Protection Monitoring

Situation of Internally Displaced Persons and Returning IDPs

Protection Analysis and Monitoring Taskforce

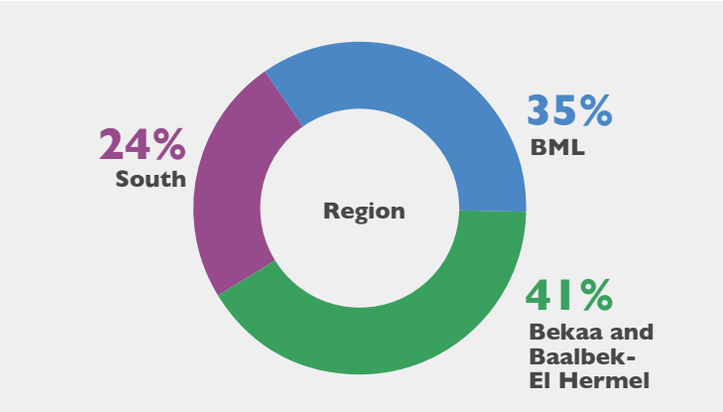
Protection Working Group Lebanon - *National Report April 2025*

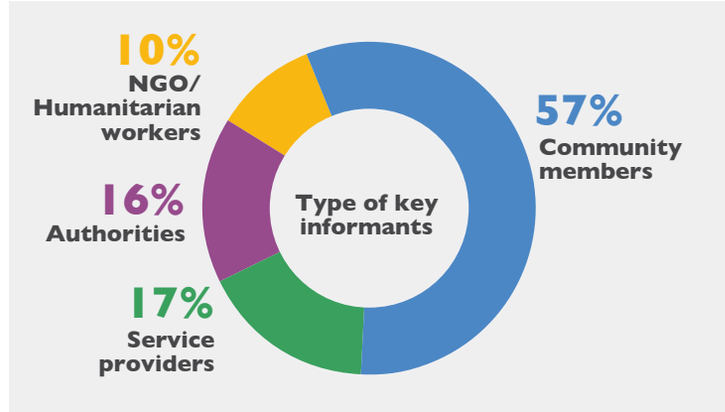
Introduction

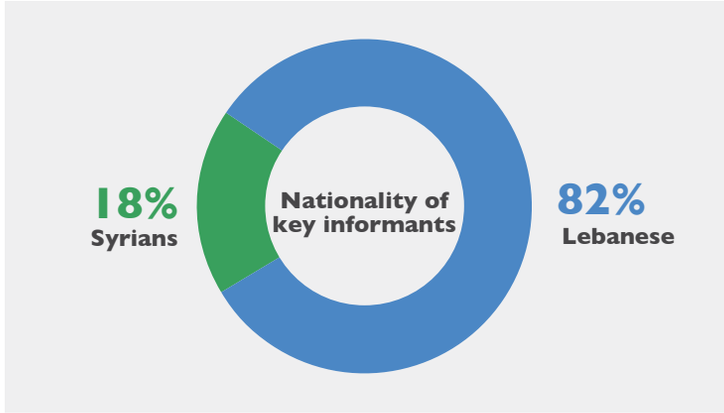
The report provides an overview of the key findings and protection risks identified through Protection Monitoring (PM) carried out with Internally Displaced Persons (IDPs) and returning IDPS in April 2025. The exercise was coordinated by the Protection Monitoring and Analysis Taskforce of the Protection Working Group and was implemented by UNHCR, IOM, INTERSOS, SHEILD, DRC, IRC, and CARITAS. The report covers Beirut and Mount Lebanon (BML), Bekaa and Baalbek-El Hermel, and the South Governorates. Data collection concerning IDPs[1] in the North of Lebanon was not conducted due to the small numbers of IDPs present there.

The methodology for this month's exercise consisted of 256 assessments, 235 of which were Key Informant Interviews (KIIs) and 21 Focus Group Discussions (FGDs). Of these KIIs 192 were Lebanese, 42 Syrians, 1 was a migrant. 86 assessments were conducted in BML (83 KIIs and 3 FGDs), 61 assessments in the South (56 KIIs and 5 FGDs), and 109 assessments in the Bekaa and Baalbek-El Hermel (BBH) (96 KIIs and 13 FGDs). The target groups for this exercise include internally displaced Lebanese and secondarily displaced Syrians and a very small number of Palestine Refugees from Lebanon (PRL) and migrants.

