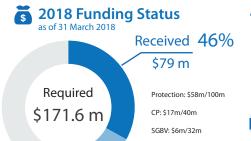




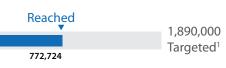
This dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Protection Sector in Lebanon aims to achieve the following results: OUTCOME 1: Persons displaced from Syria have their basic rights (incl. access to territory, legal stay, civil documentation) respected and specific protection needs fulfilled; OUTCOME 2: Support and actively engage community members in creating a safe protection environment; OUTCOME 3: Reduce SGBV risks and improve access to quality services; OUTCOME 4: Provide boys and girls at risk and survivors of violence, exploitation and abuse with access to an improved and equitable prevention and response.

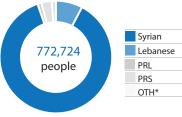






 $3.2\;m\;$  (People in Need) $^1$ 





672,408 (87%) 59,426 (8%) 8,747 (1%) 23,023(3%) 9.120 (1%)

Programmes are funded by a combination of flexible/unearmarked funds and funds specifically earmarked to the sector. <sup>1</sup>These figures are for the whole sector, which includes general Protection, SGBV and Child Protection.

\* Other nationalities include refugees and asylum seekers from Iraq, Sudan, Ethiopia, Egypt, Eritrea and elsewhere

# Progress against targets

Key Achievements	reached / target
# of individuals who benefitted from legal counseling, assistance and representation regarding legal stay	18,960 / 40,000
# of individuals who benefitted from counseling,legal assistance and legal representation regarding civil regis including birth registration, marriage	stration 44,747 / 70,000
# of individuals benefitting from community-based interventions	19,897 / 61,705
# of Individuals trained, supported, and monitored to ei in community-based mechanisms	ngage 2,543 / 4,728
# of individuals with specific needs receiving specific su (non-cash)	pport 9,884 / 16,831
# of women, girls, men and boys at risk and survivors ac SGBV prevention and response services in safe spaces	cessing 33,053 / 140,000
# of women, girls, men and boys sensitized on SGBV	70,153 / 250,000
# of boys and girls accessing focused psychosocial suppand/or assisted through CP case management services	
# of caregivers accessing child protection prevention (caregivers' programmes)**	34,366 / 29,262
# of boys and girls engaged in community based child	76756 / 04 445

\* Children receiving more than one service may be counted more than once

\*\* Includes Parents Support Groups and Parenting Skills

protection activities

NB: Figures in this box are based on the sum of beneficiaries and targets of all activities under each outcome

#### LCRP 2017/2020 Aug 2018 2020 **Outcomes** Baseline Current Target SYR LEB PRS PRI SYR LEB PRS PRL SYR LEB PRS PRL **OUTCOME 1:** 45% % of persons with legal stay % of children born in Lebanon whose birth is registered at the 36% 40% 50% Noufos level % of children born in Lebanon 17% whose birth is registered at the Foreign Registry level # of persons benefitting from 12,000 resettlement or other humanitarian pathways3 **OUTCOME 3:** % of women (20-24) married 129 N/A 32.8% 4.8% 20% 9.6% before 184 **OUTCOMF 4:** % of children 2-14 years who N/A<sup>6</sup> 45% 40% 45% 45% 57% 829 N/A 65% N/A N/A experience violent disciplinary practices4 % of children aged 5-17 engaged 7% 6% 4% 5% 4.5% 3.6% 3.5% 4.5% N/A N/A N/A N/A in child labour

<sup>1</sup> Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) 2016. <sup>2</sup> VASyR 2017.

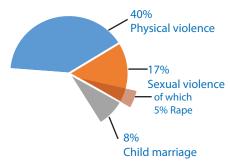
<sup>3</sup> proGres; quarterly results. <sup>4</sup> Baseline survey, UNICEF, MoSA, 2016; biennial results (2018, 2020). <sup>5</sup> However, VASYR 2018 results indicate that 22% of Syrian females between 15 and 19 were married or in union in 2017.

6 However, VASYR 2017 results indicate that 78% of Syrian children below 18 were subjected to violent discipline However, VASYR 2018 results indicate that 4.6% of children aged 5 to 17 reported working in the past 30 days.

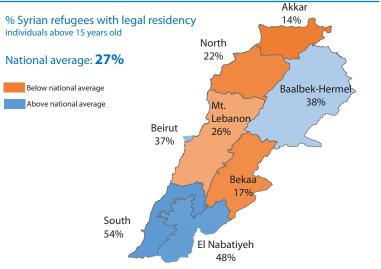
76,756 / 91,445



### GBVIMS: The most commonly reported types of SGBV:



Source: GBVIMS, data covering the period January-June 2018



Source: Vulnerability Assessment for Syrian Refugees (VASyR) 2018;



**18,960 persons** have received legal counselling, assistance, and representation regarding legal stay, reaching 47% percent of the target.

