Protection Sector Weekly Response Sitrep

1,049,328 Displaced people
Source: DRM - As of April 1, 2026

6,445 Incidents

1,888 Deaths

6,092 Injured

682 Open Shelters

139,673 IDPs in shelters

36,568 HH in Shelters

Source: *MoPH - As of April 9, 2026*

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

This week has been characterized by a **significant deterioration in the protection and humanitarian environment**, with a steep increase in casualties (see above), widespread insecurity generating heightened fear, panic, and uncertainty across multiple regions, reinforcing perceptions amongst communities that no area can be considered safe. Children are bearing the heaviest burden of the conflict, facing family separation or loss, exposure to and witnessing of violence, and unprecedented levels of insecurity and instability. Access to essential services and humanitarian deliveries has been severely disrupted, compounding vulnerabilities, particularly among displaced populations. Threats to health and well-being due to smoke exposure and acute shock, reflecting elevated physical and psychological distress. Repeated displacement remains a central driver of harm, exacerbating protection risks and premature returns. Beyond ceasefire-related confusion, many families express return to unsafe areas due to depleted financial resources, lack of viable housing alternatives, and limited access to support, with significant protection concerns, specifically for children and other vulnerable family members, emerging as a result. Displacement patterns are increasingly complex and highly localized, varying by area, with some movements observed toward Mount Lebanon and the northern regions, while the situation in the South is notably more constrained due to the near absence of relocation options. There, families rely predominantly on relatives, host communities, and short-term informal arrangements, with a growing number of individuals residing in unsheltered conditions, overcrowded shared spaces, or public locations.

The cumulative psychological toll of shelter insecurity and loss is substantial, particularly among families reporting the loss of relatives and exposure to airstrikes in parts of Beirut, Baalbek El-Hermel and southern areas. Protection monitoring of the vast number of IDPs outside collective sites shows reduced access to food, sanitation, shelter, and protection services. Infrastructure and collective shelter conditions, including acute WaSH and site repair needs, remain under severe strain increasing risks of GBV and harassment risks for women and girls while limited accountability mechanisms and lack of knowledge on access to services remains reported across communities.

Key Response Highlights[1]

- **Up until 10 April, 93,072 displaced people** have been reached with protection, GBV and child protection services, including **43,739 individuals through information and awareness sessions** on available services, **with 34,105 psychosocial support** inside collective sites, and targeted case management for high-risk cases outside shelters. In addition, **10,293 women and girls received dignity kits**, and **1,010 non-Lebanese households** received **Emergency Protection Cash (ECA)**.
- **GBV Referral Pathways have been updated and available for use.** The static/inter-agency referral pathways for humanitarian partners are available in **English** and **Arabic.** The online referral pathways for community use - linked to GBV leaflets (EN/AR) QR codes - are updated as well (EN/AR). To further strengthen the referral pathways, 32 partners were trained on the new GBV facility mapping tool, currently under preparation for the rollout.
- **Child Protection Emergency Hotlines** for missing or unaccompanied children was widely circulated by the CP sub-sector and can be found here in **AR**.
- **Protection Coordination Checklist for Collective Sites** was finalized and briefings are ongoing with partners at national and field level.

93,072 People Reached

43,739 Awareness and Information Sessions

10,293 Dignity Kits

34,105 PSS and Case Management

Top 3 Governorates by reach

Mount Lebanon	20,783
South	19,048
Beirut	15,417

Female 69.7%
Male 30.3%

Lebanese	68%
Syrian	13%
Migrants	4%
Others	15%

Source: *ActivityInfo Reporting for IDP Emergency as of 10 April 2026. People reached includes PRT/CP/GBV activities not under the main 3 categories.*

[1] All figures of the response included interventions reported by partners recording their activities on the ActivityInfo platform.

Protection

21,307 People Assisted

30 Partners

Activity	# of People Assisted
# of people benefiting from awareness /information sessions on risks and access to services	13,452
# of people at risk receiving group or individual psychosocial support and/ or case management	3,035
# of people who received Emergency Protection Assistance	895 HHs (4,475 people)
# of protection staff trained on protection CM, MHPSS, CBP, PM or other interventions	298

Vulnerable population groups, including non-Lebanese, marginalized groups or those facing intersecting vulnerabilities are at heightened risk of eviction, exploitation and limited access to shelter, assistance and services. Protection monitoring of the vast number of IDPs outside collective sites shows reduced access to food, sanitation, shelter, and protection services. Inside collective sites, overcrowded conditions and limited WASH facilities remain significant risk factors with additional need of presence of protection actors.

