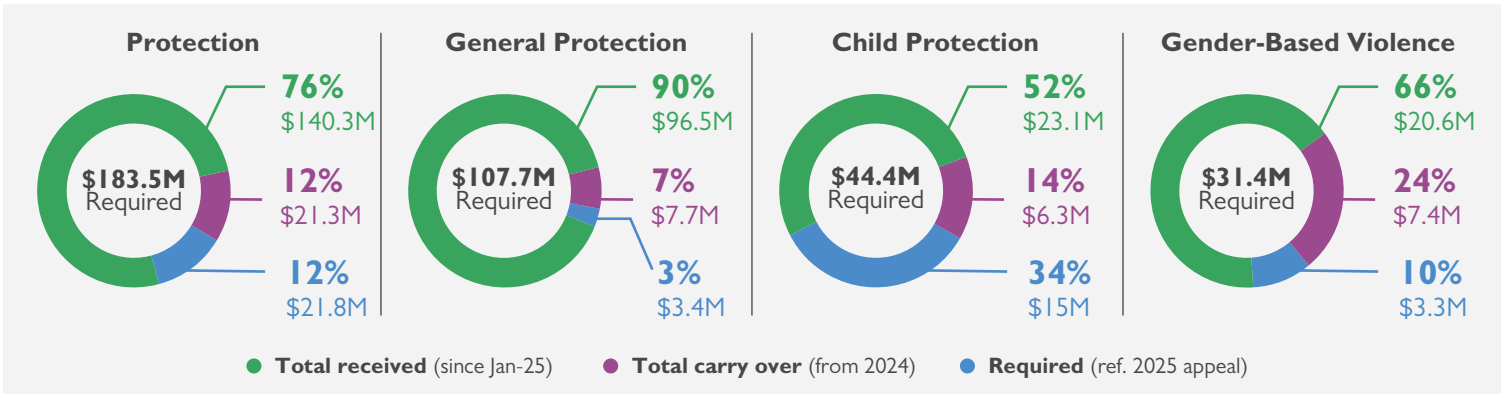




The 2025 Annual Protection sector dashboard summarizes the progress made by Protection sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Protection sector in Lebanon is working on achieve three outcomes: OUTCOME 1) Affected people have increased knowledge of their rights and have access to an effective justice and protection system; OUTCOME 2) Affected people are safe, supported, and empowered in their community to contribute to positive change; OUTCOME 3) Individuals at heightened risk have access to quality specialized protection response services and durable solutions.

2025 Sector Funding Status

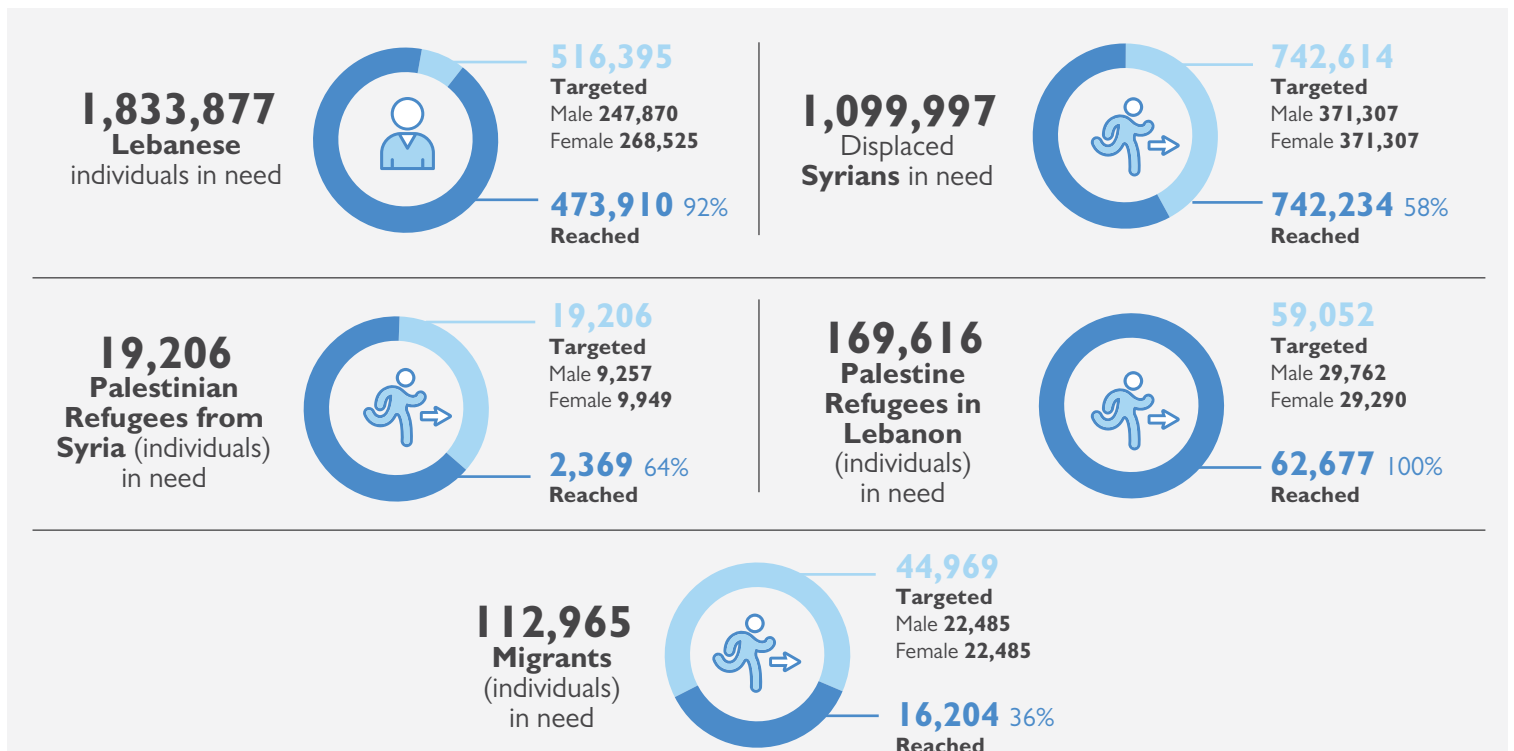
As of December 31



2025 Population Reached



2025 Population Figures by Cohort





Progress Against Targets

Outcome 1: Affected people have increased knowledge of their rights and have access to an effective justice and protection system.



