



The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The SGBV Taskforce in Lebanon is working to achieve: OUTCOME 1) The risks and consequences of SGBV are reduced and access to quality services is improved.

2016 Funding Status

as of 31 May 2016

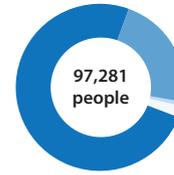


Targeted Population Groups

3.1 m

 (People in Need)

Population Reached by Cohort



| | |
|---------------|-----|
| Syrian | 74% |
| Poor Lebanese | 22% |
| PRS | 1% |
| PRL | 2% |

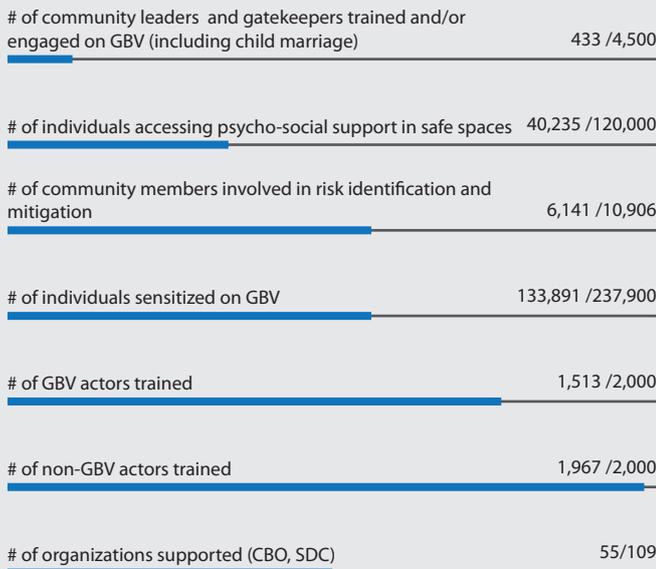
Programmes are funded by a combination of flexible/unearmarked funds and funds specifically earmarked to the sector

Progress against targets



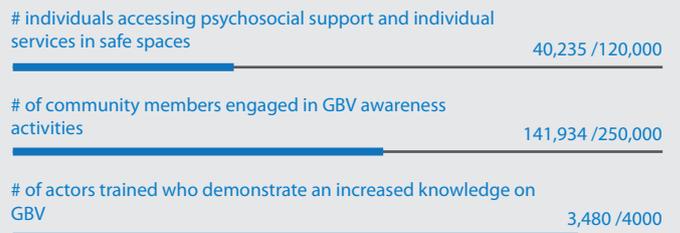
Activities

reached / target



Outputs/Outcomes

reached / target



Age/Gender Breakdown

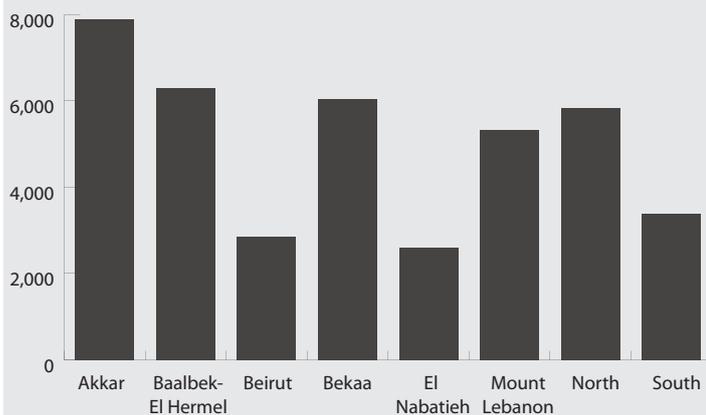
Number of people accessing psycho-social support in safe spaces



Analysis

Progress: Individuals accessing psycho-social support in safe spaces

Individuals accessing psycho-social support in safe spaces (by governorates)



New individuals accessing psycho-social support in safe spaces (by month)



At mid-year, the Sexual and Gender Based Violence (SGBV) sector was identified as one of the least funded sectors and therefore prioritized for the Lebanon Humanitarian Fund (LHF) appeal. Through LHF, the sector has received an additional \$2.5 million in August, which raised the total SGBV funding to \$12 million (or 38% of the overall 2016 sector appeal).

