



Gender-Based Violence (GBV) Information Management System (IMS)

Annual Thematic Report 2022

Introduction

This Gender-based Violence Information Management system (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during 2022¹. The report therefore represents trends and analysis of GBV incidents reported and recorded by the user agencies across Lebanon.²

The analysis has been triangulated with other sources, such as protection monitoring reports, studies, surveys, and assessments conducted in Lebanon such as the Secondary Data Review for Lebanon³, Vulnerability Assessment of Syrian refugees in Lebanon (VASyR⁴), and the multi-sectoral needs assessment (MSNA).⁵

Background in Lebanon

Over the past few years, Lebanon has experienced a multi-layered crisis with acute and increasingly visible humanitarian consequences, that is compounded with the protracted Syrian crisis that started in 2011, leaving almost 1.5 million Syrian refugees living in Lebanon.⁶ Additionally, and since 2019, the country has been going through a complex economic and financial crisis, deepened by a political deadlock and the COVID-19 pandemic, which has offset some of the development gains of the past years and generated humanitarian needs for the most vulnerable populations in severely deprived areas in the country. Over the past year, the Lebanese pound has lost more than 90 percent of its value, and Lebanon is now classified as a lower-middle income country down from upper middle-income status in July 2022⁷.

In 2022, Lebanon experienced further political instability with the judges' strike that started in August 2022 and resulted in the paralysis of the legal system in Lebanon. This has resulted in limited access of

¹ There are 14 GBVIMS user organizations in Lebanon: ABAAD, AND, CL, CW, DRC, IMC, INTERSOS, IRC, KAFA, LECORVAW, RDFL, MF, TDH-L and URDA

² The data included in this report are derived from reported cases by GBVIMS users in Lebanon and do not represent the total number of GBV incidence or prevalence of GBV in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection in implementing GBV response activities across Lebanon, with the informed consent of survivors. Fourteen organizations contributed to the trends. These data should not be used for direct follow-up with survivors or additional case follow-up. This information is confidential and must not be shared outside your organization/agency. Should you like to use this data or access more information on the GBVIMS, please contact the Inter-Agency GBVIMS Coordinator, Lamis Delbani (aldelbani@unfpa.org)

³ Lebanon GBV Secondary Review (2018-2022). Accessed at: <https://data.unhcr.org/en/documents/details/99208>

⁴ United Nations High Commissioner for Refugees, United Nations Children's Fund, World Food Programme (2021). "Preliminary Results of the Vulnerability Assessment of Syrian Refugees." Accessed at: <https://data2.unhcr.org/en/documents/details/88960>

⁵ MSNA 2021. Accessed at: [Multi-sector needs assessment \(MSNA\) - Lebanon 2021 | Humanitarian Response](https://reliefweb.int/report/lebanon/unhcr-lebanon-needs-glance-2023)

⁶ UNHCR Lebanon-2023. Accessed at: <https://reliefweb.int/report/lebanon/unhcr-lebanon-needs-glance-2023>

⁷ World Bank, accessed at: <https://data.worldbank.org/country/LB>

survivors and other vulnerable groups to courts and increased sense of impunity. As some of the provisions in the existing confessional laws are already favoring the existing patriarchal structures, the stillstand of the legal system has further given grounds for discrimination of women in the system. Religious status law is one example as Lebanon lacks a civil code regulating personal status matters such as inheritance, child custody, and marriage and so relies on 15 separate personal religious-based status laws. As a direct result, individuals are treated differently because of their religion and gender. Child marriage⁸ is a clear example of the discriminating current personal status laws that are governed by religious authorities and do not adhere to international standards for the legal age of marriage and other gender equality issues.

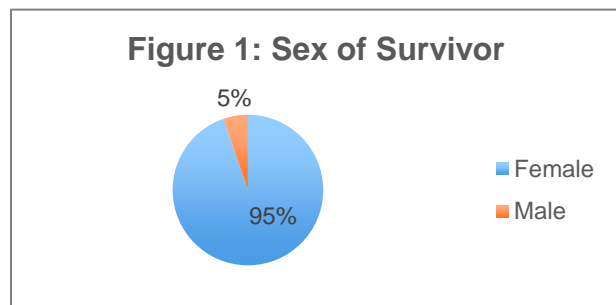
Furthermore, the Cholera outbreak that hit Lebanon has negatively impacted the health and hygiene situation of the most vulnerable populations including those living in Informal Tented Settlements (ITSs). Additionally, the deteriorating financial crisis may lead to limited access to menstrual hygiene products and reprioritization of stretched financial resources.