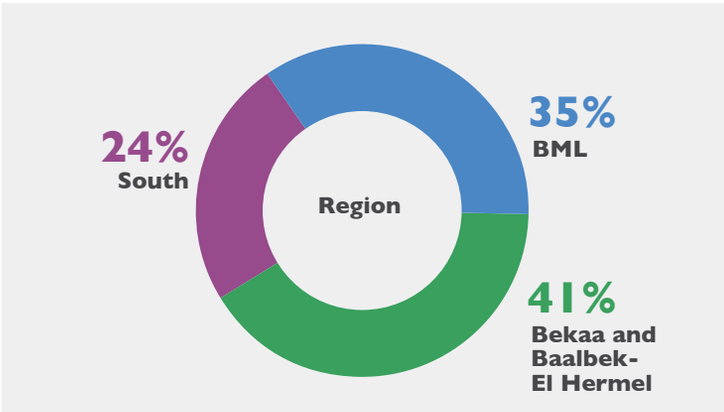
Key informant interviews

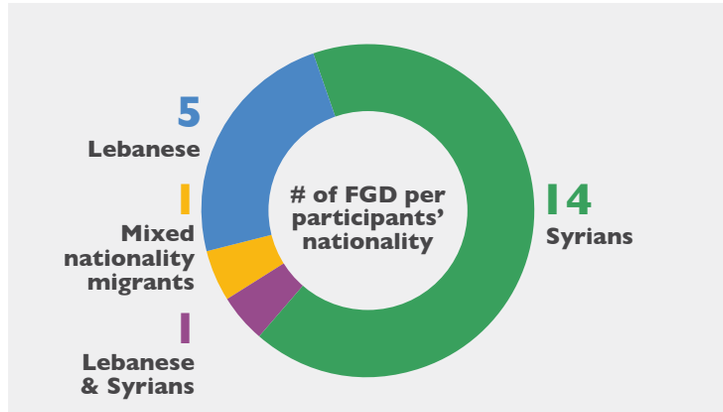






Focus group discussion





[1] The term IDPs used in this report refer to both those who continue to be internally displaced as well as returning IDPs.

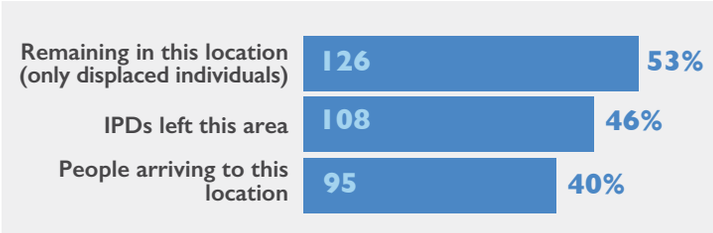
Results of the assessments

Displacement trends and return intentions *(based on conflict developments, ceasefire and/or Syria situation)*

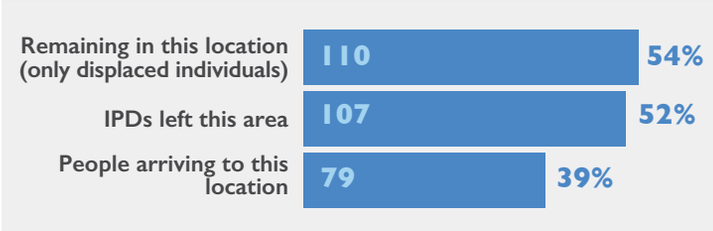
As of April 2025, the situation in Lebanon has changed significantly since December 2024. The ceasefire has been in effect for several months, and while over 970,000 are estimated to have returned to their pre-conflict areas of residence, over 90,000 are still living in displacement.[2] As this report is focused on IDPs, Syrian new arrivals were not included in the data collection, nor were Syrians who were not internally displaced.

Displacement trends and barriers to return throughout April have remained largely similar to those in March across Bekaa and Baalbek-El Hermel, the South, and BML. According to 53% of KIIs, many still remain in displacement, continuing the trend from March. The primary reason for people being displaced, like last month, was damaged or destroyed homes (34%). Other hurdles for returning include safety concerns (18%), awaiting political events in Syria (14%), lack of financial means such as home repair costs, rent costs, transportation costs, living expenses, etc. (14%). Most key informants (67%) across all regions indicated that some of the people who were initially displaced do not consider returning to their pre-conflict areas of origin and now consider remaining in displacement locations such as Jbeil. Around 46% of KII respondents reported that IDPs have left their areas of displacement. Like in March, the main reason for people leaving their areas of displacement as reported through KIIs was due to the ceasefire (39%). The percentage of KII respondents who reported that people arrived in areas in April (40%) was also like March (39%). Of note, most people who arrived in different areas were people returning from displacement.

April



March

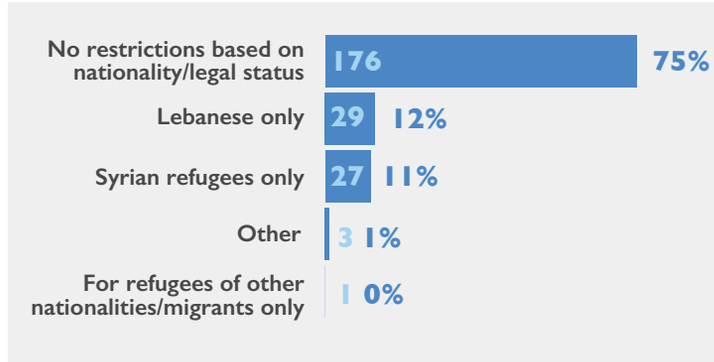


Displacement trends and intentions differ depending on nationality. 42% of KII respondents reported that Lebanese IDPs plan to stay in their current locations while only 36% of KII respondents reported similar trends for secondarily displaced Syrians. The percentage of KII respondents reporting Lebanese remaining in current areas decreased from 53% in March to 42% in April; meanwhile, the percentage of KII respondents reporting secondarily displaced Syrian planning to remain in their current locations increased from 28% to 36%. This indicates that while Lebanese are reportedly slightly more likely to remain in their area of displacement than Syrians, the percentage of KIIS reporting that Lebanese planning to remain in displacement is decreasing, while the percentage of KIIs reporting that Syrians plan to remain in displacement is increasing. Common reasons why IDPs remain in their current location include financial reasons such as cheaper housing, easier access to services, and more job opportunities. For example, in an FGD with migrants, participants reported that they plan to remain in their areas of displacement (Adonis, Broummana, Dawra, Bourj Hammoud, Sin el Fil and Mazraat Yachouh) due to better livelihood opportunities.

