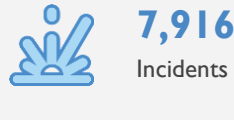
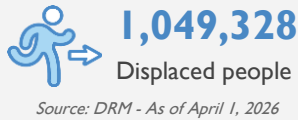




Protection Sector Weekly Response Sitrep



*Source: MoPH -
As of April 16,
2026*

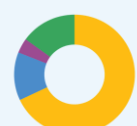
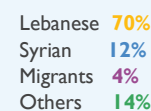
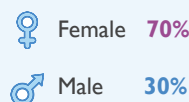
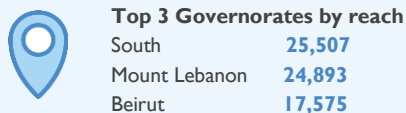
Protection, Child Protection, and Gender-Based Violence Situation Overview

Following the escalation of the conflict on 8 April, the humanitarian and protection situation in Lebanon, and particularly in the south of the country, remained highly volatile this week despite the announcement of a temporary, 10-day, ceasefire which started on 17 April. Access constraints, destruction of civilian infrastructure and safety risks continued to drive displacement and barriers to implement and access protection and humanitarian services. Conflict-related increased distress, secondary displacement, and increasing reliance on high-risk coping mechanisms, including child labour, disproportionately affected vulnerable and marginalized groups and households. Protection monitoring indicated fluid and localized movements and displacement dynamics, with some returns observed following the ceasefire. Concerns over unsafe return routes and locations for families and children returning to areas that remain unsafe or heavily damaged, while others are unable to return due to continued insecurity and lack of viable shelter options. Civilians, particularly in southern Lebanon and other heavily affected areas, continue to face heightened protection risks. Humanitarian access has continued to restrict the delivery of assistance and access to basic services, further exacerbating vulnerabilities among affected people.

Protection concerns are further heightened by ongoing access constraints, with displaced populations facing challenges in accessing shelter, basic services, and humanitarian support. Conditions in areas hosting displaced populations remain under pressure, contributing to increased risks of exploitation, neglect, and gender-based violence, particularly for women and girls. Overall, the situation this week reflects a fragile and uncertain environment, requiring sustained humanitarian access and scaling up protection services to address immediate and evolving needs.

Key Response Highlights¹

- **Up until 17 April, 111,615 displaced people** have been reached with protection, GBV and child protection services, including **52,663 individuals through information and awareness sessions** on available services, **with 41,957 psychosocial support** inside collective sites, and targeted case management for high-risk cases outside shelters. In addition, **12,187 women and girls received dignity kits**, and **4,808 non-Lebanese households** received Emergency Protection Cash (ECA).
- **Geo-split exercise** ongoing across all subnational coordination structures to ensure a weekly real-time assessment of presence, capacities and gaps of protection, CP and GBV programmes inside collective sites.
- **Protection monitoring on returns following the ceasefire and dissemination of EORE messages and child friendly IEC material** started through relevant actors which is a critical entry point to reach returning populations to raise awareness on safe behaviors and reduce the risk of injury or death of children and caregivers. Over 100,000 IEC materials on EORE have been distributed since the morning of the ceasefire.



Source: ActivityInfo Reporting for IDP Emergency as of 17 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.

Lebanon 2026 Protection Emergency Response

Situation Report #5 - Reporting period 2 March to 17 April 2026



26,391
People Assisted



31
Partners

Activity	# of People Assisted
# of people benefiting from awareness /information sessions on risks and access to services	17,235
# of people at risk receiving group or individual psychosocial support and/ or case management	3,711
# of people who received Emergency Protection Assistance	4,690
# of protection staff trained on protection CM, MHPSS, CBP, PM or other interventions	298
# of people reached through one-way communication channels on protection and services	~74,000

The impact of attacks on civilians and civilian infrastructure has been an increasing risk, causing isolation and access barriers. Identification and access to IDPs outside collective sites remain a constraint to comprehensively assess the protection needs of different population groups displaced outside collective sites. Protection monitoring highlights depletion of household resources and increased psychological distress across displaced communities with heightened risk of eviction, homelessness and exploitation amongst vulnerable and marginalized groups amidst a highly volatile situation. Overstretched resources result in limited ability to address protection risks resulting from overcrowded conditions and inadequate shelter and WaSH facilities.

