



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

### Annual Thematic Report 2023

#### Introduction

This Gender-based Violence Information Management System (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during 2023<sup>1</sup>. The report, therefore, represents country-wide trends and analyses of GBV incidents reported and recorded by GBVIMS user agencies only.<sup>2</sup>

The analysis has been triangulated with other sources, such as protection monitoring report<sup>3</sup>, studies, surveys, and assessments conducted in Lebanon, such as the Secondary Data Review for Lebanon<sup>4</sup>, Vulnerability Assessment of Syrian refugees in Lebanon (VASyR)<sup>5</sup>, and the multi-sectoral needs assessment (MSNA)<sup>6</sup>

#### Background in Lebanon

In 2023 Lebanon faced a deteriorating socio-economic situation leading to a deteriorating protection space for refugees, migrants, and vulnerable populations influenced by the political uncertainty, the worsening of the security situation, and regional conflicts significantly impacting their psychosocial well-being. The number of restrictive measures applied across the country increased significantly in 2023, the highest number of restrictive measures in Q4 2023 was reported in BML, followed by Bekaa, the South and the North regions noting that the escalation of hostilities in the South has further catalyzed restrictive measures and tension<sup>7</sup> resulting in limitations of movements, feelings of insecurity, and lack of stability impacting the well-being of refugees in the country.

GBV actors reported a correlation between the increasing socio-economic challenges facing all population groups and the increase in reported GBV incidents. The restrictive measures described above have negatively impacted women and girls, frequent checkpoint checks, curfews, increased risks of detention and deportation perceived to impact more men and boys, have resulted in women and children being increasingly exposed to the public sphere and spaces, and unsafe work in households or in the agricultural

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<sup>1</sup> In Lebanon, fourteen organizations (ABAAD, AND, CL, CW, DRC, IMC, INTERSOS, IRC, KAFA, LECORVAW, RDFL, MF, TDHL and URDA) are currently using the system; supported by UNHCR, UNICEF and UNFPA.

<sup>2</sup>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 Gender-based Violence Working Group Coordinator Inter-Agency Coordination Sophie Etzold [etzold@unhcr.org](mailto:etzold@unhcr.org).

<sup>3</sup> [Protection Monitoring Survey Findings, Lebanon – 4<sup>th</sup> Quarter 2023](#)

<sup>4</sup> [Lebanon GBV Secondary Review \(2018-2022\)](#).

<sup>5</sup> [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

<sup>6</sup> [Multi-Sector Needs Assessment - Key Multi-Sectoral Findings, Lebanon, May 2023](#)

<sup>7</sup> [Protection Monitoring Survey Findings, Lebanon – 4<sup>th</sup> Quarter 2023](#)

sector where they reported harassment, exploitation and potential risk of gender-based violence. In addition, the overall worsening of the socioeconomic situation has also reportedly led to intimate partner violence (IPV), separation of couples, marital disputes, and the need for counseling on divorce procedures. Survivors of GBV, in particular severe forms such as rape and sexual assault have reported limited reporting to law enforcement due to lack of trust and comfort with the system, limited follow up and accountability measures for perpetrators, lack of knowledge of procedures and a recurrent tendency to approach reported cases through mediation between survivors and perpetrators of IPV by the national justice system.<sup>8</sup>

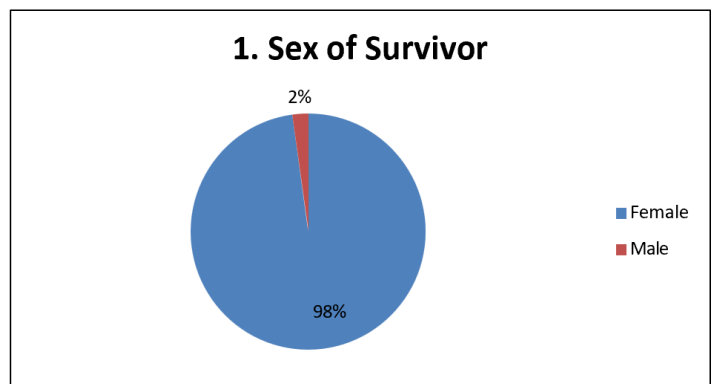
This multidimensional crisis has worsened the protection risks – including violence against women and girls and contributed to soaring humanitarian needs such as further exacerbated long-term structural vulnerabilities with significant consequences on the well-being of women, children, and marginalized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