Shelter access, restrictions and type of accommodation

According to most of the KII responses (75%), IDPs do not face restriction to accessing locations based on their nationality. 12% indicated that only Lebanese have access, and 11% stated that only Syrians have access. Like what was reported in March, the main reason such a high percentage reported that there are no restrictions is likely due to most people living in privately rented accommodations.

Restriction to Access Residences

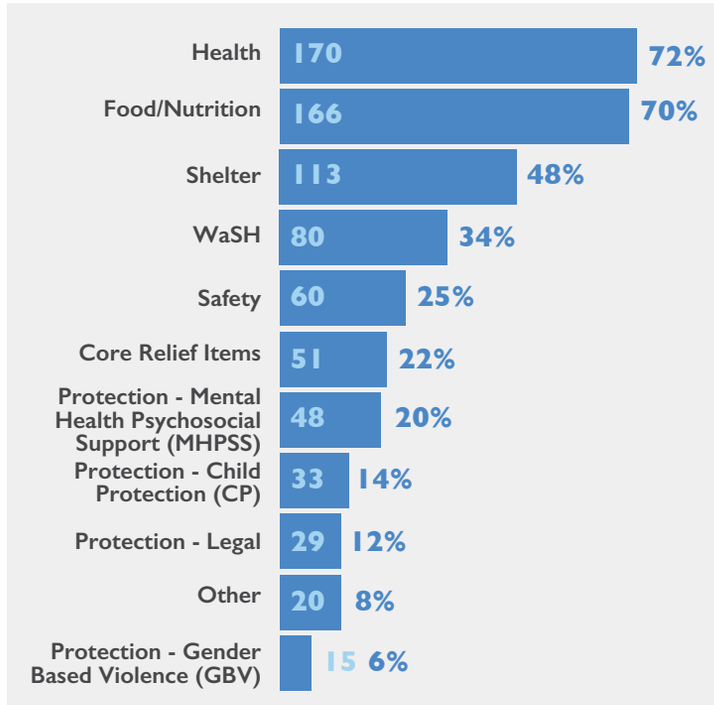


In relation to access to shelter, 93% of KIs indicated no restrictions based on a person's vulnerability. This includes a variety of accommodations such as private rentals, shared accommodations, collective shelters, and other places like abandoned buildings and informal tented settlements. Although the majority of KIIs reported that various forms of shelter are accessible to all regardless of vulnerability, this does not mean that there are available shelter in all locations, similar to reports from March.

Priority Needs

IDPs' priority needs in April remain consistent with those reported in March and February with healthcare (72%), food (70%), and shelter (48%) continuing to occupy the top three needs across Lebanon. Despite the shaky ceasefire being in effect for a few months, data indicates that people are still suffering from the same needs months later. For example, an FGD participant from the South shared that her daughter has anemia and regularly requires blood but is unable to reliably access treatment due to high costs. Moreover, FGD participants from BML reported that they are unable to afford basic necessities for their children such as milk for infants. FGDs in the Bekaa and Baalbek-El Hermel region similarly revealed that participants struggle to secure healthcare needs, particularly for people with chronic illnesses, due to high costs.

Priority Needs



[2] Lebanon — Mobility Snapshot - Round 86 - 02-05-2025 | Displacement Tracking Matrix

KII reports clearly indicated that individuals have prioritized basic needs like food, healthcare, shelter and WASH more than other priority needs such as MHPSS (20%), child protection (14%), and legal needs (12%). This may reflect the ongoing shortages and struggles people face in accessing needs which are vital to their immediate survival, despite the other issues such as MHPSS needs, child protection, and GBV concerns being critically important. In addition, much fewer KIIS reported GBV needs between March (16%) and April (6%) – however, as the GBV IMS is reporting increase incidents from April from March, the reason for this reduction in GBV needs reported in IDP PM require additional data and analysis together with GBV actors.

Shelter concerns in the South (64%) were reported by more KIIs than in both BML (40%) and the Bekaa and Baalbek-El Hermel (46%) regions, likely due to a combination of high rental fees and damaged and destroyed housing.

