

Key figures

812,268	individuals registered or pending registration
78%	women and children
34%	persons with specific needs
23%	children at risk

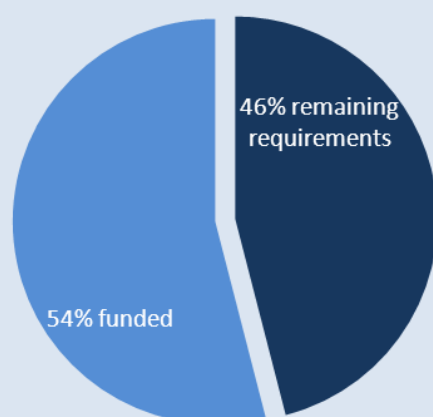
Funding

UNHCR protection requirements:

USD **83.1 m**

Percentage funded: **54 %**

■ Remaining UNHCR requirements (RRP5)
 ■ Funding received as of October



October developments

Access to the territory, registration and civil status documentation

- Border traffic remained at normal levels. UNHCR enhanced its border monitoring with additional staff deployed full time at the Masnaa, Aarida and Aboudiya border crossing points.
- UNHCR conducted mobile registration in Wadi Khaled to reach undocumented refugee families and made preparations to introduce biometrics in November.
- UNHCR provided individual counseling on birth registration to over 1,100 refugees with newborns. 30% reported lack of legal status as the greatest obstacle to birth registration.

Solutions and services for persons with specific needs

- UNHCR and partners continued to respond to threats of evictions to refugees living in tented settlements, public buildings and collective living situations, with particular attention to the Tripoli area which reported an increase in cases.
- UNHCR began refugee status determination (RSD) in the field to identify refugees with particular protection concerns to be submitted for resettlement.
- The total number of departures to Germany under the Humanitarian Admissions Programme reached 388. The cases of 2,172 individuals have been submitted to Germany to date.

Community empowerment

- 116 out of the target of 200 refugee outreach volunteers have now been mobilized to reinforce linkages and trust with refugee communities.
- A three-week livelihood mission was conducted, involving field visits in the North and the Bekaa, to identify skilled refugees and link them with Lebanese entrepreneurs, while identifying local and external markets.



Prevention of and response to sexual and gender-based violence

- The Resident Coordinator's Office appointed UNHCR as co-chair of the Task Force on Protection from Sexual Exploitation and Abuse (PSEA). UNHCR contributed to inter-agency SOPs on reporting and investigation and preparation of a training of trainers for UN field focal points.
- Following agreement on a protocol for inter-agency data sharing, UNHCR contributed to the first monthly data exchange on SGBV cases identified and assisted in Lebanon along with 7 other agencies.
- Prevention and response in Mount Lebanon strengthened through a new SGBV/Child Protection partnership with INTERSOS

Child protection

- Training delivered to 76 UNHCR registration staff in Tripoli, Zahle and Tyr to enhance identification and referral of high risk children.

Achievements January – October

Activity	 reached Jan- Oct	 2013 Target
Persons registered (or pending registration)	812,268	1,000,000
Specific needs cases referred	23,309	9,000
Legal counseling	2,342	2,000
Detention visits	478	300
Applications submitted for the Temporary Humanitarian Admission Program – Germany	2,172	4,000
Persons submitted for resettlement	160	500
Provision of assistance for identified SGBV survivors	100%	100%
Community awareness	25,000	13,840

Challenges

Dispersed refugee population:

Refugees live in more than 1,570 different locations in Lebanon. This makes information dissemination and outreach even more important for refugees to access registration and vital services, especially for women and girls whose mobility is often restricted by family members.

Protracted displacement:

With limited livelihood opportunities, the vulnerability of refugees increases over time as their resources diminish. When living costs exceed household earnings debt can lead refugees to consider negative coping mechanisms including child labor, and, in some cases, survival sex and child marriage.

Lack of adequate housing and shelter:

Overcrowding and lack of privacy in shared housing, collective shelters and tented settlements can increase risks for women and children.

Limited social services:

National health, legal and social systems require additional support, especially for the specific needs of women and children. Clinical care for sexual violence and specialized skills for dealing with child survivors remain scarce or absent, especially in remote areas.

UNHCR implementing partners

Association Justice and Misericorde (AJEM), Caritas Lebanon Migrants Center (CMLC), Danish Refugee Council (DRC), International Medical Corps (IMC), International Relief and Development (IRD), International Rescue Committee, INTERSOS, Amel Association-Lebanese Popular Association for Popular Action (AMEL), Makhzoumi Foundation, Mercy Corps, Norwegian Refugee Council (NRC), Première Urgence - Aide Médicale Internationale (PU-AMI), Restart Centre for Rehabilitation of Victims of Violence and Torture, Social, Humanitarian, Economical Intervention For Local Development (SHEILD), Ministry of Social Affairs (MOSA).

Needs

Refugees fleeing violence in Syria are in need of protection from their arrival in Lebanon at the border, and throughout the length of their stay in the country. Over 34 percent of refugees have been identified who have specific needs. This includes: persons with disabilities, older persons, women and children at risk, persons with serious medical conditions and survivors of sexual and gender-based violence (SGBV) among others. These needs require rapid identification and referral for a variety of assistance including: psycho-social counseling, material assistance, shelter, food, other relief items, and health care. As the refugee population within Lebanon is dispersed in rural and urban areas, outreach is essential to identify and respond to vulnerabilities and need for assistance within the community.

Strategy

UNHCR's protection strategy addresses the main protection challenges and priority concerns of refugees with the following main components:

- Ensuring access to territory, registration and civil documentation, including birth registration;
- Ensuring respect of refugee rights and physical safety;
- Through mobile outreach, delivering quality protection, care and access to basic needs and essential services for persons with specific needs, including children and survivors of SGBV;
- Strengthening government and community protection capacities;
- Identifying vulnerable refugees for resettlement and humanitarian admissions programmes;
- Incorporating protection principles and mitigating potential risks linked to shelter, water, sanitation, health, distributions, etc.