Protection Sector Weekly Response Sitrep

1,049,328 Displaced people

2,235 Incidents

850 Deaths

2,105 Injured

622 Open Shelters

132,742 IDPs in shelters

33,622 HH in Shelters

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

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

Over the past two weeks, escalated hostilities, evacuation orders, and widespread insecurity have triggered rapid displacement from El Nabatiyeh, the South, and the Southern Suburbs of Beirut toward Beirut and Mount Lebanon, which have become the main hosting governorates for internally displaced persons. Displacement is exacerbating protection concerns for women and girls, including risks of gender-based violence, exploitation, and trafficking, as well as for persons with disabilities, older persons, and children. It is also undermining family and community support systems that traditionally provide a protective environment for children. Access and information to shelter is a major need with IDPs sleeping in vehicles or on roadsides, as hosting capacity (houses, public schools) are overstretched. Overcrowded shelter conditions, lack of privacy, and heightened distress are significantly increasing safeguarding concerns and protection risks for women, children and other vulnerable groups, while also raising the potential for disease outbreaks, fires, and other hazards. These conditions further limit safe disclosure of protection concerns. Public services are severely overstretched, compounding risks related to health, safety, and overall protection. In addition, children in shelters and affected communities are exhibiting growing signs of psychological distress, linked to prolonged exposure to violence, uncertainty, disrupted routines, and the overall instability of their environment. Non-Lebanese IDPs faced barriers in accessing formal shelters and are therefore primarily supported through community-based and NGO support. Partners maintain close coordination with authorities to identify and secure additional options to ensure more inclusive shelter options.

4,563 Awareness and Information Sessions

2,314 Dignity Kits

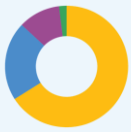
1,820 PSS and Case Management

232 Partners Trained

Bekaa	1,866
Baalbek-El Hermel	1,670
Mount Lebanon	1,457

Female **73.4%**

Lebanese	66%
Syrian	21%
Migrants	11%
Others	2%



Source: *Partners ActivityInfo Reporting for IDP Emergency as of 17 March, 2026*

Key Response Highlights[1]

- **Protection, GBV and Child protection actors** supported a total of **8,768 IDPs** through protection services including counseling and community outreach to enhance access to shelter and services, safe referrals to emergency case management, psychosocial support, dignity kits and disability-specific items, recreational activities inside shelters and information sessions.
- **Geo-Split exercise** activated across all sub-national coordination structures, supported by a real-time online dashboard, to provide a comprehensive overview of partner coverage in collective shelters, ensuring a streamlined, non-duplicative response to the needs of the affected population.
- **GBV WG** successfully oriented 232 frontline responders (Protection, CP, and GBV) on the **GBV Safety Audit** tool, ensuring a unified approach to identifying risks in overcrowded displacement sites and informal settlements.
- **Child Protection actors** successfully commenced the rollout of recreational and psychosocial activities for children in collective shelters, following formal government approval for site access. These activities provide children with opportunities for structured play and social interaction, helping to restore a sense of normalcy during displacement.
- **Outside shelters,** partners delivered psychosocial support (PSS) activities for displaced children and caregivers to support coping and emotional wellbeing, while also disseminating information on available child protection services and conducting awareness-raising on key protection risks.
- **Relevant Sector Guidance** to ensure a harmonized and coordinated approach across sector partners was compiled in a Shared folder for ease of access for all response partners.

Protection

4,363 People Assisted

14 Partner

ivity	# of People Assisted
# of people benefiting from awareness /information sessions on risks and access to services	2,844
# of people at risk receiving group or individual psychosocial support and/ or case management	379
# of people who received Emergency Protection Assistance	227 HHs (approx. 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 them unable to access shelters. Protection partners have upscaled responses outside collective sites to reach vulnerable people and link them to relevant hotlines, shelters and services.

