



GBV
IMS



Gender-Based Violence Information Management System (GBVIMS)

Mid Year Report 2025



I. Introduction

This Gender-Based Violence Information Management System (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon¹ during mid year 2025 compared to the mid year 2024 findings. The report, therefore, represents country-wide trends and analysis of GBV incidents reported and recorded by GBVIMS user agencies only. It covers GBV survivor profiles, incident details, contexts, alleged perpetrators, services provided and gaps, referrals, and provides conclusions and recommendations. Incidents are categorized into six types. This highlights trends and patterns from reported incidents only, emphasizing that it does not indicate prevalence.

Methodology & Data sources:

The analysis has been triangulated with other sources, such as QI 2025 Protection Monitoring of UNHCR², 2024 GBV Safety Audit of the GBV Working Group - Lebanon, GBV Safety Audit Report on GBV, SRH, and Shelter Accessibility in Lebanon by Care³, Lebanon Quarterly Protection Update by UNRWA⁴, and others.

This report provides information on incidents of gender-based violence (GBV) reported by 16 data gathering organizations providing services to GBV survivors between January and June 2025. The data included in this report is derived from reported cases by GBVIMS users in Lebanon and does not present the total number of GBV incidences or indicates the prevalence of GBV in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection and analysis in implementing GBV response activities across Lebanon, with the informed consent of survivors.

2. Background & Context

Despite the developments in neighbouring Syria after 8 December with the fall of the Al Assad government, Lebanon continues to face a complex and protracted refugee crisis that has severely impacted the social, political, and economic landscape of the country.

In addition, the events of 2024 and early 2025, including intermittent armed escalations, political stagnation, reduced humanitarian funding that limited access to services, and the prolonged economic collapse, have significantly worsened the vulnerability of different population groups, particularly women, girls and marginalized groups.

The 2025 midyear GBVIMS findings show a **decrease by 1%** in the total reported GBV incidents compared to the 2024 midyear GBVIMS findings. However, following the ceasefire in the last quarter of 2024, disclosures of GBV began to rise again, particularly in the first quarter of 2025. This rise was attributed to a shift in focus of concerns among survivors of GBV: as the conflict had largely subsided, despite ongoing incidents, individuals' focus began to shift away from immediate survival and basic need to other critical and life-saving concerns such as their exposure to GBV. Case management actors reported that as individuals had more control over their basic survival needs, they became more willing and able to express their concerns related to GBV. These post-conflict reports underscore the severity of the risks faced during the conflict period and the urgent need to restore and expand GBV services such as in the South, where GBV Working Group partners have reported a significant rise in emotional abuse, denial of resources, and increased psychological distress driven by economic hardship and the continuation of the conflict in some border areas.⁵

It is worth noting that the GBVIMS data shows a significant regional difference. Although GBV services resumed in most regions post-conflict, including in heavily affected regions such as the South and Bekaa, the comparative **regional analysis of reported incidents** mid year 2025 shows that the total GBV incidents in South have decreased by 48% and in Bekaa by 37% compared to the 2024 mid year report. However, in 2025 by June 2025 an increase in the reported GBV incidents was observed in Akkar (increased by 62%), Beirut/Mount Lebanon (increased by 25%)

¹ In Lebanon, the number of GBVIMS user agencies has increased to sixteen data generating GBV actors by midyear 2025 including ABAAD, AND, Caritas Lebanon, DRC, IMC, INTERSOS, IRC, ISF, KAFA, LECORVAW, RDFL, Makhzoumi Foundation, TDHL, Najdeh Association, Impossible and AMEL. UNHCR, UNICEF and UNFPA remain the steering committee of the GBVIMS system with oversight functions. Should you like to use this data or access more information on the GBVIMS, please contact the GBVIMS Coordinator Rasha Akil, akil@unfpa.org.

² [QI 2025 Protection Monitoring Report of UNHCR](#)

³ [GBV Safety Audit Report by CARE](#)

⁴ [Lebanon: UNRWA Protection Update \(April-June 2025\)](#)

⁵ [QI 2025 Protection Monitoring Report of UNHCR](#).



and North (increased by 18%) compared to the mid-year analysis 2024 midyear.