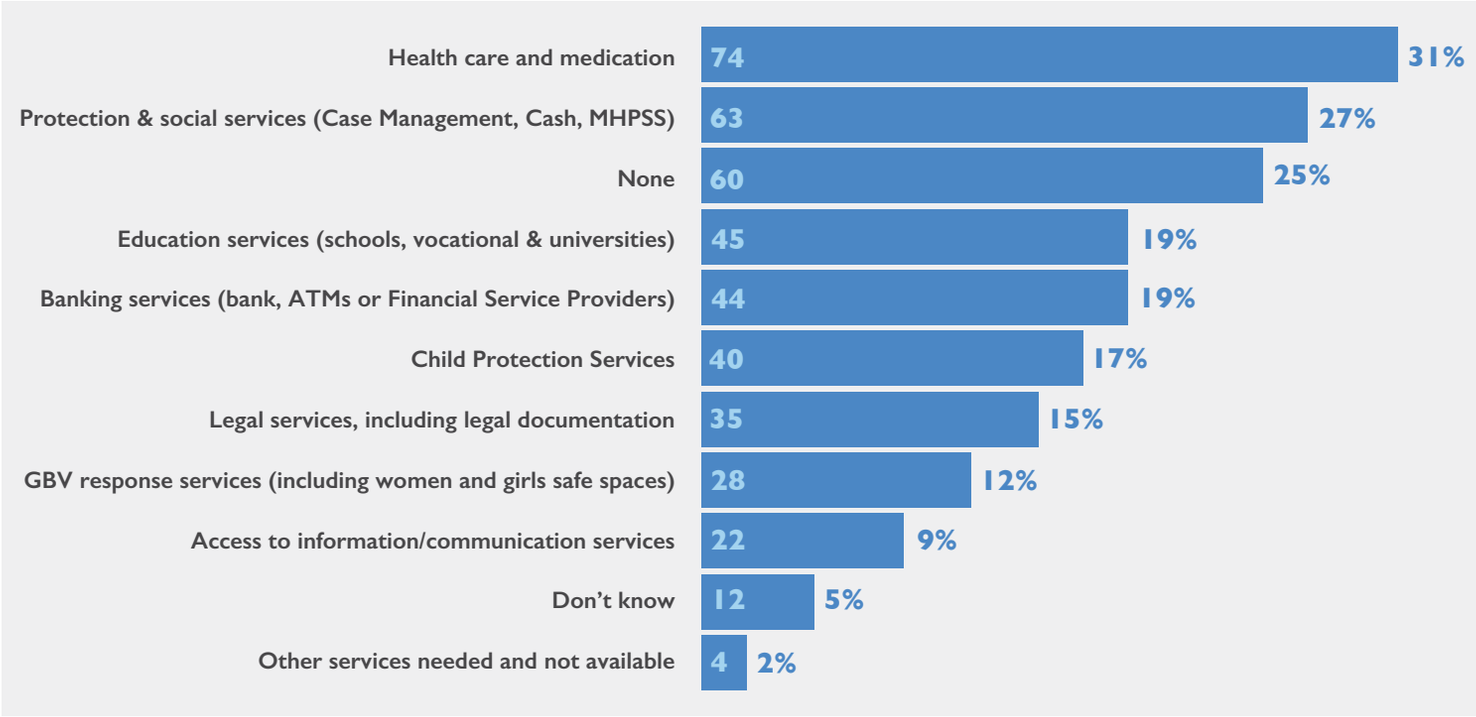
Safety concerns in the South are noticeably higher than in BBH and BML. 45% of KIIs reported safety concerns in the South, presumably reflecting the ongoing and intermittent Israeli airstrikes despite the ceasefire. Comparatively, 28% of KIIs in BBH and 10% of KIIs in BML reported safety concerns. FGDs with Syrians highlighted safety issues predominantly related to security of movement, arrests and detention.

Availability/accessibility of services

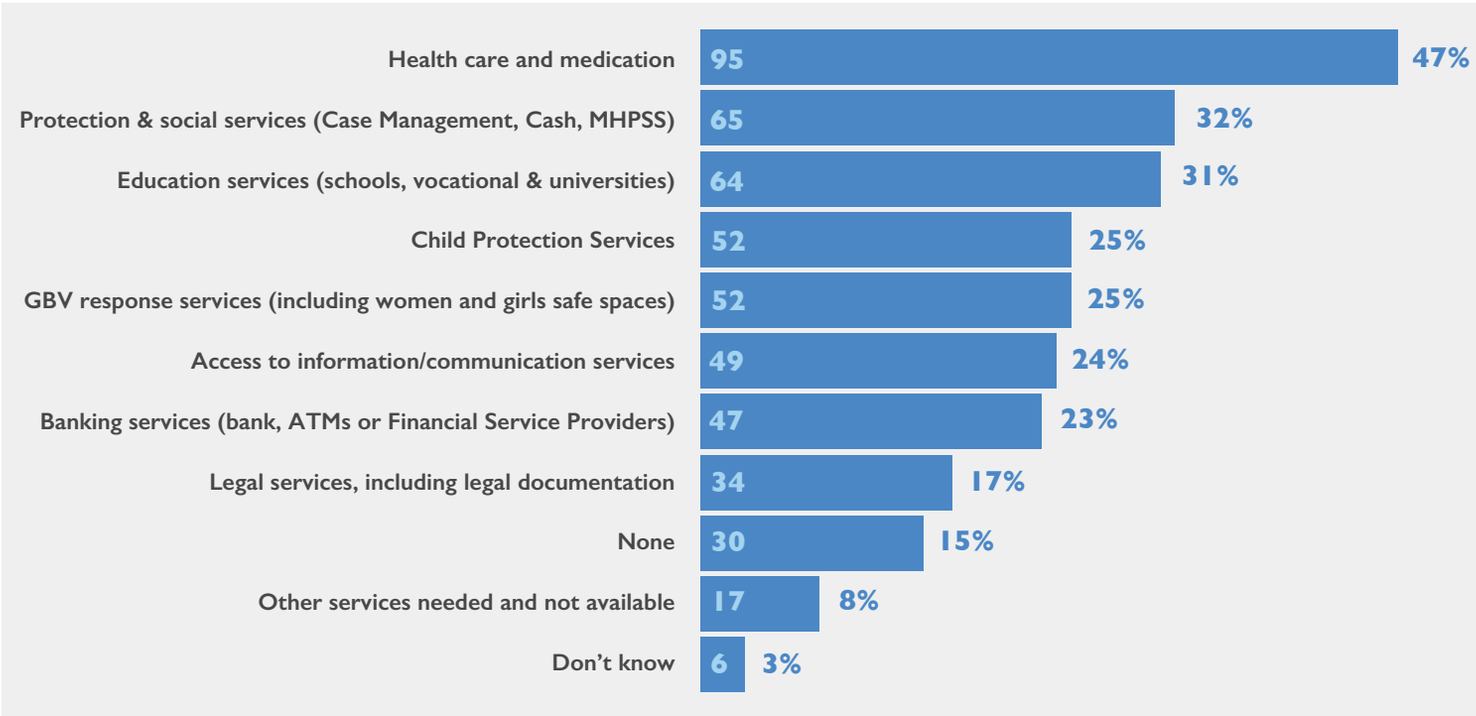
Service availability in April has reportedly increased from March with the reports of unavailable services being lower across the board. Although the top two concerns, healthcare (31%) and protection and social services (27%), still occupy the top positions, they are comparatively lower than in March. Healthcare is the most notable change with 31% of KIIs indicating it was unavailable in April compared to 47% in March, indicating that availability of healthcare services have increased. Accessibility to Protection and social services also appears to have also increased, although less dramatically than health care, with the percentage of KIIs reporting these services being unavailable reducing to 27% from 32% in March.