of persons reached through awareness sessions on legal topics

93,450 / 108,030



of persons who benefitted from legal aid and assistance

103,749 / 120,000

Outcome 2: Affected people are safe, supported, and empowered in their community to contribute to positive change.



of persons participating in protection interventions at the community centers, including CDCs, SDCs, and mobile protection activities held outside the center

90,870



of caregivers engaged in activities to promote the well-being and protection of children

21,517 / 114,837



of women, men, girls and boys who participate in targeted activities as part of GBV prevention programs

75,773



of girls and boys engaged in community-based Child Protection activities at the community centers, including CDCs, SDCs, and mobile protection activities held outside the center

96,290 / 156,145



of women and adolescent girls who received dignity kits

114,654



of children and adults reached through awareness-raising activities and community mobilization interventions on PSEA

63,353

Outcome 3: Individuals at heightened risk have access to quality specialized protection response services and durable solutions.



of persons receiving protection quality case management services

16,870



of unique persons supported with protection cash or emergency cash (protection)

17,385



of persons at risk of GBV and survivors accessing quality GBV response services, including focused and non-focused PSS

55,179



of girls and boys and caregivers receiving specialized/focused PSS to address Child protection issues and improve their psycho-social wellbeing

41,946



of girls and boys receiving life saving specialized services through quality case management

11,771



KEY ACHIEVEMENTS & RESULTS

2025 was characterized by significant changes and uncertainties in the political, security and socio-economic environment and funding landscape in Lebanon. The first quarter of 2025 was a post-escalation of conflict situation with the implementation of prioritized protection activities under the second Flash Appeal to respond to the maintained high needs of the returning IDPs. The sector issued a post-conflict Protection Analysis that can be found here. Following the return of IDPs, the overall security situation improved with less frequent and widespread areas affected by attacks and conflict. However, the continued attacks in the South and Bekaa areas as well as sporadic attacks to the Southern Suburbs of Beirut maintained significant protection risks

At the same time, global reductions in humanitarian funding created significant constraints across the response in Lebanon. These cuts required adjustments in coordination workstreams, reduced available resources—particularly for specialized protection staffing and services—and contributed to growing uncertainty regarding the future direction and sustainability of the overall response. Early in the year, the second round of the Lebanon Flash Appeal provided initial support for the internal displacement situation following the ceasefire announcement and large-scale IDP return movements. With increasing returns to Syria, the Protection Sector also received additional funding earmarked specifically for activities supporting Syrians opting for voluntary return. These targeted funding streams contributed to higher overall funding levels and reach for the sector.

However, other core programmatic areas—such as GBV and Child Protection prevention and response services, as well as specialized support for persons with disabilities and older persons—faced substantial funding reductions toward the end of the year. As a result, these areas recorded lower achievements and were unable to reach their intended targets, highlighting critical gaps that remain unaddressed despite targeted funding boosts elsewhere.

Behind this backdrop, the Protection Sector reached significant achievements and in most areas of intervention achieved or over-achieved its targets. All 83 Protection, Child Protection and GBV partners reached over 1,307,394 people across population groups (including 56% women and girls and 44% men and boys).

Outcome 1: Affected people have increased knowledge of their rights and have access to an effective justice and protection system.

Output 1.1: Individuals at heightened risk receive information on rights and access effective legal aid services

In 2025, Protection and legal partners reached 93,450 people (59% women and girls and 41% men and boys) with legal awareness and sensitization sessions on legal topics (87% of the target). Due to the persistent need for support of Syrians with legal services, the majority of legal awareness and legal assistance beneficiaries are displaced Syrians (73,768) followed by 9,722 Lebanese, 5,074 PRL/1,141 PRS, 2,824 migrants and 921 others including stateless persons. Main subjects include access to legal services, legal procedures to obtain civil documentation, including access to legal residency, birth and marriage procedures. In addition, legal partners provided legal aid services to 103,749 people (49% women and 51% men) reaching 86% of the annual target. The majority of legal aid services were provided in the Bekaa (27%), followed by the North, Akkar, Mount Lebanon, South, Baalbek El Hermel and El Nabatiyeh. Legal aid services also included individual support with civil documentation and legal residencies, advocacy to prevent deportation due to lack of legal status and legal counseling and

2025 was characterized by significant changes and uncertainties in the political, security and socio-economic environment and funding landscape in Lebanon. The first quarter of 2025 was a post-escalation of conflict situation with the implementation of prioritized protection activities under the second Flash Appeal to respond to the maintained high needs of the returning IDPs. The sector issued a post-conflict Protection Analysis that can be found here. Following the return of IDPs, the overall security situation improved with less frequent and widespread areas affected by attacks and conflict. However, the continued attacks in the South and Bekaa areas as well as sporadic attacks to the Southern Suburbs of Beirut maintained significant protection risks

At the same time, global reductions in humanitarian funding created significant constraints across the response in Lebanon. These cuts required adjustments in coordination workstreams, reduced available resources—particularly for specialized protection staffing and services—and contributed to growing uncertainty regarding the future direction and sustainability of the overall response. Early in the year, the second round of the Lebanon Flash Appeal provided initial support for the internal displacement situation following the ceasefire announcement and large-scale IDP return movements. With increasing returns to Syria, the Protection Sector also received additional funding earmarked specifically for activities supporting Syrians opting for voluntary return. These targeted funding streams contributed to higher overall funding levels and reach for the sector.

However, other core programmatic areas—such as GBV and Child Protection prevention and response services, as well as specialized support for persons with disabilities and older persons—faced substantial funding reductions toward the end of the year. As a result, these areas recorded lower achievements and were unable to reach their intended targets, highlighting critical gaps that remain unaddressed despite targeted funding boosts elsewhere.

Behind this backdrop, the Protection Sector reached significant achievements and in most areas of intervention achieved or over-achieved its targets. All 83 Protection, Child Protection and GBV partners reached over 1,307,394 people across population groups (including 56% women and girls and 44% men and boys).

Outcome 1: Affected people have increased knowledge of their rights and have access to an effective justice and protection system.