In 2023, the GBV sector observed several alarming trends impacting the overall protective environment for women and girls, giving fuel to gender-based violence in Lebanon. Firstly, the described socioeconomic situation in the country contributed to barriers to accessing services as resources for transportation and telecommunication shrunk. Women have increasingly reported the absence of access to a private phone, limiting their ability to seek help or receive information. The movement restrictions mentioned and the fears facing Syrians with regard to the risk of searches, detention and deportation have further led to two trends. On the one hand, women being perceived as at lower risk of detention and deportation when lacking residency, have been increasingly tasked with supporting the family income, including by working as street vendors, as domestic workers and in agricultural lands where they reportedly faced numerous protection risks, including sexual harassment, assault and in some instances rape. GBV partners have also observed risks of sexual exploitation and abuse linked to increasing rent prices where women, including as part of a family, were exposed to sexual exploitation by landlords to reduce risk of eviction and as a payment for rent. The impact of the crisis is also continuing to worsen family relations over scarce resources and fueling intimate partner violence across population groups/nationalities, with a significant number of child marriages reported by child protection and GBV partners<sup>9</sup>.

**Profile of survivors of Gender-based Violence seeking assistance**

***Sex and Gender***

According to the GBVIMS data of 2023, **women and girls continue to constitute the majority (98%) of survivors of GBV, representing an increase of female survivors of 3% compared with 2022.** 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 socio-economic status,



<sup>8</sup> [Protection EoY Q4 Dashboard](#)

<sup>9</sup> [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

traditional and cultural norms, normative concepts of gender, nationality, education status, disability and living or working conditions. This situation existed prior to the conflict escalating by the end of 2023 and it is now greatly exacerbating communities and families increasingly resorting to negative coping strategies.

As per the Gender Statistical Profile Lebanon 2024 by UN Women Lebanon, more than half of Persons with diverse SOGIESC (**54%**) felt at risk of violence in their neighborhoods<sup>10</sup>

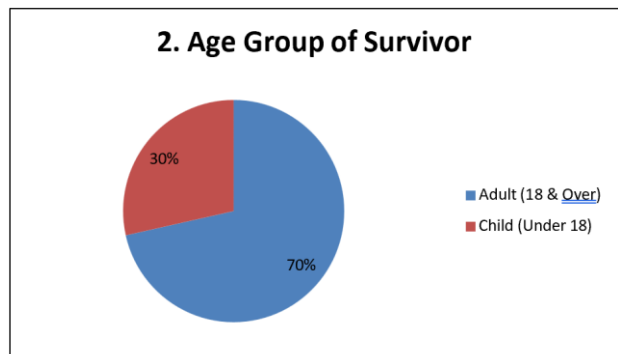
For female survivors, physical assault and psychological/emotional abuse present the most reported types of GBV among incidents, accounting for **29 % and 27 %** respectively. Forced marriage, is the third most reported GBV type with **21 %** increased from **10 %** reported in 2022, followed by Sexual violence, including sexual assault (**13 %**) and **rape (5 %)**, and denial of resources and opportunities **5 %**.<sup>11</sup>

In 2023, **2 %** of GBV incidents were reported by male, representing the decrease of male survivors for 3 % compared with 2022 out of total incidents reported and based on VASyR 2023, compared to the previous year, there was a **3% increase** in children aged 5–17 engaged in labour, reaching **7%** this year and **11%** for boys specifically. This highlights a growing risk of exploitation and missed educational opportunities for children. Furthermore, **6%** of children are exposed to hazardous working<sup>12</sup>. 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 continues to remain low and might be underreported.

