

Gender-Based Violence Working Group

GBV Safety Audit Report

Collective Shelters - Lebanon

May 2026

Image Source: UNFPA, Lebanon, Sin El Fil, March 2026



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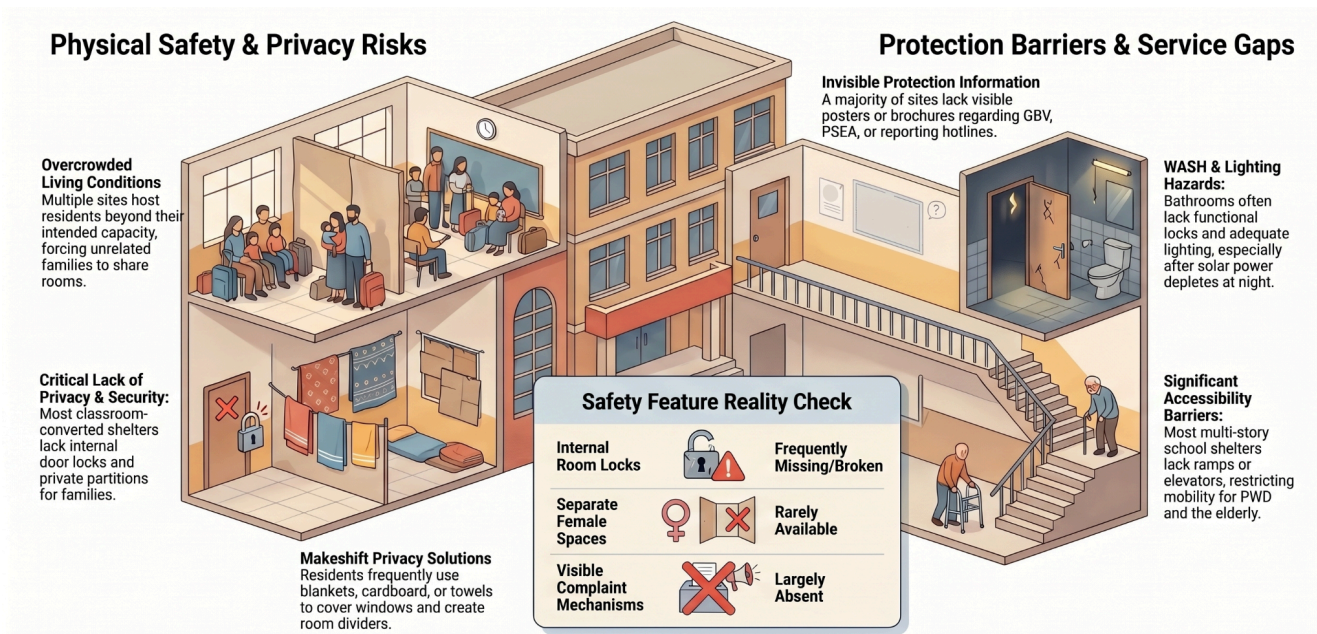
I. Acknowledgements

This report draws on the efforts of protection field staff of Gender-Based Violence (GBV)¹, General Protection, and Child Protection (CP) partner organizations who supported the collection of safety audit observations across collective sites in Lebanon during a period of acute displacement and service disruption. Their work made it possible to document conditions inside collective shelters at a time when rapid operational visibility was essential to enhance the implementation of GBV risk mitigation, prevention, and response interventions.

The resulting data does not represent the full experience of all displaced women, men, girls, and boys in Lebanon. However, it provides a comprehensive operational overview of risks observed inside collective shelters and of the minimum measures required that can reduce exposure to gender-based violence.

This report presents findings from the GBV safety audit conducted across 180 collective shelters between 16 March and 20 April 2026. The data was collected with the support of 14 GBV, two CP, and one General Protection actor in Lebanon across all Governorates.

2. Summary & Key Findings



The findings of the GBV Safety Audit indicate that while collective shelters are largely functional, they remain protection-compromised, with structural conditions increasing risks of gender-based violence, particularly for women and girls. The findings also indicate that safety conditions inside collective shelters are uneven. Risk is not produced by a single gap, but by multiple contributing factors including overcrowding, weak internal privacy, uneven access to women and girl-friendly spaces or services due to the absence of these spaces and services in some sites, incomplete information on reporting channels, and accessibility barriers for both vulnerable and

¹ For the purposes of this report, GBV is understood in line with international humanitarian guidance as any harmful act perpetrated against a person's will and rooted in unequal gendered power relations. The safety audit therefore focuses not only on direct acts of violence, but also on the environmental and institutional conditions that can increase vulnerability to violence, coercion, exploitation, abuse, and restricted access to support.



marginalized groups, which disproportionately affect persons with disabilities, female-headed households, older women, and adolescent girls.

- Despite reported functionality, significant **protection gaps in the shelter infrastructure** persist with 16.3% of all sites failing to provide adequate lighting and 8.3% lacking walkways that allow for movement within the shelter, creating critical zones of unmitigated risk. These infrastructure deficits are compounded by systemic operational failures due to power outages. Qualitative data reveals that "adequate" lighting is often restricted to a 2–3 hour window due to fuel and solar constraints. This fragmented approach leaves corridors and Water, Sanitation and Hygiene (WaSH) facilities in complete darkness during high-risk nighttime hours, undermining existing safety measures and forcing women and girls to navigate unsafe spaces, increasing their exposure to GBV.
- Significant **protection deficits persist in shelter privacy and overcrowding**, with 49.2% of sites lacking internal locks, 32.2% failing to provide adequate internal partitioning, and 28.7% of sites reported as not having adequate space to accommodate present numbers of IDPs. This fragmented GBV mitigation forces residents into precarious living conditions where families must rely on makeshift barriers, such as blankets and desks, to establish basic boundaries.
- Furthermore, 20% of sites **fail to separate female-headed households from unrelated men**, which significantly increases risks of sexual assault and harassment, a risk compounded by **systemic overcrowding in the 28.6% of shelters operating beyond capacity**. These structural failures, including transparent windows in some ground rooms and cases of broken doors off their hinges, create a high-risk environment with often forced cohabitation of unrelated families, fundamentally compromising the safety of women and girls.
- Women and girl-friendly safe spaces were available in only 54.9% of assessed sites, leaving a substantial share of shelters without a dedicated space. This demonstrates a **systemic gap in ensuring access to support interventions and allowing for safe disclosure for women and girls**, as the absence of dedicated, secure environments fundamentally prevents the rollout of gender-sensitive services in a safe and confidential manner. Moreover, without such spaces, the **possibility of safe GBV disclosures is critically limited**, forcing survivors to remain in high-risk settings without a private entry point for assistance.
- **WaSH facilities demonstrated a set of concerning challenges**: while 14.4% of sites reported a lack of adequate privacy in WaSH facilities, with no proper visual screening to prevent being seen from the outside, 21.8% did not have sex-segregated WaSH facilities, 27.2% did not have sex-separated entries, and 20.2% lacked internal locks. Additional reports of a lack of adequate spaces for managing menstrual hygiene, a lack of adequate lighting due to power outages in the evenings, and makeshift showers, or cases of men using female showers, only further compound the risks faced by women and girls.
- **Accessibility for persons with disabilities and older persons has reached a critical protection threshold**, with **45% of sites failing to provide safe access to shelter for persons with disabilities** and **20% remaining inaccessible to older women**. These systemic barriers extend to essential services, as **56.1% of WaSH facilities are reported as inaccessible to persons with disabilities**.
- **Communication with Communities**: information visibility is one of the weakest domains. GBV and PSEA materials were visible in about half of all shelters (49.7% and 50.3%) and in about half of WaSH areas (49.1% and 49.4%). Moreover, lack of inclusion/disability awareness materials (such as posters and pamphlets) at sites, with 34.2% of sites lacking any awareness materials on disability-related support, inside the shelter or any WaSH facilities.



- **Distribution environments** have also raised concerns, with **18.3% of sites lacking visible complaint mechanisms** and **19.7% failing to distribute the assistance in a way that allows women and other at-risk groups to receive them directly**. Accountability is further undermined by a critical **PSEA communication deficit**, as **37.6% of sites lack adequate messaging and information that humanitarian aid is free of charge** and **27.3% fail to integrate GBV/PSEA information** during NFI distributions. These gaps are compounded by a **lack of structured crowd control and gender-sensitive queues**, and male-dominated management, creating high-risk, confined environments where the absence of defined walkways and personal privacy heightens exposure to harassment and exploitation for women and girls.
- From the collected data, the most at-risk groups in collective shelters include female-headed households, adolescent girls, pregnant and lactating women, persons with disabilities, older persons, caregivers and unaccompanied or separated children, with the data indicating a disproportionate exposure to identified risks for women and girls compared to men and boys. Key risks include lack of privacy, limited access to safe and segregated WaSH facilities, absence of dedicated safe spaces, and inconsistent separation arrangements, all of which heighten exposure to harm.

Geographically, the highest levels of risk are observed in Beirut, Mount Lebanon, South, and Baalbek El-Hermel, where infrastructure constraints and shelter capacity pressures intersect.