According to a review and validation workshop with GBV Case management partners, the increase in reported incidents in Akkar, North and Beirut/Mount Lebanon is closely tied to widespread displacement that led to a higher concentration of population in these regions.

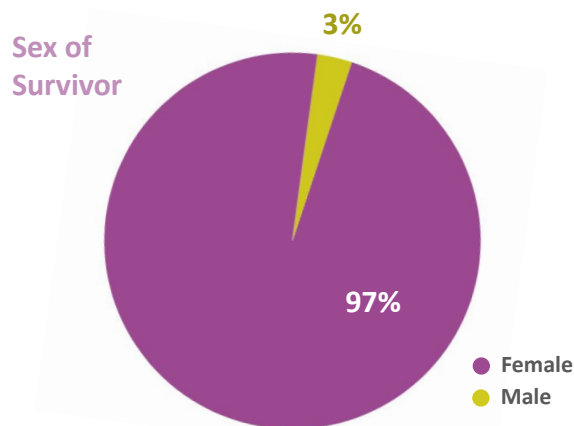
3. Profile of Survivors of Gender -Based Violence Seeking Assistance

SEX AND GENDER

Women and girls continue to constitute the majority (97%) of the survivors of GBV in midyear 2025, however there is a slight increase in the reported percentage of men and boys survivors of GBV (3%) compared to 2% in the same period of 2024. This confirms a disproportionate exposure of women and girls to gender-based violence and aligns with global trends.⁶ Across the regions, Tripoli and Mount Lebanon have the highest reported percentage of men and boys survivors (5%). Underreporting for boys, men, and persons with diverse SOGIESC*, persons with disability and unaccompanied children persists due to social stigma, inaccessibility, and limited inclusive programming. For instance, in South lack of a Men engagement model, such as EMAP (Engaging Men in Accountable Practices), which could contribute to shifting gender dynamics and long-term prevention.

For **women and girls**, physical assault (38%), psychological/emotional abuse (33%) and sexual assault (13%) constitute the highest reported incidents, followed by denial of resources, opportunities or services (8%), forced marriage (5%) and rape (2%).

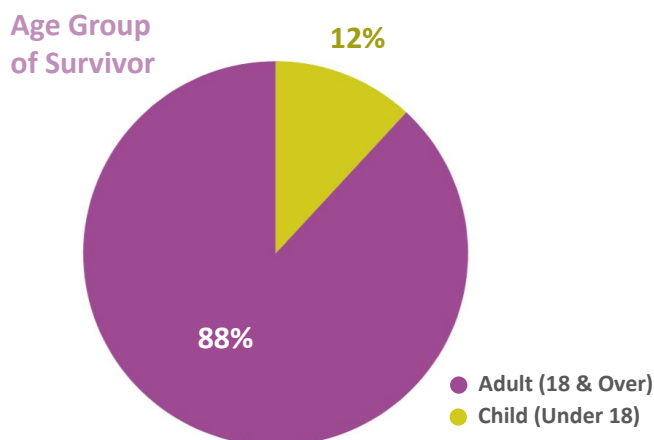
For **men and boys**, in mid-2025, psychological/emotional abuse (40%) and physical assault (33%) continued to be the most frequently reported incidents, consistent with mid-2024 data. However, reported sexual assault incidents increased to 20% in mid-2025 from 13% in mid-2024. Conversely, rape incidents saw a decrease from 17% in mid-2024 to 6% in mid-2025. This decline is attributed to the referral of reported rape incidents involving boys under 18 to Child Protection case management partners, in line with established GBV and CP Referral Pathways. Denial of resources, opportunities, or services remained the least reported incident, at 1% in mid-2025.



Partners also reported that the high percentage of psychological/emotional abuse (33%) among all the reported incidents is related to the fact that persons with diverse SOGIESC and persons from marginalized groups, including migrants, face heightened risk of GBV. The highest recorded type of GBV for these groups, mainly men, are emotional abuse including threats, verbal assault and emotional abuse by landlords or employers due to their status, nationality, gender or other aspects.