Output 1.1: Individuals at heightened risk receive information on rights and access effective legal aid services

In 2025, Protection and legal partners reached 93,450 people (59% women and girls and 41% men and boys) with legal awareness and sensitization sessions on legal topics (87% of the target). Due to the persistent need for support of Syrians with legal services, the majority of legal awareness and legal assistance beneficiaries are displaced Syrians (73,768) followed by 9,722 Lebanese, 5,074 PRL/1,141 PRS, 2,824 migrants and 921 others including stateless persons. Main subjects include access to legal services, legal procedures to obtain civil documentation, including access to legal residency, birth and marriage procedures. In addition, legal partners provided legal aid services to 103,749 people (49% women and 51% men) reaching 86% of the annual target. The majority of legal aid services were provided in the Bekaa (27%), followed by the North, Akkar, Mount Lebanon, South, Baalbek El Hermel and El Nabatiyeh. Legal aid services also included individual support with civil documentation and legal residencies, advocacy to prevent deportation due to lack of legal status and legal counseling and representation in front of the court.



In addition, under the support provided through MoSA's Add-On Project, Protection Sector partners, in coordination with MoSA, cumulatively supported 10,735 newborn cases (5,566 male and 5,169 female) added to parental files. Overall, 9,228 cases were approved, reflecting substantial progress in addressing civil documentation gaps for Syrians in the country. However, feedback from partners also revealed persistent administrative and access challenges underscoring the importance of strengthened coordination, performance monitoring and sustained engagement with civil registration authorities at national and local level.

Output 1.2: Protection legal/policy frameworks and national institutions strengthened.

A range of capacity-building and institutional support interventions were implemented by national and international NGOs and UN agencies under the sector. These included trainings, Training-of-Trainers initiatives, technical roundtables, and institutional support to governmental entities—such as staffing, equipment provision, and assistance in developing policies and guidelines.

In 2025, a total of 8,557 governmental and humanitarian staff from local and international NGOs and UN technical teams were trained on Child Protection principles (3,311), GBV minimum standards (938), and broader protection and legal issues (4,138). This reflects a significant overachievement against the sector's capacity-building targets, driven by the increased emphasis on emergency-response activities and systems-strengthening efforts from Q2 onward. The presence of dedicated Information Management capacity also contributed to improved reporting practices across partners.

National sector actors played a critical role in strengthening the capacities of MoSA, ISF, and other national institutions on Protection, Child Protection, and GBV standards, including good-practice procedures related to case management and survivor-centred approaches for intimate partner violence and protection hotlines. Lead agencies further supported MoSA's leadership and technical capacities through training on CP and GBV case management guidelines and by providing dedicated staffing to reinforce Protection Sector coordination at both national and field levels. MoSA also participated in a global UNICEF/UNHCR initiative aimed at enhancing national child protection systems. In parallel, the LAF Directorate of International Humanitarian Law and Human Rights, with support from Protection Sector partners, co-facilitated a Training of Trainers for 39 LAF officers on refugee protection, human trafficking and smuggling, safe identification and referral of persons with specific needs, and Lebanon's human rights obligations. The training aimed to equip LAF personnel engaged in the border management with the necessary knowledge and skills to understand the complexities of refugee situation and to allow them to effectively protect the rights of refugees and uphold international human rights law while managing and securing borders.

Despite these efforts, reporting on trainings delivered to governmental counterparts remained limited, marking a clear area for improvement in 2026. A more outcome/ impact-focused framework is also a key sectoral priority for 2026.

Output 1.3: Protection risks monitored and advocacy/technical support provided.

Protection monitoring remained a central priority for the Protection Sector in 2025, led by the dedicated Protection Analysis and Monitoring Task Force (PAM TF) inclusive of general and CP and GBV actors delivering substantial analysis throughout the year. The task force produced four quarterly monitoring reports, monthly IDP protection-monitoring snapshots, and a comprehensive post-escalation Protection Situational Analysis, and contributed to inter-sector presentations on key protection risks. Findings of the

products, including on return were also presented in various donor engagements. In addition, the PAM TF developed a Protection Risk Matrix to harmonize and categorize protection risks across partners and locations, supporting a more systematic and coherent analytical approach among all partners implementing protection monitoring. With support from REACH, the sector also established a centralized repository of Protection-related assessments, studies, and reports, ensuring improved accessibility of evidence and analysis for all sector members. The list is now updated by TF co-chairs and is extended by a return-focused repository of assessments.

Outcome 2: Affected people are safe, supported, and empowered in their community to contribute to positive change.

Output 2.1: People receive information services and inclusive community protection initiatives.

In the emergency, post-escalation and new arrivals context, information sessions on access to protection and other services as well as general awareness on protection issues, risks and sensitization were critical to enhance outreach and identification of risks for most vulnerable people sector activities implemented across partners and regions. A total of 346,613 people (75% women and girls and 25% men and boys) were reached by sector partners in 2025 (see breakdown below). General Protection actors reached 155,445 people, representing 96% of their annual target. Community centers and supported SDCs provided safe access to information and counseling reaching 90,870 people (including 75% women and girls). Partners rapidly adapted IEC and informational materials to address evolving needs throughout the year, including guidance on available services for IDPs returning to areas of origin, post-December arrivals from Syria, displaced Syrians considering return, and individuals facing heightened protection risks. Several sector members, in close collaboration with UNHCR, implemented return counseling and adapted community spaces to facilitate counseling sessions for individuals exploring return options. Within the CP sub-sector, 96,290 children were engaged in community-based CP activities which aim at increasing children's protective behaviours, awareness of services, and connection to safe community structures. The nationality breakdown indicates that the response primarily reached Syrian and Lebanese children, with relatively low reach among migrants or other nationalities. Only 62% of the annual target was reached which suggests disruptions to community programming that included funding, access constraints, staffing, site closures, and/or delayed scale-up. The recommendation is to prioritize continuity of safe community platforms, particularly in underserved districts. GBV sub-sector members reached 174,203 persons were reached with information sessions on available GBV services and GBV awareness sessions, against the target of 174,695. The data show that most of the targeted population was reached in the first half of year in response to the post-escalation return of IDPs and newly incoming Syrians in the first half of 2025. GBV partners reached primarily Lebanese women and girls, followed by Syrians, with other nationalities accounting for a smaller share. However, the target of ensuring 65 Women and Girls Safe Spaces (WGSS) remained underachieved with only 44 functioning static WGSSs remaining operational. This can be interpreted as both the results of closing the existing centres, and lack of opportunity to establish the new ones, due to the funding cuts, leaving approximately 168,000 women and girls underserved.