Overall, **GBV risks in collective shelters are structural, predictable, and cumulative**, driven primarily by shelter design and capacity limitations rather than isolated incidents. While shelters remain operational, they are not consistently mainstreaming protection risks, with overlapping environmental and procedural gaps in site management amplifying exposure to harm. The most significant risk multipliers include overcrowding, inadequate internal privacy, insufficient dedicated spaces for women and girls, and limited visibility of complaints, reporting, and timely referral mechanisms. Immediate, targeted interventions addressing these interconnected factors can substantially reduce GBV risk.



Image Source: UNHCR, Saida, 2026



3. Background

The 2026 escalation of hostilities in Lebanon has generated mass displacement at a national scale and intensified existing protection risks. By 20 April 2026, Lebanon recorded 8,619 hostilities and 2,387 cumulative fatalities, while 1,049,328 displaced individuals had been registered by the Government of Lebanon's Disaster Risk Management Unit as displaced. Of the total displaced population, only 117,421 people are living in 631 available collective shelters, with a peak of around 140,000 people in 700 shelters, indicating that the majority of people (~89% of internally displaced persons) are residing in host communities, rented apartments, unfinished buildings, streets, or other precarious arrangements. Women and girls represented roughly 52 percent of the displaced population, including an estimated 13,500 pregnant women.

This broader context is critical to the interpretation of collective-shelter data. While the shelter population captured in this report represents only a portion of the overall displaced population and emergency, it is the setting in which humanitarian actors have the greatest capacity to directly shape the conditions, through physical environment, managing access, and making visible the pathways for confidential reporting, referral, and support.

Attacks on civilians, mass displacement, prolonged insecurity, and weak funding reinforce an overall precarious protection environment. Lebanon continues to face a complex humanitarian situation marked by increased displacement and pressure on existing shelter capacity. Collective shelters remain a key modality for accommodating displaced populations, particularly in emergency contexts. The majority of displaced people remain outside collective shelters, and women and girls in overcrowded accommodation face increased exposure to exploitation and power imbalances. These broader system pressures frame the shelter findings presented here: **collective shelters are not isolated spaces and the risks faced by affected populations in them are exacerbated by structural challenges in the response, including limited and disrupted services.**

Within this context, collective shelters are both protective and bear serious protection and GBV risks. They offer immediate physical refuge, but they also concentrate families in improvised environments, often in schools or public buildings never designed for long-term habitation.





4. Safety Audit Methodology

4.1 Objective of the GBV Safety Audit

The objective of the GBV safety audit is to assess environmental, structural, and procedural conditions inside collective shelters that may impact exposure to gender-based violence. Rather than documenting individual cases, the analysis focuses on collective risk factors that can be identified through structured observation: shelter and accommodation conditions, privacy, space, lighting, accessibility (for both vulnerable groups and persons with disabilities), information visibility, and the configuration of Water, Sanitation, and Hygiene conditions and distribution points.

4.2 Methodology and Tools

Tools Used for Data Collection

The GBV Safety Audit tool is a structured observation checklist developed by the GBV core group of the Lebanon GBV Working Group, and administered by partner GBV staff. It captures conditions related to shelter layout, internal privacy, controlled and monitored access to the site, women and girl-friendly spaces, WaSH facilities privacy and accessibility, visibility and availability of GBV and PSEA information, and selected features of relief distribution arrangements. The evidence base used here is based on observational rather than focus-group or key informant data.

Data Analysis

The analysis framework categorizes shelters based on the absence or implementation of GBV risk mitigation measures, reflecting both the presence of safety standards and the extent to which environments align with the “Do No Harm” principle.

Critical risk (0-50%)² - Items identified as 'Critical Risk' represent environments where protection and safety measures are largely absent, signaling a systemic failure to meet minimum protection standards. In these cases, the lack of GBV mitigation measures does not just suggest a gap, it creates a high probability of exposure to risk and harm. *These sites require immediate, emergency intervention, as the current environment is fundamentally unsafe and exposure to harm is likely and constant.*

Major GBV risk mitigation deficits (51-69%) - This category demonstrates major GBV mitigation deficits that fundamentally undermine the 'Do No Harm' principle. While some fragmented safety elements may exist, they are insufficient to form a protective shield for residents. These gaps constitute active deterrents to safe dwelling and mobility. Without urgent interventions by relevant sectors, the physical environment in these sites continues to compromise the safety and heightens the risk of GBV.

Inconsistent GBV risk mitigation (70-89%) - This category is characterized by a significant lack of uniformity across different shelters. While a majority of indicators have successfully been integrated into these safety standards, the significant portion that remains non-compliant creates an unacceptable disparity in protection. This inconsistency means that the safety is largely contingent upon specific factors rather than a universal application of 'Do No Harm' standard and risk mitigation measures. These gaps require prioritized intervention to standardize safety measures.

Residual risk (90-100%) - This category represents sites that have achieved near-universal coverage, yet remains in a state of residual risk. Any site, area, or indicator labeled with this category meets the minimum

² These percentages are used to represent the presence of protection mitigation measures.



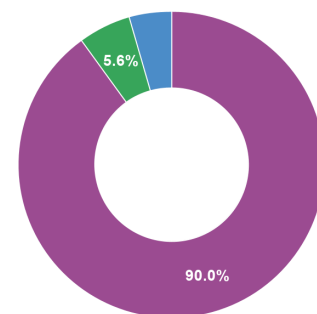
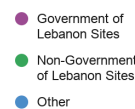
requirements, but it doesn't mean that they address all protection requirements or are inclusive and considerate of all vulnerable groups. In GBV mitigation, safety is only as strong as the weakest link, as long as a small percentage of shelters indicators remain unmet, the site cannot be considered 'safe,' as those isolated failures are sufficient for a GBV incident to occur.

Qualitative data of GBV actors was systematically integrated into the analysis to complement and contextualize quantitative findings, providing deeper insight into how and why GBV risks manifest across sites. Narrative inputs from field observations, partner feedback, and open-ended responses were used to identify patterns that are not easily captured through structured indicators, such as perceptions of safety, behavioral dynamics within shelters, and barriers to accessing services. This allowed for a more nuanced understanding of risks, particularly for more vulnerable groups, and helped explain discrepancies in quantitative results. By triangulating qualitative and quantitative data, the analysis strengthens the evidence base, ensuring that conclusions reflect both measurable trends and lived experiences, and supports more targeted, context-sensitive recommendations.

Coverage and Site Profile

The analytical sample at the time of analysis consists of 180 approved site observations collected between 16 March and 20 April 2026. Observations covered eight governorates: Mount Lebanon, North, Bekaa, South, Akkar, Beirut, Baalbek-El Hermel, El Nabatieh. The largest number of approved observations came from Mount Lebanon (47 sites), followed by the North (32), Bekaa (28), and the South (27).

Most assessed sites were Government-run collective shelters (162), followed by non-Governmental buildings (10), and others (8). The overwhelming majority were educational facilities (156), followed by community and religious buildings (9), hotels (7), public and governmental facilities (5), others (2), and medical facilities (1). This confirms that public schools remain the dominant collective shelter modality in this phase of the response.



Across records with available population fields, the observed sites hosted at least 31,066 displaced people, including 2,054 female-headed households, 3,381 adolescent girls, 284 pregnant women, and 391 lactating women. These totals should be read as minimal, as not all records include complete population fields.

Data Validation, Limitations, and Ethical Considerations

Due to duplicate submissions either by the same organization, or by different organizations, some submissions were not considered in the quantitative analysis, but still were factored in when it came to any qualitative analysis done.

Several limitations should be noted. First, the data describes site conditions at the time of observation and does not capture how quickly conditions change. Second, responses include “not observed” and “not applicable” categories, resulting in varying sample sizes across indicators. Third, the tool primarily records observable conditions rather than women’s and girls’ direct perceptions. For that reason, the analysis can identify exposure factors and mitigation gaps, but it cannot on its own describe the full lived experience of shelter residents. Finally, some governorate samples are small and should be interpreted cautiously.

Consistent with a ‘Do-No-Harm’ approach, this report does not infer individual survivor experiences from site conditions. Instead, it interprets environmental and procedural gaps as risk factors that may shape exposure, mobility, help-seeking, confidentiality, and dignity.



5. Findings of the GBV Safety Audit

5.1 GBV Risks Observed in Shelters and Services

Within collective shelters, risks are most visible in three domains: the accommodation room, the WaSH area, and the informational environment that connects residents to reporting and support. These domains do not operate separately. Together they shape whether women, men, girls, and boys can move, wash, rest, seek help, and understand their rights without unnecessary exposure.