AGE

Midyear data shows that adults (18 years and above) accounted for 88% and children (under 18 years) accounted for 12% of the GBV incidents reported through the GBVIMS by data gathering organizations. This indicates a decrease of the percentage of reported incidents faced by children compared to midyear 2024 (33%). Through the analysis meeting with user agencies, the main reason for this decrease is an increased referral to and management of child survivor cases by child protection actors. This is also based on the fact that the majority of child survivor cases recorded on the GBVIMS are forced/ child marriage cases.



⁶ Global Protection Cluster - Gender-Based Violence

* SOGIESC: People with diverse sexual orientations, gender identities, gender expressions, and sex characteristics

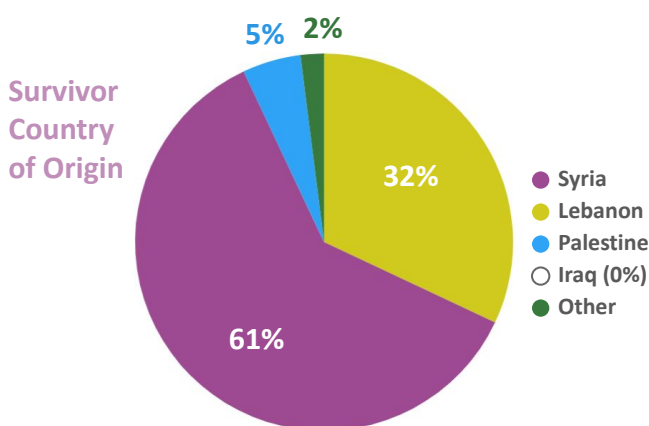


For **children**, forced marriage constitutes 33% of the reported GBV incidents with a significant decrease compared to 2024 midyear report (78%), followed by psychological/emotional abuse (23%), sexual assault (18%), physical assault (18%), denial of resources and opportunities (7%) and rape (2%).⁷

For **adults**, physical assault accounted for 41 %, followed by psychological/emotional abuse accounting for 34 %. Sexual assault represents the third highest GBV type perpetrated against adult survivors accounting for 13 %, followed by denial of resources and opportunities with 8 %, rape with 3 %, while forced marriage representing the lowest percentage of GBV with 1 %.

NATIONALITY OF SURVIVORS

By nationalities, Syrians continue to constitute the majority, with 61% of all incidents recorded. However, in line with the cross-population scope of the LRP, a continuous increase in the reported Lebanese survivors is observed since 2024, with 32% Lebanese survivors recorded in midyear 2025. There was also an increase in the reported GBV incidents among Palestinian refugees⁸ (5%) compared to 4% in midyear 2024 which indicates the continuous efforts of GBV case management agencies supporting the survivors from different nationalities.



Individuals of **Lebanese nationality** have faced an increased risk of GBV incidents due to overcrowded accommodation in collective shelters during the displacement between 2024 and beginning 2025. Also noting that persistent hostilities and repeated waves of displacement throughout 2025 continued to exacerbate protection risks. The compounding impact of conflict, poverty, and disrupted services has led to a significant

rise in GBV vulnerabilities—especially among women and girls, who are disproportionately affected by housing insecurity, family separation, and lack of access to services.

Syrian populations were also affected by the broader developments in the country, with many experiencing displacement. GBVIMS members noted that events in Syria beginning in December 2024 influenced the proportion of reported GBV incidents in Lebanon. Many survivors reported that husbands returning to Syria left women as heads of households, increasing their exposure to GBV, particularly in workplace settings.

Migrant domestic workers, particularly live-in migrants, often face barriers to reporting GBV incidents to law enforcement due to lack of documentation and restrictive living conditions. Despite this underreporting, GBVIMS partners report a considerable need for GBV case management services for migrants, reflecting heightened exposure to GBV—especially during displacement and post-displacement phases. Migrants left behind by sponsors during crises have been identified as particularly vulnerable to abuse and exploitation. To ensure accurate representation of these trends, it is essential that GBVIMS data collection and analysis better capture the experiences of migrant survivors and accurate recording of incidents by all GBV actors providing GBV services for migrants.

There was an observed rise in the GBV incidents among **Palestine refugees** especially in camps and that largely driven by the increased economic pressure and loss of employment, and it was also observed through the Protection Monitoring of UNRWA⁹, where Community focus group discussions across Palestine refugee camps indicate a rise in GBV, largely driven by shifts in gender roles. Widespread male unemployment and the increasing economic role of women have contributed to intra-family tensions, with women reporting exhaustion and men expressing loss of purpose. Community members stated that these changing dynamics in traditional roles lead to increased violence at the household level.