**44,747 persons** benefited from counselling, legal assistance, and legal representation regarding civil registration (including birth and marriage registration), reaching 64% percent of the target.

**19,897 persons** benefited from community-based interventions (i.e. management and support to outreach volunteers, referral of persons at risk, and youth life skills activities), reaching 32% percent of the target.

**33,053 women, girls, men and boys** at risk and survivors accessing SGBV prevention and response services in safe spaces.

**70,153 women, girls, men and boys** were sensitized on SGBV.

**4,523 children** receiving case management support to reduce their exposure to violence, exploitation and abuse, achieving 57% of the overall target

**76,756 children** engaged in community-based child protection activities to increase their resilience and safety skills -> achieving 84% of the target.

**34,366 caregivers** engaged in support groups to develop positive parenting skills -> surpassing the target with 117% with an initial target of 29,373.

**40 communities** actively engaged in child protection initiatives -> achieving 25% of the target.



### 976,002

Total registered Syrian refugees<sup>1</sup>

#### 81%

Percentage of Syrian refugees who are women or children<sup>1</sup>

Percentage of Syrian refugee households reporting that all members have legal residency permits<sup>2</sup>

#### 73%

Percentage of Syrian refugees aged 15 and older who did not have legal residency<sup>2</sup>

### 21%

of children receiving case management services are engaged in child labor<sup>3</sup>

### 66%

Percentage of households reported having at least one member with specific needs<sup>2</sup>

(The term 'specific needs' refers to household members with (i) physical or mental disability, (ii) chronic illness, (iii) temporary illness or injury, (iv) serious medical condition, and (v) people who need support in basic daily activities)

Sources:

1 UNHCR refugee data as of 31 July 2018
2 2017 Vulnerability Assessment for Syrian Refugees (VASyR)

<sup>3</sup> ActivityInfo, child protection data sheet, 2018



## Key contributions towards LCRP Impacts

The Directorate-General for General Security (GSO) issued a new regulation in April 2018 that facilitated the process to obtain legal residency for Syrian minors who turned 15 years of age in Lebanon. It is no longer necessary for these children to provide a Syrian national ID or passport, which they were not able to obtain due to their exile in Lebanon, to launch the legal residency process. Under the April 2018 waiver, it is sufficient to present a Syrian individual civil extract that is less than two years old.

In 2018, more than 50,000 Syrian refugee children, registered with UNHCR in Lebanon, turned 15 and do not have a national ID or passport. The new GSO decision will provide these children with an option to overcome their lack of legal residency and reduce the protection risks associated with this (risk of being arrested, vulnerability to exploitation, lack of access to services, etc.). It is estimated that, during the next three years, an additional 71,000 Syrian refugees without a national ID or passport will turn 15 years of age.

The Protection sector initiated consultations with LCRP sector coordinators to provide support, to mainstream protection within their planning and response strategy. This initiative aims to enhance the cross-sectoral protection response in Lebanon and contribute to the LCRP's strategic objective to ensure protection of vulnerable populations. The Protection and Social Stability sectors launched first discussion and agreed on joint priority actions: joint analysis, joint mainstreaming initiative, advocacy, mapping of community groups and access to justice related programs.

Eight partners in the field have organized discussions with various communities to understand the specific risks that online communication and social media pose to the safety of women and girls. These discussions were conducted with girls (25 discussions), women (24), men (15), and boys (6). They highlighted that most refugees access social media platforms through their phone, mostly for communication purposes but also to obtain information, play games and meet new people. Most men adult participants were not fully aware of the scope of the risks associated with the use of social media. However, most women and girls were deeply concerned about the strong social repercussions of any potential incidents and the survivor-blaming attitude of the community. Community members shared their views on mitigation measures to be taken and prevention messages that could be circulated to increase online safety. Results of these community discussions were discussed in the SGBV Task Force and are helpful for the development of an awareness campaign about online safety using video material.

The results of the training on needs assessment conducted by the SGBV Task Force in the first quarter of 2018 have been analysed. Based on this analysis and on further feedback shared by partners, the following topics were prioritized for upcoming capacity-building initiatives for the SGBV sector: community engagement; outreach with men, women and girls; case management; and psychosocial support for adolescent girls. Partners are working on the development of the relevant capacity-building plans. This will help address the highest capacity-building priority needs for the GBV actors, which will ultimately contribute to a better quality of service provision to women and girls.