Shelter

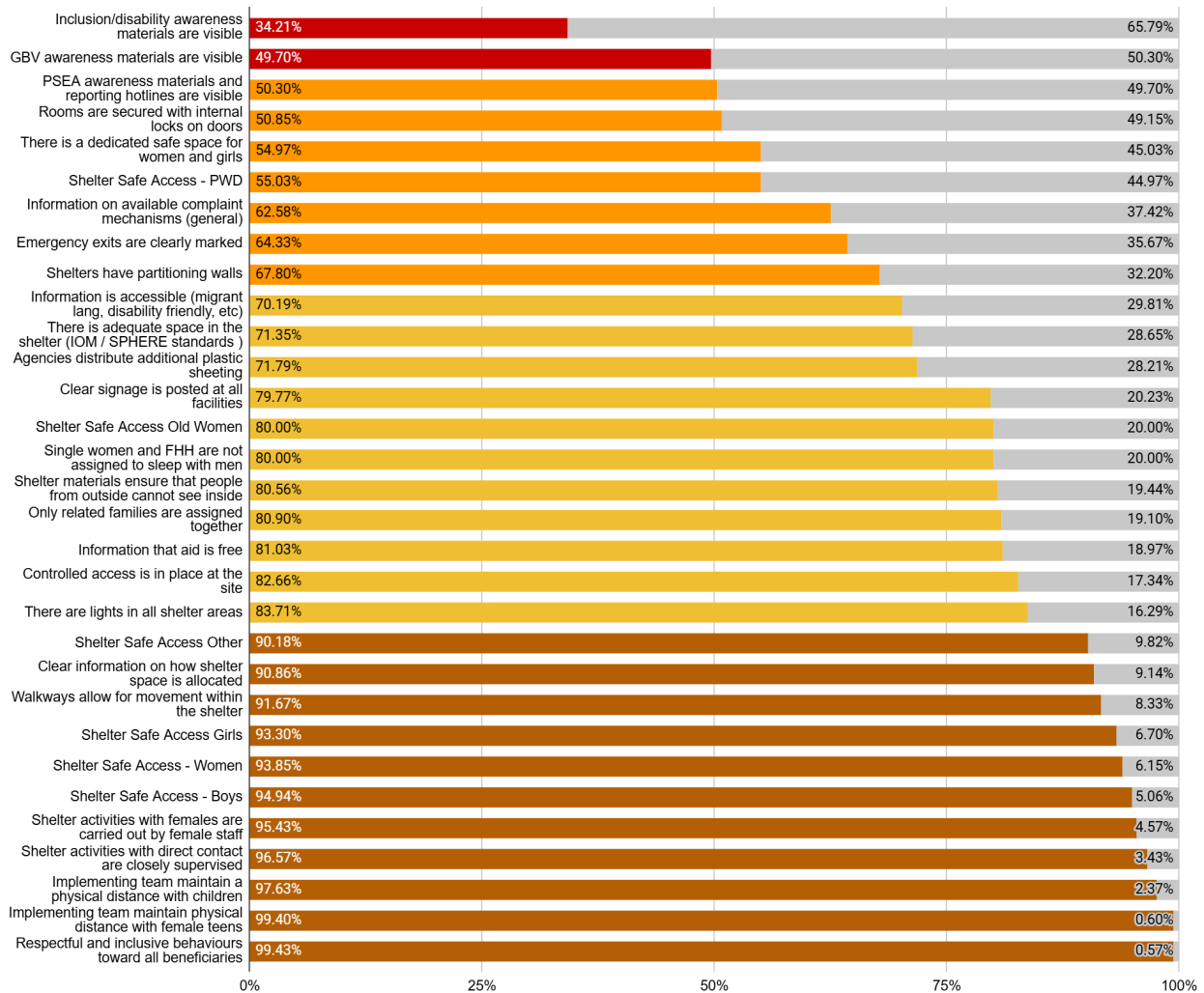


Figure 1: Percentage of sites indicating YES as an answer for Shelter related indicators. Red indicates Critical Risk indicators, Orange indicates Major GBV Mitigation Deficits, Yellow for Inconsistent GBV Mitigation, and for Residual risk. You can see the full table of data by governorate [here](#).



Inside collective shelters, safety emerges as a layered and uneven condition rather than a single infrastructure question. While not fully satisfactory, the strongest elements of the assessed shelter environment are those that support basic movement and orientation. While the majority of sites meet some basic standards (e.g., providing safe walkways at 91.7%), the data reveals **gaps in essential infrastructure**, with 17.3% of locations still lacking controlled access (including a reception check-in/check-out register at the entrance to monitor all entries and exits) and 16.3% failing to provide adequate lighting, noting that Beirut emerges as the lowest with only 69.2% of sites having adequate lighting, 76.9% safe walkways, and controlled access. These findings suggest that many shelters have established a basic operational framework capable of reducing open exposure and unmanaged circulation, contributing to a baseline level of physical safety.

Qualitative Data (Critical lighting outages) **Consistent lighting inside the shelters is a major gap.** Sites frequently experience electricity outages and rely heavily on private generators or solar power systems that either run out of battery by the afternoon or are turned off to save fuel. In some sites, lighting is only available for a narrow window (e.g., 6:00 PM to 11:00 PM), or only for 2-3 hours a day. **This leaves shelters, corridors, and rooms completely dark at night, forcing residents to rely on rechargeable flashlights and exacerbating safety and GBV risks.**

The indicators that most directly shape privacy, dignity, and confidentiality are considerably weaker. Only **50.9% of sites have internal locks on shelter doors**, while **67.8% report having adequate internal partitioning**, and just **54.9% provide a dedicated safe space for women and girls**. This indicates that while shelters are relatively effective in managing IDP accommodation, they are significantly less successful in ensuring private and controlled environments, where individuals can safely rest, move, and access services in privacy.

Qualitative data (partitioning): The structural layout of these shelters, primarily open halls and classrooms, lack formal internal partitioning. Families are attempting to create their own boundaries by hanging blankets, mats, tarpaulins, and arranging desks to separate their sleeping spaces from others. In one site, there is a physical safety concern where existing partition walls require maintenance because they are unsafe and at risk of collapsing. Only in isolated cases are wooden walls actively being installed to create secure spaces.

Qualitative data (Privacy): Many shelter rooms are former classrooms equipped with clear glass windows on the doors or walls, allowing people outside to easily see in. To mitigate this visual intrusion and preserve their dignity, IDPs have systematically covered these windows using whatever materials are available, including newspapers, paper, cartons, towels, mats, and bedsheets.

Qualitative data (Locks): The inability to lock doors from the inside is one of the most frequently cited shelter hazards. As collective shelters are primarily schools, the doors were not designed with an internal locking function. Even in facilities where locks exist, facility managers and focal points often confiscate the keys, denying families the ability to secure their rooms at night. Some doors are entirely damaged or off their hinges. To counter this, some families have resorted to purchasing and bringing their own locks, or secretly changing the room locks to regain a sense of security. Furthermore, a serious protection incident was recorded where a community focal point used the lack of IDP key control to lock a woman inside the shelter when she attempted to leave.





This distinction is critical because collective shelters are inherently shared spaces, where safety is negotiated at close range. **When doors cannot be locked, when partitions are insufficient or improvised, and when safe spaces are absent, exposure extends beyond physical intrusion.** It affects the ability to rest, change clothes, manage menstruation, disclose abuse, or engage confidentially with service providers. It also increases social scrutiny and restricts movement, particularly for women and girls, reinforcing patterns of self-limitation and constrained agency.

Within this context, the most significant risks arise from overcrowding and insufficient spatial organization. **Only 71.4% of shelters meet minimum space standards**, indicating that nearly one-third of sites operate beyond capacity. Overcrowding reduces the ability to maintain physical boundaries, increases tension between households, and contributes to an unsafe environment where harassment, domestic violence, and other forms of GBV are more likely to occur.

Qualitative data (on overcrowding) suggests that overcrowding was reported across the data by multiple actors. For example, one school is hosting 418 individuals, resulting in severe congestion, another facility with a 200 person capacity is hosting 214. In some locations, spaces are described as "very small," with up to 17 individuals packed into a single room. As formal classrooms and halls are full, families are being placed in highly inadequate areas, including sleeping in corridors, entrance areas, playgrounds, and even inside tents pitched within clubs or school hallways.

Critical protection deficits persist in household allocation: **20% of sites fail to separate female-headed households and single women from unrelated men**, while **19.1% of sites are unable to keep families together in the same space.** This **fragmented GBV mitigation** in living arrangements creates significant safety risks and psychological distress, as the lack of segregated or unified housing options directly compromises women and girls' privacy and increases the risk of exploitation and harassment.

Qualitative data (on forced co-habitation) shows **patterns of forced co-habitation of unrelated families** due to space limitations. Shelter administrators are frequently forced to assign multiple, non-relative families to the same room. This mingling of unrelated men and women in shared sleeping quarters has severe privacy and safety implications. Specifically, the data notes that because non-relatives are sleeping in the same spaces, women are required to remain veiled at all times, causing immense discomfort and restricting their freedom within their only available living space.

Only 49.7% of sites have GBV and PSEA awareness materials present, including reporting hotlines, and visible to beneficiaries. The low visibility of GBV and PSEA materials weakens prevention and response efforts by reducing awareness of risks, rights and reporting mechanisms and accountability systems, contributing to underreporting and limited access to support.

While physical access to shelters is generally possible for most population groups, safe and equitable access is not consistently ensured, particularly for persons with disabilities and older women. The data shows that shelters are largely accessible for boys, women, and girls without disabilities, with approximately **90-94% of sites reported as safely accessible to these groups.** However, **45% of sites are failing to provide safe and dignified access for persons with disabilities** and **20.0% remain inaccessible for older women.** The exclusion of vulnerable groups reaches a critical threshold in specific regions, most notably in Baalbek-El Hermel, where a staggering **72.8% of sites fail to provide safe and dignified access for persons with disabilities**, highlighting significant inequities in accessibility across locations.

Older women lack safe access to shelters primarily due to unadapted physical infrastructure, most notably the heavy reliance on steep stairs. Many shelters are multi-story buildings, such as schools, that do not have elevators or ramps, making it physically exhausting or nearly impossible for older women with reduced mobility to climb stairs multiple times a day to reach their assigned rooms or sanitation facilities. While some site



managers attempt to mitigate these hazards by placing individuals who cannot climb on the ground floor, the overarching structural deficits continue to severely restrict older women's safe, dignified, and independent access to the shelters.

