Limited distribution

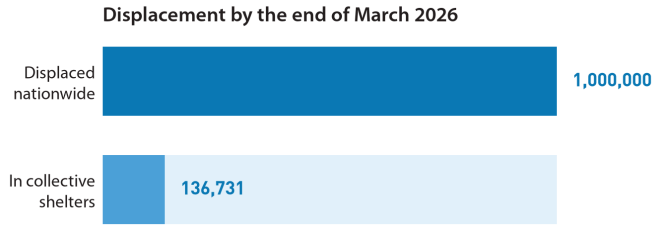
Lebanon Quarterly Protection Update

1 January – 31 March 2026

This quarterly update is intended to provide information on protection risks and trends impacting Palestine Refugees in Lebanon. It reflects key protection concerns arising from UNRWA's protection monitoring and is not intended to be exhaustive.

Context Update

During January and February 2026, the security situation in Lebanon remained tense but relatively contained. Protection monitoring highlighted persistent vulnerabilities among Palestine refugees, including worsening poverty levels, deteriorating living conditions and ongoing anxiety, particularly among refugees living in camps located near high-risk areas. In early March, after Hezbollah fired rockets into Israel and the Israeli military responded, there was a sharp escalation in hostilities, triggering widespread displacement, rising civilian casualties and increased pressure on services. By the end of March, over one million people were displaced nationwide, including more than 136,731[1] individuals using collective shelters.



UNRWA activated its Emergency Response on 4 March, opening emergency shelters in Siblin Training Centre (STC) and a second emergency shelter in Nahr el-Bared camp on 5 March, with shelters accessible to all nationalities. Evacuation orders issued on 17 March affecting Tyre city and surrounding camps — including Rashidieh, Burj al-Shemali, and Al-Buss — triggered panic and displacement of Palestinians to areas north of the Litani River, especially the Saida area. In the North and Beqaa, camps such as Nahr el-Bared, Beddawi, and Wavel also received displaced populations. Shatila and Burj el-Barajneh camps in Beirut were also impacted by some displacement of Palestinian populations.

Many Palestine refugees chose to remain in camps, which in some cases were perceived as offering relative safety. A number of displaced Lebanese and Syrian households also sought refuge in Palestine refugee camps in the Tyre area.

Residents who stayed in conflict-affected areas faced continued exposure to hostilities and more limited access to essential goods and services, while those who had been displaced encountered overcrowding, reduced access to assistance, and increased vulnerability.

In addition to delivering emergency assistance, UNRWA secured additional funding for targeted cash support, including a one-off payment of USD 50 for Palestine refugee children aged 0–10 years and an additional round of assistance for Palestine Refugees from Syria of USD 50 per individual and USD 120 per family. Distributions took place shortly after Eid al-Fitr. UNRWA launched an emergency appeal for US$12.3 million to address priority needs in Lebanon over the next 90 days.

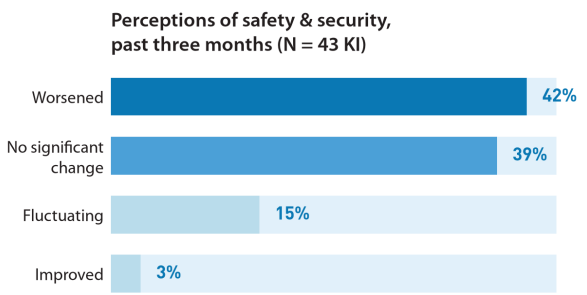
Protection Trends

Violence and fatalities in and around Palestine refugee camps

During the first quarter of 2026, UNRWA recorded approximately 36 security incidents in and around Palestine refugee camps, reflecting a deteriorating protection environment. Incidents in January and February were primarily driven by interpersonal and family disputes, as well as localized armed tensions involving individuals affiliated with factions present in camps, including Fatah-linked actors and Islamist groups, particularly in Ein el-Hilweh. Several incidents were also linked to criminal networks, including drug-related activity, and frequently escalated into armed clashes involving gunfire. While most incidents in early 2026 were contained, they resulted in injuries, limited service disruptions, and heightened tensions.