This multidimensional crisis has worsened the protection risks – including violence against women and girls and contributed to soaring humanitarian needs such as further exacerbated long-term structural vulnerabilities with significant consequences on the well-being of women, children, and marginalized groups such as SOGIESC persons, migrants and people living with disabilities.

Profile of survivors of Gender-based Violence seeking assistance

Sex and Gender

According to the GBVIMS data of 2022, **women and girls continue to constitute the majority (95%) of survivors of GBV**. Female survivors including women and girls experience disproportionate risks related to gender-based violence and continue to face different hardships in their everyday lives due to several contributing factors like the socio-economic status, traditional and cultural norms, normative concepts of gender, nationality, education status, disability and living or working conditions.



For female survivors, **physical assault** and **psychological/emotional abuse** present the most reported types of GBV among incidents, accounting for **33 percent** and **32 percent** respectively. **Sexual violence**, including rape and sexual assault, is the third most reported GBV type with **16 percent**, followed by **forced/ child marriage** and **denial of resources and opportunities**, with **10 percent** and **9 percent** respectively.

⁸ UNWOMEN “Analytical Study of Access to Justice for sexual and gender-based violence cases of Syrian Refugee Women in Lebanon”. Accessed at: <https://lebanon.unwomen.org/en/digital-library/publications/2022/03>

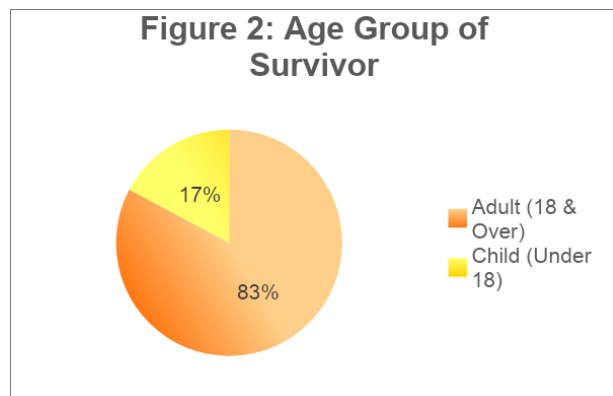
Similar to previous reporting periods, **5 percent** reporting GBV incidents were male, among which **71 percent** are adult males and **29 percent** are boys. Despite the scaling up of programming targeting men's engagement in GBV prevention activities in different regions in Lebanon, the percentage of men disclosing GBV incidents remains low, and might be underreported. Based on community discussions and consultations, men are rather reluctant to report GBV due to the potential social stigmatization including isolation and disbelief.

Data from 2022 indicates that male survivors, including survivors identifying themselves as males, also disclosed GBV incidents such as **sexual violence, including rape and sexual assault**, and **physical assault**, accounting for **35 percent** and **29 percent** of reported incidents respectively. Incidents of **psychological/emotional abuse** present the third most reported type of GBV among incidents with **27 percent** of all incidents reported.

Persons with diverse SOGIESC remain one of the vulnerable groups that face disproportionate levels of GBV due to their gender identity, while facing serious barriers and challenges to access services. Survivors face discrimination and community stigmatization due to their gender identity. In terms of access to justice, survivors are often legally accused of criminal behavior due to their gender identity in case they report any act of GBV to the authorities.

Age

2022 GBVIMS data shows that adults accounted for **83 percent** and children accounted for **17 percent of the GBV incidents reported through the GBVIMS**. In 2022, adults continued to constitute the highest percentage of people seeking services. However, GBV against children was increasingly reported in the GBVIMS in 2022, with **6 percent** increase compared to 2021,⁹



While for adult survivors, the main types of GBV reported are **physical assault** accounting for **37 percent**, followed by **psychological/emotional abuse** accounting for **35 percent**. **Sexual assault** represents the third highest GBV type perpetrated against adult survivors accounting for **13 percent**, followed by **denial of resources and opportunities** with **10 percent**, **rape** with **4 percent**, while having **forced marriage** representing the lowest percentage of GBV with **1 percent**.

