



SITUATION ANALYSIS - MARCH

During the reporting period assistance to survivors of SGBV and women at risk has continued through the provision of case management, psychosocial, medical care and skills building activities in some 54 spaces across Lebanon. In addition, three safe houses are open 24/7 for survivors at imminent risk. During the first quarter, 10,585 individuals have benefited from these services and of those approximately 33 percent are below 18 year old. Mobile outreach has extended these services to 4,818 persons in remote areas in the North and in the Bekaa.

In an effort to enhance access to quality medical care for survivors, 11 forensic doctors and 2 judges have participated to two day training on Clinical Management of Rape and core concepts of sexual and gender based violence. On the job coaching and support visits have taken place for the 12 health facilities.

Awareness-raising and advocacy campaigns take place on a regular basis to provide information on the key concepts of SGBV, how it can be prevented and available services. During the first quarter these activities have targeted 16,819 community members, mostly women, allowing them to get information on the location of centers, hotlines and mobile activities.

As part of community mobilization efforts 92 safety audits have been conducted mostly in North and Bekaa, to assess risks of SGBV for women and girls. 699 men and boys have participated to structured information sessions on gender roles, parenting skills, non-violent communication, early marriage and child labour. Some programmes have complemented learning sessions with the development of projects to increase the protective capacity of the community.



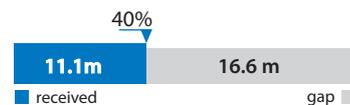
FUNDING

Required/Received

Required

27.7 m

Received



During the initial months of the year some partners may use un-earmarked global funds to ensure programmes can begin in the absence of funding earmarked specifically for the sector



PARTNERS

20 partners in Lebanon

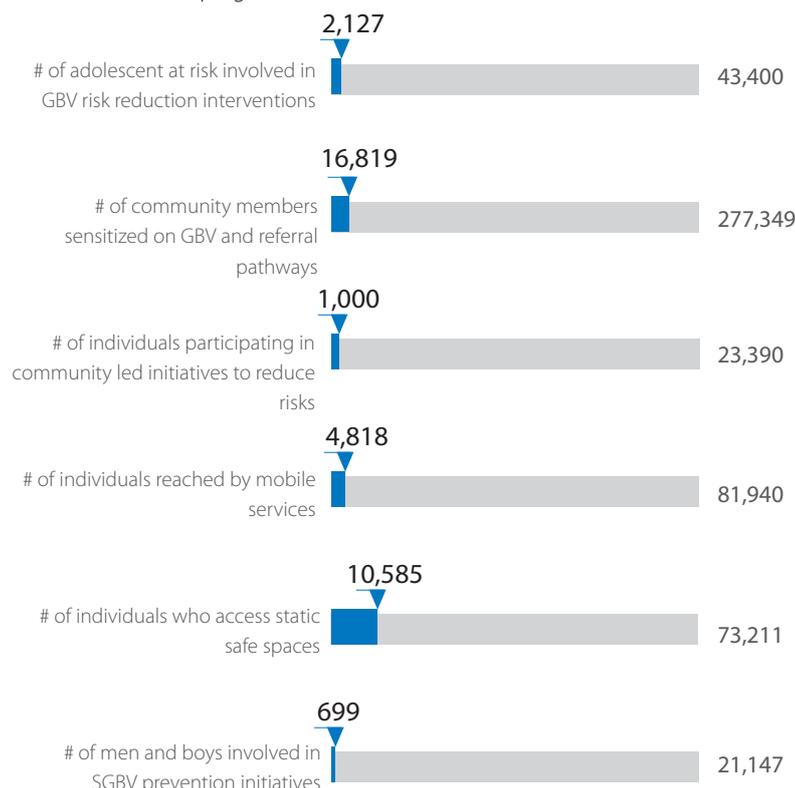
Count of partners per area of operation



PROGRESS AGAINST 2015 TARGETS

1st Quarter progress

Progress Jan - Mar

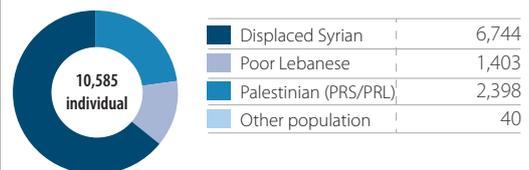


PROGRESS BY DISAGGREGATION

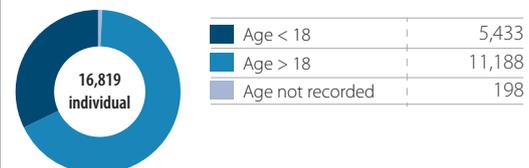
INDICATOR 1: # of adolescent at risk involved in GBV risk reduction interventions (By Gender)



INDICATOR 2: # of individuals who access static safe spaces (By Population Cohorts)



INDICATOR 3: # of community members sensitized on GBV and referral pathways (By Age Groups)