Although less frequently mentioned, emergency preparedness remains a critical concern. Some sites lack basic safety measures such as emergency exits, evacuation plans, and fire safety equipment, particularly in buildings not designed for residential use. These gaps pose significant risks in the event of emergencies and indicate that longer-term safety considerations are often secondary to immediate shelter needs.

Overall, these gaps show how different risks overlap. Many collective shelters lack inclusive communication and proper protection, which deepens existing inequalities. The most vulnerable groups are often left behind: women and girls with disabilities face physical barriers in unadapted buildings, while adolescent girls and single women are left at high risk due to poor living conditions. These dangers are made worse by a total lack of safe spaces and missing information on how to access GBV services or report sexual exploitation and abuse.

WaSH Facilities

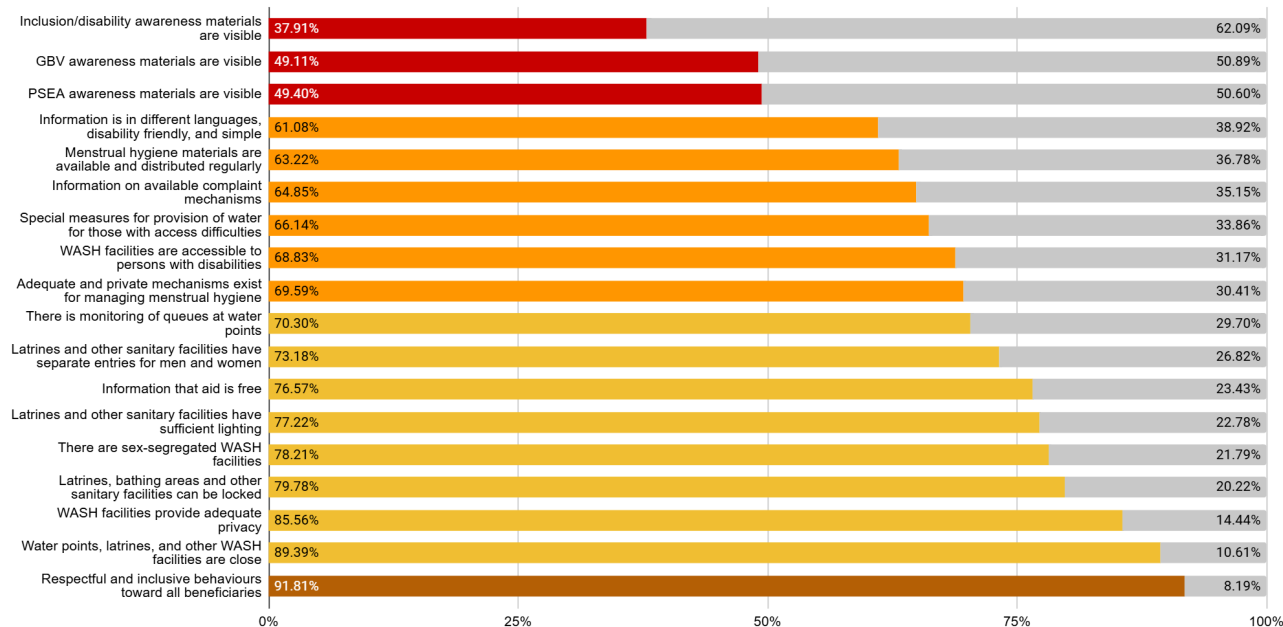


Figure 2: Percentage of sites indicating **YES** as an answer for WaSH related indicators. **Red** indicates **Critical Risk indicators**, **Orange** indicates **Major GBV Mitigation Deficits**, **Yellow** for **Inconsistent GBV Mitigation**, and for **Residual Risk**. You can see the full table of data by governorate [here](#).

Despite high infrastructure indicators, the WaSH environment contains critical protection gaps that directly escalate GBV risks. While staff conduct remains a relative area of strength—with nearly 92% of distribution staff reported as respectful—safety is still undermined by physical deficits, as 14.4% of WaSH sites fail to provide adequate external privacy and 10.6% report latrines are not located within safe proximity to living quarters.

A critical risk identified across the response relates to the **absence of adequate lighting around WaSH facilities in 22.8% of assessed sites**, specifically in surrounding areas and access pathways. This creates heightened vulnerability during nighttime, when women and girls are more exposed to harassment and fear, often leading to restricted use of facilities after dark.



Qualitative data (Lighting deficits and nighttime safety risks) Pathways to WaSH facilities and the bathrooms themselves are frequently unlit at night. Many shelters rely on solar systems or generators that are turned off by the afternoon or early morning (e.g., 2:30 AM), plunging the facilities into total darkness. This exacerbates the risk of gender-based violence, forcing residents to use personal rechargeable flashlights to navigate to outdoor or lower-floor toilets. In some sites, women require an escort to go down to the basement-level bathrooms at night. This also affects persons with disabilities by compounding the existing hazards of unadapted infrastructure, making it exceptionally dangerous and virtually impossible for them to navigate steep stairs or access unequipped WaSH facilities without constant physical assistance.

Access to WaSH facilities also remains a concern. While 89.4% of water points, latrines, and other WaSH facilities are close to shelters/services, with a maximum distance of 50m, **in several sites, facilities are located at a distance from sleeping areas or along poorly defined pathways, increasing GBV exposure during movement.** These risks are compounded in overcrowded environments, where circulation routes are shared and visibility is limited. Also, when it comes to access, women and girls face further challenges as 27.2% of sites **fail to provide sex-segregated latrines**, with a huge gap in **Mount Lebanon, Beirut, and the North, where more than half the shelters don't have separated latrines.**

Qualitative data (Lack of gender segregation and privacy) Men and women are frequently forced to share the same bathrooms and toilets. A critical safety hazard is that many latrines and bathing areas do not have internal locks, and in some cases, doors are damaged or missing entirely. To mitigate visibility through half-glass or transparent bathroom doors, IDPs have resorted to taping cardboard over the glass. The lack of locks and segregation forces women to navigate the facilities in pairs for safety. In one site, men actively use the women's toilets to shower because the women's facilities have entrance doors that offer slightly better privacy.

While the core problem is an insufficient number of functional bathrooms, this is compounded by facilities that are damaged or out of service, leaving residents with only a few usable options regardless of gender. In some cases, the lack of secure doors and privacy pushes individuals to use facilities designated for the opposite sex, as these may offer better conditions for changing or bathing. Additionally, poorly designed or inappropriate facility layouts, such as inaccessible toilet types or showers located outside women's areas, further force women and men into shared spaces.

Qualitative data (Severe shortage of bathing facilities and hot water) Many displacement sites lack dedicated showers or bathing areas. Some sites rely on a single outdoor shower. Consequently, IDPs report not being able to bathe for weeks. To cope with the absence of showers, families resort to boiling water, bathing outside the shelters, or traveling to neighbors' and relatives' homes during the day just to wash. Furthermore, the widespread **lack of shower facilities and hot water poses a major challenge, negatively impacting personal hygiene** and the overall dignity of the residents under difficult living conditions.

Additionally, many **women and girls lack both menstrual hygiene materials, present in only 63.2% of sites, and an adequate and private environment for managing menstrual hygiene**, available in only 69.6% of the sites.

Qualitative data (Inadequate menstrual hygiene and laundry management) There is a pronounced absence of private, safe spaces for women and girls to manage their menstrual hygiene. The data indicates that menstrual hygiene materials are often of poor quality, insufficient in quantity, and distributed irregularly. Additionally, there are no designated private areas for washing or drying clothes, meaning undergarments and dry clothes are frequently washed inside the shared public bathrooms or dried in makeshift areas created by hanging blankets.



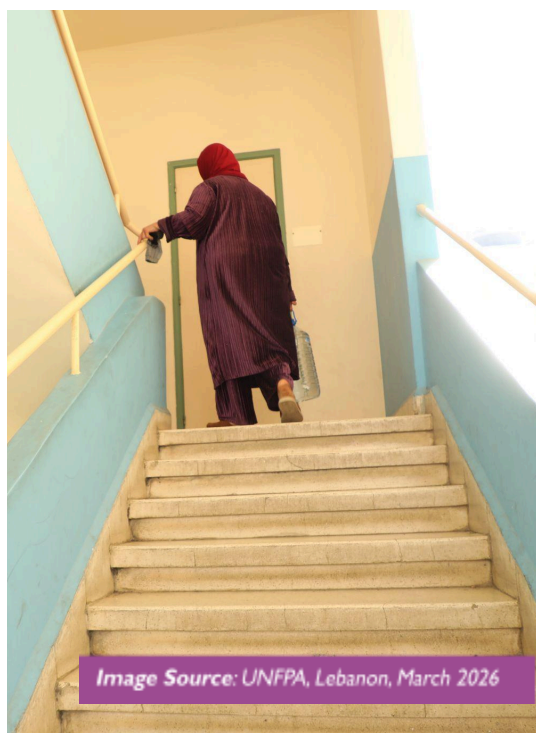
These risks are further exacerbated for persons with disabilities, who face additional barriers related to accessibility and the safe use of facilities. The lack of inclusive design and limited availability of accessible infrastructure restrict independent access, increasing reliance on others and further limiting privacy and autonomy. Reportedly, **only 66.1% of the sites had special measures taken to ensure that the provision of water is accessible to those with access and movement difficulties, including older persons, persons with disabilities, women and girls, and child-headed households.** The data shows that people suffering from this lack of access also include pregnant and lactating women. Also, based on observations of the accessibility of WaSH facilities, **only 68.8% of sites have WaSH facilities that are accessible to persons with disabilities.**

Qualitative data (Inaccessibility for persons with disabilities and the older people) The WaSH infrastructure is fundamentally inaccessible to persons with disabilities and older persons. The facilities feature narrow spaces, lack ramps, and frequently utilize old squat (Arabic-style) toilets that are not adapted for those with mobility impairments. As bathrooms are not equipped to accommodate wheelchairs or shower chairs, individuals require constant physical assistance just to enter and then also to shower and manage personal hygiene. In one recorded instance, a daughter had to close off an entire communal bathroom area just to safely assist her mother with bathing due to the lack of adapted space.