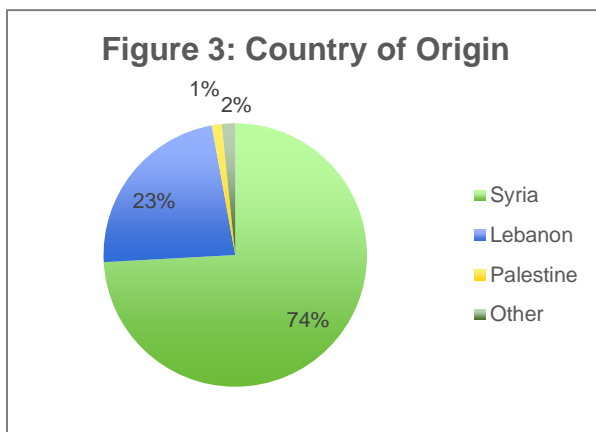
As for child survivors of GBV, **forced marriage** and **psychological/emotional abuse** constitute the highest percentage of GBV forms reported by children, with **52 percent** and **15 percent** respectively, followed by

⁹ This trend is also concerning given the operational procedures between CP and GBV actors currently applied in Lebanon to use either system the GBV or the CP Information Management Systems. Further work needs to be done to harmonize procedural standards and tools in use. Despite this increase, and due to the unstandardized procedures of reporting across sectors, other child protection actors report GBV incidents perpetrated against children under the CPIMS which might cause double reporting or underreporting in case the actor is not a GBVIMS user organization.

physical assault with 13 percent and **sexual assault with 12 percent**. **Denial of resources and opportunities** and **rape** represent the lowest forms of GBV reported by child survivors, accounting for **4 percent** and **3 percent** respectively.

Some of the underlying socio-economic challenges are reported as contributing factors providing ground for additional risks of GBV against children. According to MSNA results for 2021, **700,000 children are reported out-of-school in 2021** because of the multi-layered crisis. Drop-out of school, idleness or working as housemaids have been some of the most commonly reported challenges impacting the wellbeing and safety of children due to school closure. In parallel, the worsening economic situation has pushed many youths to engage in irregular and informal work to contribute to family income. According to education partners, three in ten youth¹⁰ stopped education altogether, while a third of all young people are not in education, employment, or training. Keeping children out of school for lengthy periods has made them increasingly susceptible to child protection and GBV risks including exploitative practices including child labor and child marriage.

Nationality of survivors



Displaced Syrians continue to constitute the majority of the population of recorded GBV incidents in the GBVIMS, accounting for **74 percent** of all incidents recorded in 2022. With 23 percent, Lebanese nationals are the second largest nationality disclosing GBV incidents to GBVIMS data gathering agencies.¹¹ Survivors from other nationalities constitute **2 percent** of all recorded incidents, while Palestine refugees from Lebanon or Syria recorded the remaining **1 percent** in 2022. The percentage of Syrian refugees increased with **7 percent**, compared

to an **8 percent** decrease in the percentage of Lebanese compared to 2021. Palestinians from Lebanon and Syria recorded only **1 percent** of the survivors seeking services, where the GBV cases are usually managed by UNRWA directly or organizations working in partnership with UNRWA that are not all members of the GBVIMS steering committee and the GBVIMS data gathering organizations. The percentage of survivors from other nationalities constitute **2 percent** of survivors seeking services, and the percentage is low considering the number of organizations working with migrant workers in Lebanon. Survivors from different nationalities have been affected by the escalating socio-economic crisis, with the country's limited capacities to provide basic services such as electricity, water, health and sanitation services, health care and protection services.

¹⁰ The United Nations define youth as those persons between the ages of 15 and 24 years. The article can be accessed at <https://www.un.org/en/global-issues/youth>

¹¹ It is worth noting that as outlined, the GBVIMS reflects on agencies using the system and programs that target vulnerable populations under the LCRP and the ERP hence this reflects on the agencies with specific programs, some of which are focusing on refugee and humanitarian assistance which might be the reason for the higher proportion of displaced Syrians.