In order to support frontliners across the SGBV sector, partners exchanged – through the SGBV Task Force – good practices and identification criteria currently used in their programming to identify women and girls who often remain invisible. Criteria included, for example, female heads



of household, women living in isolated areas and women with disabilities. This will lead to a more targeted programming that accesses the most vulnerable women and girls.

To date, 76,756 children have been engaged in community-based child protection activities. Case management, including specialized services, remains a critical response service to reduce children's exposure to harm, with a total of 4,523 cases reached to date. In addition, children at medium to high risk of CP-GBV violations are also provided with tailored and non-specialized psychosocial activities which focus on the emotional well-being of children through peer support. To date, 5,634 children have been engaged in such activities aimed at improving their well-being. To complement the interventions with children, caregivers are also engaged in a support programme to help them create a strong protective environment for children. To date, 34,366 caregivers have been supported through programmes promoting positive and non-violent parenting skills which ensure a holistic intervention and a safe environment for the child. In addition, child protection (CP) partners are also working on CP community initiatives leading to social and behavioural change, by engaging community members and key stakeholders in identifying and addressing key issues in their communities such as child labour, child marriage and violence against children.



### Challenges

Despite the positive efforts made by the Government of Lebanon to simplify administrative procedures related to civil documentation and facilitate birth registration, the implementation at field level remains challenging and uneven throughout the country. The same applies to differing practices relating to the implementation of the fee waiver for legal residency. Continued advocacy efforts, at both national and field level, are being made by all partners to ensure that Syrian refugees are able to renew their legal residency and to register the births of their children (continuing awareness to the fact that displaced Syrian children born after 8 February 2018 are subjected to the one-year deadline for the registration of their birth).

Data collected through the Gender-Based Violence Information Management System (GBVIMS), assessments and focus group discussions highlights that the most commonly reported types of violence involve physical violence (40%), mainly linked to domestic violence, sexual violence (17%, of which 5% concerned rape), and child marriage (8%). Despite on-going efforts of all partners, ensuring continued availability of quality and survivor-centered services accessible for all in a timely and safe manner remains challenging.

Not all GBV actors are reporting on a monthly basis using the SGBV M&E Toolkit. There continues to be a need to reinforce the usage of the Toolkit, and the importance of regular reporting on the SGBV M&E Toolkit as well as ActivityInfo. These messages will be disseminated and reinforced during the next SGBV Task Force meeting. Strengthened reporting on the SGBV M&E Toolkit indicators will allow for better documentation and analysis on the services being provided and existing gaps, to continually reflect on resource allocation to better meet needs.

The provision of specialized services, in particular mental health services, remains challenging in terms of their availability and accessibility for children in need, and especially for children with specific needs. Allocating dedicated funding for specialized services, along with reviewing priorities and referral processes, are among the solutions to be considered by the Case Management Task Force.

Addressing child protection issues, such as child labour, child marriage and violence against children, remains an ongoing challenge for CP partners. Concerning child labour, an integrated response that engages other protection partners such as legal actors but also other sectors, such as the Health and Livelihoods sectors, is key to finding a solution that ensures families who are facing multifaceted deprivations are assisted through tailored and comprehensive programming.



## Key Priorities And Gaps Foreseen For The Next 4 Months

The Protection sector will continue its efforts to mainstream protection issues throughout all sectors, through capacity-building initiatives and development of a Training of Trainer (ToT) curriculum for Protection sector members. These efforts aim, among others, to strengthen the voice of vulnerable refugees and Lebanese within the LCRP revision process by better acknowledging their concerns and needs. To achieve this, the sector has engaged mainstreaming expertise to support other sectors as well.

The SGBV Task Force will focus on the implementation of training on IASC GBV Guidelines in key sectors, including Protection, Health and Shelter. The Task force will also focus on (a) enhancing outreach; (b) rolling-out capacity-building activities for the GBV sector on psychosocial activities, and (c) refining targeting of areas for programme implementation and project adjustment.

Child protection partners will prioritize support to the Ministry of Social Affairs (MoSA) to strengthen the child protection system and build long-term institutional and organizational capacity in Lebanon. Ensuring the most vulnerable children have access to child protection services will also be a focus in the upcoming period. This is particularly pertinent given the high number of children with specific needs and children that have no access to alternative care and appropriate shelter. More tangible cross-sectoral collaboration will be prioritized to ensure an integrated and holistic approach in programming, especially when targeting the most vulnerable children and families.



Firaz is the father of three young children, and he has worked in construction all his life. "I don't want [my children] to end up with limited options like me. With an education, I hope they can work in medicine or engineering back home, rather than jobs that just put food on the table," he said.

The birth of his daughter Yara, now four years old, was never registered with the authorities in Lebanon, where they have lived since 2012 after fleeing Idlib in Syria. The lack of birth registration would reduced the ability of Yara to attend school and undermines her father's hopes for his daughter.