Qualitative data (Poor sanitary conditions and health hazards) The overwhelming ratio of IDPs to available WaSH facilities has led to highly unsanitary environments. Auditors noted severe degradation of hygiene, with limited water taps available for large populations. In some locations, water storage tanks are not properly connected to washbasins, causing supply interruptions, or sites lack access to the village water supply entirely. Residents expressed strong fears regarding the potential outbreak and transmission of diseases due to these extremely poor hygienic conditions with an outbreak of lice manifestation being reported.

Overall, WaSH systems within collective shelters demonstrate partial compliance with minimum standards, but safety remains conditional and uneven. The combination of inadequate lighting, unsafe access routes, and inconsistent privacy measures indicates that WaSH facilities, while functional, do not consistently meet

protection standards required to ensure safe and dignified use for all individuals. Based on the qualitative data, WaSH facilities across the displacement shelters are fundamentally unadapted and frequently inaccessible for persons with disabilities (PWDs), creating severe barriers to their basic hygiene and dignity. Toilets and bathing areas are overwhelmingly described as narrow, unequipped, and lacking essential modifications such as ramps or sufficient space for shower chairs. Because the infrastructure is not designed for inclusion, PWDs are stripped of their independence and require constant physical assistance; for example, one observation noted a daughter had to block off an entire communal bathroom just to safely bathe an elderly woman who could not stand. This lack of adapted infrastructure forces extreme compromises, such as in one shelter where a person with mobility difficulties had to be housed in a small room immediately adjacent to the toilet just to make access feasible. In the most severe instances, the complete inaccessibility of the bathrooms has resulted in persons with mobility impairments being entirely excluded from residing at certain shelters altogether.





Distributions³

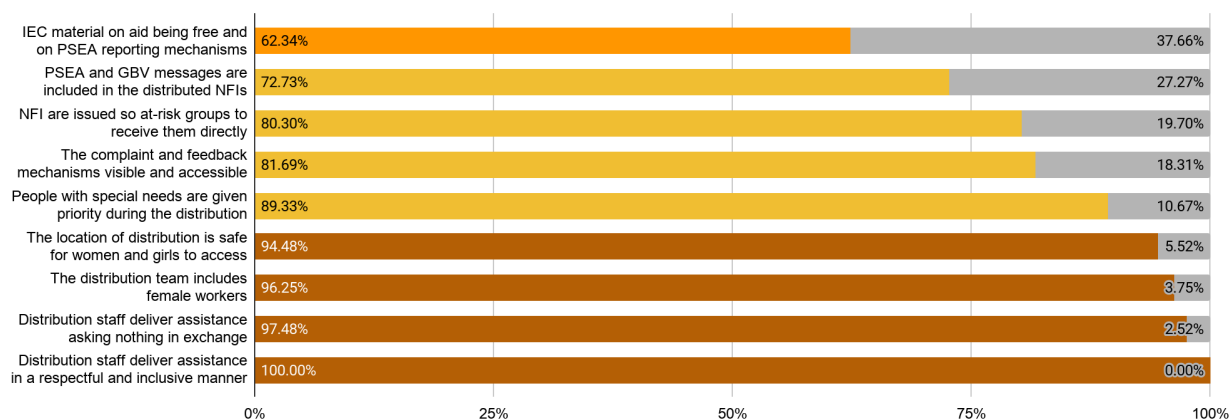


Figure 3: Percentage of sites indicating **YES** as an answer for Distribution related indicators. **Red** indicates **Critical Risk indicators**, **Orange** indicates **Major GBV Mitigation Deficits**, **Yellow** for **Inconsistent GBV Mitigation**, and for **Residual risk**. You can see the full table of data by governorate [here](#).

Distribution systems within collective shelters represent a critical interface between humanitarian assistance and affected populations, but also function as high-exposure environments where protection risks can emerge or intensify. While quantitative data suggests that distribution arrangements are comparatively stronger, qualitative findings highlight important gaps related to organization, dignity, accessibility, and accountability.

Qualitative data reveals that many distributions lack structured organization, including clearly defined flow, queue management, and controlled access points. In several sites, distribution processes are described as **irregular or poorly communicated**, with limited clarity on schedules and entitlements. Another key concern emerging from the qualitative data is the issue of crowding and exposure during distributions. Distribution events often bring together large numbers of people in confined or poorly organized spaces, increasing proximity and reducing personal space. The absence of separate queues or gender-sensitive arrangements in some sites further exposes women and girls to discomfort and potential harassment. While priority access mechanisms exist in many sites, they are not always consistently applied or clearly communicated.

The **visibility and effectiveness of complaint and feedback mechanisms remain uneven**. Only 81.7% of distributions have complaint and feedback mechanisms that are functional, visible, and accessible. Concerningly, 37.7% of distributions lack banners or other IEC material to inform the community that aid is free of charge and that sexual exploitation or abuse is unacceptable, with dedicated SEA reporting mechanisms in place.

Qualitative data indicate that materials are often not clearly visible, not well understood by residents, or not perceived as confidential. In many cases, complaint systems rely on direct communication with site managers or focal points, which can create a conflict of interest and discourage reporting, particularly on sensitive issues such as GBV or SEA.

³ The GBV Safety Audit tool allows GBV workers to answer this section based on any type of distribution they encounter during their visit to the site, this may include different types of distributions like CRIs, WaSH kits, Dignity Kits, Food distributions, and any other humanitarian distributions happening on site.



Issues related to dignity and respect are also highlighted in qualitative data. While quantitative data points out that 100% of distribution staff are respectful and inclusive, and 79.5% of staff asked for nothing in return, **qualitative data** indicates that some observed aid distributions lacked respect, with reports of dismissive or inappropriate behavior by staff or volunteers. Such practices can undermine trust in the system and contribute to feelings of marginalization among beneficiaries.

Accessibility to distributions for vulnerable groups and persons with disabilities is another area of concern. While priority access for vulnerable groups is reported in 89.3% of the sites, physical accessibility for persons with disabilities and older individuals is not consistently ensured, with 19.7% of sites not providing direct access to at-risk groups. Barriers such as stairs, crowding, and a lack of seating or shade can make it difficult for persons with disabilities or older persons to safely access assistance. Similarly, the absence of tailored support, such as escort systems or adapted distribution points, can limit equitable access.

Finally, distribution processes are not consistently linked to or used as an opportunity for available services information dissemination and GBV messaging. Despite the high concentration of beneficiaries during distributions, the visibility of GBV, PSEA, and referral information remains limited, representing a missed opportunity to strengthen awareness, accountability, and access to services.

5.2 Most Affected and Vulnerable Groups

Vulnerability in collective shelters does not stem from identity alone. It emerges where specific population groups are placed in environments that do not match their protection needs. The dataset itself records the presence of substantial numbers of female-headed households (2,004), adolescent girls (3,239), pregnant women (264), and lactating women (391) across sites with available data.

While the data doesn't record differences in nationality, it's important to highlight that it has been recorded that non-Lebanese have no real access to collective sites. But in general, when they have access to sites, the data also shows that non-Lebanese women face the exact same severe, systemic infrastructural and safety failures as the broader displaced population.

Pregnant and Lactating Women

Qualitative Analysis: Despite their heightened physical and medical needs, pregnant women and mothers of newborns are afforded no specialized accommodations. There is a total lack of dedicated safe spaces. A glaring example was documented at a site housing seven pregnant women, including one in her ninth month of pregnancy, who were provided no dedicated space for themselves or their babies. Furthermore, caregivers carrying babies and young children are heavily burdened by navigating chaotic, unequipped shelter environments.

Female-Headed Households (FHH), Single Women, and Adolescent Girls

Quantitative Data: For **adolescent girls, the most important shelter-related protection conditions are privacy, predictable access to sex-segregated and lit WaSH facilities**, the existence of girl-friendly spaces and visible information pathways. 45.1% of sites lack safe spaces, which is one of the few structured entry points for group activities, psychosocial support, or discreet referral.

For **female-headed households and single women, spatial arrangements matter acutely.** While 80% of sites report separate accommodations, 20% fail to separate female-headed households from unrelated men, leaving a significant portion of the population in high-risk, forced cohabitation. This gap is exacerbated by a systemic failure in room-level privacy, which remains inconsistent across the majority of sites.