Disability and diversity

According to the findings of 2021 VASyR,¹² **9 percent** of displaced Syrians have reported living with a disability, and **30 percent** of Syrian households having at least one member living with a disability. The recorded prevalence of disability varied from one Lebanese governorate to another. According to MSNA results for 2021, El Nabatiyeh governorate ranked first with the highest-level of recorded persons living with disability with **16 percent**, while Mount Lebanon had the lowest prevalence of persons living with disability with 7.5 percent¹³. The same assessment reveals that the disability percentage among Lebanese nationals is relatively high, with **22 percent of Lebanese HHs** reporting at least one member with disabilities.

In 2022, only **1 percent of all GBV incidents reported in the IMS were recorded for persons living with a disability** which presents a decrease of 1 percent compared to 2021 GBVIMS data. The low reporting of GBV within population groups living with disability or mental health conditions is a concerning challenge that requires efforts of GBV service providers to ensure an inclusive approach to services and to reduce barriers to access and information and services.

Notably, and according to research from Human Rights Watch, an estimated 7,000 people were injured by the Beirut bombing of 2020, resulting in short-and long-term disabilities and traumatic experiences that require immediate medical interventions, rehabilitation, and support with accessing assistive devices such as wheelchairs, crutches, and hearing aids. Considering the increasing number of clients living with temporary or permanent disability since the Beirut blast, compounded with potential exposure to protection issues including GBV, people with disabilities face challenges to access services.

The above percentages show that people living with disabilities are still facing various barriers to access services in Lebanon. According to the UNFPA’s situational analysis on gender based violence against women and girls with disabilities in Lebanon¹⁴, **attitudinal barriers** related to negative stereotyping and social stigmatization, **communication barriers** related to inaccessibility to information, **environmental barriers** related to the inaccessibility of facilities, and **administrative barriers** related to the rules and policies that may disadvantage people living with disabilities are all barriers that limit the access of GBV survivors living with disabilities to services and opportunities in the community.

¹² United Nations High Commissioner for Refugees, United Nations Children’s Fund, World Food Programme (2021). “Preliminary Results of the Vulnerability Assessment of Syrian Refugees.” Accessed at: <https://data2.unhcr.org/en/documents/details/88960>

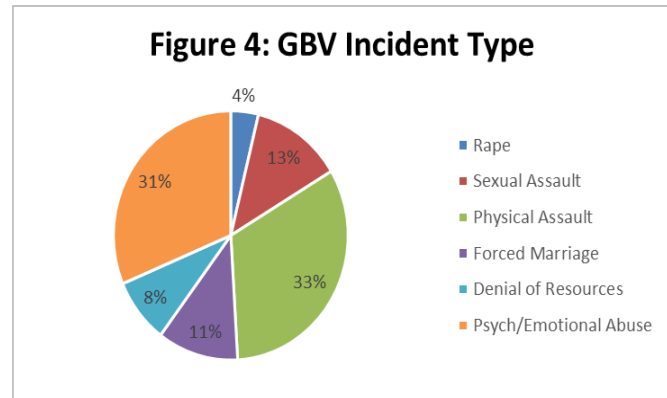
¹³ MSNA 2021. Accessed at: [Multi-sector needs assessment \(MSNA\) - Lebanon 2021 | HumanitarianResponse](#)

¹⁴ Situation Analysis on Gender Based Violence Against Women and Girls with Disabilities in Lebanon. Accessed at: <https://lebanon.unfpa.org/en/node/108432>