⁷ 2025 Midyear GBVIMS Report

⁸ This includes Palestine Refugees from Syrian and in Lebanon (PRS and PRL)

⁹ UNRWA Protection Update April-June 2025

¹⁰ 2024 GBV Safety Audit – GBV Working Group - Lebanon



DISABILITY AND DIVERSITY

Persons with disability, including women, girls, men and boys reportedly face considerable and disproportionate risks of exposure to sexual violence and economic exploitation.¹⁰ Limited accessibility to services further isolates them and increases their risk of exploitation. One of the key challenges is the limited availability of disability-friendly GBV services, which results in limited appropriate and tailored information provision on services and disclosure opportunities further isolating an already marginalized group. Findings also illustrate how age, disability status, sexual orientation, and legal status intersect to impact on their level of risk, exposure and shape survivors' access to services.¹¹

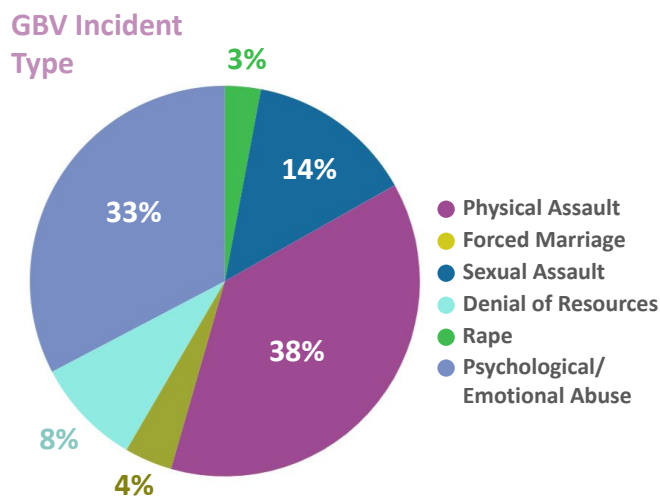
Vulnerable Populations (% of new cases reported)



Similarly to previous years, the total percentage of survivors with disability is low. In 2025 in midyear 2024, 3% of the reported incidents were survivors of people with disabilities. Ensuring inclusive services and outreach is becoming increasingly challenging, especially with the funding decrease and prioritization of GBV interventions. However, the use of GBVIMS tools and ensuring specialized GBV actors to enhance outreach to people with disabilities is critical to close the gap and ensure an inclusive approach to GBV services and to reduce barriers to accessing information and services. Therefore, GBVIMS Task Force and Steering Committee have been working consistently to ensure meaningful participation and membership of partners, mainly working with PWDs.

There is a significant decrease of the reported GBV incidents by **unaccompanied and separated children** during the mid year of 2025 (3%) compared to the same period in 2024 (13%). The overall reported incidents of children have decreased in 2025 as the cases of child survivors, especially boys, are reported to the child protection case management agencies. Efforts have been made to contextualize the guidance for Child Survivors of sexual violence and to build the capacity of

the case management personnel, to ensure that both GBV and Child Protection case workers are empowered, and supported to implement quality and coordinated case management according to the best interest of the child and survivor-center approach.



RECORDED TYPES OF GBV INCIDENTS IN THE FIRST HALF OF 2025

In midyear 2025, physical assault (38%), psychological/emotional abuse (33%), and sexual assault (14%) were the most reported types of GBV incidents, followed by denial of resources and opportunities (8%), forced marriage (4%) and rape (3%)

The decline in the reported forced marriage is specifically the early marriage incidents. Reporting may reflect both programmatic and contextual factors, with reduced child protection referrals in some locations linked to funding cuts, underreported or not identified as a primary GBV concern when overshadowed by other protection incidents. Additionally, weakened community-based child surveillance mechanisms have delayed the identification of underage marriages.