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**

2023 GBVIMS data shows that adults accounted for 70 % and children accounted for **30 % of the GBV incidents reported through the GBVIMS**. In 2023, adults continued to constitute the highest percentage of people seeking services.



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

<sup>10</sup> [Gender Statistical Profile 2024 - Lebanon](#)

<sup>11</sup> 2023 GBVIMS Report

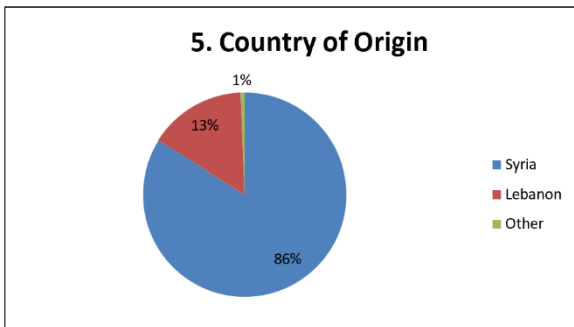
<sup>12</sup> [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

%.

As for child survivors of GBV, **forced marriage** and **psychological/emotional abuse** constitute the highest percentage of GBV forms reported by children, with **52 %** and **15 %** respectively, followed by **physical assault with 13 %** and **sexual assault with 12 %**. **Denial of resources and opportunities** and **rape** represent the lowest forms of GBV reported by child survivors, accounting for **4 %** and **3 %** 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 2022-2023, **16% of Migrant, 12% PRL and 6% Lebanese children are reported being out-of-school in 2022** because of the multi-layered crisis<sup>13</sup>. Drop-out of school or working as housemaids have been some of the most commonly reported challenges impacting the wellbeing and safety of children. In parallel, the worsening economic situation has pushed many children and youths to engage in irregular and informal work to contribute to family income where the proportion of children (aged 5 to 17) who are engaged in child labour increased from the previous two years, to 7.3% in 2023, as compared to 4.3% in 2022 and 5.3% in 2021 according to VASyR 2023<sup>14</sup> and according to education partners, three in ten youth<sup>10</sup> 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 **86 %** of all incidents recorded in 2023 and representing an increase of 12 % from the previous year. With **13 %**, Lebanese nationals are the second largest nationality reporting GBV incidents to GBVIMS data gathering agencies. Survivors from other nationalities constitute **1 %** of all recorded incidents.

The percentage of Syrian refugees continues to increase, increasing by **12 %**, compared to 2022 however there is a **10 %** decrease in the percentage of Lebanese compared to 2022. The percentage of survivors from other nationalities constitute **1 %** of survivors seeking services, and the percentage is low considering the number of organizations working with migrant workers in Lebanon. It is reported that 25% of Palestine Refugees in Lebanon (PRL) households reported that women and girls avoid certain areas because they feel unsafe there<sup>15</sup>. Survivors from different nationalities have been affected by the escalating socio-economic crisis, conflict escalation in the South with the country's limited capacities to provide basic services such as electricity, water, health and sanitation services, health care and protection services.

<sup>13</sup> [Multi-Sector Needs Assessment - Key Multi-Sectoral Findings, Lebanon, May 2023](#)

<sup>14</sup> [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

<sup>15</sup> [Multi-Sector Needs Assessment - Key Multi-Sectoral Findings, Lebanon, May 2023](#)

### ***Disability and diversity***

According to the findings of 2023 VASyR,<sup>16</sup> **13 %** of displaced Syrians have reported living with a disability, and **around 37.6 %** 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 2022-2023, El Nabatiyeh governorate ranked first with the highest-level of recorded persons living with disability with **16 %**, while Mount Lebanon had the lowest prevalence of persons living with disability with 7.5 %<sup>13</sup>. The same assessment reveals that the disability percentage among Lebanese nationals is relatively high, with **22 % of Lebanese HHs** reporting at least one member with disabilities.