Most reported types of GBV incidents in 2022

Overview

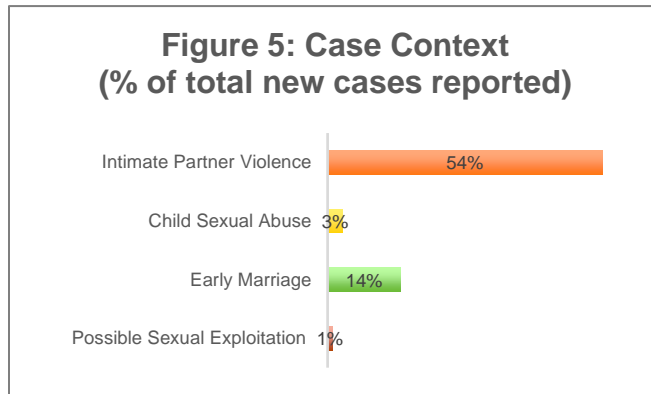
In 2022, **physical assault and psychological/emotional abuse were the most reported types of GBV**, accounting for **33 percent** and **31 percent** of all reported incidents respectively. Incidents of **sexual violence, including rape and sexual assault present the third most reported type of GBV** incident with **17 percent** of all incidents reported, followed by **forced/ child marriage and denial of resources and opportunities, recording 11 percent** and **8 percent** of the incidents respectively. Women and girls continue to be disproportionately exposed to different types of GBV, including physical, emotional and sexual assault at home and in the community.



Intimate partner violence (IPV)

Intimate partner violence can have different forms of GBV including physical, emotional, sexual violence and/or denial of resources reflecting on the perpetrator of GBV being the intimate partner of the GBV survivor. According to the GBV sector emergency response plan, **IPV is among the most common types of GBV in Lebanon**.¹⁵ Some estimates suggest rates of IPV as high as **one in three married women and an estimated one in every two individuals know someone subjected to violence happening at home**. Additionally, and according to the MSNA 2021, among those households who reported that women and girls feel unsafe in their community, approximately **5 percent** indicated that women and girls feel unsafe in their homes. These percentages are supported by the GBVIMS data for 2022 that shows the client home as the main location where incidents of GBV are reported, accounting for **60 percent**. In other words, a significant percentage of women and girls feel unsafe at home and are exposed to violence in their homes. Safe spaces for women and girls remain to be a critical response service to ensure safe disclosure given the prevalence of IPV.

¹⁵ OCHA: Increasing Humanitarian Needs in Lebanon. Accessed at: [Increasing Humanitarian Needs in Lebanon, April 2022 \[EN/AR\] - Lebanon | ReliefWeb](#)



54 percent of all GBV incidents recorded in the GBVIMS were perpetrated by the intimate partner (husband or partner) of the survivor, with a **2 percent** increase compared to 2021. GBVIMS data indicates that both adults and children are subjected to IPV, with **87 percent** of survivors of IPV are adult females, and **17 percent** of female children reporting being subjected to violence by their partner, including married adolescent girls exposed to IPV.

According to KAFA internal reports¹⁶ on urgent cases of women and girls' reporting different incidents of gender-based violence in Bekaa, Beirut, Mount Lebanon and the South, the majority of cases requesting legal assistance are cases of intimate partner violence. Women and girls are requesting legal protection, prosecution of the perpetrator/ intimate partner, safe shelter and child protection. However, due to the partial paralysis of the legal system in Lebanon in 2022, challenges have been reported in accessing timely services ensuring women and girls' access to rights.

Forced/ Early Marriage

Child/ Early marriage is the most prominent type of GBV perpetrated against children, particularly girls, constituting 79 percent of the forced marriage incidents reported in 2022.¹⁷ Families report increased need to resort to early marriage as a harmful coping mechanism to adapt to their socio-economic needs. In addition, school closures, idleness and limited livelihood opportunities have further exacerbated child marriage as a "protective" measure to preserve family honor and mitigate risks of sexual harassment and or dating and pre-marital sexual relationships. At the same time, risks of school drop-out are considerably higher amongst early married girls. According to the VASyr 2021, **46 percent** of all girls not attending school are married under the age of 18 years. For girls 15-18 years old, 22 percent do not attend due to marriage compared to 0.1% for boys. Child marriage and the associated risks including higher prevalence of IPV, including marital rape, drop-out of school and other educational opportunities as well as health and psychological risks have a considerable negative impact of the well-being and development of girls and boys.

Additionally, and according to the gender findings of UNICEF 's recent report¹⁸ on multidimensional child poverty, adolescent girls, regardless of their nationality, shared experiences of harassment in public spaces and restriction of their mobility preventing them from accessing services. Additionally, 22 percent of Syrian girls aged 15-18 who do not attend school report marriage as the main reason behind this.

