Protection Sector Weekly Response Sitrep

1,049,330 Displaced people

Source: DRM - As of March 16, 2026

3,275 Incidents

1,029 Deaths

2,786 Injured

644 Open Shelters

134,377 IDPs in shelters

34,074 HH in Shelters

Source: *MoPH - As of March 23, 2026*

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

During the reporting period, conflict intensified in various areas, mostly affecting El Nabatiyeh, the South, and the Southern Suburbs of Beirut. Over one million people are displaced, with more than 130,000 accommodated in the collective shelters. The conflict took a significant toll on civilians and civilian infrastructure. 1,039 people were killed (including 118 children, 79 women, 40 first responders) and 2,876 people were injured (380 children, 431 women, 119 first responders). In the last week, increasing counts of destruction of infrastructure such as clinics, bridges and main roads resulted in challenges for people to evacuate, for partners to access affected population groups and to challenges to maintain operations in the affected areas. The displacement crisis continues to intensify protection concerns for women and girls, who face persistent and escalating risks of gender-based violence, exploitation, and trafficking. Similarly, the emergency continues to compound vulnerabilities for older persons, persons with disabilities, and children. Child protection risks remain a critical concern, with children facing prolonged exposure to psychological distress, family separation, and child labor. Evidence from ongoing safety audits confirms that protracted overcrowding and the absence of private spaces remain primary drivers of protection risks. This sustained lack of privacy in collective sites, coupled with heightened community distress, continues to undermine the safety of women and children.

While Protection, GBV and Child Protection actors are present in collective sites and operate protection programs outside shelters, the capacity of partners is **critically stretched**. Service providers are struggling to absorb the surge in protection demands amidst strained resources, the closure of key facilities, staff displacement, and significant funding gaps. These challenges are acutely compounded in areas designated as 'hard-to-reach' due to active conflict and insecurity—specifically across the South, Nabatieh, Baalbek-Hermel, West Bekaa, and Southern Suburbs of Beirut—where severe access restrictions continue to impede the delivery of life-saving services to the most vulnerable populations.

Key Response Highlights[1]

- Up until 23 March, **28,838 displaced people** have been reached with protection, child protection and GBV services, including **15,337 individuals through information and awareness sessions** on available services, **7,187 with psychosocial support** inside collective sites, and targeted case management for high-risk cases outside shelters. In addition, **5,775 women and girls received dignity kits**, and **539 non-Lebanese households** received **Emergency Protection Cash (ECA)**.
- Protection Monitoring Snapshot #1 was issued providing a detailed summary of protection risks identified inside and outside collective sites. Partners maintain raising concerns over shelter and hygiene conditions as well as increasing psychological distress due to the prevailing security situation. The Snapshot will be issued bi-weekly.

29,377 People Reached

15,301 Awareness and Information Sessions

5,775 Dignity Kits

7,571 PSS and Case Management

Top 3 Governorates by reach

Mount Lebanon	5,660
South	5,372
Beirut	4,194

Female **76.8%**

Male **23.2%**

Lebanese	49%
Syrian	16%
Migrants	2%
Others	33%

Source: *ActivityInfo Reporting for IDP Emergency as of 23 March 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

8,243 People Assisted

14 Partners

Activity	# of People Assisted
# of people benefiting from awareness /information sessions on risks and access to services	6,669
# of people at risk receiving group or individual psychosocial support and/ or case management	1,097
# of people who received Emergency Protection Assistance	477 HHs (approx. 1,908 people)

Conflict, attacks and mass displacement resulted in exacerbated protection risks for vulnerable community members, including older persons, women and children, persons with disabilities as well as other marginalized groups, many of whom face challenges in accessing shelters. Particular concerns were raised over access to civilians remaining in hard-to-reach areas and overall safety and capacity of staff to access affected people.