Protection partners focused on the below prioritized response interventions:

- **Protection Monitoring** is systematically conducted through partners across all field locations and shelter visits. Monitoring of protection risks at shelters is critical to identify risks and gaps and refer heightened-risk individuals to partners.
- **Communication with Communities and Access to Information:** National hotlines and CwC were significantly upscaled to address the increasing needs for information and services.

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

- **Community engagement and outreach:** particularly for people at heightened risk and those unable to access shelters, community networks and NGOs provided life-saving shelter options hosting migrants, secondarily displaced Syrians and refugees of other nationalities. Community volunteers are identifying high-risk displaced people; most lack emergency shelter, followed by those with serious medical conditions, single women without family support, and persons with disabilities.
- **Emergency Protection Cash Assistance:** for vulnerable Syrians, refugees of other nationalities and migrants unable to access collective sites, counseling on available options and protection cash for emergencies was provided. 576 HHs were assessed and over 230 received Protection ECA.
- **Disability inclusion efforts** coordinated with the Emergency Task Force are ongoing to support displaced persons with disabilities. Few accessible shelters led by institutions supporting persons with disabilities are currently hosting displaced persons and their families. Task Force members and Protection partners continue working to link displaced persons with disabilities to available shelters and are exploring opportunities to identify additional accessible shelter options.

Child Protection

1,423 People Assisted

15 Partner

ivity	# of People Assisted
Activity CP1: # children, caregivers and women at risk and other persons with specific needs reached with information & awareness on services	541
Activity CP2: # of persons benefitting from psychosocial support, including community-based PSS for children and caregivers	1,423
Activity CP3: # of children referred to life saving specialized services through quality case management	10

A key component of the ongoing humanitarian and development response has been the strengthening of Child Protection mechanisms.

- Crucially, dedicated Child Protection partners continue to operate **dedicated hotlines**, providing confidential reporting channels and facilitating referrals to case management, psychosocial support, and emergency services. The CPWG has also strengthened collaboration with the National Lifeline (1564) for emotional support and suicide prevention, operated by Embrace in collaboration with the National Mental Health Program. The Lifeline contributes to the early identification of protection risks and functions as an accessible referral entry point for individuals seeking support during the emergency by providing guidance and facilitating referrals.
- The **Alternative Care Technical Working Group** remains on standby to support any cases involving unaccompanied or separated children (UASC). UASC-related awareness materials/posters will be distributed in shelters and hospitals to support early identification, referral, and access to services. Up to date, 11 cases of unaccompanied and separated children have been identified where 10 were reunited with their families or provided with alternative care arrangements. 1 unaccompanied child is being provided with the necessary support.
- The CPWG continues to strengthen **coordination with other sectors**, particularly **Education, WASH**, **Shelter and Food Security sectors** to ensure child safeguarding **considerations are integrated in the response.**
- The **Psychosocial Support (PSS) Guidance for the emergency response has been reviewed by the PSS Committee, NMHP, and MoSA** to support partners in delivering and reporting coordinated and quality psychosocial

support interventions for children and caregivers in shelters and affected communities, ensuring alignment with inter-agency standards and good practices.

- The CP Case Management TF continues to provide technical guidance to partners to ensure safe and quality case management inside and outside shelters, and remotely when needed.
- To strengthen the emergency response, the CP sub-sector has developed a capacity-building plan for CP and non-CP actors to enhance identification, referral, and response to child protection risks in collective shelters.
- In the coming weeks, the Child Protection Working Group will continue to support partners in scaling up outreach, monitoring of risks, and child protection services in and outside shelters where access is feasible.

Gender-Based Violence

3,572 People Assisted

13 Partner

Activity	# of People Assisted
Activity 2.1.1: Information sessions, group awareness or individual sessions provided on non-legal matters on access to services, CP, GBV or protection risks and messages	823
Activity 2.2.8: Distribution of dignity kits and community engagement around GBV and gender equality within safe spaces and at community level (including PDMs on satisfaction with quality)	2,018
Actors trained on emergency GBV response and modalities	232

The conflict is severely exacerbating existing GBV risks, particularly for displaced women and girls who face heightened exposure to exploitation, trafficking, and physical violence. Rapid displacement and inadequate living conditions—defined by extreme overcrowding and a lack of privacy—have further intensified these threats. These risks are compounded by the disruption of social support networks and restricted access to specialized services, which have collectively weakened the protective environment for women and girls.