¹⁶ 2022. KAFA Internal reports on urgent cases of GBV in need for legal assistance. Accessed at: <https://kafa.org.lb/en>

¹⁷ The United Nations Convention on the rights of a Child defines the child as every human being below the age of eighteen years. The article can be accessed at <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

¹⁸ United Nations Children's Fund (2022). "Deprived Childhood". Accessed at: <https://www.unicef.org/lebanon/reports/deprived-childhoods>



The above trend is further supported by focus group discussions that were conducted by TDH-L in December 2022 that aimed to better understand the gaps faced by the people benefiting from the GBV services. Two FGDs were conducted with women and two with girls in the South and Bekaa, and the main findings show that there is an increasing risk of child marriage and sexual assault as reported by beneficiaries.

Service Provision

Mental Health and Psychosocial support

According to 2022 data, **psychosocial support (PSS) is the main service that survivors requested and were receiving in 2022 with 80 percent of the services provided for new incidents recorded.** PSS is mainly the basic service that is usually provided by the case workers/ social workers as part of their role during the case management process. PSS aims at supporting the survivors to process the act of violence, identify their needs and set clear objectives to address those needs, strengthen their resilience and empower them in line with the survivor centered approach.

Mental health services include more specialized services that are provided by specialized mental health staff such as psychiatrists and psychologists. Field reports indicate that due to the limited operational mental health programs in Lebanon, referrals to mental health services are often waitlisted and the few percentages of GBV case management service providers providing in-house specialized mental health services often prioritize their cases over external referrals due to the limited resources. Considering the increased level of stress and anxiety due to the combined health-related fears and the financial hardship people in Lebanon are experiencing, there are increasing demands for scaling up the mental health specialized services.

Health including clinical management of rape

15 percent of all recorded survivors of GBV have received health and medical services, including clinical management of rape services. However, field reports indicate that general health services for Syrian refugees are not covered for survivors of physical assault, and even when covered, the PHCs are not sufficiently trained to deal with the survivors of physical assault. Additionally, forensic doctors fees are not covered anymore, and this is putting additional burden on service providers due to the limited availability of funds.

Clinical management of rape is a service offered to survivors of sexual violence/rape in health facilities by skilled service providers who are trained on provision of CMR medical services for adult and child survivors of sexual violence. Survivors of sexual violence and rape usually receive Post-Exposure Prophylaxis treatment (PEP) kits. The PEP kit contains treatments to prevent human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) and unwanted pregnancies. **In Lebanon, 11 health facilities are offering specialized CMR services.** Field reports indicate that the availability of PEP kits in the facilities has been a continuous challenge. Due to limitations of service provision in remote areas,



survivors may need to move from one district to another to receive the service and this might put them at additional risk. Additionally, the GBVIMS shows that **47 percent** of the incidents are reported after one month of the incident date. Considering the importance of timely reporting of GBV incidents especially incidents of sexual violence, there should be increasing efforts to enhance timely reporting and ensure timely access to health services including CMR.

Livelihood security and cash for protection

Referral to livelihood support is reported for only **12 percent** despite the fact that limited self-reliance and financial literacy is a concern reported by the majority of GBV survivors. Limited resources and capacity of partners to provide meaningful livelihood opportunities and the overall challenging socio-economic environment in Lebanon with high inflation has made livelihood security a significant challenge for survivors and families. According to field reports, survivors are requesting livelihood services due to the escalating socio-economic crisis that further impacted them, in the aim of participating in skills development training and income generating activities that support their financial stability.

However, domestic work might expose women and girls from different nationalities including migrant workers to further risks of GBV. A study on the Gender Dimensions of Sexual violence against migrant domestic workers¹⁹ conducted with 913 migrant workers from different nationalities in Lebanon revealed that **68 percent** of the interviewed domestic workers confirmed being subjected to sexual abuse. When asked about the perpetrator profile, **70 percent** confirmed that of the perpetrators are the employers.