Output 2.2: People engaged in social and behaviour change (SBC) on CP/GBV/equality.

Social and behavior change programs aim at involving the community in reaching longer-term changes in societal perceptions and concepts around inequalities, human rights and social behaviors. They are critical to achieve sustainable results and reduce and



prevent violence against women, children, older persons, persons with disabilities, societal minorities or other groups with limited access to rights. Child Protection partners reached 77,775 people (women 51% women and girls and 49% men and boys) with social and behavioral change initiatives (including through the QUDWA programs). 12,406 caregivers were engaged in activities that promote their wellbeing and the protection of children (double the annual target). Caregiver engagement is a key prevention tool, preventing escalation into high-risk cases and influences downstream demand for specialized services - contributing to Outcome area 3. Under the GBV sub-sector, a total of 75,773 people (89% women and girls and 11% men and boys) were reached through GBV prevention activities using structured, curricula-based social and behavioural interventions, including over 50% Lebanese and more than 30% Syrian participants, surpassing the annual target of 52,574. These programs include men engagement programs, women and girl empowerment programs, and gender equality programs. The overachievement reflects partner prioritization, community acceptance and effective implementation, while laying the groundwork for sustainable interventions and supporting the transition from humanitarian response to stabilization. As part of outreach and awareness-raising activities, 114,654 women and girls of reproductive age received dignity kits, exceeding the planned target of 89,540. This demonstrates the ongoing need for basic hygiene and self-care items among affected women and girls, as well as the key role of such distributions in reaching wider audiences and sharing critical information on GBV and available services. Both prevention activities and dignity kit distributions recorded significantly higher achievements in the first half of the year, indicating the targeted response to the post-escalation returning IDPs and reduced available services as of Q3 and Q4 impacting on the continuity and scale of GBV services.

Output 2.3: Feedback/complaints mechanisms (AAP, PSEA, safeguarding) in place.

Protection Sector partners mainstream PSEA messages within all programs and hold dedicated or integrated PSEA awareness sessions with the community. Dedicated trainings – using the established material by the PSEA network – as well as partner materials were conducted for staff. Across the sector, a total of 135,225 women and men and adolescents were reached with PSEA sensitization and ensuring knowledge on safe disclosures. Across GBV and Protection sector partners, significant over-achievement is reported which demonstrated the need for information and the effective mainstreaming of PSEA across various activities.

In addition, a significant number of partners manage protection or GBV specific hotlines, online platforms, WhatsApp and social media channels. The sector also promoted the HELP platforms for protection information and supported dissemination of its information reaching 4.3 million page views, with highest visits to Presence Verification, the Online Contact Form to refer requests for assistance, protection, and registration. Partners also supported national hotlines to report family related violence. Several sector initiatives were held to enhance inclusion of persons with disabilities as well as Organization for Persons with Disabilities into the sector outcomes. Close collaboration and contributions to the different disability coordination platforms was a sectoral priority to close gaps in access to information, services and enhance overall accountability to persons with disabilities.

Outcome 3: Individuals at heightened risk have access to quality specialized protection response services and durable solutions.

Output 3.1: Specialized protection response services accessible to individuals at heightened risk.

The Protection sector includes a variety of individual response services, including case management, protection cash assistance, psychosocial support and specialized services for persons with disabilities as well as older persons. Across Protection, CP and GBV partners, 75,499

people (80% of which are women and girls and 1,836 persons with disabilities) were supported with quality social work type of case management services. Under the Protection Case Management established risk criteria and procedures are applied across partners and encouraged member agencies to transition from a purely vulnerability-focused approach to a protection analytical approach on case management. Most cases in 2025 included highly vulnerable individuals who received threats, were at risk of eviction or violence, have highly compounded protection risks and access challenges. 16,870 people reported and were supported with lifesaving protection case management services and 27,990 people received focused and non-focused psychosocial support. Under the Child Protection sub-sector, 11,771 girls and boys received lifesaving specialized services through quality case management surpassing significantly the target of 3,400 children. Out of a target of 23,500 children and adults requiring psychosocial support services, 41,946 girls and boys and caregivers received specialized/focused PSS to address child protection risks and improve their psychosocial wellbeing. Supported by GBV actors, 55,179 persons at risk of GBV and survivors accessed quality GBV response services, including survivor-centres case management and psychosocial support, surpassing the target of 40,498. The increase in reach is attributed to increased disclosures of GBV after the official ceasefire in displacement and highly affected areas. These activities included the range of services, from group MHPSS, life skills sessions, GBV case management and referrals, specialized MHPSS services, access to WGSS and Safe shelter options. Population cohorts most represented are Lebanese (51%), Syrian (42%), Palestinian Refugees from Lebanon (4%), and the rest of cohorts presenting remaining 3%. The overachievement highlights the ongoing and growing need for essential, including lifesaving, GBV services across the country and among different cohorts. This demand remained steady throughout the year—and even showed a slight increase in the second half—despite the closure of some services and funding cuts.

Protection cash continued to serve as a critical and life-saving intervention in 2025, enabling sector partners to address urgent protection concerns through Emergency Cash Assistance (ECA) and to support individuals facing complex, systemic protection risks to meet their basic needs and implement their case plans. Across Protection, GBV, and Child Protection partners, 26,021 individuals received a one-time ECA, while 18,878 individuals—60% of whom were women and girls—were supported through Recurrent Protection Cash Assistance (RPCA) for up to 12 months. Funding reductions across sectors contributed to a growing number of protection cases with compounded vulnerabilities, including chronic illnesses, severe depression, anxiety, and other mental health challenges—concerns repeatedly reported by sector members. In close collaboration with the Shelter Sector, coordinators also examined rising cases of individual eviction linked to an inability to pay rent, seeking cross-sectoral solutions. In the absence of more sustainable alternatives, ECA remained a key measure preventing homelessness and mitigating related protection risks. RPCA, delivered as part of comprehensive case management, proved particularly effective in supporting GBV survivors to regain a sense of stability, cover essential needs, and rebuild independence. In a context where inclusive and affordable social protection systems remain limited, RPCA continued to function as an essential—though temporary and complementary—safety net for individuals at heightened protection risk and survivors of GBV.

