions to leave due to deteriorating security and living conditions.
- Displacement was sudden, repeated and often separated households
- Women often framed leaving around children's safety; men more often organize transport, routes and timing
- In some cases, families separated, with men staying behind to work or protect assets—leaving women who made the journey on their own with increased care responsibilities.
- Most displaced households are in host, rented or informal arrangements

# CORE FINDING

*This is not just displacement. It is a shift in how survival is organized and it is gendered.*

- Deepens accumulated inequalities through increased care responsibilities, protection risks and barriers to assistance
- Requires adapted response models

# KEY FINDING 1: CARE AND TIME POVERTY

## *Women are managing survival under displacement*

*"I am handling everything... providing food, healthcare... everything"*

- Care responsibilities have intensified, especially in separated and shared households
- Women are managing children, older persons and disability under constraint

### **Impact:**

- Less mobility and access to aid
- Dependence on others to access services
- High psychosocial strain

# KEY FINDING 2: PROTECTION RISKS

*Protection risk is embedded in displacement conditions: For women and girls, risk is shaped by housing, privacy and control over space*

*“We are living with two families... all five of us use only one room and one bathroom... even changing clothes requires coordination.”*

- Women are living in overcrowded, shared spaces with limited privacy
- Many describe changing routines and restricting movement to feel safe
- Dependence on hosts, landlords or intermediaries increases pressure and loss of control
- Economic stress is contributing to harmful coping strategies

# KEY FINDING 3: ACCESS BARRIERS

*Women's access is constrained by how displacement is lived: Access depends on mobility, information and autonomy — not only service availability*

*“My brother-in-law is the one who communicates with organizations and collects items for us.”*

- Many women cannot easily leave the home because of care responsibilities, cost and safety concerns
- Households outside collective shelters are often harder to identify and reach
- Information is uneven: some women rely on others to get information, register or collect aid
- Registration does not always lead to support, especially for dispersed households
- For some refugee and migrant women, documentation fears further discourage access

# KEY FINDING 4: COPING & ECONOMIC STRESS

*Households are managing survival through unsustainable coping: Women absorb the economic shock, but remain excluded from resources*

*“I even sold my gold accessories to manage the situation”*

- Loss of income is widespread across households
- Families are relying on debt, remittances and asset sales to meet basic needs
- Many report reducing food quantity and quality, sometimes to one meal per day

## **Women’s role:**

- Women are managing daily survival under severe constraint
- Often reduce their own consumption first to protect others
- But increased responsibility does not translate into control over resources

# WHO IS MOST AT RISK

- **Women and girls outside collective shelters:** less visible to responders; facing mobility constraints, care burdens and dependence on others for access to assistance
- **Female-headed households:** combined economic, care and protection pressures
- **Adolescent girls:** restricted mobility, increased care responsibilities, education disruption
- **Older women and persons with disabilities:** mobility constraints and reduced access to services
- **Refugee and migrant women:** documentation barriers, exclusion and heightened risk of exploitation

# WOMEN LED RESPONSE

*Women-led actors are not peripheral to the response — they are part of how it is functioning.*

- 70% of women peacebuilders surveyed are already engaged in response
- They provide outreach, referrals, psychosocial support and assistance navigation
- They help reach displaced households outside collective shelters
- They also mediate tensions and support local organization of response

## **Constraint:**

Heavy reliance on voluntary, underfunded women-led action

# WHAT THE FINDINGS MEAN FOR THE RESPONSE

*Outside-shelter displacement requires adapted response approaches that address the distinct barriers facing women and girls*

- **Priority needs:** food, healthcare and medicines, safe shelter/WASH, psychosocial support, and flexible assistance
- **Targeting:** move beyond location alone; include care burden, mobility and invisibility
- **Assistance:** use flexible, multi-purpose modalities that women can access
- **Services:** expand mobile and outreach approaches; integrate GBV, health and psychosocial support
- **Women-led response:** fund, formalize and scale engagement



# Updates from OCGs

# Updates from OCGs

## *Guiding Questions*

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1. What are the main operational challenges currently affecting the delivery of assistance to displaced populations and collective sites in your area? Highlight the challenges you are encountering for support outside collective shelters.
2. Are there any coordination or authorization constraints (e.g., access to sites, engagement with local authorities, sector coordination) that are delaying or limiting the response?
3. What immediate actions or decisions at national or governorate level would help resolve these challenges and improve the response?



**AoB**

## AoB

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- At the request of several sector coordinators, we are considering shifting the meeting frequency from weekly to every other week.
- If someone has any objection, please share with ISCG co-chairs.
- Regular ISCG: 1<sup>st</sup> Friday of the month from 10 to 12.
- Ad-hoc ISCG: Every other Friday from 10 to 11.



Thank You