In March, the situation deteriorated significantly due to the severe escalation of hostilities, with some camps — particularly in Beirut, Tyre, and Saida — exposed to nearby airstrikes and displacement dynamics.

The human impact of recurrent insecurity is also reflected in community perceptions captured through focus group discussions (FGDs) conducted prior to the recent escalation, where participants described a weakened sense of safety, constrained mobility, and heightened anxiety. Children linked insecurity not only to fear of conflict escalation and economic decline, but also to daily threats such as armed disputes, theft, and drug activity — reporting avoidance of certain neighbourhoods and limitations on movement, with those living in or near camps expressing more acute levels of fear and insecurity.



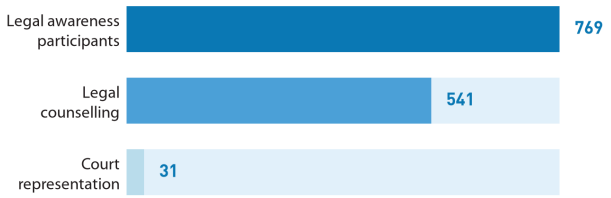
Registration and Legal Status

During the first quarter of 2026, 1,341 individuals benefited from UNRWA legal aid services across all areas, reflecting continued demand for legal support amid escalating insecurity and socioeconomic pressures. Of these, 541 individuals received legal counselling, including 157 PRL, 354 PRS, 17 non-ID individuals, and 13 persons of other nationalities.

As in previous reporting periods, the majority of counselling requests were related to legal stay among PRS, including access to education, documentation and regularization of legal status. For PRL, key issues include family law, labour rights, civil documentation, and rental disputes.

UNRWA also supported legal representation for 31 individuals (26 PRL, 4 PRS and 1 individual of another nationality) before Lebanese courts, with most cases related to family law — including divorce, custody, and alimony — and a smaller number of labour-related cases. In addition, 27 legal awareness sessions were held, reaching 769 participants (706 PRL, 57 PRS, and 6 individuals of other nationalities). Sessions covered topics such as the right to work for PRL, civil registration, document safeguarding, and cybercrime procedures. Eight sessions were delivered in UNRWA Designated Emergency Shelters (DES) in Siblin and Nahr el-Bared for displaced populations of different nationalities, focusing on documentation and access to legal services.

Legal aid delivered, by service (n = 1,341)

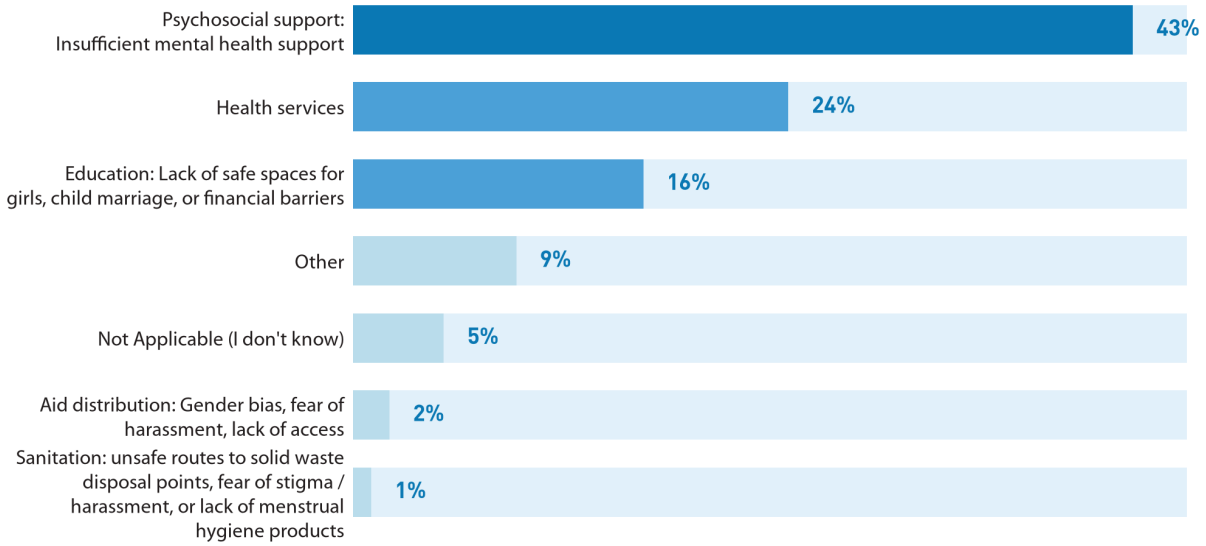


Gender-Based Violence (GBV)