The LHF approved projects focus on enhancing the protection of adolescent girls and young women against SGBV; holistic protection and health services for refugees and vulnerable Lebanese; protection of vulnerable women, adolescent girls, elderly and disabled from SGBV, violence and abuse; strengthen protection and empowerment of women and girls through community-based GBV prevention and response; enhance the protection of individuals facing discrimination on the basis of their gender through service provision, empowerment, and local community sensitization; and reduce the risks and consequences of SGBV in Northern Lebanon.

With the limited funding available, SGBV partners have focused on maintaining and ensuring safe access to quality services for individuals at risk and survivors. This has included the provision of psycho-social support services in safe spaces and the strengthening of capacities of SGBV and other actors.

Since January, over 40,000 Syrian, Lebanese and Palestinian women, men, girls and boys at risk of SGBV or survivors have participated in various psycho-social support activities in static and mobile safe spaces, including 38 MoSA's Social Development Centres (SDCs). This included participating in English lessons, drama and handcraft classes which provide an opportunity to build trust and self-confidence allowing disclosure or discussions on how to reinforce prevention. This represents 34% of the planned target for the year, noting that 37% of the beneficiaries are under 18. Beneficiaries are participating in the design and implementation of these activities, which give the specialized staff the opportunity to engage with them on women and children's rights and to provide them direct or peers' emotional support.

New Standard Operational Procedures (SOPs) on SGBV Prevention and Response have been rolled-out in Lebanon. The SOPs illustrate how protection partners must coordinate referrals of SGBV survivors to ensure safe, timely and appropriate (survivors-centered) interventions, including legal, medical assistance and emotional support. Main survivors of violence involve cases of domestic violence, early and forced marriages. SGBV prevention measures will include the mobilization of religious and community leaders, through awareness campaigns and workshops, to promote their understanding of how they can call upon the communities to better protect women and girls from various SGBV risks. By speaking out against SGBV, it is expected that these leaders will nurture a sense of shared responsibility within the communities on these issues.

As of Q3, a total of 1,513 SGBV actors, including MoSA social workers, nurses, midwives and law enforcement officers, were trained, on the SGBV SOPs, that includes elements on the national and international legal frameworks, and on the survivors-centered approach, including how to ensure safety, confidentiality and non-discrimination. Also, 1,967 frontline workers from other sectors were trained to safely and confidentially identify and refer survivors. These achievements represent respectively 76% and 98% of the planned targets for the year.



Changes in Context - Third Quarter

In Q3, data from the Gender Based Violence Information Management System (GBV IMS) and community-based assessments indicated that physical and emotional domestic violence, sexual violence and forced marriage continue to be commonly experienced types of violence. In addition, refugee women increasingly feel confident about reporting cases of sexual harassment, exploitation and abuse and their fears of having to resort to survival sex and early marriage. Women and children remain particularly at risk and disproportionately affected by SGBV.

The recent findings of the MoSA-UNICEF 2016 Household Survey indicate that 27% of the sampled Syrian women between 15 and 19 years old were currently married or in union. This was the highest rate among the surveyed cohorts, followed by PRS women at 13%, and 4% for both PRL and Lebanese women. Furthermore, trends show that 41% of Syrian women age 20-24 were married before their 18th birthday, compared to 32% for the cohort age 20-49, demonstrating a concerning increase of 9% over time. In addition, over one out of four Syrians surveyed, who were married early, had more than 10 years of age difference between them and their spouse.

Although early marriage was reported as cultural practice within some communities prior to displacement, outcomes of regular focus group discussions confirm that early marriage is used as a coping mechanism in the context of the Syrian crisis to alleviate financial burden and/or "protect" the adolescent girls. Appropriate response services for adolescents, who marry early, have increased, including marriage registration as a protection tool and information sharing on critical issues, such as sexual and reproductive health. Community-based interventions, in addition to targeting adolescent girls at risk and their families, are also focusing on community gatekeepers including religious leaders, to promote good practices and initiate behavior change.

Reports point to the increased complexity of SGBV (e.g. presenting multiple types of violence, imminent risks, complex legal issues, suicide survivors), which necessitates multi-sectorial and longer-term interventions. To address this situation, highly trained and well equipped case managers are needed, and capacity building of the responding actors requires continued prioritization. Also, the development of contextualized tools, following the recent example of the Guidance Note on Registration of Child Marriages, are needed to maintain service provision quality.