In 2023, **2 % of all GBV incidents reported in the IMS were recorded for persons living with a disability** which presents an increase of 1 % compared to 2022 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.

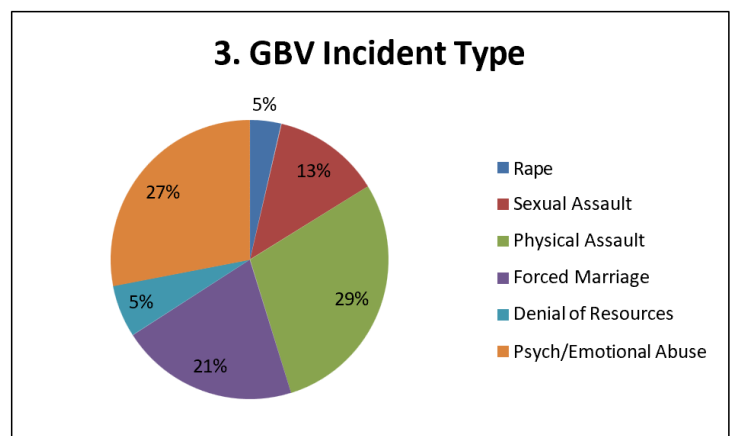
Facilitating safe and confidential services for survivors and building survivor trust in services is key. Understanding the needs of particularly vulnerable groups, including survivors living with disability and those with diverse SOGIESC, is a consistent challenge given the intersectionality of vulnerabilities that might be considered as additional barriers to report and seek support.<sup>17</sup>

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 Lebanon<sup>18</sup>, **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.

### **Most reported types of GBV incidents in 2023**

#### **Overview**

In 2023, **physical assault and psychological/emotional abuse and forced marriage were the most reported types of GBV**, accounting for **29 %**, **27 %** and **21 %** of all reported incidents respectively. Incidents of **sexual violence, including rape and sexual assault**

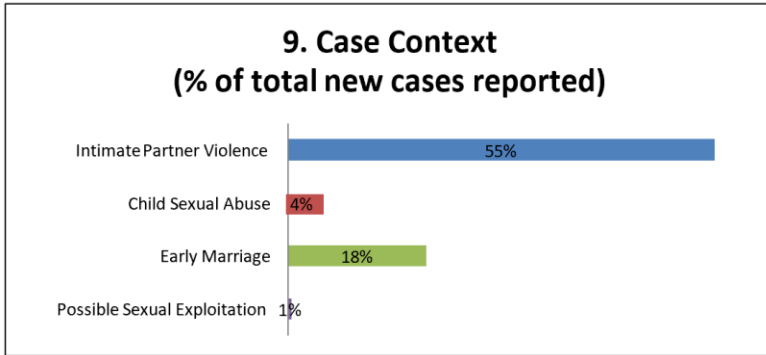


<sup>16</sup> [Vulnerability Assessment of Syrian refugees in Lebanon \(VASyR\)](#)

<sup>17</sup> [Protection EoY Q4 Dashboard](#)

<sup>18</sup> [Situation Analysis on Gender Based Violence Against Women and Girls with Disabilities in Lebanon.](#)

present the fourth most reported type of GBV incident with **18 %** of all incidents reported, followed by



**denial of resources and opportunities, recording 8 %** of the incidents respectively. Forced marriage recorded a significant increase in 2023 compared with 2022, from 11 to 21 % increase. 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 2023<sup>19</sup> **IPV is among the most common types of GBV in Lebanon.**<sup>15</sup> 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 2022-2023, among those households who reported that women and girls feel unsafe in their community, approximately **3 %** indicated that women and girls feel unsafe in their homes<sup>20</sup>. Percentage by the GBVIMS data for 2023 show that home is the main location where incidents of GBV are reported, accounting for 20 %. 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.