The lack of formal documentation can pose significant problems for



refugees, hindering a child's enrolment in school, registration of their birth, preventing access to immunizations and other forms of health care, and even preventing them from moving freely within the country.

In Lebanon, a newborn child must be registered with the Nofous within one year of birth. Failure to meet this deadline means engaging in a costly and complex court process to register the birth which most vulnerable refugee families could not complete.

However, following an important policy change in March 2018, the Government waived the one-year timeframe for Syrian children born in Lebanon between 1 January 2011 and 8 February 2018, allowing their parents to register their births – even after one year – without having to go to court.

UNHCR, together with its legal partners, is providing legal advice to families like Firaz' to help them navigate the new procedures. He was given an appointment to register Yara's birth, and her birth certificate was submitted together with all the other required documentation.

Clutching Yara's new birth registration certificate, as well as the papers for his newborn son Mohammad, Firaz is visibly relieved that his dream of a better life for his children is now back on track.

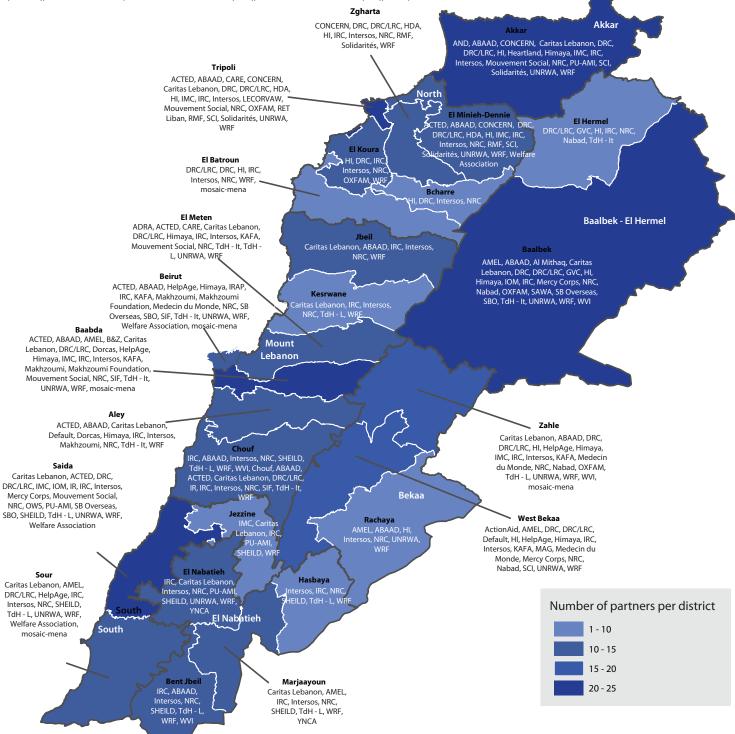
"It was mainly my fault and I did not know, but now all their documents are legal," Firaz said. "I want my children to receive their education and I don't want their births to be unregistered. I want them to always be legal."



## Organizations per district

### The achievements described in this dashboard are the collective work of the following 59 partners:

ABAAD, Agency for Technical Cooperation and Development (ACTED), Adventist Development and Relief Agency (ADRA), AMEL, Akkar Network for Development (AND), ActionAid, Al Mithaq, ARCPA, B&Z, CARE, CONCERN, Caritas Lebanon, Danish Red Cross (DRC), Lebanese Red Cross (LRC), Dorcas, Gruppo Di Volontariato Civile (GVC), HDA, Handicap International (HI), Heartland, HelpAge, Himaya, International Medical Corps (IMC), International Organization for Migration (IOM), Islamic Relief (IR), International Refugee Assistance Project (IRAP), International Rescue Committee (IRC), Intersos, KAFA, Lebanese Council to Resist Violence against Women (LECORVAW), Mines Advisory Group (MAG), Makhzoumi Foundation, Medecin du Monde, Medical Aid for Palestinans (MAP), Mercy Corps, Mosaic-MENA, Mouvement Social, Norwegian Refugee Council (NRC), Nabad, Orphan Welfare Society (OWS), OXFAM, Premiere Urgence - Aide Medicale Internationale (PU-AMI), SAWA, SB Overseas (SBO), Save the Children International (SCI), SHEILD, Secours Islamique France (SIF), Solidarités, Terre Des Hommes Italy (TdH - It), Terre Des Hommes Lebanon (TdH - L), United Nations High Commissioner for Refugees (UNHCR), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Welfare Association, World Rehabilitation Fund (WRF), World Vision International (WVI), YNCA, UNICEF.



Note: This map has been produced by UNHCR based on maps and material provided by the Government of Lebanon for UNHCR operational purposes. 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.