Post-conflict trends show a rise in intimate partner violence (IPV), linked to increased household tension, financial strain, and overcrowding. Emotional abuse and cyber-harassment have also risen, often reported through helplines and outreach teams—pointing to a need for stronger digital safety education. The decline in early marriage incidents may reflect a shift in incident visibility rather than an actual reduction, especially that early marriage may be underreported or not identified as a primary GBV concern when overshadowed by other protection incidents.

¹¹ Both Safety Audits, the GBVWG IA Safety Audit as well as the newly launched GBV Safety Audit Report by CARE Lebanon demonstrate those results.

¹² 2024 GBV Safety Audit – GBV Working Group - Lebanon



SEXUAL ASSAULT AND RAPE

Sexual assault remains a persistent concern, with a significant proportion of GBV incidents reported in workplace settings. Sexual abuse within the agricultural sector has been highlighted as high, disproportionately affecting young girls, where many of them reported that the workplaces, especially in informal settings such as domestic work or agriculture, were highly unsafe for them. They mentioned sexual violence and exploitation risks at work, particularly refugee girls are targeted for sexual exploitation in camps and in informal settlements.¹²

While services in the South and Bekaa have become more accessible post-displacement, the broader context of socio-political instability and funding cuts have increased overall vulnerability and reduced safety in multiple regions.

There has been an increased awareness of rape at the community level, with cases such as marital rape being reported more openly. Despite this awareness, a rise in vulnerability and a decline in the availability of safe environments has been noted across Lebanon due to ongoing hostilities, repeated displacements, damage to infrastructure, and the suspension of services in conflict-affected areas. In the South, incidents of rape were reported to be minimal within 72 hours, but most cases recorded in Q1 of 2025 were linked to displacement and the hostilities experienced during 2024.

INTIMATE PARTNER VIOLENCE

Incidents of intimate partner violence (IPV) and mainly physical violence have increased in the current socio-economic climate. Heightened domestic tensions, economic stress, displacement, and confinement have contributed to a rise in interpersonal violence. Families living in overcrowded and economically pressured environments are particularly vulnerable, often facing increased levels of physical abuse. And many of Syrian women attributed incidents of physical abuse to the deteriorating psychological states of their husbands, highlighting a pattern consistent with cases of intimate partner violence (IPV).¹³

FORCED MARRIAGE (INCLUDING CHILD AND EARLY MARRIAGE)

The reporting of forced marriage has decreased in

some areas, such as Bekaa and Beirut, mainly due to the cessation of certain funding streams (e.g., US funds) that previously supported related prevention and response intervention. Under-reporting is also linked to shifting family priorities, especially among those experiencing acute security challenges in the South. Few forced marriage cases are usually reported and people do not always seek support in such cases except in cases of early marriage, where survivors are referred to child protection actors.

LOCATION OF INCIDENTS

According to GBVIMS data the client's residence and perpetrator's home are the locations with the highest reported incidents with 60% and 20% respectively. While most incidents continue to occur within domestic settings, approximately 5% were categorized under "other," with a strong correlation to emotional abuse and online harassment. This highlights the growing need to address digital forms of Technology facilitated GBV, particularly among adolescents and young adults using social media platform. It is also observed that the percentage of the reported incidents at the "workplace" has increased to 7% in midyear 2025 compared to 4% in mid year 2024. This also, indicates the high need for IPV and TFGVBV related GBV prevention and awareness activities. According to the 2024 Gender Alert report¹⁴, in the current conflict, 23% of women actively sought informal employment to cope with the rising living costs, however, lack of regulatory oversight in the informal sector leaves women particularly susceptible to exploitation, harassment and unfair income, with limited legal support available in an already challenged legal system.

TIMELINESS OF REPORTING AND SERVICE PROVISION

There was an improvement in the timeliness of incident reporting, where the percentage of the reported incidents after one month has decreased to 36% compared to the 2024 mid year reporting, which indicates an increase in the reporting in a shorter period of time between the incident occurrence and the reporting. GBV incidents reported within 72 hours constitutes 22% (compared to 18% midyear 2024), 7% of incidents reported between four to five days (compared to 6% midyear 2024), 22% reported between six to fourteen days (compared to 19%

¹³ Q1 2025 Protection Monitoring Report of UNHCR.