Protection partners focused on the below prioritized response interventions:

- **Outreach and monitoring of displaced outside collective shelters** has been upscaled while prioritized core protection activities are ongoing within collective sites. Protection Monitoring is conducted by various PAM TF members and field level coordinators and agencies to identify key protection risks informing the protection and wider inter-sectoral response.
- **Community-based Protection Guidance** was developed and presented in a briefing session across protection actors. The Guidelines aim at providing practical recommendations for protection actors on suitable, contextualized and conflict-sensitive community-based interventions to enhance support to people displaced inside and outside collective sites. Core to this guidance is the need to ensure a community-based approach is rolled out from the onset of the response through community engagement and tailored initiatives involving the community.
- **Protection Case Management Guidelines for the 2026-specific Emergency context** were finalized and a training was facilitated by the IRC as co-lead of the Protection Case Management Task Force. In addition, a sector-wide briefing session was held to ensure knowledge and familiarization of case management in emergency guidelines across all partners.

Child Protection

43,540 People Assisted

47 Partners

Activity	# of People Assisted
# children, caregivers and women at risk and other persons with specific needs reached with information & awareness on services	13,207
# of persons benefitting from psychosocial support, including community-based PSS for children and caregivers	30,114
# of children referred to life saving specialized services through quality case management	219
# of unaccompanied and separated children identified	38

Child Protection interventions have been significantly scaled up following the escalation on 8 April 2026, which resulted in civilian casualties, including children, and triggered new waves of displacement. Many children have been exposed to intense fear, traumatic events, family separation and ongoing insecurity as families fled under urgent and often chaotic conditions. In response, Child Protection actors have intensified outreach and service delivery across both shelter and non-shelter settings. The number of unaccompanied and separated children (UASC) identified to date increased with 26 children identified within the aftermath of the widespread attacks. Of these, 13 have been reunited with their primary caregivers or placed with extended family members, while 9 children remain missing and are under active tracing. Child labour remained a major concern reported for families displaced outside collective sites.

Child Protection partners focused on the below prioritized response interventions:

- **Psychosocial support**, **case management, and safeguarding interventions** remain a priority, with a strong focus on identifying and supporting UASC and other high-risk children. Child Protection hotlines continue to serve as a key entry point for assistance, with contact information widely disseminated through media, television, and WhatsApp channels to facilitate timely referrals.

- **Capacity-building** efforts have also been reinforced, including the rollout of a two-day "Child Protection and Case Management in Emergencies" training, reaching 179 participants from 52 organizations. In parallel, registration for the "Parenting in Crisis" training has been launched to further strengthen frontline response capacities, alongside continued coordination across sectors to ensure a harmonized response.

Gender-Based Violence

28,225 People Assisted

29 Partners

Activity	# of People Assisted
# of people benefitting from information sessions, GBV awareness sessions, and individual consultations on how to access services	17,080
# of people who received dignity kits	10,293
# of HH supported with ECA	115
# of actors trained on emergency GBV response and modalities	260

Women and girls continue to be disproportionately affected by the escalating crisis, facing heightened GBV risks as displacement persists. Partners report a significant rise in Intimate Partner Violence (IPV), driven by acute psychological stress and shifting family dynamics. In some areas, increased reports of exploitation have emerged with displaced women and girls sharing inability to pay the increased rental prices and lack of alternatives. Lack of GBV risk mitigation measures inside collective sites have led to alarming GBV risks in collective sites requiring Shelter/SMC and WaSH attention and response.