While most sector indicators were achieved in 2025, significant constraints emerged in the provision of specialized services for persons with disabilities, particularly following major funding cuts in the second half. As partner programmes were scaled down or discontinued—several closing entirely by mid-2025—the reach of specialized disability services dropped to 3,052 individuals, only one-third of the sector target of 9,120. Of those reached,



approximately 50% were women and girls, 55% were Syrians, 40% Lebanese, and 5% from other nationalities. In response to this concerning trend, the sector intensified efforts to integrate and mainstream disability inclusion across other protection interventions. Through these combined efforts, a total of 17,621 persons with disabilities received services across all Protection Sector activities—representing only 1.4% of the total number of individuals supported in 2025, underscoring the scale of unmet needs and the critical importance of restoring and expanding specialized programming.

Output 3.2: Refugees submitted for durable solutions including VolRep, Complimentary pathways, resettlement/other

The change in the political situation in Syria led to significant shifts in return considerations and contributed to an increase in the number of Syrians opting to return. In response, sector partners intensified return-related activities, including counselling, voluntariness assessments, intention surveys, community engagement and communication with communities (CwC), as well as case management and tailored support for individuals at heightened protection risk throughout the return process. Under resettlement and complementary pathways, 2,826 individuals were submitted for resettlement in 2025.

Return interventions and support to those who wish to return to Syria was scaled up and started in 2025. The sector developed a comprehensive list of return-specific activities, including CwC, Legal aid, Case Management, Return Cash, assessing of return intentions and perceptions as well as community-based interventions on return. Under the Voluntary Repatriation scheme, 140,000 individuals were counselled and provided with return-related information by UNHCR and its partners in 2025. Of these, 54,673 individuals completed a voluntariness assessment and received cash grants to support their return process. In addition, through IOM-facilitated movements, 2,880 individuals benefited from organized transportation to support their voluntary return.

Output 3.3: Migrants access safe and dignified voluntary return assistance.

IOM supported 235 migrants with Assisted Voluntary Return and Reintegration (AVRR) to their countries of origin. AVRR provides migrants who choose to return with safe and dignified return assistance, along with support to reintegrate sustainably in their communities. The target of 4,000 could not be reached mainly due to significant funding constraints which results in some of the highly vulnerable migrants being left without a timely and sustainable solution to their protection risks.

Gender analysis:

Women and girls constituted over 60% of all individuals reached by the Protection Sector in 2025, reflecting their disproportionate exposure to protection risks, including GBV, legal vulnerability, and psychosocial distress. The GBV sub-sector remained overwhelmingly gendered in reach and intent, with 89% of all GBV prevention participants and the vast majority of GBV case management, psychosocial support, and GBV cash beneficiaries being women and girls. High reliance on Women and Girls Safe Spaces (WGSS) further highlights the gendered nature of service access; however, the reduction to 44 operational WGSS (68% of target) due to funding cuts directly limited safe access points for women and girls, leaving an estimated 168,000 women and girls underserved.

Across specialized services, gender disparities were also evident. Among individuals receiving Recurrent Protection Cash Assistance (RPCA), some 60% were women and girls, underscoring women's

increased socio-economic vulnerabilities, heightened exposure to eviction risks, and reduced access to livelihoods which responded in focused targeting of women and girls under the sector. In legal assistance, awareness, and civil documentation support, women consistently represented 50–60% of those served, driven by their elevated risk of family-related violence, documentation barriers, and dependency on male relatives for legal processes. The 55,179 survivors and individuals at risk accessing GBV response services were predominantly Lebanese and Syrian women and girls, reflecting both demographic realities and gendered patterns of violence and disclosure. Child Protection (CP) trends further show the gendered dimensions of risk. Girls represented a substantial proportion of the 11,771 children receiving lifesaving specialized CP case management, with increased referrals linked to early marriage, family separation, domestic violence, and exploitation risks. Social and behaviour change initiatives reached 77,775 individuals, nearly half of whom were men and boys, indicating gradual but still insufficient engagement of male community members in shifting harmful gender norms. The limited availability of gender-responsive disability services was notable: although 17,621 persons with disabilities received services across sector activities, only 3,052 accessed specialized disability support, half of whom were women and girls—revealing a major gendered gap exacerbated by funding cuts and shrinking inclusive service capacity.

Mainstreaming Activities:

Protection mainstreaming remained a cross-cutting priority across the sector, with partners integrating protection principles into community engagement, awareness-raising, and service delivery. The sector ensured wide dissemination of protection information—reaching 346,613 people, of whom 75% were women and girls—demonstrating strong efforts to improve safe access to information, reduce barriers, and strengthen informed decision-making for diverse groups. PSEA was systematically mainstreamed across partner activities, with 135,225 women, men, and adolescents reached through PSEA sensitization, contributing to safer programming and strengthened accountability to affected populations.

The sector also supported protection risk analyses across other humanitarian sectors, including Basic Assistance, Food Security, WaSH, Shelter, Health and Education. In Q1 2025, protection sector members supported the development of a risk matrix for the sectors aiming to highlight displacement specific risks and amendments in the response. The sector also presented findings from Protection Monitoring activities to different coordination and decision-making forums, including the ISCG, the HCT and donor meetings.

In the second half of 2025, amid significant reductions in specialized services for marginalized groups—including persons with disabilities—the Protection Sector intensified its focus on disability inclusion. Several consultations, meetings, and technical workshops were convened to ensure that concerns raised by Organizations of Persons with Disabilities (OPDs) were systematically captured and reflected in sectoral planning. This culminated in a dedicated workshop in December 2025, during which OPDs and sector partners jointly identified key recommendations to strengthen disability inclusion across Protection responses in 2026. The resulting priority actions emphasize increased representation and meaningful participation of OPDs in protection strategy development, annual planning, and program design. Recommendations also call for OPD involvement in the development and review of Communication with Communities (CwC) tools, ensuring that information products are accessible and aligned with diverse communication needs. Finally, the sector committed to scaling up capacity building for specialized case management actors, particularly on accessible and inclusive communication with persons with disabilities—addressing persistent



gaps highlighted by partners throughout the year. These recommendations collectively aim to safeguard the voices of persons with disabilities, strengthen accountability, and ensure that shrinking resources do not further widen existing inequalities in access to protection services.