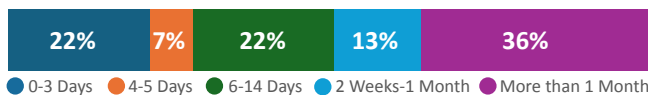
¹⁴ 2024 Gender Alert report by UN WOMEN

¹⁵ According to the Q4 2024- Q1 2025 comparative analysis that was done by the GBVIMS Taskforce



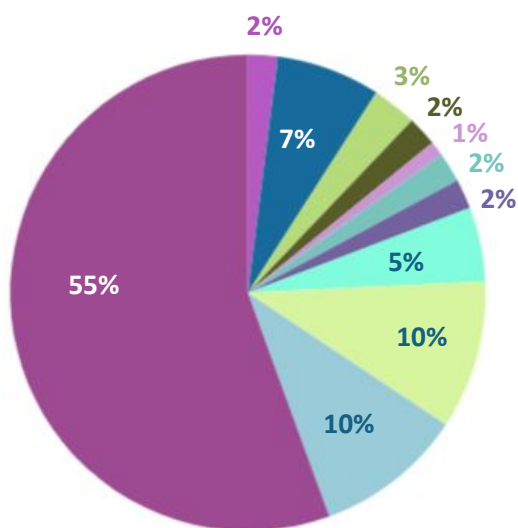
mid year 2024) and 13% reported after two weeks and beyond (compared to 12% midyear 2024). This indicates that there is an increased awareness about the needs and the available GBV case management services, in addition to the increased outreach by GBV case management agencies especially in Bekaa and South regions post ceasefire/post displacement.¹⁵

Time Between Incident and Report



ALLEGED PERPETRATOR-SURVIVOR RELATIONSHIP

The reported GBV incidents that are perpetrated by **intimate/former partners** has increased to **55%** compared to 50% in the 2024 midyear report, while the **primary caregiver (10%)** has decreased compared to 23% in midyear 2024. It is noted that the reported incidents **by family members other than spouse or caregiver** and **employer/supervisor** have slightly increased in midyear 2025 (10% and 5% respectively) compared to 8% and 4% respectively in midyear 2024.

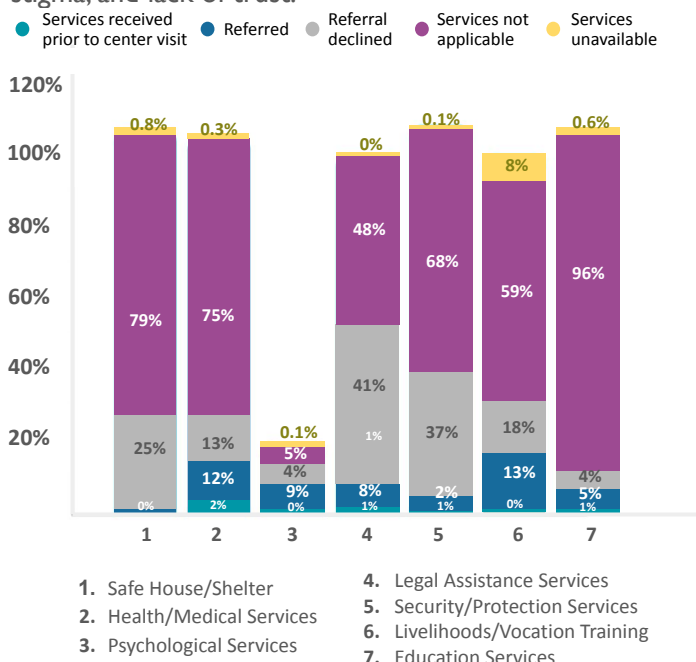


- Intimate partner/former partner (55%)
- Unknown (2%)
- No relation (7%)
- Other (3%)
- Other resident community member (2%)
- Other refugee/IDP/Returnee (1%)
- Family friend/Neighbor (2%)
- Landlord (2%)
- Supervisor/Employer (5%)
- Family other than spouse or caregiver (10%)
- Primary caregiver (10%)
- Cotenant/Housemate (0%)
- Service Provider (0%)
- Teacher/School Official (0%)
- Schoolmate (0%)

REFERRAL TO OTHER SERVICE PROVIDERS

The referrals to GBV case management are usually sent from different services providers, in mid year 2025, 47% of the incidents were referred from other humanitarian/development actor; 20% through the psychosocial/counseling services, 5% from community volunteer/committee, 2% from health/medical service providers and 1% from other services providers e.g. legal assistance service, livelihoods programs and others.