As a response on the acute economic crisis, cash assistance within GBV case management is one of the services offered to mitigate the GBV risks on women and girls, including recurrent cash assistance (RCA) that aims at mitigating the risk and the consequences of intimate partner violence, sexual harassment, exploitation, or abuse in a longer term.

Security and Law enforcement

Security and law enforcement services continue to constitute the highest percentage of most declined referrals by GBV survivors, accounting to **38 percent** in 2022.

Fear of reporting modalities and limited trust in law enforcement are considered the main reasons behind this trend as reported by different GBV case management agencies. According to field reports, survivors of GBV often prefer not to access security or police stations to file protection complaints due to the continuous fear of persecution or being arrested for different reasons like the legal documentation issues.

Safe shelters

Data from the GBVIMS shows that only **5 percent** of the survivors were referred to shelter services in 2022. Access to safe shelter for survivors of GBV who are at imminent risk remains a critical life saving service and a critical priority of the GBV Working Group response. Although in Lebanon there are 16 safe

¹⁹ Egna Legna Besidet (2022). Acknowledged but Forgotten: The Gender Dimensions of Sexual Violence Against Migrant Domestic Workers in Post-Crisis Lebanon. Accessed at: <https://soas.lau.edu.lb/files/PDF%20%20Final%5B2%5D.pdf>



Furthermore, **stigmatization of survivors in GBV by the community** is one of the main challenges faced, including the social norms prevailing in the society related to specific gender norms. Women's work as a result of the socioeconomic situation is an example of the impact of the crisis on changing gender roles, giving women opportunities to work in the absence of alternatives but at same time not transforming their access to power or decision making.

Several **technical issues and data discrepancies** were reported by the GBVIMS/Primero user organizations in 2022, following the upgrade to the newest version of primero in Lebanon and the migration of the GBV case management data to the system. Despite the online learning and coaching of the global technical team, in addition to the in-person training that took place in September, this issue affected the accuracy of data collected through the GBVIMS and therefore impacted the process of the GBV trends analysis. On the other hand, there was a gap in the representation of refugees from different nationalities, migrants and SOGIESC survivors due to the limited programs deployed to work with these groups, and the fact that there are organizations that are not enrolled in the GBVIMS who usually target different marginalized groups.

Reporting cases of child survivors of GBV remains a challenge faced by different GBV service providers. Due to the different procedures of reporting across sectors, child protection actors report GBV incidents perpetrated against children under the CPIMS which might cause double reporting or underreporting in case the actor is not a GBVIMS user organization. Interoperability between CPIMS and GBVIMS is one of the future considerations that might enhance the reporting in Lebanon.

Migrants continue to show high levels of risk and vulnerabilities while living in Lebanon as they, facing barriers to access services and assistance, community stigmatization and limited awareness, and limited number of deployed organizations or inclusive programs that work with migrants from other nationalities. Migrants face multiple protection concerns such as sexual exploitation, trafficking, statelessness among children, evictions, forced and unpaid labor, and suicide.

Access to safe shelter has been considered as one of the major issues and challenges faced by the GBV service providers, despite the availability of a list of operational shelters in Lebanon. Shelter agencies have different understanding of safe shelters in the Lebanese context in addition to unstandardized admission criteria that is often negatively affecting the survivors and not always in line with the needs of survivors (i.e. survivors with children above 10 year old boys, limited structure to ensure safe exit from shelters, people living with disabilities limited access to shelters; persons with mental health concerns, etc.)

A **GBV case management and staffing analysis** was conducted, aiming at having a brief overview of the case management status and gaps in Lebanon. The preliminary findings show that the average number of case workers deployed by the GBV CM organizations in Bekaa is 3, Akkar 4, Tripoli 5, Beirut/Mount Lebanon 4, and the South 9. Through this analysis, the average caseload per case worker as reported by the GBV case management organizations ranges between 25 and 30 cases. Considering that Bekaa and BML reported the highest percentage of GBV incidents in 2022, there is a need to upscale case management response and increase the number of deployed case workers in the area. In addition, additional needs include capacity building on GBV case management for LGBTQ+ survivors, people with



disabilities, caring for child survivors of GBV²¹, MHPSS and case management. Staff turnovers is another major issue faced by the GBV case management organizations. Further analysis of case management and additional gaps to enhance GBV prevention programs are undertaken in 2023 to address the gaps comprehensively.