**55 %** of all GBV incidents recorded in the GBVIMS were perpetrated by the intimate partner (husband or partner) of the survivor, with a **1 %** increase compared to 2022. GBVIMS data indicates that both adults and children are subjected to IPV, with **76 % of survivors** of IPV are adult females, **and 24 % of female children** (increase from 17% in 2022), reporting being subjected to violence by their partner

***Forced/ Early Marriage***

Socio-economic factors coupled with school closure in the beginning of 2023 contributed to additional risks of GBV against children increasing their exposure to child marriage and sexual violence. According to the VASyR 2023, approximately 23% of adolescent girls aged 15 to 19 were ever married (including divorced or separated) and although still worrisome, markedly, in 2023, fewer girls are not attending school due to marriage than in 2022. For girls 3-17 years old, 4 % do not attend school due to marriage compared to 0.20% 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.

<sup>19</sup> [Emergency Response Plan Lebanon 2023](#)

<sup>20</sup> [Multi-Sector Needs Assessment - Key Multi-Sectoral Findings, Lebanon, May 2023](#)

Additionally, and according to the gender findings of UNICEF 's recent report<sup>21</sup> 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 % of Syrian girls** aged 15-18 who do not attend school report marriage as the main reason behind this.

## Service Provision

### *Psychosocial support*

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.

According to 2023 data, **psychosocial support (PSS) is the main service that survivors requested and were receiving in 2023 with 72 % of the services provided for new incidents recorded, a decrease from 80% of services requested.**

### *Mental Health*

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.*

**12 % of all recorded survivors of GBV have received health services, including clinical management of rape services (decrease from 15% in 2022).** However, field reports indicate that general health services 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 by MoPH and only supported in few facilities, and this is putting additional burden on service providers due to the limited availability of funds.

**Clinical management of rape (CMR) is a service offered to survivors of sexual violence/rape in accredited 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 were assigned by MOPH PHC Department to provide specialized CMR

<sup>21</sup> [United Nations Children's Fund \(2022\). "Deprived Childhood".](#)



services. However, CMR Task Force feedback provided by MoPH for 2023 shows that there were three facilities reporting zero survivors received. MoPH conducts biannual CMR facilities assessments.<sup>22</sup> 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 **43 %** of the incidents are reported after one month of the incident date (**decrease from 47% in 2022**). 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 **5 %** despite the fact that limited self-reliance and financial literacy is a concern reported by the majority of GBV survivors (decrease from 12% in 2022). 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.

As per the Lebanon In-Focus on Women's Livelihoods in the Context of a Multifaceted Crisis,<sup>23</sup> the majority of women work in formal sectors in urban areas, while **approximately 31 %** of the informal workforce is made up of women who lack fundamental rights such as healthcare and social security. In agriculture, women constitute 43 per cent of the labour force, engaging in various tasks. In the agriculture sector, 85 per cent of the labour force is informally employed, with women being overrepresented in this group, which increases risks of exploitation.

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.

***Safe shelters***

Data from the GBVIMS shows that only **1 %** of the survivors were referred to shelter services in 2023 (decrease from 5% in 2022). Access to safe shelter for survivors of GBV who are at imminent risk remains a critical lifesaving service and a critical priority of the GBV Working Group response. There are 10 Safe Shelters across Lebanon<sup>24</sup>. The admission criteria by shelter agencies are restrictive with negative impacts on the survivors, especially survivors of IPV. Survivors of GBV with mental health concerns as well as survivors with physical and intellectual disability who require more complex and MHPSS tailored services face gaps in shelter service provision due to the limited resources and capacities of agencies managing shelter. Additionally, persons with diverse SOGIESC surviving GBV incidents report several barriers in

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<sup>22</sup> 2023 Update of MoPH PHC Department at CMT Taskforce

<sup>23</sup> [Lebanon - In-Focus: Women's Livelihoods in the Context of a Multifaceted Crisis](#)

<sup>24</sup> Based on the latest GBV referral pathways of 2024 there are 10 safe shelters in Lebanon, but according to the VAW Shelter Mapping (in 2021) they are 14





accessing safe shelters due to their gender identity, and their admission, if approved, involves lengthy assessment that might impact them negatively in case they are facing imminent risks.