The GBV response is focused on several key operational areas:

- **Sustained service delivery in safe spaces** with integrated GBV services (including psychosocial support, GBV case management, and distribution of dignity kits) and active hotlines to support displaced population outside collective shelters;
- **Activating mobile and remote modalities of GBV Case management** to increase outreach to affected population and ensure continuation of essential GBV services;
- Conducting rapid **GBV safety audits** to to map and address GBV risks women and girls are exposed to within collective shelter;
- **Awareness raising** to share key GBV messaging and ensure survivors are safely linked to life-saving GBV response services.

To underpin these operational efforts, the GBV WG intensified strategic Core Group and sub-national coordination meetings to ensure harmonized service delivery, complemented by ad-hoc GBVIMS Task Force sessions to provide technical support and address implementation challenges faced by first responders in delivering GBV case management within emergency setting. The GBV WG continues to provide partners with essential technical guidance to maintain safe and ethical responses in emergency settings, while simultaneously leading resource mobilization efforts to prioritize life-saving GBV interventions.

Key Challenges

- **Access to collective sites and displaced persons at heightened risks:** Following the first two weeks of conflict escalation, Protection, Child Protection, and GBV partners secured access to collective shelters to implement awareness sessions, GBV safety audits, and non-focused PSS; however, the initial two-week administrative delay significantly hindered early outreach to displaced populations. While services for IDPs outside of collective sites remain active, operations still require close coordination with DRM Focal Points, and partners continue to share planned activities on a need-to-know basis. Despite these approvals, the absence of full specialized protection, Child Protection and GBV coverage, combined with congested living conditions and rapid displacement, continues to increase the risk of exploitation and abuse for the most vulnerable. Partners have sought to scale up activities outside shelters, but identifying displaced persons and ensuring coordinated coverage remains a challenge.
- **Lack of accessibility and closure of community and safe spaces due to security restrictions:** despite conflict, community centers and safe spaces remain open in unaffected areas, offering information, shelter linkage, PFA, psychosocial support, and case management to displaced persons of all nationalities.
- **Inclusion barriers for persons with disabilities:** Protection monitoring across partners as well as reports from the Emergency Task Force for Persons with Disabilities (OPD-led) indicates significant barriers for persons with disabilities to access shelters as most are not prepared and equipped to host persons with disabilities. Children with disabilities are facing heightened protection risks as well, as limited access to specialized services, assistive support, and essential medication exacerbates their vulnerability to neglect, distress, and exclusion from critical assistance. Partners observed significant accessibility and care gaps that present barriers restricting their dignified access, including non-accessible toilets, and shortages of medical beds, adult diapers, and medication, prompting referrals to WaSH actors and specialized Organizations for Persons with Disabilities.
- **MoSA profiling identified several people at heightened risk**, including pregnant/lactating women and persons with disabilities in collective shelters. More detailed, shelter-level profiling is needed, obtainable via MoSA focal points (subject to data-sharing), to customize services and ensure immediate access to services.
- **Significant funding cuts in 2026** have impacted resources for Protection, GBV and Child Protection programs jeopardizing full implementation of prioritized activities including case management, support for community structures/safe spaces, specialized services, psychosocial support, and cash for protection assistance. As such, funding constraints significantly limit the ability to scale up specialized GBV services and establish new safe spaces in areas receiving high numbers of internally displaced persons (IDPs), leaving many vulnerable individuals without crucial life-saving support. Significantly reduced funding for programs supporting persons with disabilities resulted in centralized approaches and programmatic gaps to respond to the increasing number of identified persons with physical or intellectual disabilities in urgent need of care support and life-saving assistive devices.