Protection partners focused on the below prioritized response interventions:

- **Protection Monitoring for IDPs:** while the Protection Analysis and Monitoring TF has reactivated the IDP monitoring tools to be rolled out in the coming weeks to support systematic protection analysis, partners share observations through a daily qualitative tracker, site monitoring and field observations outside collective sites.
- **Community engagement and outreach:** community mobilization, center-based activities and community structures are increasingly active and mobilized to support the identification of vulnerable people and refer to protection actors as well as to share critical feedback on gaps. A short guidance note is developed to present practical ways to enhance community engagement across actors which will be presented in an online session next week.
- **Information sessions and psychosocial support:** key focus of partners was to enhance access to information of IDPs, and to upscale provision of awareness sessions and materials to empower IDPs to know where to receive support. Provision of information on protection key messages, PSEA and access to services have been prioritized.
- **Individuals at high risk and Emergency Protection Cash Assistance:** Partners across sites and outside collective shelters are supporting the most vulnerable and high risk individuals within the community. This includes individual case management services outside collective sites as well as in-kind support and counseling residing within shelters. With approval modalities for cash being still under review by MOSA, to date, 476 households (~1,904 individuals) were supported to address immediate protection risks.
- **Close coordination with relevant local coordination platforms** such as NMHPSSTF and the Emergency TF for Persons with disabilities has remained central to the response. A new list of key OPDs can also be found here.

Child Protection

10,605 People Assisted

28 Partners

Activity	# of People Assisted
# children, caregivers and women at risk and other persons with specific needs reached with information & awareness on services	3,965
# of persons benefitting from psychosocial support, including community-based PSS for children and caregivers	6,425
# of children referred to life saving specialized services through quality case management	25
# of frontliners trained on topics related to Child Protection in Emergencies	179

Child Protection interventions continue to be implemented and scaled up as part of the emergency response to address the increasing risks faced by children and caregivers. The high number of individuals reached through awareness and PSS activities reflects the prioritization of community-based interventions; however, the comparatively low number of children accessing specialized case management services highlights existing gaps in availability, access, and referral pathways for high-risk cases.

- Field observations indicate increasing psychological distress among children, with a high tendency toward physical and verbal violence. Caregivers are increasingly requesting **educational and recreational activities** to support children's wellbeing, particularly as many children continue to experience **fear and panic responses triggered by loud noises**.

- **In shelters**, the response has focused on a phased scale-up of activities, including **integration of safeguarding across sectors**, dissemination of key protection messages, and the rollout of **recreational and psychosocial support activities**, with gradual expansion of services following approvals. However, gaps remain in **specialized services such as case management**, as well as risks related to overcrowding and limited child-friendly spaces. Out of shelters (host communities and informal settings), partners are providing case management, family tracing and reunification for unaccompanied and separated children, and community-based PSS services, leveraging existing networks and community structures. Despite this, challenges persist in identifying and reaching vulnerable children, resource constraints, and increased reliance on negative coping mechanisms such as child labour.
- In hard-to-reach areas, response remains constrained in South and Nabatiyeh (excluding Saida) due to access limitations, security concerns, and reduced partner presence, impacting the ability to assess needs and deliver timely services. Child protection actors have adapted their modalities to ensure continuity of services. Remote case management and follow-up are being implemented in line with sector guidance, ensuring that vulnerable individuals continue to receive support and referrals where possible.
- Child Protection actors continue to **coordinate closely under the sector/working group to ensure harmonized approaches**, effective information sharing, and strong referral pathways across partners, particularly in emergency-affected areas, while in the coming weeks the Child Protection Working Group will further support partners in scaling up outreach, risk monitoring, and the delivery of child protection services in both shelter and non-shelter settings where access is feasible.

Gender-Based Violence

10,529 People Assisted

16 Partners

Activity	# of People Assisted
# of people benefitting from information sessions, GBV awareness sessions, and individual consultations on how to access services	4,667
# of people who received dignity kits	5,775
# of HH supported with ECA	63
# of actors trained on emergency GBV response and modalities	232

The ongoing conflict continues to disproportionately affect safety and wellbeing of women and girls. GBV partners report the closure of multiple GBV service facilities due to active conflict, large-scale displacement, and extreme insecurity. Unlike in the previous conflict, there are significant concerns regarding the long-term viability and possibility of reopening of these sites. The closure of some CRM facilities adds to the challenges in providing safe and timely response services to the most vulnerable GBV survivors.