Below is a comparison of the unavailable services between April and March, as reported by the KIIs.

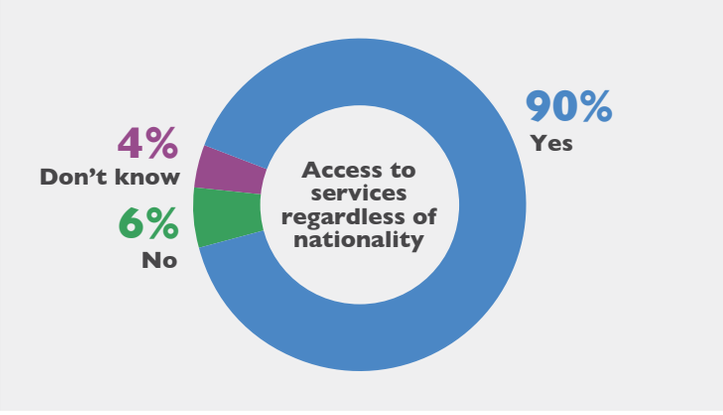
Services Unavailable in April

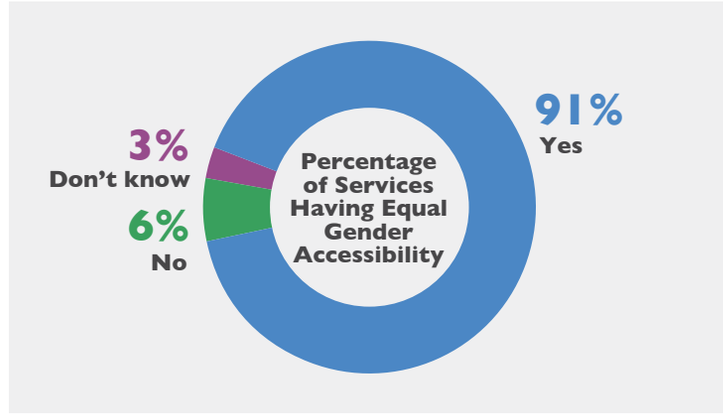


Services Unavailable in March



Overall, most KII indicated that services were available regardless of nationality and gender. 90% of KIIs reported that when services are available in an area there are no restrictions on access based on nationality. It is important to note however, that 82% of the KIIs conducted in April were Lebanese and 91% also indicated that women have equal access to available services. KII reported that limitations in accessing services were usually because certain types of services are either lacking entirely from an area, or people in the area lack awareness about the different available services. However, a minority of respondents indicated barriers for specific populations - for example, an FGD in Bourj Hammoud with migrants revealed that despite MSF and IOM providing some medical services, gaps remain, particularly for health conditions not covered by these organizations.