Protection partners focused on the below prioritized response interventions:

- **Protection awareness and information sessions:** partners continued messaging, engagement and awareness on protection risks and access to services inside and outside collective sites.
- **Access to dignified displacement Persons with Disabilities:** OPDs have closely followed up on the pressing needs for persons with disabilities and older persons who have faced utmost challenges during displacement, including lack of access to inclusive latrines. Most follow up is done through active community channels and WhatsApp groups to identify concerns and get community feedback and complaints.
- **Protection Monitoring and mainstreaming:** protection partners have assessed and monitored the protection situation inside and outside collective sites across locations. Particularly after the ceasefire announcement, partners have engaged with displaced communities to monitor their situation and to alert them on cautious decision making on their return as many locations and damaged or partially-damaged houses present serious safety risks.
- **Upscaled community engagement and mobilization:** protection partners present in collective sites engaged with displaced people to understand protection risks affecting daily life within the sites with the aim to explore community-based solutions, and assess the capacities and skills of community members to contribute positively to their living environment. Some of the initiatives include community-led maintenance and community-based sports and recreational activities.



52,561
People Assisted



48
Partners

Activity	# of People Assisted
# children, caregivers and women at risk and other persons with specific needs reached with information & awareness on services	15,240
# of persons benefitting from psychosocial support, including community-based PSS for children and caregivers	37,021
# of children referred to life saving specialized services through quality case management	300
# of unaccompanied and separated children identified	70

Child Protection interventions have been significantly scaled up. Many children have been exposed to intense fear, traumatic events, family separation and ongoing insecurity as families fled under urgent and often chaotic conditions. This highlights the continued need for psychosocial support to help them cope with fear, instability, and emotional stress. In response, Child Protection actors have intensified outreach and service delivery across both shelter and non-shelter settings. Observations in the field reflected negative peer interactions, including bullying behaviors, verbal aggression among children in collective shelters. Some children also reported reduced engagement in education, including skipping online classes due to low motivation and emotional distress linked to the war situation. In response, partners encouraged and supported children to re-engage in learning by highlighting the importance of education as a protective factor during emergencies.



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.
- Following the recent ceasefire, **return of displaced families to their areas of origin is observed**, including locations that may remain affected by explosive hazards. This movement presents **heightened risks for children and families**, particularly related to unexploded ordnance (UXO) and other remnants of war. Child Protection partners are encouraged to **prioritize the dissemination of Explosive Ordnance Risk Education (EORE) messages and materials**, especially targeting returning populations, children, and caregivers. These messages are critical to raise awareness on safe behaviors and reduce the risk of injury or death.
- Child Protection concerns remain critical. A total of **26 unaccompanied and separated children** have been identified following the escalation on the 8th of April out of 38 identified since March 2, of whom 13 have been successfully reunited with their caregivers or placed with extended family members, while the remaining are under active tracing and provided with necessary support.



Gender-Based Violence



33,418
People Assisted



30
Partners

Activity	# of People Assisted
# of people benefitting from information sessions, GBV awareness sessions, and individual consultations on how to access services	20,188
# of people who received dignity kits	12,187
# of HH supported with ECA	118
# of actors trained on emergency GBV response and modalities	260

Women and girls continue to face disproportionate impacts of the escalating crisis, with Intimate Partner Violence (IPV) emerging as the most prevalent form of GBV, frequently exacerbated by displacement-related stress, families' financial constraints and overcrowded living arrangements. GBV WG partners have identified an alarming rise in GBV risks for children—specifically for boys sleeping in open areas of collective shelters; high-risk GBV cases with challenging access to safe housing for survivors are recorded too. In several regions, women and girls report being unable to meet rising rental costs, leading to increased risks - and incidence - of exploitation by the landlords. Furthermore, the lack of GBV risk mitigation in collective shelters, specifically regarding WASH facilities and privacy, remains a critical gap requiring urgent inter-sectoral attention. While the need for MHPSS services is increasing, partners are reporting women and girls are struggling to access them. Coverage with GBV services remains one of the key challenges with Nabatieh remaining the most underserved area.