Qualitative Analysis: Because women are assigned to sleep in the same unpartitioned spaces as male strangers, they are required to remain veiled at all times to preserve their dignity. The widespread lack of internal door locks disproportionately impact single women and FHH. Without the ability to lock their doors from the inside at night, these women are left entirely unable to secure their living quarters against potential intruders, deeply compromising their physical safety and peace of mind.

Separated Children⁴

Quantitative Data: The audit data actively tracked and identified at least 115 separated children living within the sampled displacement sites.

Qualitative Analysis: While detailed qualitative observations specifically regarding separated children are limited, the sheer presence of unaccompanied children in severely overcrowded shelters represents a critical protection risk. These children are navigating high-stress environments where basic physical safety mechanisms, such as door locks, adequate nighttime lighting, and room partitions, are largely absent, and where formal PSEA and GBV reporting mechanisms are rarely visible.



Women with Disabilities and The Elderly Women

Quantitative Data: 33.9% of sites lack special measures to ensure the provision of water to those with movement difficulties (older persons, persons with disabilities, women and girls, child-headed households). The observation comments point to stairs, upper floors, and a lack of visible adaptations. This means that women with disabilities may be present in the shelter but unable to access its most basic facilities independently or safely. Having in mind specific gendered risks and challenges, this reinforces existing inequalities and disproportionately impacts women and girls with disabilities, who face heightened safety and GBV concerns without adequate capacity to react or protect themselves, nor easily access support services.

Qualitative Analysis: These groups suffer significantly from the poor and non-inclusive physical conditions of the shelters. Sites heavily rely on stairs and lack ramps, making them fundamentally inaccessible for individuals with mobility impairments. Bathrooms and latrines are rarely adapted for persons with disabilities, frequently requiring them to rely on physical assistance from others just to enter the facilities. This lack of adapted WaSH spaces strips older individuals and women with disabilities of their dignity, with reported cases in some shelters of older persons and persons with disabilities being handed adult diapers and told to use them instead of latrines. Furthermore, the shelters lack specialized facilities, support for cognitive disabilities, referrals, and support through specialized actors. In many sites, people with disabilities were rejected access by site managers. In one site, auditors noted that an older man with Alzheimer's and a woman with developmental challenges were causing significant communal stress because site managers were unable to manage their behaviors and the adequate services were not available.

⁴ Separated children tracked in the dataset seem to be residing with relatives (like grandparents, aunts, or older siblings) rather than being completely unaccompanied.



5.3 Variations Across Governorates

The safety audit data reveals stark differences in displacement site demographics, capacity, and infrastructure across Lebanon's governorates. While overarching themes of overcrowding and lack of privacy are universal, the scale and specific vulnerabilities vary significantly by region.

Governorate	# of Safety Audits	# of Shelters	# of people ⁵
Mount Lebanon	47	316	6,771
North	32	114	2,570
Bekaa	28	96	3,659
South	27	99	10,957
Akkar	17	66	949
Beirut	13	166	3,624
Baalbek-El Hermel	12	33	2,070
El Nabatieh	4	19	265
TOTAL	180	652	30,865

South Governorate: Massive Urban Congestion

Quantitative: Shelters in the South, particularly in the Saida district, are hosting some of the largest displacement populations recorded in the audit with 9,518 individuals (55.6% of total). This sample size is driven by the extreme concentration of IDPs in large educational and public facilities in the Saida and Jezzine districts. For example, a single site (the Lebanese University Faculty of Arts and Humanities in Saida Ed-Dekermane) accounts for 2,000 individuals alone. Other mega-shelters in the South regularly host between 400 and 1,050 individuals per site.

The South governorate presents a constrained protection environment, with notable weaknesses in core shelter conditions, particularly those related to privacy and safe space. Only 29.6% of assessed sites have functional internal door locks, indicating that the vast majority of shelters lack the most basic mechanism for residents to secure their living spaces. This significantly undermines privacy, safety, and a sense of control, especially for women and girls. In addition, just 38.5% of sites provide a dedicated women and girl-friendly safe space (WGSS), leaving a large proportion of shelters without structured environments for support, GBV services, or safe interaction. Also, 53.9% of sites meet minimum space standards, which, combined with the limited internal safety measures and insufficient safe spaces, creates conditions where exposure to GBV risks remains high despite moderate improvements in space availability.

These findings are consistent with broader contextual evidence highlighted in the inception report, which points to severe operational constraints and ongoing hostilities in southern governorates. These factors continue to affect both infrastructure and service delivery, limiting the ability to implement protection-sensitive measures and contributing to the persistence of structural risks within collective shelters.

Qualitative: The sheer scale of these shelters combined with untrained site managers and lack of oversight makes privacy nearly impossible. Facilities are merging unrelated families into single rooms, and doors frequently lack locks entirely. At a sports club in Saida El-Qadimeh housing 186 people, administrators

⁵ According to the inputs from the Safety Audit, when reported.



attempted to manage the crowding by designating separate large halls for men and women. However, even these separate halls were not equipped with door locks.

Beirut and Mount Lebanon: High-Density Vulnerability and Vertical Infrastructure

Quantitative: Similar to the South, Beirut and Mount Lebanon exhibit massive, highly dense shelters with alarming numbers of highly vulnerable women. In Mount Lebanon, a site in Chiyah hosts 500 individuals, including 80 Female-Headed Households (FHH) and 200 adolescent girls. In Beirut, a site in Ras Beyrouth housing 600 people tracked 50 FHH, 100 adolescent girls, and 30 lactating women, while sites in Bachoura host between 400 and 624 individuals.

Beirut presents the most fragile observed profile among governorates with sizable sample coverage. Only 23.1% of assessed sites met space standards, 15.4% had shelter door locks, 46.2% had adequate partitioning, and 30.8% had a dedicated WGSS. Visibility of shelter-based GBV and PSEA materials was also particularly low with only 15.4% of shelters having both. ***These patterns suggest that, in the Beirut sample, crowding and internal privacy deficits are more acute than in other assessed areas.***

Mount Lebanon, which has the largest number of collective sites assessed in this report, shows a more mixed profile of adherence to standards. 23.1% of sites fail to meet adequate space standards and 23.4% of the sites lack partitioning. Also, internal locks remain limited with only 44.4% of the sites having locks. Given the concentration of sites and displaced population in this governorate, even moderate deficits translate into large numbers of affected residents.

Qualitative: The urban landscape of Beirut forces IDPs into vertical, multi-story buildings that present severe accessibility hazards. In Ras Beyrouth, a school housing 600 people spans 5 floors without an elevator, essentially limiting access or trapping older individuals and persons with disabilities. Due to a massive lack of space, families are forced to sleep in highly unconventional and exposed areas, including pitching tents inside school corridors, underneath stairs, and in open playgrounds. In another instance in Mazraa, 200 people are sleeping inside the open halls of a mosque without walls or room partitions, drastically reducing privacy for women. Reports also indicate that due to overcrowding, many families choose to have males sleep in hallways and open spaces, resulting in the separation of boys from their caregivers, which puts them at the risk of being sexually harassed or abused.

In Mount Lebanon, the facilities are buckling under the volume of displaced persons. In Barja, the population has exceeded the physical capacity of the rooms, forcing administrators to open every available space for sleeping, including hallways, playgrounds, teachers' rooms, and drinking fountain areas. Electricity outages are severe; facilities rely heavily on solar power that fails at night, leaving sites in total darkness and forcing residents to navigate by candlelight or flashlights.

Akkar and North Governorates: Smaller Facilities but Disproportionate FHH Ratios

Quantitative: In sharp contrast to Beirut and the South, sites in Akkar and the North are highly decentralized and hold much smaller populations. Many sites host fewer than 50 people, such as Deir Dalloum (27 to 47 people), Fiaa (34 people), and Habchit (22 people). However, Akkar exhibits a disproportionately high ratio of Female-Headed Households relative to its population size. For instance, a site in Tikrit hosting just 70 people reported 17 FHH, and a site in Bebnine hosting 90 people reported 26 FHH.

The North governorate demonstrates relatively stronger performance across most assessed indicators, suggesting a more stable shelter environment compared to other regions. However, important protection gaps remain, particularly in areas that directly affect privacy and dignity. Only 61.3% of sites report adequate partitioning, meaning a significant proportion of shelters still rely on shared or insufficiently separated living



spaces. Similarly, 67.5% of sites have privacy sheets, indicating that many households continue to depend on improvised solutions to create basic visual barriers. In addition, only 65.6% of shelters have functional room locks, leaving nearly one-third of the sites without the ability for residents to secure their living spaces. These gaps collectively point to persistent limitations in ensuring confidential and dignified living conditions, particularly for women and girls.

A similar pattern is observed in Akkar, where overall performance across indicators is comparatively strong, but key shortcomings continue to affect protection outcomes. 70.1% of sites meet minimum space standards, indicating still alarming, but relatively better conditions in terms of comparison with other governorates. However, only 62.5% of sites report that information is accessible to residents, highlighting limitations in awareness of available services, reporting mechanisms, and rights. This reduces the effectiveness of communication and accountability systems, particularly for vulnerable groups. As in the North, these findings suggest that while baseline shelter functionality is present, critical elements related to privacy, information access, and protection-sensitive design remain insufficiently addressed.