Progress towards sector Outcomes and Outputs in Quarter 1

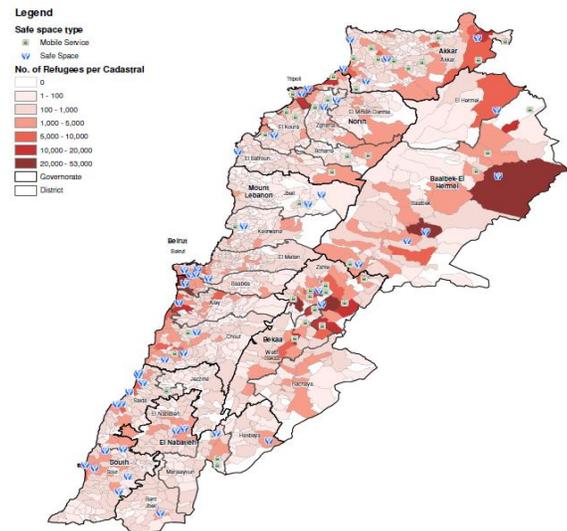
In Lebanon, services for women and children who are survivors of gender based violence can be accessed in 57 Social Developments Centers. In addition to these, mobile teams are also reaching out to women and adolescent girls in remote locations -- mostly in the Bekaa and the north. The map below shows an overview of areas where services are being provided to Syrian and Lebanese women and children. However, considering barriers such as fear, isolation, restrictions on freedom of movement and the stigma faced by women and girls, services still need to be scaled up across the country. The 57 facilities that provide support to sexual and gender-based violence (SGBV) survivors and women and girls at risk offer psycho-social, medical and legal services. More than 10,600 Syrian and Lebanese persons visited the centers each day in March, 33 percent of whom were below 18 years of age. Mobile outreach has extended these services in more remote areas.

In February, initiatives were expanded in Mount Lebanon and Akkar to engage refugee men and boys as agents of change to help prevent SGBV within their own communities. These initiatives include structured information sessions on gender roles, child marriage, non-violent communication, and anger and stress management. Technical consultations with specialists and experts from the Ministry of Social Affairs (MOSA) have allowed identification of challenges in terms of outreach and best practices. Challenges, for example, include the fact that often men and boys can only participate in activities late in the evening after the centers are closed.

Awareness-raising and advocacy campaigns take place on a regular basis to provide information on the key concepts of SGBV, including how it can be prevented and available services. During the first quarter, these activities targeted mostly women, providing information on the location of centers, hotlines and mobile activities. For International Women's Day, activities focused on the promotion of gender equality.

Within the framework of the MOSA national plan to safeguard children and women in Lebanon, the 57 SDCs provide a comprehensive and integrated package of child protection, GBV, and health services. This includes life skills training, assistance to survivors, and information on how to access basic and specialized health, education and protection services. In the first quarter, 17 centers were assessed to determine suitability based on criteria of accessibility, existence of confidential spaces and presence of trained professionals. Once selected, the centers will set up psychosocial activities, peer support groups and case management services for Syrian and Lebanese women and children.

As part of the development of reproductive health national service delivery guidelines, a protocol on clinical management of rape has been finalized in collaboration with the Ministry of Public Health and is currently being validated. This protocol will standardize medical treatment provided to survivors of sexual violence across all medical structures; reduce waiting time; and ensure non-discriminatory and non-judgmental attitudes among medical service providers. In the meantime, the 29 facilities trained in clinical management of rape in 2014 are being enrolled in a coaching programme to further increase capacities of medical practitioners to provide quality care to survivors.





Changes in context in Quarter 1

Women and adolescent girls are disproportionately affected by SGBV. Analysis of 2014 data shows how displacement increases risks of SGBV for refugee women and girls in Lebanon. According to the Gender-Based Violence Information Management System (GBVIMS), 75 percent of reported incidents occurred after arrival in Lebanon. The remainder of the incidents took place in Syria. The GBVIMS is a data management system that enables service providers to effectively and safely collect, store, analyze and share data related to the reported incidents of GBV.

Since 2013, GBVIMS in Lebanon assists service providers in adapting programs to better respond to the needs of survivors and inform advocacy efforts. The GBVIMS provides a set of harmonized tools. One is a GBV classification tool that standardizes how GBV incident types are defined and the procedure by which they are classified. In Lebanon, five organizations (IRC, DRC, INTERSOS, IMC and Makhzoumi Foundation) are currently using the system.