The GBV response is focused on several key operational areas:

- **Provision of integrated GBV services outside the collective shelters:** The GBV partners are providing a comprehensive set of GBV services for displaced women and girls at risk and GBV survivors amongst displaced population - GBV case management and other PSS services, cash assistance, awareness rising, distribution of the dignity kits- through WGSS and other facilities providing GBV Services.
- **Alternative modalities of GBV service provision:** To meet the escalating needs of displaced populations and maintain service continuity, GBV actors are adapting to **remote and mobile modalities**, while simultaneously ensuring robust referral and case-transfer protocols to ensure all survivors are supported.
- **Provision of prioritized package of GBV services within the collective shelters:** Following the approval from MoSA, the GBV actors are accessing the collective shelters in line with the Geosplit mapping, to provide the package of the critical GBV services to people at risk and GBV survivors in need, rolling out awareness raising, PSS (excluding GBV case management), and distributing dignity kits.
- **Identification of the GBV risks in the collective shelters:** The GBV actors are continuing to roll out the GBV safety audit after receiving a dedicated training on the tool to map and address GBV risks women and girls are exposed to within collective shelters;

GBV WG is supporting coordinated response efforts in close collaboration with MoSA, while also providing technical guidance in ensuring safe and ethical service provision within the emergency response. The WG is preparing a coordinated GBV needs assessment with the GBV actors, in line with the Assessment and Analysis Working Group recommendations.

Key Challenges

- **Access to civilians and service provision in hard-to-reach areas** are critical concerns for protection sector partners. Particularly limited access to the South, Nabatiyeh particularly after the destruction of bridges. Nonetheless, remote support is provided to the extent possible.
- **With partners reporting closure of GBV and CRM facilities, other protection spaces, such as Community Centers, in the conflict affected areas,** the critical concerns on availability and accessibility of life-saving GBV and Protection services significantly increased. This, combined with the previous funding cuts impact, calls for critical needs for immediate scale up of WGSS (both including static and mobile modalities) to respond to the increasing needs of vulnerable women and girls. Enhancing access to Social Development Centers and operational centers requires dedicated support.
- **Massive population movements are challenging efforts to maintain the continuity of GBV services**. While partners are adapting to mobile and remote service delivery, there is a critical concern regarding whether existing infrastructure can absorb the influx of both transferred and new GBV cases. Additionally, the displacement of the GBV frontline staff has further added to challenges in swift and effective service provision.
- **Mental health and psychosocial distress** are increasingly evident among displaced populations, especially children and caregivers, while available MHPSS services remain insufficient to meet growing needs. At the same time, rising inter-communal tensions within host communities, including over stretched public services, are heightening risks of discrimination, social friction, and broader protection concerns, further undermining the well-being and safety of already vulnerable groups.
- **Overcrowding** in collective shelters continues to cause serious child protection concerns. Partners reported that adolescent boys and adult men sleep outside shelters in cars due to limited space which is causing heightened distress among caregivers and increasing protection risks for children.
- While recreational and PSS activities have been scaled up, the **limited case management capacity** is affecting the **identification, assessment, and follow-up of high-risk cases**, including children exposed to violence, and those in need of urgent protection interventions. This gap increases the risk of **unaddressed protection concerns, delayed referrals, and deterioration of children's wellbeing**, and highlights the need to **expand specialized services and ensure safe, timely access within shelter settings**.

Spotlight on NGO-supported access to Shelter

IOM estimates that over 48,500 migrants have been affected by the conflict as of 19 March, many newly displaced or stranded in unsafe areas. Migrants continue to face barriers accessing formal collective shelters, driving risks such as street homelessness, exploitation, and unsafe living arrangements. In response, several NGOs have reopened and expanded community-based shelters: One of them is JRS who rapidly scaled its emergency site from 85 people on opening day to about 190, while a second monastery-based site managed by MSD and Acted with IOM support now hosts 109 migrants and receives daily requests beyond its capacity.

These NGO-run shelters serve not only as accommodation but as protection hubs linking people to case management, referrals, and community-based safeguarding. They provide essential support for those with limited alternatives, including families, persons with disabilities, other marginalized communities, and refugees of all nationalities. As displacement rises, sustaining and scaling this community-rooted model is critical, with coordinated information-sharing helping identify gaps and ensure assistance remains complementary and responsive to evolving needs. Funding and support to NGOs, Community-based support structures require significant upscaling and donor support in view of a potentially longer displacement situation.