The GBV cases management agencies refer the survivors to different service providers according to their needs, however survivors might decline certain services for different reasons such as referrals to security services such as police for a range of reasons, many tied to fear, stigma, and lack of trust.



Referrals to **Livelihood** services are the highest reported (13%), showing an increase compared to 9% in midyear 2024. This trend suggests a growing economic vulnerability among affected populations, likely driven by persistent unemployment, inflation, and reduced income-generating opportunities. The rise also indicates that more survivors are seeking pathways to economic self-reliance as a coping strategy against financial instability and dependence.

Out of total referrals, 12% were referred to **Health/Medical Services**, indicating a decrease by 4% compared to mid year 2024 (16%). However, timely medical care is crucial for survivors, particularly those who have experienced physical, psychological, and sexual violence. This decrease may reflect access barriers—such as transport difficulties or fear of stigma—that prevent survivors from seeking health



services. It also indicates gaps in service availability and access due to the closure of some health facilities, high cost of medical services and coordination challenges related to referrals.

Referrals to **Legal services** continuously decreased in midyear 2025 (8%) compared to mid year 2025 (9%), and it is also noticed that the percentage of the declined referrals to legal services by the GBV survivors has increased in midyear 2025 with 41% compared to 35% in midyear 2025, which indicates a greater hesitancy of the survivor in reporting their needs for legal support, lack of trust in national systems, law enforcement and legal systems is the main impediment or barrier to accessing security, law enforcement or judicial services. Similarly, study by UN Women and partner organizations on "*Access to Justice for Sexual and Gender- Based Violence case of Syrian Refugees in Lebanon*"¹⁶ was commonly reported by both interviewed men and women that they tend to resolve IPV concerns (GBV incidents) internally in case of IPV, before bringing the case to court. This is reflective of social pressures, fears associated with a lack of documentation especially for Syrians, financial constraints to engaging in the legal system, and the fact that informal justice processes take less time to reach an outcome, even if the outcome is not in the favor of women and/ or the survivor's needs.

4. Challenges and Gaps

CONTEXTUAL CHALLENGES

- **Disruptions of GBV Services due to Conflict:** Repeated displacements and border-related hostilities, particularly in Marjayoun, Bint Jbeil, and Hasbaya Districts, have severely disrupted the continuity of GBV services, safe spaces, and outreach activities. Hostilities and cross-border shelling in South Lebanon since late 2024 have caused temporary suspension of services and evacuations of humanitarian staff.¹⁷
- **Barriers to Access:** Survivors, especially undocumented individuals, face movement restrictions, curfews, and fear of military checkpoints, which limit access to critical services. Restricted mobility remains a recurring barrier in GBV response, particularly for women and adolescent girls in border areas.¹⁸

SECTORAL CHALLENGES

- **Limited availability** of structured and Targeted male engagement programming (e.g., EMAP) restricts the impact of long-term GBV prevention efforts.
- **Access to Clinical Management of Rape (CMR) services remains limited** in border areas of the South where the nearest functional facility is located in Nabatieh. This geographical distance poses a significant barrier to timely access. Additionally, the shortage of forensic doctors further constrains the delivery of essential services to survivors.
- During Q1 and Q2 2025, **referral pathways were outdated** and not fully functional due to funding cuts and the suspension of key services. This was further compounded by survivors' reluctance to seek services and limited coordination between protection and health actors.
- **Referral Gaps for Legal & Mental Health Services:** Survivors lack clear pathways to legal and mental health (MH) services due to different reasons including limited of specialized service providers, limited geographical coverage as most mental health services are centralized especially in Beirut, in addition to the lack of trust in the justice system or fear of stigma, etc., compounded by limited livelihood programs with strict eligibility criteria. Advocacy is needed to mainstream GBV services across sectors and prioritize survivor-specific interventions

TECHNICAL CHALLENGES

- GBV case workers operating in the South are continuously impacted by ongoing hostilities, with many experiencing repeated displacement and personal loss. These factors are taking a toll on their well-being and, in turn, affect the overall quality of service delivery.
- Emotional Support Groups (ESGs) and adolescent-centered PSS are not consistently available due to staff rotation, transport constraints, and operational instability in conflict-prone areas.