Qualitative: A defining characteristic of the North is the use of makeshift interventions by IDPs to reclaim their privacy. In large open halls in Bnehran and classrooms across Tripoli, families are systematically hanging black sheets, newspapers, and paper over transparent glass windows and doors to prevent outsiders from looking in. Like Beirut, the North heavily utilizes multi-story infrastructure; a three-story facility in Trablous Et-Tell was noted as severely dangerous and difficult for the elderly and persons with disabilities to navigate due to the steep stairs.

In Akkar, due to the small capacity of the buildings used in Akkar (often small schools or community centers), there are virtually no dedicated safe spaces for women and girls. Overcrowding still persists on a micro-level, with multiple families frequently crammed into a single small room. Vulnerable groups are particularly isolated here, as auditors repeatedly noted a total lack of information materials, PSEA brochures, or specialized aid distributions arriving at these smaller, out-of-the-way sites.



Image Source: UNFPA, Lebanon, March 2026



Bekaa and Baalbek-El Hermel: Medium Sites and Severe Weather Exposure

Quantitative: Displacement sites in these governorates generally feature medium-to-small populations. Facilities in Fekehe (Baalbek) range from 50 to 64 individuals, while sites in Zahle (Bekaa) frequently hit their capacity around 250 individuals.

In **Bekaa**, while overall shelter conditions are relatively stronger compared to other regions, several critical protection gaps persist, particularly in communication, privacy, and inclusion. The **visibility of GBV, PSEA, and inclusion materials remains limited**, with only around 65% of sites displaying such information, indicating that a significant proportion of residents lack access to essential awareness and reporting pathways.

Gaps in internal privacy and safety measures are also evident. Only 60.7% of sites have functional room locks, leaving nearly 40% of shelters without the ability for residents to secure their living spaces. Similarly, 70.4% of sites report adequate partitioning, and 78.6% provide privacy sheets, suggesting that major gaps in the implementation of GBV mitigation measures persist across sites. These gaps continue to affect dignity, confidentiality, and perceived safety, particularly for women and girls.

In addition, space and accommodation arrangements remain a concern, particularly in relation to vulnerable groups. Only 75% of sites meet adequate space standards, and just 78.6% of female-headed households have access to separate spaces, indicating that a notable proportion of vulnerable households continue to face shared or inadequate living arrangements that may increase exposure to risk.

In **Baalbek El-Hermel**, protection gaps are more pronounced and concentrated, particularly in relation to information access, inclusion, and safe space availability. The presence of inclusion materials is critically low at only 18.2%, while GBV and PSEA materials are visible in just 25% of sites, representing **one of the weakest communication environments across all assessed governorates**. This significantly limits awareness, access to services, and safe reporting mechanisms.

Additional gaps are observed in information on complaint mechanisms and privacy measures, with only 45.5% of sites providing such information and 62.5% of sites providing privacy sheets, further constraining accountability and confidentiality. Core shelter infrastructure also remains insufficient: only 63.7% of sites have internal room locks, 66.7% have adequate partitioning, and 50% of sites lack dedicated safe spaces for women and girls. Furthermore, only 66.7% of sites provide separate spaces for female-headed households, indicating continued exposure to shared or mixed accommodation arrangements.

Across both Bekaa and Baalbek El-Hermel, significant challenges are observed in accessibility and service delivery, particularly in relation to water access and distribution practices. Only 76% of sites in Bekaa and 61.1% in Baalbek El-Hermel have measures in place to ensure inclusive access to water for individuals with mobility or access constraints, including older persons, persons with disabilities, women and girls, and child-headed households. This represents a major gap in inclusive service provision.

In addition, queue management during distributions is absent in nearly half of the sites in both governorates, increasing crowding, exposure, and potential tensions. Access to menstrual hygiene materials is also insufficient, with approximately half of the sites lacking these materials entirely, further affecting dignity, health, and safety for women and girls.



Qualitative: The Bekaa presents unique management and environmental challenges. In sites like Qabb Elias, severe lack of space has forced shelter managers to exceptionally place entirely unrelated families into the exact same room. Site management is also notably strict; in Ouadi El-Aarayech, an ongoing military-managed shelter strictly controls sleeping arrangements and rules imposed by the Lebanese Army. Furthermore, previous data indicates these regions face severe exposure to cold weather, compounding the physical vulnerability of residents living in unequipped, locked-down classrooms.

El Nabatieh: Small Populations and Separated Children

Quantitative: The security situation in El Nabatieh remains highly unstable, with ongoing hostilities and intermittent strikes creating a volatile environment. Civilians face continuous risk due to damaged infrastructure, restricted movement, and limited access to essential services, leading to significant displacement and disruption of daily life. Overall, the area is marked by insecurity, unpredictability, and constrained humanitarian access. With these challenges, partners managed to run the safety audit in 4 out of 19 functional sites in the area.

Sites audited in the Hasbaya district of El Nabatieh recorded very small, contained populations, typically between 55 and 100 individuals. Despite the smaller scale, there is a notable concentration of unaccompanied and separated children. Multiple sites in this district individually reported hosting at least 2 separated children each.

Accessibility remains a major concern. 75% of sites fail to provide measures ensuring water is accessible to individuals with mobility or access constraints, including older persons, persons with disabilities, women and girls, and child-headed households. Similarly, 75% of sites lack functional room locks or women and girl-friendly safe spaces, indicating widespread and critical gaps in protection, privacy, and accountability systems.

Privacy conditions are also compromised, with 50% of sites lacking adequate visual privacy, as shelter materials and layouts allow rooms to be seen from outside. This significantly undermines dignity and increases exposure, particularly for women and girls.

Overall, while El-Nabatieh may appear to perform well on some indicators due to the small number of assessed sites, the findings point to localized but severe protection risks, particularly in communication, accessibility, privacy, and essential service provision.

Qualitative: Despite the small numbers, basic safety mechanisms are entirely absent. There are no internal locks available for the rooms. Classroom doors feature small transparent glass windows that families must cover with mats or paper to protect their privacy. There are no formal partitions between households, and no dedicated safe spaces available for women and girls to gather.



6. Qualitative Analysis: A Picture of GBV Risks Beyond Quantitative Inputs

While inadequate infrastructure and overcrowded conditions pose immediate physical risks to IDPs, the qualitative data reveals a deeper and more complex protection environment, where GBV risks are shaped not only by physical conditions but also by management practices, social tensions, systemic exclusion, and limited accountability mechanisms. Within these shelters, the daily lives of women and girls are significantly constrained by shelter and site conditions, power dynamics, restricted autonomy, and the absence of protective oversight.

In several sites, **site management, or the lack thereof, emerges as a source of risk.** Qualitative observations highlight instances of coercive control, including a case where a school principal's spouse, without any formal role, exerted authority over female residents and physically restricted a woman from leaving the shelter. More broadly, site management approaches are frequently perceived to limit residents' autonomy, with reports of IDPs being prevented from gathering, forming social networks, community structures, or even sitting together. Additional restrictions, such as prohibiting the use of chairs instead of locks to close doors, and banning cooking in corridors, further undermine basic living conditions and dignity. In some locations, there were reports of discrimination in aid distribution and display of disrespectful behavior, including shouting at children.

These governance challenges are compounded by heightened social tensions within shelters. Overcrowding and challenges in aid distributions contribute to conflict between families, creating a volatile environment. Reports of disrespectful treatment, such as aid being distributed without dignity, as well as disruptive behaviors, including loud noise and poor hygiene practices, further exacerbate stress. In some cases, the presence of individuals with severe mental health conditions, including cognitive impairments and dementia, creates additional strain, particularly as shelters lack the capacity or support systems to respond appropriately. The cumulative effect of these conditions has led to explicit calls from observers for interventions such as anger management and conflict mitigation support.

A critical and recurring issue across sites is the absence of safe and confidential complaint mechanisms, which significantly increases GBV risk. In most shelters, there are no formal complaint boxes or visible SEA reporting channels. Instead, concerns are raised verbally through existing channels without dedicated or independent feedback mechanisms. This can limit confidentiality and reduce the effectiveness of reporting, particularly where feedback and service delivery functions are not clearly separated. As noted by auditors, this limits transparency and discourages residents from speaking freely due to the fear of retaliation.

The quality of site management plays a decisive role in shaping conditions. In some locations, cooperative and engaged management contributes to better organization and responsiveness. In others, unclear roles, informal systems, and weak oversight lead to inconsistent conditions and reduced accountability. This variation demonstrates that governance and management practices are as important as infrastructure in determining protection outcomes.

Importantly, the qualitative data also reflects a strong awareness among both residents and site actors regarding necessary improvements. Observations frequently include practical recommendations such as installing locks and partitions, improving lighting, ensuring access to hygiene and menstrual supplies, establishing safe spaces, and strengthening communication and complaint systems. These inputs highlight that solutions are both known and feasible.



7. Conclusion and Key Recommendations

Collective shelters in Lebanon continue to play a critical role in providing immediate refuge during a period of large-scale displacement. However, findings from this safety audit confirm that while shelters are largely functional, they are **not consistently protection-ready**, with structural and operational gaps creating conditions that increase exposure to gender-based violence (GBV).