Prioritization

In 2025, the Protection Sector undertook extensive partner consultations to develop a sector-wide Prioritization Note that articulated core activities, priority geographical areas, and population groups requiring targeted support. Prioritization decisions were guided by severity-of-needs rankings, risk analysis, protection monitoring data, and sustained discussion on prioritization with partners. The resulting framework aimed to balance broader community outreach, engagement, and communication with communities (CwC) with the imperative to safeguard access to essential, life-saving services for individuals at heightened protection risk.

Geographical prioritization was guided by the sector's severity analysis, the evolving protection situation and displacement trends. In the first two quarters, South Lebanon, Nabatiyeh, and Baalbek-El Hermel were designated as high-priority areas due to ongoing insecurity, displacement trends, and elevated protection risks. Due to maintained attacks in the South, affected areas remain a critical priority area for protection sector partners though often less accessible. The arrival of Syrians fleeing sectarian violence after December 2024 further elevated Akkar, North Lebanon, and Baalbek-El Hermel as priority areas for outreach, case management, and legal assistance throughout all quarters. At the same time, Beirut and Mount Lebanon (BML)—notably Baabda—remained central to the sector response, hosting the highest concentration of partners and programs. BML continued to serve as a priority hub for specialized protection services targeting highly vulnerable groups, including persons with disabilities, older persons, and migrants, who are more densely concentrated in and around this area.

The Child Protection sub-sector received comparatively to Protection and GBV low funding in 2025, hence, its focus on life-saving and high-severity interventions and sharpened its geographic and programmatic focus. Activities were concentrated in conflict-affected, displacement-hosting, and hard-to-reach areas, notably the South, Baalbek-Hermel, Akkar, and high-burden urban settings, while targeting children facing high risks, including those exposed to violence, grave violations, family separation, child labour, and severe psychosocial distress. The scale of prevention activities was reduced, while case management, focused PSS, and referrals for specialized services were safeguarded.

In response to funding cuts, GBV responders established clear priorities for both services and target populations. Activities focused on life-saving interventions, including GBV case management, psychosocial support for survivors, referrals, awareness-raising, and—where human resources allowed—community outreach and engagement, often integrated with dignity kit distributions. Maintaining Women and Girls Safe Spaces (WGSSs) was prioritized, with emphasis on static facilities. Targeting focused on the most vulnerable populations, including IDPs, refugees, and migrants, while case management was limited to medium- and high-risk cases.

Significant priority was also placed on finding more effective ways of working as a sector. Due to global humanitarian funding constraints and efforts to simplify humanitarian structures, coordination modalities in Lebanon were reviewed in consultation with partners and lead agencies. At the national level,

the sector agreed to maintain a dedicated division of highly technical areas of Protection, Child Protection and GBV while enhancing streamlining a common sectoral strategy, workplan and sectoral log frame, protection analysis and monitoring and procedural standards. At the sub-national level, the protection sector, including the GBV and Child Protection working groups agreed to coordinate the operational response across partners through a merged, joint monthly coordination meeting across all operational protection, CP and GBV partners in the area.

Localization

In 2025, the Protection Sector made substantial efforts to expand meaningful participation of local and smaller community-based organizations, including Organizations of Persons with Disabilities (OPDs) and Women-Led Organizations (WLOs), within sector coordination platforms. Of the 100 partners represented in the Protection Sector, 49 were local NGOs, playing a critical role in delivering services and shaping responses to the diverse needs of affected population groups. Local organizations across the Protection, Child Protection, and GBV areas were not only central to implementation but increasingly positioned to influence sectoral priorities, contribute to technical guidance, and co-shape prevention and response strategies—reflecting growing alignment with the broader localization agenda.

Concrete progress was achieved at both national and sub-national levels: local NGOs co-coordinated several coordination structures, ensuring that decision-making processes more accurately reflected community priorities. Notably, a national WLO was appointed as co-chair of the GBV Working Group at national level, reinforcing shared leadership and strengthening collaboration between international and national actors. A workshop on WLO engagement and a WLO assessment was undertaken outlining concrete capacities and gaps in engaging WLOs in coordination. In addition, coordination structures in the South and Beirut–Mount Lebanon (BML) regions were co-led by local actors with strong contextual expertise, further institutionalizing locally led coordination mechanisms.

Within the GBV sub-sector, 39% of all organizations are local actors representing the highest representation. 9 actors (5%) are WLOs, a particularly important representation given that all WLOs in Lebanon are actively involved in GBV programming and bring survivor-centred, community-rooted expertise. Under the Child Protection sub-sector, a Localization Self-Assessment was conducted in February 2025 to assess progress across five dimensions: governance and decision-making, participation and influence, partnerships, funding, and capacity strengthening. Building on this exercise, the sub-sector developed a Child Protection Localization Dashboard to consolidate data, track progress, and improve transparency, providing a structured, evidence base for decision-making. Findings from the assessment will inform the development of a contextualized Child Protection Localization Action Plan, ensuring that localization priorities for 2026 are evidence-driven, measurable, and fully aligned with the Protection Sector Strategy, the Grand Bargain commitments, and humanitarian–development–peace nexus approaches.

The Protection sector coordinators are also represented and support technically at various locally established or specific coordination platforms, including for persons with disabilities and Migrant WG that hosts a large number of CBOs.



CHALLENGES, RISKS AND MITIGATION MEASURES

1. Insecurity, Access Constraints, and Operational Disruption: Insecurity and uncertainty of the escalation maintained in 2025 as areas in the South continued to be targeted. The response in 2025 was characterized by a constant parallel planning of emergency response and review of preparedness and contingency planning as well as discussions on the changing humanitarian landscape and longer-term alignment to development approaches to aid. The ongoing attacks have led to loss of civilian life and infrastructure mostly in the Southern areas of the country. These ongoing and sudden attacks significantly disrupted operations, particularly in border areas in the South and parts of Nabatiyeh and Bekaa, i.e. 25–30% of planned CP activities in affected districts were delayed, relocated, or implemented at reduced scale. Mobile teams reported restricted access to over 60 communities, while repeated displacement cycles increased caseloads beyond partner surge capacity. These disruptions weakened continuity of CP services, especially for high-risk children requiring regular follow-up. As a mitigation measure, partners adopted flexible delivery modalities, including mobile outreach, and integration of services in collective shelters.