¹⁶*Justice for me is living free and as a human being" - An Analytical Study of Access to Justice for Sexual and Gender-Based Violence case of Syrian Refugees in Lebanon*

¹⁷*Lebanon: Flash Update #65 (OCHA)*

¹⁸*UNFPA Lebanon Situation Report, Jan 2025*



5. Recommendations

Main Finding	Recommendation for Actors	Primary Responsible Actors	Timeline
Increase the number of GBV case management partners, particularly working with diverse SOGIES individuals	Assessment and inclusion of three new case management agencies working with vulnerable marginalized groups like people with diverse SOGIESC exposed to GBV and people with disabilities, in the GBVIMS Taskforce	GBVIMS Coordinator in collaboration with GBVIMS Task force and Steering Committee	2025
Coordination with Child Protection Sector regarding the case management of child survivors	Coordination with the Child Protection sector regarding the rollout of the contextualized global guide on caring for child survivors of GBV	GBVIMS and CPIMS coordinators	Q3 2025
Capacity building and training	Capacity building and training partners on GBV and safe identification and referrals to strengthen timely and safe referrals across sectors	GBVIMS Coordinator	Q4 2025 - Q1 2026
	Capacity building of GBV data gathering organizations on confidential, timely, and ethical GBV data collection, analysis, and utilization of GBV information management systems focusing on GBV incident classification, recording and reporting.	GBVIMS Coordinator	Regularly
Update GBVIMS tools of Lebanon	Follow up with the global GBVIMS technical team regarding the recommended amendments and additions on the GBVIMS tools of Lebanon according to the revision of the GBVIMS Taskforce members (such as changes on the Incident Recorder; update the membership/pooling requirement, etc.) ~ Q4 2025	GBVIMS Coordinator + GBVIMS Global Focal Point	Q4 2025
Follow up regarding the referrals to the Clinical Management of Rape	Ensure that feedback regarding the referrals to Clinical Management of Rape (CMR) is shared on the CMR Service Feedback Tool by the GBVIMS Taskforce members. The purpose of this tool is to collect data on the performance of these facilities and share it with the Ministry of Public Health. Poor feedback might potentially lead to the discontinuation of services from some facilities. ~ Monthly	GBVIMS Coordinator + GBVIMS Task Force members	Regularly



5. Recommendations

Main Finding	Recommendation for Actors	Primary Responsible Actors	Timeline
<p>Coordination with the Child Protection Information Management System Coordinator (CPIMS) regarding joint GBV/CPIMS plan</p>	<ul style="list-style-type: none"> • Develop joint GBVIMS-CPIMS midyear and annual analysis about the child survivors: Both coordinators will compare the data points from the systems that can be compiled and analyzed • Draft a one pager about the Information Management of cases of Child Survivors systems as a guidance for the case management agencies to be shared through the training of Caring for Child Survivors to make it clear for them on how the information management of the data is done • Check with the global technical teams regarding any updates on the interoperability between the two IMS systems - before any country basis initiative in this regard, to ensure a harmonization of approach 	<p>GBVIMS + CPIMS Coordinator</p>	<p>Q3-Q4 2025</p>
<p>Contextual monitoring and follow up with the GBVIMS Task Force Members</p>	<p>Continuously assess the situation and the contextual factors that impact GBV case management and GBV information management with the GBVIMS data gathering organizations including funding shortfalls, conflict and hostilities, accessibility, etc. and put mitigation measures as relevant</p>	<p>GBVIMS Coordinator</p>	<p>Regularly</p>
<p>Accurate and further analysis of GBV trends</p>	<p>Include further analysis of GBV trends to capture the GBV needs per nationality, the time of the reported incidents, the alleged perpetrators' profile and background, etc.</p>	<p>GBVIMS Coordinator and GBVIMS Task Force</p>	<p>Q4 2025</p>
<p>Ensure referral pathways are up-to-date</p>	<p>Update the referral pathways including the electronic version for timely and accurate referrals</p>	<p>GBV Sector</p>	<p>Quarterly</p>