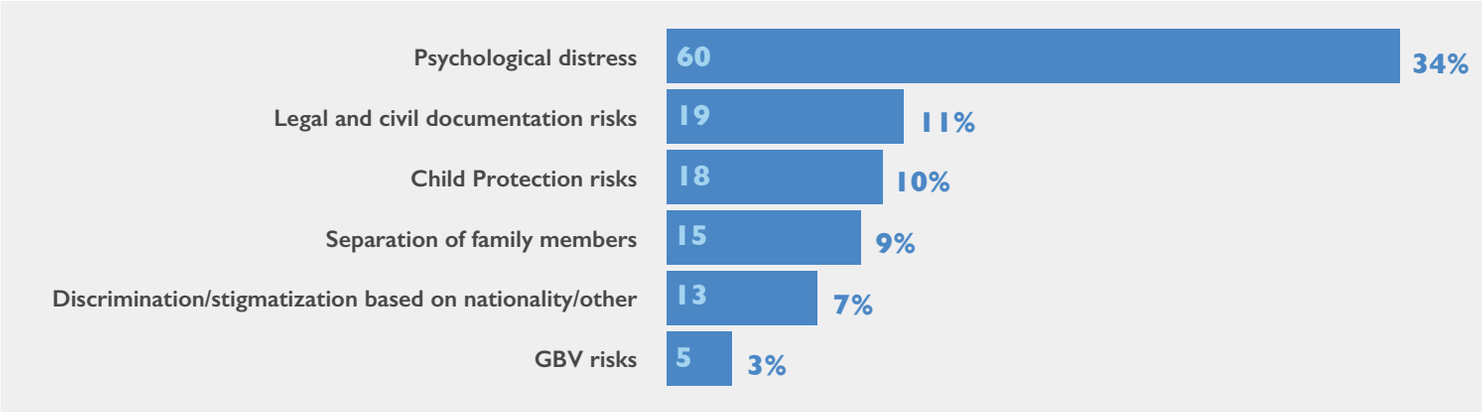




Despite KII data showing an overall increased availability of services from March to April, FGDs in the Bekaa and Baalbek-El Hermel region reported that high transportation costs hinder the ability for people to access health-care and schooling for children. Similarly, FGD participants in BML reported that the cost of healthcare is unaffordable for many, with one participant indicating that an elderly family member has a chronic neurological condition which necessitates monthly treatment costing $250, forcing them to borrow money to afford the treatment. The situation in the South is also similar, with FGD participants reporting that many types of medication are unavailable in pharmacies and several medical centers have been destroyed, limiting access to proper healthcare.

Protection Risks[3]

Psychological distress (34%) remains the top protection concern in April according to KIIs, echoing March's findings and reiterated by FGD findings. For example, FGD participants in Bourj Hammoud indicated that Syrian refugees highlighted psychological distress among both children and adults. An FGD in the Bekaa also found that adults and children, both Syrians and Lebanese, are experiencing high levels of psychological distress due to stress, worry, and hopelessness. Following this, legal and civil documentation risks were cited (11%), with child protection risks and separation of family members close behind at 10% and 9%, respectively.

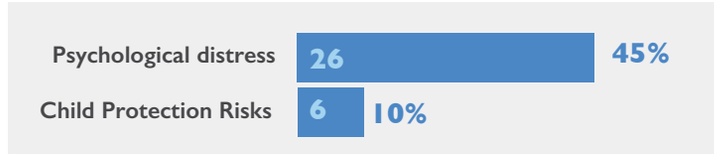


Discrimination continues to be reported by Syrians and migrants through FGDs, highlighting exploitation, verbal and physical abuse. For example, an FGD conducted with migrants reported that they have repeatedly been on the receiving end of exploitation, verbal and physical abuse. The participants indicated that employers often take advantage of their irregular status, with complete awareness that many migrant workers are unable to report these violations to authorities. Migrant participants also reported verbal and physical abuse from taxi drivers. Syrian FGD participants expressed similar concerns regarding verbal and physical abuse by the local population. The reports indicate that non-locals are often more vulnerable to verbal and physical abuse, primarily because they cannot or fear reporting such incidents to local authorities. The reports from the FGD contrast with the data from KIIs of which only 7% reported protection risks related discrimination and stigmatization based on nationality. This may also be due to the fact that the majority of KIIs are Lebanese and therefore may not be aware of the discrimination faced by refugees and migrants.

By far the most notable change was the reports of GBV risks reported by KIIs. In March 18% of KIIs cited GBV as a key protection risk across Lebanon, however, in April this was only reported by 3% of KIIs (2% in the South and 6% in Bekaa/Hermel and not at all in BML). As noted above, such a dramatic change in the reporting of GBV as a risk by KIIs is not consistent with the increased incidents of GBV reported to GBV actors and would require more data and analysis to be able to interpret this result. It is clear however, that the risks of GBV do not decrease this dramatically in one month, so this result must be due to other factors.

The graphs below show the different KII priority protection risks identified in KIIs per assessed area.