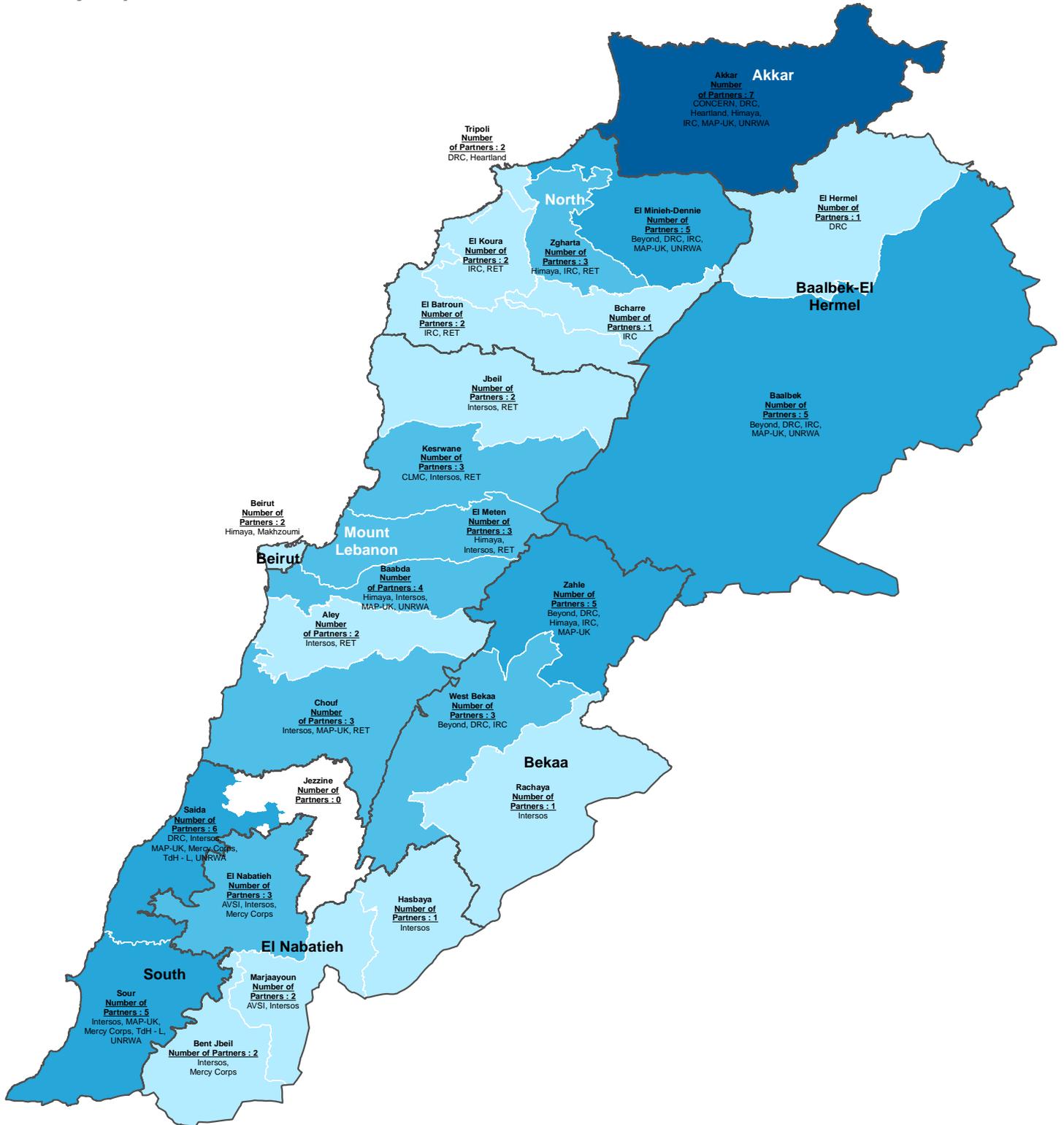
Physical assault remains the most reported type of GVB incident. A quarter of reported cases involved sexual violence, a significant proportion of them rape. Data analysis among specialized GBV actors suggests that the majority of these incidents occur as part of domestic violence. Identification of GBV survivors remains challenging due to fear of disclosure, social stigma and restricted mobility. This highlights the need for continuous expansion of GBV specialized services, including safe spaces for women; provision of clinical management of rape/health; legal and psychosocial services; and outreach to vulnerable communities. To ensure sustainability of support provided to survivors, capacity-building is crucial among medical and social service providers. Efforts are ongoing to ensure training of health facility staff in the clinical management of rape, as well as training of social workers on case management and provision of psycho-social support. In May, the sector will conduct a quality assessment of specialized service provision.

During 2014, 67 percent of reported cases of forced marriage within the refugee community involved children. Subsequent analysis indicates that early marriage is used by families experiencing increased financial pressure due to the prolonged displacement. Adolescent girls face a heightened risk of early marriage due to their limited access to services, particularly education. Early marriages, like any other type of SGBV, are under-reported due to limited dedicated services and the belief among some communities that it is not an issue of concern. Awareness-raising materials, including animated videos and information sessions are being rolled out for caregivers and adolescents in an effort to prevent early marriage. In addition, specific advocacy messages have been developed with religious leaders. Tailored curricula for girls have also been developed.



Number of Partners per Caza/District
March 2015

*A Total Number of 17 Organizations
Currently Report Their Activities*



Contact Information:

For information about Protection Sector, please contact:
Lorenza Trulli at trulli@unhcr.org
or if you have any inquiry about the map, please contact:
Aung Thu WIN at wina@unhcr.org

Disclaimer:

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Legend

- Governorate
- District

Number of partner per district

- 0
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10

Reporting Partners:

AVSI, Beyond, CLMC, CONCERN, DRC, Heartland, Himaya, Intersos, IRC, Makhzoumi, MAP-UK, Mercy Corps, RET, TdH - L, UNHCR, UNICEF, UNRWA