During the first quarter of 2026, UNRWA continued providing specialised services to GBV survivors, most of whom (86 per cent) were identified through UNRWA health services, followed by Relief and Social Services (RSS) (14 per cent). Reduced outreach and operational constraints following the March escalation likely contributed to underreporting of GBV cases. FGDs and Key Informant Interviews (KIIs) highlighted growing GBV risks, particularly for women, girls and female-headed households, linked to worsening economic conditions, overcrowding, displacement, psychosocial distress and restricted mobility.

Participants also reported increased reliance on negative coping strategies, including withdrawing girls from school and engaging in informal or potentially unsafe work, both raising serious protection concerns. KIIs with UNRWA frontline staff corroborate these community perceptions, identifying increased risk of violence — including GBV and exploitation — as among the most prevalent perceived risks (31 per cent of staff respondents in Central Lebanon Area and Tyre). A smaller proportion of respondents (19 per cent) reported limited information or uncertainty, mainly in the North Lebanon Area (NLA), reflecting access constraints and limitations in identifying and reporting cases.

Challenges facing women & girls in accessing services (N = 43 KI)

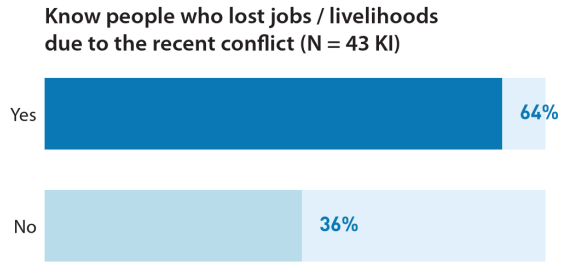


Child Protection

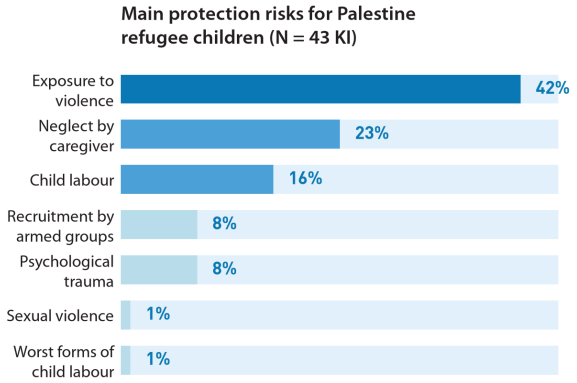
In Q1 2026, children accounted for 20 per cent of all cases managed by RSS, compared to 43 per cent in Q4. The decrease likely reflected disruptions in community-based identification due to the escalation and displacement, alongside the shift in operational priorities toward broader emergency needs.

Overall, findings from both FGDs and KIIs conducted during the reporting period indicated a perceived worsening of child protection conditions across all areas, exacerbated by the March escalation, with increased exposure to violence, economic exploitation, and psychosocial harm. Reported risks — particularly in the Central Lebanon Area (CLA), Tyre and Saida — included exposure to violence, child labour, school dropout, neglect, psychosocial distress, and recruitment by armed groups, driven by insecurity, economic hardship and disrupted access to education and services.

FGD findings indicated worsening socioeconomic conditions across all areas, with livelihood losses cited in Tyre and Saida, particularly in daily labour, agriculture, and construction. Participants reported widespread reliance on negative coping strategies (over 85 per cent), including debt, reducing food consumption, and child labour. Children were increasingly observed engaging in informal and sometimes hazardous work, even at a young age, including delivery services, mechanics, agriculture, and street-based activities. Participants also reported high levels of psychosocial distress among children, including anxiety, fear, aggression, and emotional instability.