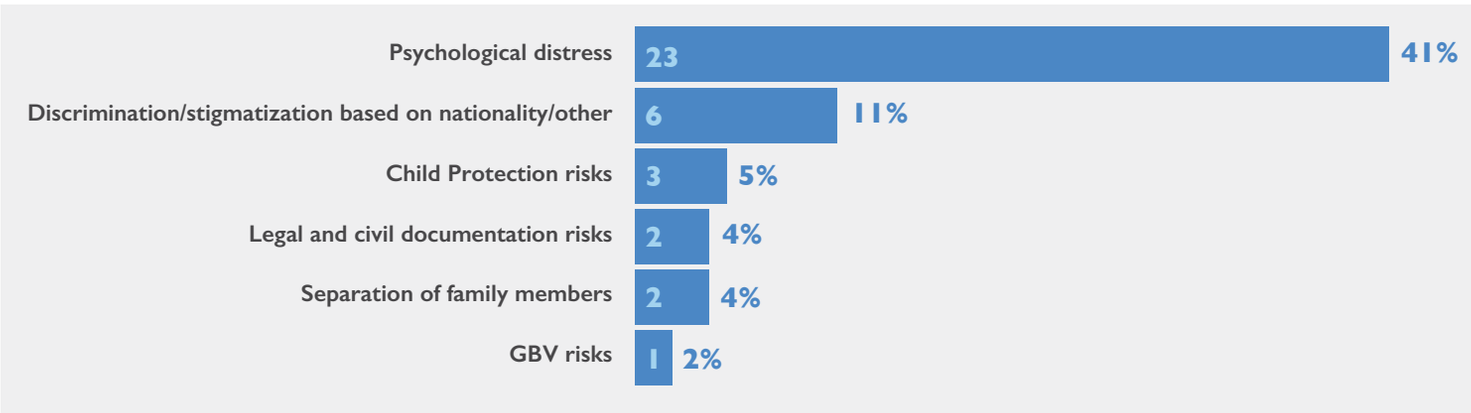
BML



[3] Upholding data quality standards, this report describes protection concerns using data from individuals possessing adequate context on the matter, thus drawing only from 174 (70%) KIs.

Bekaa/Baalbek-El Hermel

South



Notably, different areas of Lebanon reveal different prioritized protection risks. In BML only psychological distress and child protection risks were reported. KII data from the Bekaa highlights that legal civil documentation (27%) was the highest protection risk there. In BML the highest risk reported by KIIs was psychological distress (45%). Similarly, in the South psychological distress was reported by 41% of KIIs. While legal documentation risks are prevalent throughout Lebanon, particularly for non-Lebanese, the KII data seems to suggest that it is a much larger issue in the Bekaa than it is in the South and BML. However, according to FGD this is not the case as many participants across the assessed areas indicated that a lack of legal documentation is a big concern to them.

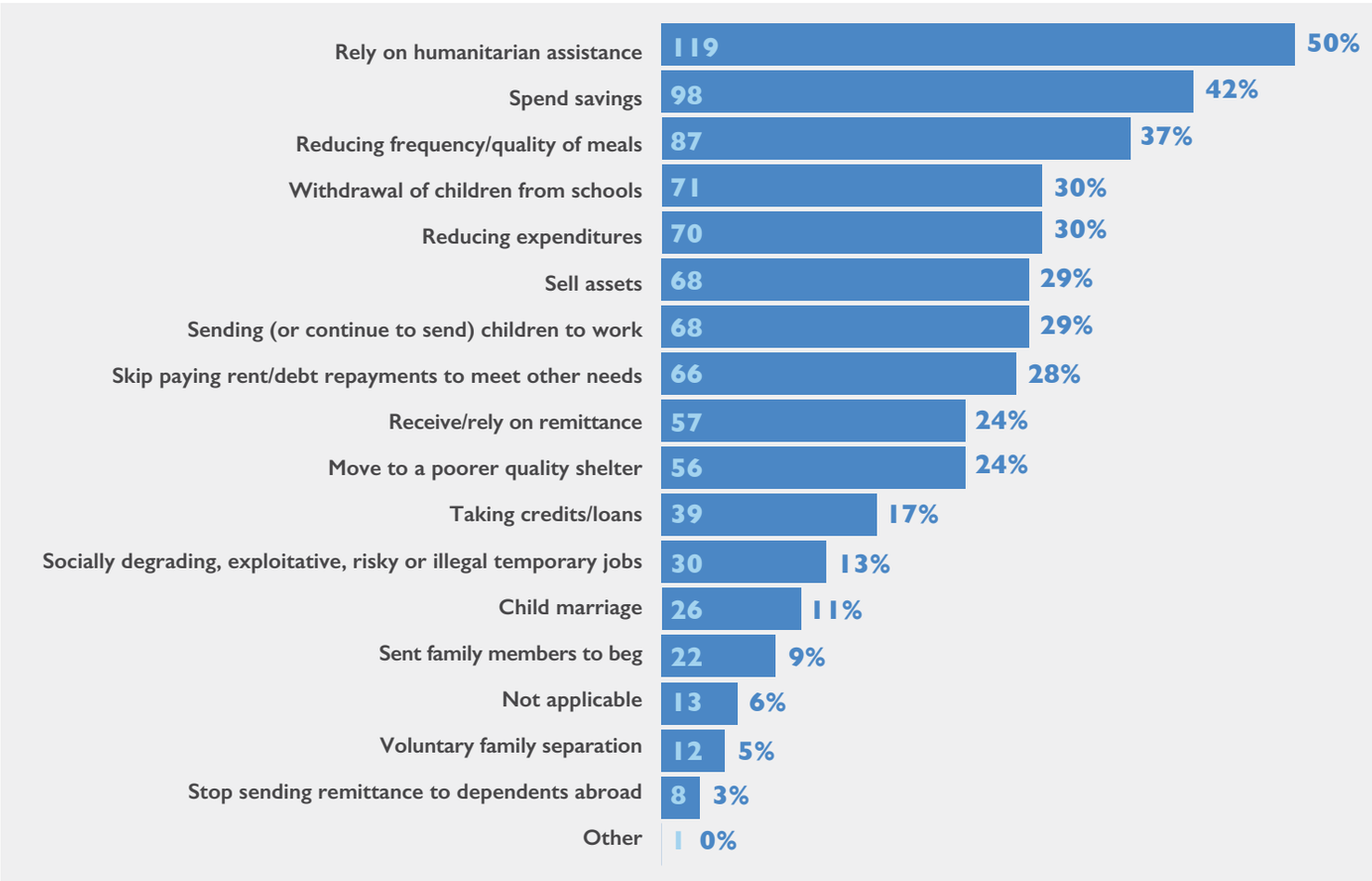
Notably, 51% of KIIs who were asked about protection risks indicated that they did not know about the specific protection risks affecting the population. Even though protection risks were asked to a reduced number of KIIs, many still did not know the specific protection risks that IDPs were suffering from. This might warrant further narrowing the selection of KIIs who will respond to questions related to protection concerns.