Recommendations

The GBVIMS Steering Committee supported by the co-leads of the Gender-Based Violence Working Group recommend the below actions to address the challenges and gaps outlined:

Action Point	Responsible Focal Point/ or Actor
Advocate for multi-year and non-earmarked funding for GBV programs to ensure that longer-term behavior change programs can be implemented and critical, life-saving services are responded to (i.e. through quarterly donor briefings and sharing of regular GBV dashboards outlining GBV trends and gaps)	GBV WG coordinators with relevant stakeholders and donors
Strengthen programming for the inclusion of people living with disabilities including building the capacities of service providers through advanced and tailored training for frontline workers on disability inclusion, working on the accessibility of facilities and strategic partnerships with organizations specialized in working with persons with disabilities.	GBV Working Group in collaboration with the PWD Taskforce
Assess the potential of rolling out GBVIMS by new GBV case management organization working with vulnerable marginalized groups like persons with diverse SOGIESC exposed to GBV, people living with disabilities, migrants, and refugees from other nationalities	GBVIMS coordinator/ GBVIMS Steering committee in Lebanon
Strengthen and scale up the programs that work with refugees through community-based approaches addressing the needs of different nationalities, including Lebanese and migrants in Lebanon	GBV Working Group/ GBV actors working with migrants in collaboration with IOM

²¹ CP and GBV actors with the support of UNICEF worked on contextualized guidelines to highlight procedures for caring for child survivors of GBV that are in line with the global guidelines.

<p>Scale- up programming that engages men and boys in women’s protection and empowerment, including religious and community leaders, to prevent and respond to GBV and change harmful male behaviors and shift norms and attitudes, especially in relation to gender norms, child marriage, divorce and female leadership</p>	<p>GBV Working Group and GBVIMS/Case management taskforce</p>
<p>Scale-up programming that targets male survivors of GBV, including working on holistic outreach strategies that helps in information dissemination and access to up-to-date service mapping with clear information about service providers working with male survivors of GBV</p>	<p>GBV working group</p>
<p>Ensure regular update and disseminate the GBV referral pathway and the list of available hotlines.</p>	<p>GBV working group</p>
<p>Strengthen timely and safe referrals across sectors, and to the GBV sector, through capacity building on GBV core concepts, including disclosures and safe and ethical referrals.</p>	<p>GBV working group</p>
<p>Rollout the contextualized global guide on caring for child survivors of GBV and support related capacity building programs, to better harmonize the practices of working with child survivors of GBV, among GBV and Child Protection actors.</p>	<p>GBV and CP working group in collaboration with UNICEF</p>
<p>Strengthen and increase the gender-sensitive discussions and provide systematic and ongoing training for legal professionals and other justice actors on women’s rights, refugee rights, existing GBV laws, Lebanon’s international obligations under human rights frameworks, referral mechanisms, gendered experiences of justice, and the needs of survivors²²</p>	<p>GBV actors/ GBVIMS user organizations</p>
<p>Facilitate community dialogues and sessions on women’s rights, access to justice in response to GBV, and legal protections. Emphasize women’s right to seek legal services in response to both family and non-family violence</p>	<p>GBV case management actors in collaboration with legal actors</p>

²² GBV AoR Helpdesk. Strengthening Access to Justice for GBV survivors in emergencies. Accessed at: gbv-aor-helpdesk-strengthening-access-to-justice-24112020.pdf (gbvaor.net)



GBV IMS Steering Committee and GBV IMS Task Force Lebanon

<p>Assess the barriers that may prevent women and girls to access GBV services (transportation issues, restricted mobility, prioritization of other needs ...), and adopt blended approaches in GBV programming including designed online platforms for better access to information and services for women and girls under restricted mobility</p>	<p>GBV actors/ GBV working group</p>
<p>Design interventions focused on shifting underlying traditional gender meta-norms that support child marriage by emphasizing the importance of women's roles in the community, and leveraging the ways that girls' education can better serve the family beyond traditionally domestic roles</p>	<p>GBV actors/ GBV working group</p>