The GBV response is focused on several key operational areas:

- **Provision of integrated GBV services outside the collective shelters:** GBV partners continue to provide a comprehensive set of GBV services for displaced populations including GBV case management and other PSS services, cash assistance, awareness rising, distribution of the dignity kits- through WGSS and other facilities providing GBV Services. Marginalized groups unable to access collective sites are at heightened risk of GBV and often rely on NGO-based support.
- **Identification of GBV risks in the collective shelters:** GBV actors have upscaled the roll-out of GBV safety audits. So far, 20 partners engaged across 366 sites. The initial results for the Safety Audit will be launched the coming week and aim to provide evidence-based analysis of GBV risks and key recommendations across sectors to enhance implementation of risk mitigation measures.
- **Provision of prioritized package of GBV services within the collective shelters:** With the opening of new collective shelters, and following approval from MoSA, the geosplit exercise to ensure the presence of GBV actors in collective shelters has been updated. GBV actors continue to provide a package of critical GBV services to at-risk individuals and GBV survivors in need, including rolling out awareness-raising activities, PSS (excluding GBV case management), and distributing dignity kits. However, restricted resources still limit GBV actors' ability to serve all collective shelters.
- **GBV Safe Shelters:** a meeting with GBV safe shelter actors providing temporary emergency accommodation underscored current capacity constraints amid shrinking resources and heightened risks. In the context of rising needs and increasingly stretched operational capacity, there is a critical requirement for sustained and longer-term support to cover the running costs of GBV safe shelters and ensure continued access to safety, protection, and care for survivors.

Key Challenges

- **Access to people displaced outside collective sites, people remaining in unsafe, hard-to-reach areas or marginalized groups remains a key challenge**. Partners have increased outreach and monitoring missions to those living in streets, squares or unsafe buildings but limited alternative housing options impact on the sector's ability to support their access to shelter and services. For those living in hard-to-reach areas, remote support is provided but the closure or inaccessibility of centers, GBV safe spaces and CRM facilities has sharply reduced access to life-saving services. Combined with earlier funding cuts, this creates an urgent need to expand community-based outreach and support modalities, access to safe spaces and enhanced linkages with SDCs and operational centers.
- **Mental health needs are rising among displaced populations**, particularly for children and caregivers after the recent large-scale aggression and attacks of this week. An increased number of people, including children, face loss or separation from parents or family members requiring dedicated grief and MHPSS services.
- **Growing tensions within host communities and overstretched services** are increasing discrimination and protection risks and further reduce access of vulnerable groups to services.

- **Linked to growing needs, capacities of Protection/CP/GBV Sector staff are stretched** significantly with limitations shared by partners to cover all collective sites or geographical areas assigned to them. Upscaling of outreach, case management, MHPSS and Cash for Protection, inclusive of Lebanese is required. Insecurity in large parts of urban areas also increased the impact on social workers and protection staff with an urgent need to enhance staff welfare support.
- **Pending approval for Protection, GBV, and CP cash assistance** for Lebanese IDPs hinder urgent support for safe accommodation and other immediate protection needs. The updated/ revised Cash for Protection Guidelines were submitted for endorsement by the CWG. Questions are also raised on the effectiveness of the current transfer value given the increase in rental prices in perceived safer area.

NGO support for displaced persons with disabilities in need of shelter, protection and specialized care

One of the organizations supporting persons with disabilities accessing shelter and services is the local actor, **Friends of the Disabled Association**. FDA is a Lebanese non-governmental organization dedicated to promoting the rights, inclusion, and well-being of persons with disabilities. Before the conflict, through a wide range of community-based services—including physical, occupational, and speech therapy; educational support; psychosocial assistance; and family-centered interventions, the organization supports children, youth, and adults with intellectual disabilities. In the context of Lebanon's ongoing crisis, FDA has expanded its emergency response to assist displaced persons with disabilities and their families by providing shelter, rehabilitation services, psychosocial support, and coordination with humanitarian actors to ensure access to assistive devices and specialized care. Since the onset of the emergency, FDA hosts 18 displaced families (60 individuals, including 11 persons with disabilities). FDA is providing a wide range of essential support for the displaced including assistive devices, distribution of electric medical beds, water mattresses, wheelchairs, as well as diapers, medications, and various forms of humanitarian assistance. In parallel, FDA continues to support its students through remote and online follow-up. The team maintains regular communication with families, providing educational guidance, psychosocial support, and continuity of care despite displacement and limited access to in-person services.

The support through dedicated NGOs providing specialized shelter and care options has been essential in ensuring dignified access to adequate shelter during this emergency. Despite these efforts, needs continue to grow and remain critically under-resourced, particularly in relation to assistive devices, rehabilitation and medical supplies, and essential operational costs such as fuel, utilities, food assistance - all of which are vital to maintaining continuity of care for vulnerable populations in hard-to-reach and affected areas.