Coping Mechanisms

As was the case in March, IDPs in April utilized a variety of coping mechanisms to deal with the challenges that forced displacement has presented to them. The top reported coping mechanism by KIIs was the reliance on humanitarian assistance for IDPs to meet their basic needs, although though this percentage decreased by 10% between March (60%) and April (50%). This could be attributed to the funding cuts that many aid organizations have experienced. The second most reported coping mechanism was spending savings (42%), followed by reducing the frequency and quality of meals (37%). Notably, the reports by KIIs on the reduction in quantity and quality of meals has increased by 9% from 28% in March. This suggests that IDPs are finding it more difficult to secure suitable quantity and quality food. The KII reports of children being withdrawn from school has also increased from 25% in March to 30% in April. In relation to this, there was also an almost doubling in the percentage of response by KIIs indicating that children have been engaging in child labor. While in March 16% of KIIs reported that children across the assessed areas were involved in child labor, 29% of KIIs reported that children have been engaging in child labor in April. Yet, only10% of KIIs reported child protection as protection risks. Further investigation may be needed to understand why more KIIs indicated that children have been engaging in child labor, than KIIs reporting incidents of child protection. The respondents indicated that the increase of child labour appears to be drive by the ongoing financial struggles that families are facing. Parents are encountering difficulties paying school fees and transportation costs, as a result, more children are being sent to work to supplement household income.

FGDs point to similar dire straits and IDPs using drastic mechanisms in order to cope with the situation. For example, FGD participants in the Bekaa/Baalbek-El Hermel regions indicated that IDPs are primarily focusing on coping mechanisms that maximize survival. They reportedly increasingly rely on landlords for needs like housing, water and electricity. Moreover, participants indicated that they have drastically reduced their spending, particularly on food, eating fewer and cheaper meals. Many participants even highlighted that they are willing to take on any jobs regardless of the risk, highlighting the increased desperation that many are facing. In BML, FGD participants indicated that they are forgoing medical treatment due to financial costs. Migrants also mentioned that they often share accommodation in order to share the price of rent, in addition to forgoing medical treatment to reduce household costs. IDPs in the South face severe shortages related to essential services like water, electricity and healthcare. In addition they struggle to secure food and shelter. Furthermore, the water shortage in the South not only affects people's direct living situations, but also many people's livelihoods as they work in Agriculture.

Coping Mechanisms



Recommendations

Scale up targeted multipurpose cash assistance programs for IDPs, implemented by local and international organizations. These programs would aim to alleviate the pressure that high living expenses exert on the most vulnerable households across the assessed locations. Targeted assistance has become even more necessary with the ongoing funding cuts that UN agencies and humanitarian organizations are experiencing considering the limited funding for early recovery efforts currently being available in the country and the evidence of increased use of negative coping mechanisms among IDPS.

Continue to expand the availability and accessibility of health services for IDPs, building on the substantial progress between March and April. This includes continuing to invest in scaling up health services in areas hosting IDPs and returning IDPs, as well as addressing financial barriers to accessing healthcare – for instance, supporting people's financial ability to meet their healthcare needs or subsidizing certain medications to make them more affordable for the most vulnerable. Address barriers for migrants to access health services provided by actors other than IOM and MSF.

MHPSS support for both children and adults remain a key need, particularly in the South in order to help IDPs deal with the stress and pressures that displacement and their current difficult living situation has caused them. This includes scaling up community-based psychosocial support for, evidence-based brief psychological interventions and specialized mental health programmes.

Provide technical support by international and local humanitarian organizations to local community initiatives which focus on aid and employment, through vocational training to help people acquire employable skills. Moreover, implement programs that can match individuals with jobs relevant to their skills. This can be conducted by livelihood actors and local businesses.

Continue to expand awareness sessions and other outreach programs that help disseminate information to areas hosting IDPs and returning IDPs, ensuring they are aware of the services available to them and making it easier for them to access these services.

Continue to strengthen social cohesion and community integration through sustaining investment in outreach community-based programs that help individuals from different backgrounds come together for common purposes, with the goal of reducing tensions between local communities and non-local IDPs, help reducing discrimination and stigmatization and promoting peaceful coexistence by protection actors in coordination with local communities.

For authorities: support, advocate and initiate rehabilitation projects targeting damaged infrastructure in heavily damaged areas to help displaced people return to their pre-conflict places of origin through provision of alternative shelter options or cash for rent programs while ensuring that protection principles are integrated into the rehabilitation and recovery plans.