Partners reported several initiatives that are considered in 2023 to ensure better access to shelter services, including updating the shelters referral pathways and the coordination with the mental health agencies to ensure more holistic interventions.

### ***Legal assistance and representation***

Data from the GBVIMS show that legal assistance services constitute the second highest percentage of declined referrals in 2023, accounting for **34 % (compared to 36% in 2022) and that is for different reasons such as survivors' fear of retaliation by the perpetrator, losing custody of children, lack of proof of violence, etc.** . Throughout 2023, the majority of Lebanon's judges have been on strike, drastically impacting the functioning of the judiciary system including law enforcement agencies that are expected to extend support in line with the wishes of the survivor, in addition to reducing women's access to justice. Nevertheless, and despite the judge's strike, going to court is considered a last resort for women. This is especially the case for Syrian refugee women in Lebanon, of whom less than **50 %** reported knowledge of formal or legal ways to resolve incidents of GBV<sup>25</sup>. Noting that the lack of legal residency is an additional factor which makes Syrian women fearful to go through the legal pathway.

### **Challenges and Gaps in 2023**

#### ***Contextual and Sectoral Challenges and Gaps***

The context in Lebanon presents considerable challenges for women and girls to live in a safe environment that protects them from gender-based violence, including sexual violence. As outlined above, GBV is often embedded in **harmful traditional beliefs and social norms such as on child marriage and acceptance of intimate partner violence**. Though homes of survivors are commonly reported to be the most unsafe places as that is where most exposure to GBV is experienced, public spaces also present significant risks to women and girls where sexual harassment and sexual violence is reported.

The GBV environment is also negatively impacted by the **absence of a functioning justice system** that ensures punitive actions are taken against perpetrators of GBV through the available national system. Judges and courts continued as in 2022 to be closed for significant periods of time during 2023 which has worsened access to legal assistance and judicial procedures and has furthered the distrust in the national or legal system in Lebanon.

Furthermore, **stigmatization of survivors of 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.

**Migrants continue to show high levels of risk and vulnerabilities while living in Lebanon** as they are

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<sup>25</sup> An Analytical Study of Access to Justice Cases of Sexual and Gender-Based Violence cases of Syrian Refugee Women in Lebanon. Accessible on this [LINK](#)



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 Case Management 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 GBV<sup>26</sup>, 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.

### ***Technical Challenges and Gaps***

Several **technical issues and data discrepancies** were reported by the GBVIMS/Primero user organizations since 2022, following the upgrade to the newest version of primero in Lebanon and the migration of the GBV case management data to the system. For the current report, and due to these technical issues, some of the statistical figures of some indicators are missing, however, the compilation tools for Lebanon are being updated by the GBVIMS Technical Team, and a follow up will be done on a timely manner regarding this issue.

**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.

### **Recommendations**

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<sup>26</sup> 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.



**GBV IMS Steering Committee and GBV IMS Task Force Lebanon**

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
<p>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)</p>	<p>GBV WG coordinators with relevant stakeholders and donors</p>
<p>Strengthen programming for the inclusion of people 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.</p>	<p>GBV Working Group in collaboration with the PWD Taskforce</p>
<p>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 with disabilities, migrants, and refugees from other nationalities</p>	<p>GBVIMS coordinator/ GBVIMS Steering committee in Lebanon</p>
<p>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</p>	<p>GBV Working Group/ GBV actors working with migrants in collaboration with IOM</p>
<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>



**GBV IMS Steering Committee and GBV IMS Task Force Lebanon**

<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 survivors</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>
<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>