Facts and Figures

1,029,039

Total registered Syrian refugees¹

79%

Percentage of Syrian refugees who are women and children¹

60%

Percentage of Syrian refugees without legal residency²

Sources:

1 UNHCR refugee data, as of 31 August 2016

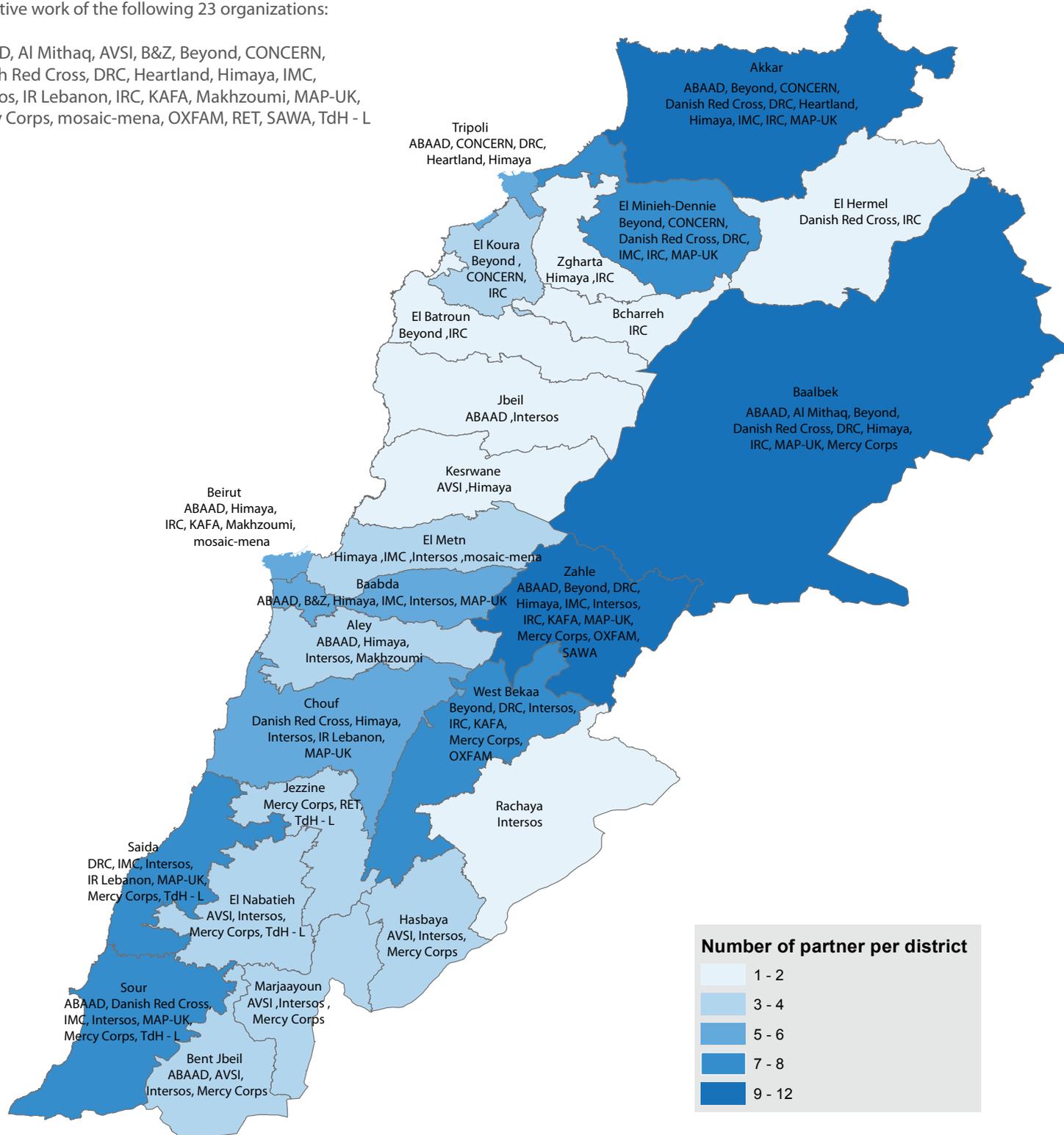
2 Analysis of the Aug-2016 data from the Household Visit Questionnaire



Organizations per district

The achievements described in this dashboard are the collective work of the following 23 organizations:

ABAAD, Al Mithaq, AVSI, B&Z, Beyond, CONCERN, Danish Red Cross, DRC, Heartland, Himaya, IMC, Intersos, IR Lebanon, IRC, KAFA, Makhzoumi, MAP-UK, Mercy Corps, mosaic-mena, OXFAM, RET, SAWA, TdH - L



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