The GBV response is currently focused on the following key operational areas:

- **Integrated GBV Services Outside Collective Shelters:** Partners continue to provide comprehensive support, including awareness raising, GBV case management, PSS, and cash assistance, via static, mobile and remote modalities. Efforts are also underway to map and reach vulnerable women and girls who remain outside the formal shelter system and are at heightened risk of GBV.
- **Identification of Risks via Safety Audits:** The GBV Sub-Sector has significantly expanded the roll-out of **Safety Audits**, with **23 partners** now engaged across **350 sites** (covering 45% of all collective shelters). A detailed analysis and a dashboard of these results are scheduled for release in the coming week to drive evidence-based advocacy across the Shelter and WASH sectors.
- **Presence within Collective Shelters (Geosplit):** Following coordination with MoSA, the geosplit exercise has been updated to ensure a more equitable distribution of GBV actors across shelters. Rollout of the GBV package including awareness rising, PSS (excluding GBV case management) and dignity kits distribution is ongoing. To date, 478 shelters have been assigned to specific GBV partners (67%). However, a significant gap remains, with 238 shelters still without a present GBV actor due to funding constraints and the rapid opening of new sites.
- **GBV Information, Education, and Communication (IEC):** GBV WG with support from UNFPA, UNHCR, and IRC, is coordinating the large-scale dissemination of printed leaflets covering key GBV messaging and referral pathways for the GBV responders. These materials are being integrated into Dignity Kit distributions, functioning as a critical entry point to link survivors and at-risk individuals with life-saving GBV services and ensure wide outreach to the vulnerable populations.



Key Challenges and Needs

- **Increased needs for communication with communities and dissemination of EOORE sessions to reduce risks.**
- **Enhanced needs for monitoring of the protection situation** and trends amidst a high fluid displacement and return situation.
- **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.
- **Lack of sufficient funding to holistically respond to the protection risks including for persons with disabilities.** Funding of care activities and larger-scale distribution of adult diapers is critically underfunded. This has led to critical programmatic gaps to address complex protection, health and disability-specific needs.
- **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 areas.

From Separation to Safety: Delivering Results for Unaccompanied and Separated Children

Following the escalation on 8 April, during which more than 100 strikes were reported within less than 10 minutes, the Alternative Care Task Force led a wide-scale response. The Child Protection teams were mobilized in affected areas and hospitals to identify unaccompanied and separated children (UASC) and advance family tracing and reunification (FTR). This was built on earlier preparedness efforts, including coordination with hospitals across BML, distribution of FTR posters with specialized agencies contact information and hotline numbers, and coordination with media outlets including TV and DRM official channels to widely disseminate hotline numbers. These efforts also prompted families and hospitals not yet directly engaged to reach out and support identification.



Close coordination with the DRR Director further strengthened identification and response mechanisms. In addition, the CP team coordinated with various sectors and stakeholders to disseminate FTR information and facilitate safe identification and a timely response. Over the days following the escalation, multiple rounds of calls were conducted with all hospitals to assess cases, support identification efforts, and facilitate a timely response. Close coordination with UPEL is ongoing to cross-check data, verify information, and ensure proper follow-up regarding the child protection services to be provided.

In one case, two siblings were initially reported missing by DRR within BML. Early reports indicated that both children had died; however, subsequent information confirmed that one child (8 yo) was alive, although the child's whereabouts were initially unknown. It was reported that the caregiver had survived, but their location could not be confirmed at that stage. Further follow-up with extended family and relevant actors led to confirmation of the child's location and reunification with the caregiver was achieved in two days.

Key agencies including Himaya, Save the Children, International Rescue Committee, UPEL, and Terre des Hommes Lausanne played a critical role in supporting family tracing and reunification (FTR) efforts during the emergency.