



HIGHLIGHTS

- Sexual and Gender Based violence (SGBV) in Lebanon affects disproportionately women and children. Since 2014, in almost nine out of ten reported cases survivors have been women and girls. One in four reported cases of SGBV is from a child survivor. Over the past year, the most commonly reported types of violence are domestic violence, sexual violence, as well as forced marriage.
- Some new areas of work of the sector – such as mobile service provision and engagement of men and boys as allies in preventing and responding the SGBV – have started, though limited funding available has restricted geographical coverage initially planned
- 36 Social Development Centers out of the 76 planned are currently providing SGBV prevention and response services (47% of target reached so far).
- A Real Time Evaluation was conducted in June to assess the humanitarian system’s response to GBV in relation to the Syrian crisis as per the 2005 IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings.
- Programming for adolescent has received good feedback in terms of protective impact from the participants: “We didn’t expect this activity to be as interesting as it is. It includes important information, it is fun, we made new friends and are surrounded by love and care from our girl group and the staff. It has raised our confidence”



FUNDING (in Million \$)



PARTNERS

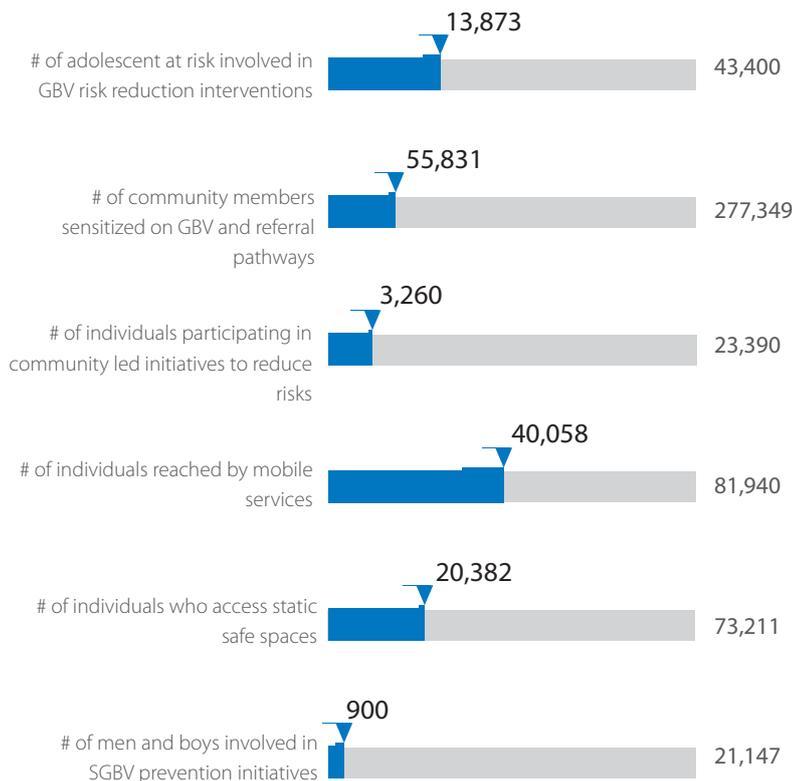
20 partners in Lebanon

Count of partners per area of operation



PROGRESS AGAINST 2015 TARGETS

January - June progress

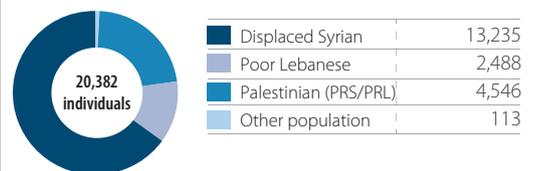


PROGRESS BY DISAGGREGATION

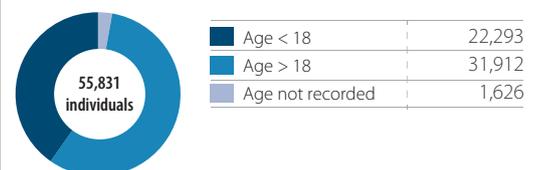
INDICATOR 1: # of adolescent at risk involved in GBV risk reduction interventions (By Gender)



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)



Reporting Agencies



Situation analysis and change in context

The risks of being exposed to violence are increasing with protracted displacement. Consultations with refugees indicate that the level of stress within households is increasing due to protracted displacement, exacerbated by reduced assistance, and greater financial pressure and, which in turn leads to increased risks of domestic violence. Overcrowding and lack of privacy in shared accommodation (collective shelters and tented settlements) also places refugees at increased risk of SGBV.