- The analysis demonstrates that GBV risks within collective shelters are not driven by isolated incidents, but by the cumulative effect of multiple, interconnected factors. Overcrowding, inadequate internal privacy, insufficient partitioning, and the absence of dedicated women and girl-friendly spaces combine to create environments where exposure to GBV and other protection risks is constant and difficult to mitigate. These risks are further intensified by weak visibility of GBV, PSEA, and complaint mechanisms and messaging, limiting safe reporting pathways and reducing accountability.
- While WaSH and distribution systems show relatively stronger structural performance, critical gaps remain in their ability to ensure safe, dignified, and inclusive access. Gaps in lighting, accessibility, and privacy, particularly for women, girls, older persons, and persons with disabilities, demonstrate that functionality alone does not equate to protection. Similarly, distribution systems, although operationally effective, are not consistently implemented in a protection-sensitive manner, with challenges related to organization, communication, and inclusivity.
- The findings also highlight that vulnerability is intersectional, with heightened risks observed among female-headed households, adolescent girls, pregnant and lactating women, women with disabilities, and older women. These risks are shaped not only by individual characteristics but by the interaction between these characteristics and shelter conditions that fail to accommodate their needs.
- Importantly, qualitative evidence underscores that GBV risks extend beyond physical infrastructure. Power dynamics, site management practices, social tensions, and the absence of confidential and trusted reporting mechanisms contribute to an environment where control, dependency, and silence further exacerbate protection concerns. This reinforces the need to view collective shelters not only as physical spaces, but as social environments where governance, accountability, and service delivery directly influence safety outcomes.
- At the same time, the data clearly indicates that solutions are both known and feasible. Practical, low-cost interventions, such as installing locks, improving partitioning, enhancing lighting, expanding safe spaces, strengthening communication, and ensuring accessible infrastructure, can significantly reduce risk in the short term. These must be complemented by system-level actions addressing shelter capacity, site management standards, and sustained integration of GBV risk mitigation across all sectors.

The assessment underscores that collective shelters are not inherently protective. While they play a critical role in providing immediate accommodation, they do not consistently meet minimum standards for safety, privacy, accessibility, and dignity. The risks identified are interconnected and cumulative, driven by overcrowding, inadequate infrastructure, weak WaSH conditions, and insufficient accountability systems. Without targeted and coordinated action, these conditions will continue to reproduce and amplify GBV risks. However, with integrated, cross-sectoral interventions, shelters can be transformed into environments that not only provide refuge but also uphold dignity, inclusion, and protection for all displaced populations. To support this, GBV Working Group partners will continue to conduct safety audits and monitor the impact of implemented recommendations across sites.



7.1 General Recommendations

- Treat internal privacy as an immediate protection priority. Rapidly equip shelter rooms with functional locks, and expand durable partitioning in overcrowded rooms and classrooms.
- Scale-up dedicated women and girl-friendly safe spaces inside or adjacent to collective shelters, prioritizing governorates and sites with the lowest current coverage.
- Standardize a visible information package for all collective shelters and WaSH areas that includes GBV, PSEA, complaints, and referral information in accessible formats (e.g. for children, people with disabilities, etc.) and languages.
- For sharing critical information and messages, use repeated site-based awareness initiatives rather than one-off material placement. Where posters are impractical, institute routine verbal awareness sessions led by trained staff with dissemination of clear referral pathways.
- Ensure disability inclusion across site layout and services. Prioritize accessible WaSH routes, adapted toilets, handrails, and floor-level arrangements for residents with mobility limitations.
- Adopt a risk-based shelter prioritization approach that targets shelters that have crowding, absence of locks, lack of WGSS, weak information visibility, and poor accessibility to identify sites requiring urgent action.
- All actors present in the collective shelters should use the GBV referral pathways to link any potential survivors disclosing GBV with the relevant services.

7.2 Sector-Specific Programmatic Recommendations

GBV and Protection

- Expand the presence of GBV and protection actors to cover all collective shelters and enhance the mapping of geo-split with a recommended daily or regular presence of actors on the site. Many issues that are listed could have been addressed if partners were systematically more present and more proactive in the use of established coordination tools.
- Strengthen confidential disclosure options in shelters through private consultation spaces, scheduled presence of female staff, and discreet hotline dissemination, and ensure regular dissemination and updating of referral pathways, especially in sites without dedicated safe spaces.
- Prioritize outreach, awareness and psychosocial support for shelters with low information visibility or where on-site regular services are not sustained.
- Provide dignity kits with standardized contents (including torches) as a necessary intervention in shelters especially with the challenges faced with inadequate lighting, and use them as entry points for sharing critical information on GBV services and complaint mechanisms. Ensure adequate menstrual hygiene contents having in mind limited access to private areas for washing and drying clothes.
- Ensure specific focus on intersecting vulnerabilities and a tailored approach particularly for female-headed households, adolescent girls, pregnant and lactating women, women with disabilities, and older women. Where possible, ensure targeted sessions for these specific groups.
- Ensure holistic approach to protection and GBV that ensures that all partners identify GBV risks, ensure safe referrals for individuals with different vulnerabilities and those at heightened risk, as well as follow-up by protection actors with other sectors.
- Present findings to MOSA, MEHE and other key stakeholders managing sites and agree on monitoring modalities.
- Undertake regular monitoring and analysis to map the progress made on the recommendations for shelters.



Shelter and Site Management

- Upgrade privacy infrastructure in school-based and other collective shelters as necessary through room-level locks, screen partitions, and layout adjustments that reduce involuntary exposure.
- Target the most crowded collective shelters for rapid decongestion or space reconfiguration, ensuring adequate space for families and vulnerable groups, according to global standards.
- Ensure safe and dignified shelter arrangements by preventing the mixing of unrelated households, keeping families together, and prioritizing the separation of vulnerable groups (e.g. female heads of households).
- Ensure the safety of the shelter layout at all times, by ensuring all the spaces used by the accommodated populations are adequately lit at all times.
- Support the GBV partners in ensuring the safe areas for women and girls, or temporary safe spaces for the GBV activities rollout.
- Enhance inclusion for persons with disabilities by adapting shelter spaces through installing ramps, removing floor steps, widening doorways, and placing handles at reachable heights, along with other necessary measures as per global guidelines.
- Strengthen the communication with communities inside collective sites, and support the establishment of community structures to address some of the concerns and challenges they face.
- Provide regular feedback to site managers and shelter focal points on assessed sites through shelter partners and monitor improvements.
- Ensure harmonized, clear and transparent management standards and structures across the collective shelters, including representation from relevant governmental authorities.
- Institutionalize minimum GBV mitigation standards in site management checklists, including privacy, access control, information display, and safe-space identification.

WaSH

- Prioritize lighting, locks, and sex-segregation across all shared WaSH facilities, with rapid repair arrangements where power interruptions affect safety and lighting at night.
- Ensure all collective shelters provide adequate, dignified, and sex-segregated private showering areas.
- Accelerate accessibility adaptations in multi-storey school shelters and ensure at least one adapted, reachable facility per site to ensure dignified access for persons with disabilities.
- Ensure a supportive environment for menstrual hygiene management by providing private, well-lit spaces for washing and drying clothes alongside functional waste management systems.
- Use WaSH points as routine information nodes for GBV, PSEA, and complaints messaging, given their high daily use by women and girls.
- Institutionalize minimum GBV mitigation standards in WaSH facilities checklists, including privacy, safety, sex segregation.

Distributions

- Ensure clear display of 'Aid is Free' messaging and IEC materials, along with visible and accessible complaint mechanisms.
- Ensure distribution layouts include clear priority and gender segregated lines, seating, shade, and escort support for older persons, pregnant women, and persons with disabilities.
- Link distribution events with GBV messaging and referral information rather than treating them as separate operational tracks.
- Institutionalize minimum GBV mitigation standards in checklists for delivering distributions, including privacy, safety, sex segregation.



Inter-Sector Coordination

- Pair shelter observation data with planned FGDs and KIIs from the broader assessment processes so that women's and girls' perceptions can validate and deepen site-level findings.
- Advocate for flexible funding that can support both physical upgrades and the staffing needed for safe spaces, awareness, and follow-up.
- Lessons learned and preparedness discussion needs to be enhanced for additional displacement needs with a focus on including mapped gaps in future preparedness and contingency planning.
- Ensure clear site management practice and presence of relevant governmental representatives on sites.
- Present the audit findings regularly across sectoral and intersectoral platforms and track sectors' progress in addressing identified gaps to ensure accountability.

Annex I: Priority Sites for Interventions

Priority sites have been selected using a risk-based approach, combining key indicators related to overcrowding, lack of internal privacy in shelter layout and WaSH (locks and partitioning), absence of women and girl-friendly safe spaces (WGSS), limited visibility of GBV/PSEA and complaint mechanisms, and gaps in accessibility for vulnerable groups.

Sites included in this annex represent locations where multiple risk factors converge, resulting in heightened exposure to gender-based violence, particularly for women, adolescent girls, persons with disabilities, older persons, and female-headed households. The prioritization does not imply that other sites are risk-free, but rather highlights those where urgent, coordinated action is required to mitigate immediate protection concerns.

The list should be used to guide operational planning, resource allocation, and inter-agency coordination, ensuring that interventions are directed toward sites with the most critical gaps. Recommended actions outlined in the Conclusions and Key Recommendations section, and include improvements to shelter privacy, expansion of safe spaces, strengthening of WaSH safety and accessibility, enhancement of communication and reporting mechanisms, and reinforcement of GBV-sensitive service delivery across sectors.

This prioritization should be regularly reviewed and updated, as site conditions may evolve rapidly in the current emergency context.

The full list of sites matrix with their risk score can be accessed [here](#).

This document is a product of the Lebanon GBV Working Group

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