Overview
The Gender-based Violence Working Group (GBV WG), operating under the Protection Sector, is co-chaired by the Ministry of Social Affairs (MoSA), UNFPA and UNHCR. Its aim is to ensure effective GBV prevention, response and risk mitigation programs are implemented by all GBV actors in Lebanon. Through monthly GBV coordination meetings, the GBV WG regularly assesses and analyzes information and data on the legal and socioeconomic environment in Lebanon to understand and address GBV risks, consequences and ultimately the root causes of GBV in the country informing the sector’s response strategies and advocacy actions.

PROGRAMMATIC PRIORITIES OF THE GBV WG:
1) Provide quality and effective GBV case management services addressing the risks and needs of GBV survivors in all their diversity and linking them to specialized services including clinical management of rape (CMR)/health services, MHPSS, legal aid, safe shelter as well as financial assistance or livelihood opportunities aiming to protect and empower survivors of GBV.
2) Develop and implement GBV prevention interventions to foster longer-term attitude changes in the society, such as gender norms of males and females in the society.
3) Mitigate and prevent GBV from occurring across the response through GBV risk mitigation actions in all sectors.

What is GBV?
GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females and can be of physical, sexual or emotional nature. GBV is a grave human rights violation that has a detrimental impact on the wellbeing, safety, and health of those exposed. Displacement, conflict, and crises often aggravate root causes of GBV, including power dynamics between men and women.
KEY FIGURES

People Reached: 70,972 | Partner Organizations: 25 | GBV WG Funding: $17.7 M *as of 21 August 2023 (ERP + LCRP)

**Nationality**

- LEB: 28,731
- SYR: 39,010
- MIG: 374
- PRS: 186
- PRL: 2,258
- OTH: 413

**Gender**

- Women/Girls: 61,319
- Men/Boys: 19,619

**GBV Prevention**

Includes awareness raising on GBV, longer-term attitude change initiatives, recreational, livelihood and other programs aiming at empowerment and resilience building for survivors and those at risk of GBV.

**GBV Response**

Includes GBV case management services, legal aid for GBV-specific concerns, focused and non-focused psychosocial support as well as safe shelter options.

**People Reached:**

- 2020: 62,361
- 2021: 77,295
- 2022: 88,152
- 2023: 37,053

**GBV WG Funding:**

- $17.7 M

Note: Figures (except for funding) represent the combined reach of both Emergency Response Plan (ERP) and Lebanon Crisis Response Plan (LCRP) activities.

GBV WG Funding Gaps:

The LCRP Has a Funding Gap of $30.6 Million
Only receiving 33.5% of their needs-based appeal

The ERP Has a Funding Gap of $11.1 Million
Only receiving 17.2% of their needs-based appeal

CHALLENGES

- Socio-economic constraints and multi-layered crises exacerbating existing cultural and social norms and power imbalances that give grounds for gender-based violence in the private and public sphere.
- Gender-discriminatory structures and legal framework that favors men over women in the society, including on aspects of gender equality, intimate partner violence, provision of nationality for children amongst others.
- Limited availability and access to law enforcement and justice sector impacting survivors’ ability to effectively report gender-based violence incidents ensuring perpetrators of GBV are held accountable for crimes committed.
- Safety and security concerns are a predominant and growing concern for displaced Syrians and other nationalities, which is limiting women and girls’ access to GBV services and safe spaces.

KEY GAPS AND ASKS

- Multi-year and unearmarked funding for response, prevention, and pro-active community-based protection programs to ensure access to life-saving services and to strengthen resilience and longer-term behavior change addressing root causes of GBV.
- Prioritize and strengthen integrated and specialized mental health and psychosocial services to respond to increasing mental health concerns, including access to safe shelter for survivors with disability or with mental health and psychosocial needs.
- Continued need to invest in the health response to GBV including sexual and reproductive health services, strengthen referrals to the health sectors and continue efforts to bridge existing gaps in clinical management of rape.
- Create economic opportunities for women and girls including expanding on cash assistance.
- Guarantee all funded humanitarian sectors fulfil their responsibility to mainstream GBV risk mitigation with a focus on Protection from Sexual Exploitation and Abuse and Child Safeguarding.

Resources:
GBV Working Group Drive: https://drive.google.com/drive/folders/1ibIBCTXd8Y_LdhfIVBj3VSKahwdTfo7