Review of SGBV incidents remains challenging due to fear of disclosure. Social stigma is high and survivors fear that reporting will lead to retaliation and further violence either from the perpetrator or from the survivor's own family. Under-reporting is also a result of limited access to services; survivors will not take the risks of reporting if they cannot count on getting the necessary support after.

In the first quarter of 2015, physical assault remained the most reported incident of SGBV (42%). In addition, 23% of reported cases are incidents of sexual violence, of which 8% are rape. Domestic violence, including violence perpetrated by either intimate partner and/or other family member, is linked to 73% of all reported incidents, among which 66% of the reported cases occurred inside the survivor's household.

Focus group discussions with adolescent girls confirm that forced marriage of young girls is increasingly used by families to alleviate financial burdens or to, in the views of families, protect their girls. During the first quarter of 2015, 97% of reported cases of forced marriages were girls under the age of 18.

Refugees report increased concerns about sexual exploitation linked to the residency renewal requirements that were recently passed. There is a fear within the refugee community that the pledge not to work, requirements of proof of housing agreements and the need of sponsorships all increase the risks of sexual exploitation and abuse. However, only limited anecdotal information is available on the occurrence of such incidents.

Progress to date

In Lebanon, women and children refugees are disproportionately affected by violence and abuse. Since 2014, in almost nine out of ten reported cases survivors have been women and girls. One in four reported cases of SGBV is from a child survivor. One in four reported cases is related to incidents of sexual violence with the highest number being incidents of rape.

54 facilities across Lebanon provide legal services, psycho-social and mental support to survivors and persons at risk. Approximately, 100 individuals (70% Syrian) access these services daily. Out of these, 33% of them are below 18. Mobile outreach has extended these services to persons in need living in more remote areas, mostly in the North and in Bekaa. As of May, progress level for access to static safe spaces is approximately 35% while progress level for static safe spaces is approximately 25%. The implementation level is linked to several factors, including the signature of partnership agreements at the beginning of the year, funding gaps as well as start up time required for some new programmes. Monthly trends show an increase in participation to these activities as of March 2015.

In Mount Lebanon, Akkar, and Bekaa, Syrian and Lebanese men and boys have received counseling and training on alternative ways to deal with the growing frustrations they face, and learn non-confrontational communication techniques. Through these sessions men and boys are able to identify areas with high protection risks and create community based solutions. In Akkar, for instance, men who had participated in the learning programme have decided to rent a bus to ensure safe transportation of girls and boys to school. From January to June 726 men have participated to these activities. Given the expertise required to conduct such specialized curricula and limited funding available, three pilot initiatives have been implemented since the beginning of the year.

Given that adolescent refugee girls are most exposed to risks of SGBV, 11,330 adolescents participated in structured discussions on the various types of violence they may be at risk of, as well as how to protect themselves against these risks. These sessions helped them build their self-esteem, gain confidence and feel less isolated. In May, progress level is approximately 26%. An increase in participation to activities has been reported as of March. Since then participation seems to have stabilized around 2500 persons per month.

Awareness-raising and advocacy campaigns help to mobilize communities and to communicate widely on the harmful nature of gender-based violence. These activities target mostly women, allowing them to get information on the location of centers, hotlines and mobile services, should they be exposed to violence.

Within the framework of the MOSA's National Plan to Safeguard Children and Women in Lebanon, 57 Social Development Centers will provide a comprehensive and integrated package of Child Protection, SGBV, and health services through psychosocial support and life-skills education, socio-economic and recreational activities, information on how to access basic and specialized health, and education and protection services. Currently, 22 SDCs are providing SGBV prevention and response services, such as psychosocial activities, peer support groups and specialised services for women and children survivors..