

Sexual and Gender Based Violence (SGBV) Update

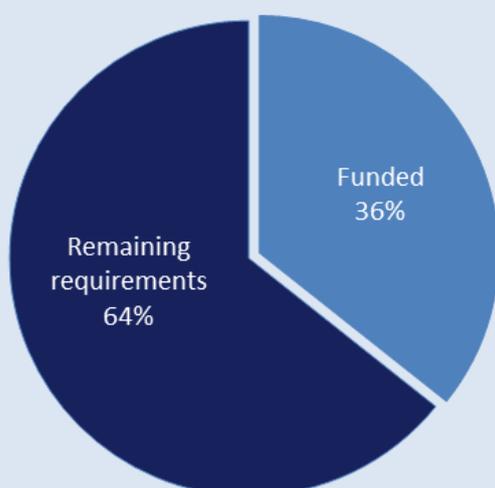
June 2014

Key figures

1,119,585	individuals registered or pending registration
79%	of refugees are women and children
39%	of women and girl refugees have specific needs
30%	of refugee households are female headed

Funding

UNHCR Requirements 2014: USD 468 m



Protection requirements: USD 106 m

June developments

- In collaboration with IRC, UNHCR successfully completed training for 37 medical doctors from 5 health facilities in Mount Lebanon area on the clinical management of rape.
- In collaboration with DRC, ABAAD-Resource Centre for Gender Equality and UNICEF, UNHCR organized a one-day workshop to finalize and validate standard procedures for mid-way houses to ensure harmonization of services, policies and procedures across Lebanon.
- 126 partners and government officials, including municipal officials, were trained on legal provisions and existing referral pathways related to SGBV to ensure effective support for SGBV survivors and women and girls at risk.
- 2,465 community members including 430 men participated in sensitization sessions organized by partners in safe spaces, including mobile ones, in various regions.
- 21 women and children who are either survivors or at risk of gender-based violence were referred to the mid-way houses for assistance. Case management and appropriate services were offered, including psycho-social support, health assistance and legal counseling.

Achievements: January - June

Activity	 reached January- June	 2014 Target
Provision of assistance for identified survivors	100%	100%
Persons at risk identified and supported*	3,388	-
Safe spaces established for women/girls	12	13
Mid-way houses maintained	2	2
Individuals trained and sensitized on SGBV prevention and response	7,269	15,000
Men and boys mobilized on SGBV	33	330

*Individuals identified as at protection risk who benefitted from psycho-social support and counselling services.

Needs

Refugee women and children are disproportionately affected by SGBV. Unaccompanied girls and adolescents, single heads of households, child

mothers and spouses, and women and girls living with disabilities are among the most at risk. 25% of survivors of reported SGBV cases are under 18 years of age.

As local and institutional capacities to address SGBV-related issues are overstretched, refugees need support both for SGBV prevention and response. Due to the negative social stigma associated with SGBV and risks to personal security, survivors are often reluctant to seek assistance. In order to encourage SGBV survivors to seek assistance, the availability of specialized services and safe spaces is essential. Survivors also need emergency and life-saving services medical services which are often inadequate or lacking. Psycho-social and legal support services need systematic and institutional support to strengthen capacity. Above all, these services need to be available and accessible to refugees.

Refugee women and girls are in need of safe spaces, such as the twelve centres including Women's Resource Centres which provide life skills activities, and help women establish support networks. Community mediation initiatives and the engagement of men and boys are as part of the programming activities are also critical to address the root causes of violence.

Challenges

Due to the dispersal of refugees in over 1,700 locations throughout Lebanon, community outreach efforts require significant allocation of resources and time. Community outreach for SGBV prevention and response is a priority, in particular to provide access to services for women and girls at risk whose mobility is restricted due to security concerns and cultural values.

A weak legal framework, limited resources and social barriers prevent refugees at risk of SGBV, or victims of violence and abuse from receiving adequate protection. Multiple barriers, including social stigma and risk to personal security prevent survivors to come forward and seek services. Challenges also include a lack of documentation among refugees, growing tension between refugees and host communities.

With the numbers of refugees increasing, overcrowding in refugee accommodation is a growing problem. Overcrowding and lack of privacy in shared living accommodation such as collective shelters and tented settlements, places refugees at heightened risk for SGBV.

Scarce economic opportunities coupled with the high costs of accommodation and associated living expenses causes some families to negative coping mechanisms which place refugees at heightened risk of SGBV. These include: early marriage, child labour, survival sex.

Strategy

UNHCR works with partners to mitigate SGBV through prevention and response activities. These activities are being pursued in close cooperation with governmental partners including in the areas of social services, security, and the judiciary. In 2013 UNHCR prioritized the establishment of specialized services for SGBV survivors. In 2014, UNHCR will focus on improving case management, quality of services and on SGBV prevention, including:

- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of women resource centres and listening and counselling centres.
- Improving outreach to refugees, including through mobile services to ensure identification and safe referral of SGBV survivors.
- Strengthening existing specialized services for SGBV survivors such as psycho-social, medical, legal services.
- Promoting engagement of men and boys in SGBV prevention and response.
- Mainstreaming of SGBV into other sectors such as shelter, wash and distribution to mitigate the risks.
- Working closely with child protection to promote integrated programming such as prevention and response to child marriage.
- Working with UN agencies government and NGOs, communities to strengthen SGBV prevention, response and coordination mechanism for effective service delivery.

UNHCR implementing partners

Amel Association, Caritas Lebanon Migrants Centre (CMLC); Danish Refugee Council (DRC); INTERSOS, International Medical Corps (IMC); Makhzoumi Foundation, Internal Relief and Development (IRD); Save the Children; Mercy Corps; Norwegian Refugee Council (NRC); Oxfam; Restart Centre for Rehabilitation of Victims of Violence and Torture; Social, Humanitarian, Economical Intervention for Local Development (SHIELD); Ministry of Social Affairs (MOSA).

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