Protection partners also reported limitations in access to hard-to-reach areas, inability of people to reach service points and increased socio-economic constraints that lead to de-prioritization of social services. Due to the funding cuts, closure of services and reduction of staff in GBV teams, the partners also reported increase access challenges in reaching the vulnerable populations in remote and rural areas with GBV services. While geographic coverage diminished due to closure of static GBV facilities (see below), the reduction of outreach activities and mobile teams additionally decreased the catchment areas of the existing ones.

2. Funding Uncertainty and Activity Reduction, particularly for specialized programs: Coupled with the overall security situation, funding uncertainty across sectors have significantly impacted Protection Sector activities and staffing capacities. While the sector was highest funded across sectors with 88% of funding received in total, child protection activities remain significantly underfunded which translates directly in the limited reach of targets in some of the critical activities. Recurrent funding cuts in 2025 remained the most critical constraint affecting sector performance. An estimated 35–40% of CP partners experienced partial or full suspension of activities at various points during the year, particularly those reliant on short-term or single-donor funding. This has resulted in temporary or permanent closure of child friendly and community centres. The impact was most acute in South Lebanon and Baalbek-Hermel. As mitigation measures, life-saving interventions were prioritized, and combined with advanced evidence-based advocacy through funding gap analyses.

Funding cuts deeply affected GBV service provision in 2025. While the number of reported GBV cases increased during the year, a total of 19 static and mobile facilities providing GBV services were closed (including eight WGSS), affecting approximately 152,000 women and girls. The prioritization of life-saving services, particularly GBV case management, also led to reduced availability of other GBV services within the multisectoral response. Partners reported increasing challenges for survivors in accessing MHPSS and medical services due to prolonged waiting periods. The prioritization of high- and medium-risk GBV cases also raised concerns, as low-risk cases were either referred to other activities or placed on hold; however, delayed responses risked escalation from low- to medium- or high-risk cases.

Due to funding cuts, particularly specialized programs Protection activities maintained prioritized by donors which has led to suspension of several critical programs addressing specific needs of persons with disabilities and other marginalized groups. This includes funding for assistive devices and specialized equipment and care support as well as multi-year programs that address needs for longer-term social behaviour change.

As a mitigation measure, the Protection Sector Note on Prioritization was developed guiding partners across the sector on a list of minimum service package, geographical prioritization and geo-split as well as areas of possible sectoral programmatic synergies that result in similar targets while reducing overlap and ensuring effective outcomes across population, age and gender groups.

3. Coordination and Transition-Related Challenges: The transition to a revised coordination architecture in 2025 created significant changes, additional workload, confusion amongst actors as well as confusion and ambiguity in roles, information flow, and decision-making, particularly at sub-national level. As a mitigation measure, the sector implemented coordination reset actions, including updated TORs, a Strategic Note on Streamlining of the Protection Sector and strengthened national–sub-national linkages.

4. Human Resource Capacity and Staff Wellbeing: Staffing was significantly impacted across UN and NGO agencies. Announcements throughout the year of significant funding and staffing cuts have made planning of activities or response to increased demands a challenge. This has resulted in significant distress in staff and their families who have witnessed discontinuation of their contracts.

At technical and response capacity level, this has resulted in reduced case management capacities, including social workers and technical supervisors which has slowed down progress in implementing quality case management procedures and programs. High staff turnover, burnout, and limited availability of specialized CP profiles (case workers, supervisors, FPSS facilitators) constrained quality and scale of services. In 2025, nearly 30% of partners reported gaps in qualified CP staff, contributing to caseload backlogs. The challenge was more pronounced in remote and high-risk areas, where recruitment and retention remained difficult. As a mitigation measure, the sector emphasized capacity-building and coaching, leveraging existing master trainers, rolling out refresher trainings, and promoting staff wellbeing initiatives as part of minimum CP programming standards

As the demand of GBV services, including the case management is in increase, while the responders operate with limited capacity, some partners are reportioning the increased burden on the existing staff, with overwhelming number of populations in need of services. Some partners from Northern Lebanon even reported the critical increase of case worker-caseload ratio, going 300–400% above the globally recommended practices. Such realities both affect the quality of services and the time spent on the individual cases, but also critically undermine the staff wellbeing, leading to increased stress and burn out risks.

5. Data Gaps and Limited Evidence: Overall data from existing assessments in 2025 is limited and has only to an extent been used to inform full sectoral planning as the sector relied on the Protection Monitoring, Child Protection trends analysis and GBV IMS analysis as key tools to inform the response. Despite progress, systematic child-specific data remained uneven across regions in 2025. Protection monitoring exercises lacked a robust CP component, limiting the sector's ability to fully capture



trends and concerns. This gap was particularly evident in informal settlements and newly affected displacement areas, constraining evidence-based advocacy and prioritization. As a mitigation measure, the sector already initiated integration of CP indicators into protection monitoring and prioritized CP inputs into inter-sectoral assessments such as education.

GBV remained significantly underreported due to fear, stigma, lack of trust in service providers, limited-service availability, and the absence of safe exit options for survivors. Conflict-affected populations often deprioritized GBV reporting, as reflected in delayed disclosures during 2025 of incidents that occurred in the 2024 conflict. Many affected groups—particularly displaced populations—continued to face unmet basic needs, further limiting timely reporting and access to support. Additionally, the sensitive nature of GBV data collection and the need for specialized staff constrained the depth of GBV-related analysis within multisectoral assessments, which provided only limited insights. No overarching GBV-focused assessments were conducted in 2025, restricting the availability of comprehensive and disaggregated qualitative evidence. However, GBVIMS reporting continue throughout the year offering some key data on the reported GBV trends.