UNRWA frontline staff identified exposure to violence (42 per cent), neglect (23 per cent), and child labour (16 per cent) as the most prevalent risks, while community members also reported increased reliance on negative coping mechanisms, including debt, reduced meals and child labour. Additional risks included recruitment by armed groups and psychological trauma (8 per cent each), with a small share flagging sexual violence and the worst forms of child labour (around 1 per cent each).



Feature: Protection Response in Designated Emergency Shelters (DES)

High levels of displacement in March placed significant pressure on UNRWA Designated Emergency Shelters (DESs), increasing protection risks linked to overcrowding, limited infrastructure and strained services. In response, UNRWA strengthened its protection response by enhancing protection monitoring, frontline capacity and accountability to affected populations (AAP), while promoting a more integrated, inter-sectoral approach to risk mitigation within shelters.

Capacity-building included refresher trainings for staff and volunteers on Humanitarian Principles, child protection, prevention of sexual exploitation and abuse (PSEA), and protection in emergencies. Protection monitoring was scaled up through the deployment of revised DES Protection Assessment Checklists, enabling more structured identification and analysis of protection risks and gaps related to child protection, GBV, disability inclusion, and broader protection concerns. Commonly identified issues included overcrowding, inadequate lighting and safety measures, accessibility barriers for persons with disabilities, gaps in awareness and referral mechanisms, and increased psychosocial distress among displaced populations.

AAP was reinforced through the establishment of two help desks and the expansion of complaints and feedback mechanisms across the two DESs, reinforced by strengthened coordination between Protection, RSS, Education, and the Grievance Office. Community-based structures, including community committees, were established to facilitate improved communication, participation, and awareness of rights and responsibilities among displaced populations.

Despite these efforts, protection monitoring identified persistent risks, including overcrowding, reduced privacy, GBV risks particularly for women and girls, and access barriers affecting persons with disabilities and older persons. Disruptions to family and community support structures heightened the risk of family separation and increased psychosocial stress, particularly among children. Protection teams maintained close coordination with shelter management and partners to improve safe access to services, establish safe spaces for psychosocial support, and uphold minimum protection standards amid continued displacement.

Case study — Mariam's story, Rashidieh Camp

> *"In the middle of conflict, the clinic became more than a health service; it became a lifeline. It was a safe haven for us."*

— Mariam*, 29, a new mother in Rashidieh Camp

Mariam is 29, a new mother with a four-month-old baby boy. She lives in Rashidieh Camp with her husband and child, in a small house next door to her mother. When hostilities between Israel and Hezbollah escalated, many families fled Rashidieh Camp. Mariam and her family decided to stay — a decision that, she says, wasn't really a choice. Her 66-year-old mother, who lives with hypertension and diabetes, had already endured the trauma of displacement during the 2024 war and refused to leave. Rent prices outside the camp had also soared: "We didn't have enough money," Mariam explains. "We had to stay, and I needed to save whatever I could for my child."

Each day, Mariam continued working at a local bakery inside the camp, determined to provide for her child. Her husband, a painter, had lost his ability to work since movement outside the camp had become too dangerous. "I kept going," she says, "because my baby needed milk and diapers." Even as airstrikes echoed nearby and uncertainty hung over every hour, she carried on.

Mariam recalls the fear she felt during the heaviest bombardments in the areas surrounding the camp: "At one moment, I felt like I might die when I closed my eyes." Sleep became impossible. She remembers finding her mother trembling, her hands shaking, her blood pressure rising, her face pale. "I didn't know what to do," Mariam recalls.

Daily life became difficult. Mariam was especially worried about obtaining her mother's monthly medication and ensuring her newborn received his vaccinations. Through the local UNRWA clinic she found support: "I was able to vaccinate my son and protect his health," she says, "and make sure my mother got her medicine." In the middle of conflict, the clinic became more than a health service — it became a lifeline.

** The name has been changed to respect the privacy and dignity of the individual.*

ENDNOTES

[1] UN Office for the Coordination of Humanitarian Affairs (OCHA), Lebanon — https://www.unocha.org/publications/report/lebanon.