Reflections and Good Practices: The use of flexible service delivery models (e.g. mobile units and remote case management) proved effective during access limitations and will be further scaled. Complex coordination structures are to be further simplified through the implementation of the streamlining note at national and sub-national level, including streamlined reporting tools in 2026.

PRIORITIES FOR NEXT YEAR

- **Enhance sector streamlining following the 2025 changes in coordination practices**, including finalization and operationalization of revised coordination tools, harmonize reporting strengthen national–sub-national linkages, and reinforce meaningful engagement of local partners in planning and decision-making.
- **Foster localization efforts** started in 2025 and enhance engagement of WLOs, CBOs and other community-led structures to support a sustainable response.
- **Enhance data and information management systems** to report on sectoral achievements and protection monitoring. This will include procedures to enhance evaluation and monitoring of longer-term outcomes. This will enhance evidence-based monitoring and advocacy.
- **Continuity and upscaling of life-saving Protection (CP and GBV) Case Management Services** in high-risk areas ensuring age, gender and disability inclusive service provision.
- **Linked to the above, enhance linkages and capacities to integrate MHPSS** into CP/ GBV and Protection interventions. This includes advocacy for increased services integrated within sectoral programs and close coordination with the NMHPS TF to enhance access for adults and children at risk and survivors of GBV to services that are critical for their safety, recovery and wellbeing.
- **Roll-out of Technology-facilitated GBV Action Plan across key stakeholders including. Targeted capacity-strengthening support** will be rolled out for national and community-based organizations, focusing on quality case management, Focused PSS delivery, M&E, and staff wellbeing. In 2026, a strong focus will be placed on cross-sector and IA support to

MoSA social workers at SDCs to enhance localization and national protection system.

- **Cross-sector mapping of WGSS, Child-friendly spaces and Community centers** to be conducted and to be integrated in available MoSA mapping of SDCs to foster coordination and referrals.
- **Review and enhance roll-out of CP and GBV prevention** interventions that address persistent harmful gender norms and the root causes of GBV and enhance the Protection of Children by addressing parenting skills. These activities remain a strategic priority to achieve sustainable prevention outcomes, strengthen local capacities, increase male participation, and support the transition toward a stabilization context, while ensuring inclusive, accessible, and protective interventions.

Case Stories on integrated programming addressing critical CP and GBV risks

IRC: Pathways to Safety, Healing, and Positive Change

Samer's Journey Toward Hope (all names were changed)

Samer, a 15 year-old boy from the Bekaa region, was facing significant psychological distress and had begun engaging in risky behaviours such as smoking, running away from home, and associating with harmful peer groups. Through a comprehensive IRC intervention—including individual and group psychosocial support, family awareness sessions on positive parenting, legal guidance, medical follow-ups, and financial assistance for a small home-based food project—Samer gradually rebuilt stability in his life.

Over time, Samer learned to express his emotions more constructively, stopped engaging in harmful behaviours, and became an active participant in group activities. His relationship with his family transformed into one based on calm communication and trust. The home-based project fostered a sense of responsibility and provided much-needed household income, reducing child-labour risks. Reflecting on his progress, Samer shared: "This project made me feel like I can do something important. I feel strong and happy now." His case highlights how integrated psychosocial support and economic empowerment can strengthen children's resilience and well-being.

DRC – A Mother's Uphill Battle of Endurance

In a small village in Akkar, North Lebanon, 30-year-old Bahia (name changed) faces immense hardship while caring for her four children and her 80-year-old mother-in-law. Originally from Syria, she fled the conflict in 2013 through a dangerous irregular route and has since been solely responsible for her household after being separated from her family and later abandoned by her husband. Her eldest son has autism and requires continuous care and regular treatment, making it impossible for Bahia to work and leaving the family dependent on limited assistance and support from neighbours. The family lives in a deteriorated one-room shelter, and the loss of cash assistance in early 2024 significantly increased their vulnerability. With no income to cover rent, Bahia faced growing pressure and harassment from her landlord, eventually handing over her identification documents in an attempt to postpone eviction. The risk of homelessness further strained the family's stability and safety.

Following a referral to the Danish Refugee Council (DRC), the team conducted an urgent assessment and intervened quickly. They mediated with the landlord to retrieve Bahia's legal documents and provided comprehensive case management support. Bahia received psycho-education sessions to help manage stress, while her children were enrolled in non-formal education and connected to age-appropriate psychosocial activities. Cash-for-rent assistance offered temporary protection from eviction and helped restore a minimum level of security for the household. While these interventions improved the family's immediate well-being, Bahia continues to face urgent needs related to rent, food, and medical care for her son. Her story underscores the strengths of refugee women and the importance of sustained, multi-sectoral support for families living in similarly vulnerable conditions.



Source: DRC Lebanon

3W Map at Governorate level

Protection Partners (81)

ABAAD, ACTED, ADRA, AICA, Akkarouna, Al Majmouaa, AMEL, AND, AVSI, B&Z, CARE, Caritas Lebanon, CLDH, CONCERN, CVC Charity, Doria Feminist Fund, DPNA, DRC, FEMALE, Handicap International, Himaya, Himaya Daeem Aataa (HDA) Association, I m possible, IDRAAC, Imam Sadr Foundation, IMC, INITIATE, Intersos, IOCC Lebanon, IOM, IRC, JRS, Justice Without Frontiers, KAFA, Key of Life, Leb Relief, Lebanese Social Responsibility - LSR, LECORVAW, LOST, LUPD, Makhzoumi, MDM, MECC, MEDAIR, Medical Aid for Palestinians (MAP), Mercy USA, Michel Daher Social Foundation - MDSF, Migration Services and Development - MSD, Mouvement Social, Naba'a, Nabad, NISCVT, NRC, OXFAM, Plan International, PUI, RDFL, Reaching across Borders, RESTART Lebanon, RMF, SAWA Group, SCI, SDAid, Seenaryo, SHEILD, Shift, SIDC, SIF, SKOUN, SWSL, Tabitha-Dorcas, TdH-It, TdH-L, The Lebanese Association For Family Health - SALAMA, UN Women, UNFPA, UNHCR, UNRWA, Utopia, War Child Holland - WCH, WHH-RMF, WRF, WVI

Source: Sector reporting partners on ActivityInfo.

