



KEY FACT OF THE MONTH

1,758 Syrian refugees submitted

for resettlement/humanitarian admissions since January 2014

HIGHLIGHTS:

Some 46,290 Syrian refugees were registered in May and almost 64,250 requested new appointments, with an average waiting period of 29 days. By end May 1,030,413 Syrian refugees were registered (53% children), representing 73% of the RRP6 population target. During May, mobile missions were organized in the Chebaa area (South) and in Arsaal (Bekaa), to facilitate appointments and other registration procedures for refugees with restricted mobility. Selected sector partners continued to facilitate transport to registration centres for the neediest refugees in Mount Lebanon and the South. Inter-agency procedures were finalised to coordinate referrals of non-registered refugees from partners to UNHCR at field level. By end May, 52,335 PRS were recorded with UNRWA, amidst severe governmental restrictions to their entry in Lebanon. Due to funding gaps the registration and profiling of Lebanese returnees from Syria could not yet resume in 2014.

In May, individual legal counselling was provided to more than 2,100 individuals (35% F), largely Syrian refugees (80%) and PRS (19.3%), including in official detention facilities. From January, almost 11,600 individuals received legal assistance. In May, more than 10,400 individuals (60% F) participated in legal awareness sessions and almost 47,500 refugees (92% Syrian) were supported since the beginning of 2014. At field level and in Beirut, the main legal partners continued to hold regular technical sessions to discuss on procedures, cases and jurisprudence, share best practices and coordinate field coverage of legal awareness activities. Procedures and challenges related to civil documentation and legal residency permits for refugees continued to be the most debated topics.

Community-based interventions, including awareness and information, recreational and life-skills sessions, community management and leadership training, reached almost 15,000 individuals (60% F) in May and almost 65,000 from the start of 2014 (93% Syrian). These activities took place in Social Development Centres/Community Centres, but also through mobile field activities of frontline workers and refugee outreach volunteers. These community resources are being trained and sensitised to identify, manage or refer situations of persons at risk or in need of specialised assistance. Based on available records, since January 2014, some 16,800 persons with specific needs were identified, referred or received direct support by partners. Amongst those, more than 21% were persons with disabilities and almost 10% older persons. While Syrian refugees reportedly remain the main population benefitting from protection interventions, the services offered by protection actors, particularly legal assistance, community-based activities, and services in SDCs, remain available to all affected populations, including vulnerable Lebanese.

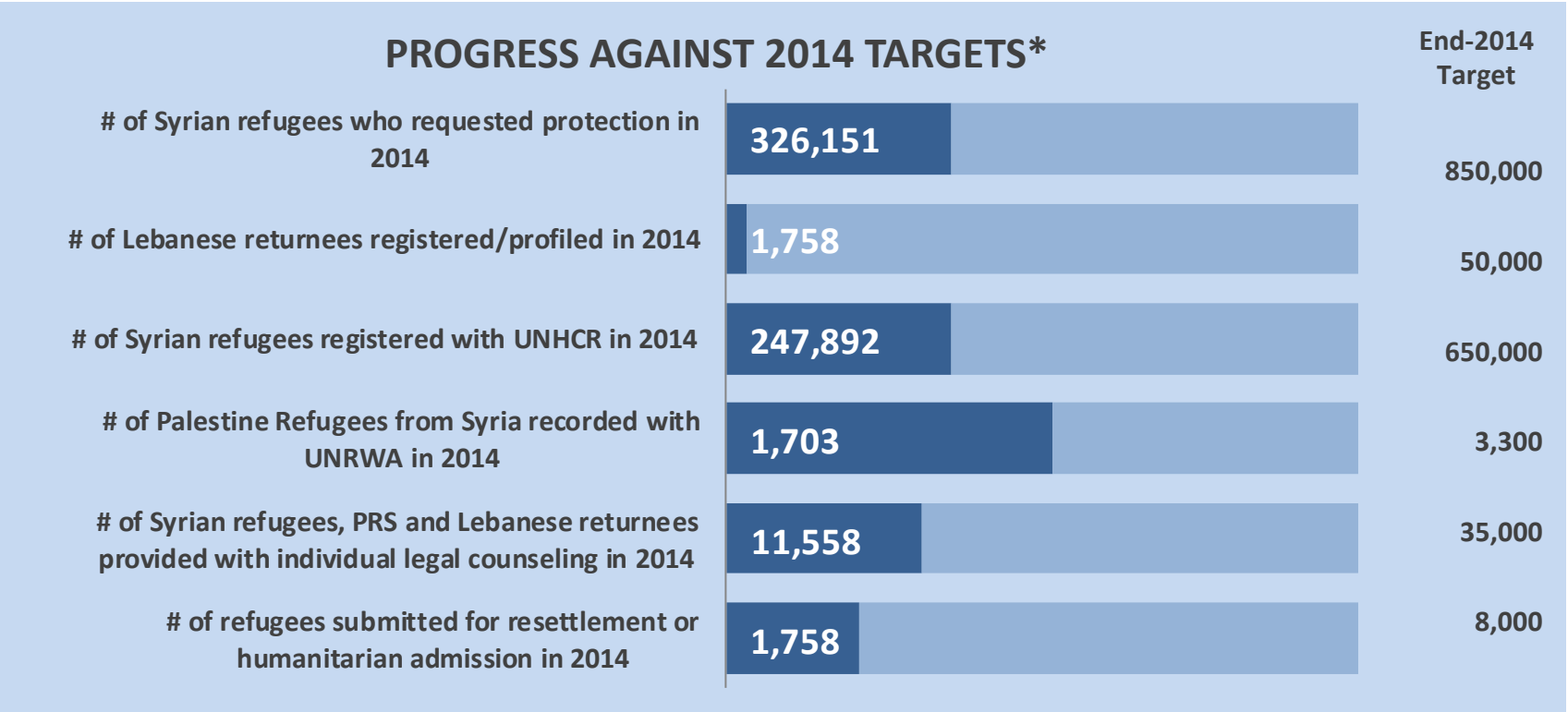
Leading Agencies: UNHCR - Elisabetta Brumat - brumat@unhcr.org
Reporting Agencies:



NEEDS ANALYSIS:

The sector needs to strengthen analysis and mechanisms on how to best support and include in community-based activities persons with disabilities and other persons with protection risks. Aside interventions from specialised agencies, appropriate for individual cases, there is a need to increase the capacity of protection actors to assess other factors that contribute to protection risks and vulnerabilities, determine the level of severity of the cases and work towards community integration. Good practices already exist, and the profile of the refugee outreach volunteers is being diversified (e.g. ROVs with disabilities) to favour understanding the needs of persons with disabilities and building their trust. However, the capacity of Community Centres/Social Development Centres to offer services and access for vulnerable groups still needs improvement. In addition, it is necessary to increase the skills of social workers in identifying cases at risk of community exclusion, neglect, abuse, and to strengthen systems to follow up on such individual cases with the most appropriate intervention and assistance.

Protection monitoring remains an important activity at sector level, to gather information, analyse trends, inform advocacy, but also to disseminate information to communities, raise awareness and to identify and refer persons in need of assistance. UNHCR coordinates a network of protection monitoring agencies and common tools are being developed to ensure standards and improve trend analysis. Since the start of the year, more than 20,000 individuals countrywide have been consulted through Focus Group Discussions or as key informants on the situation in their community. This has regularly allowed protection actors to identify issues such as evictions threats, challenges to freedom of movement, arrest and detention, community relations and coordinate interventions with the authorities, the communities or with other sectors.



Source: figures reported above reflect the information reported to Sector Coordinators by Partners participating in Working Groups
* Targets have been adjusted following RRP6 Mid Term Review.

**HIGHLIGHTS:**

The Ministry of Social Affairs (MOSA) endorsed the 'Practical Guidance' - standardized operational procedures for child protection case management actors working on the emergency response. This is the outcome of months of collaborative engagement and joint efforts by Government and the many child protection actors engaged in the case management technical working group. The document provides standardized definitions, roles and responsibilities, and details the steps to be followed in the case management process. The Practical Guidance is in line with national legal frameworks, current international standards on case management in emergency settings, and with the national standard operating procedures under development for non-emergency-related case management work in Lebanon. The endorsement of the guidance document is a great step towards building stronger systems and a protective environment for all children in Lebanon. Workshops with case management actors to support roll-out for the practical guidance will take place in June and July.

NEEDS ANALYSIS

Certain regions, such as Tripoli and surrounding areas in the North, continue to be underserved by case management actors. Nationally, case workers are carrying high caseloads, and some agencies have had to limit their in-take of new caseloads or adapt their delivery models. An on-going strike of the sole agency legally mandated to provide judicial protection has led to further collaboration between child protection actors and government to collectively work towards finding creative solutions to ensuring protection and support for children remain available. A Memorandum of Understanding is being drafted between MOSA, the Ministry of Justice, and the Ministry of Interior and Municipalities on emergency procedures for referral of children in high-risk situations requiring judicial intervention. MOSA will lead an assessment of shelters around the country to identify appropriate emergency care options. Alternative care continues to be a challenge while relevant branches of the government consider and review the legal implications of introducing such a system.

PROGRESS AGAINST 2014 TARGETS*End-2014
Target

# of boys and girls benefitting from psychosocial support	210,701	300,000
# of caregivers benefitting from psychosocial support	70,228	100,000
# of boys and girls individually assisted with specialised services	3,234	2,500

Source: Figures reported above reflect the information reported to Sector Coordinators by Partners participating in Working Groups

**HIGHLIGHTS:**

Clinical Management of Rape: assessment plan for 25 facilities across the country has been completed. Facility based training will be conducted in June. In Tripoli, members of the SGBV working group conducted a workshop to present awareness raising materials on early marriage. Some of those are being pre-tested with refugee communities of different gender and age groups.

Five field workshops were held with SGBV case management agencies and specialized service providers to discuss current practices and challenges to accessing services for survivors of SGBV.

In May, 2,663 women and girls benefited from distribution of dignity kits. Dignity kits are different from general hygiene kits or family kits as they target specifically the needs of women and girls of reproductive age. Distribution of dignity kits are always accompanied by awareness sessions and focus group discussions, and play a crucial role in disseminating information about services available, as well as understanding protection concerns women and girls face.

More than 7,000 community members benefited from sensitization and information dissemination activities on GBV and services available.

NEEDS ANALYSIS:

While women and girls have access to permanent or mobile facilities offering vocational training and livelihood opportunities, counseling, psychosocial support, and legal assistance, reports indicate that Syrian refugees are still the large majority of persons benefitting from these services. Partners are increasing their outreach capacities to Lebanese host communities and Palestine refugees from Syria through sensitization activities. Continued analysis will help to understand if increased outreach activities will positively affect access to services and preventive activities available.

A survey will be launched in early June among case management agencies to collect information about practices across organizations and build a shared understanding of definitions, standards, coaching and supporting systems.

PROGRESS AGAINST 2014 TARGETS*End-2014
Target

# of vulnerable women and girls who received dignity kits	16,945	60,000
# of service providers and frontline workers trained on SGBV prevention and response	1,378	4,000
# of refugees and host community members sensitized on SGBV services and referral pathways	64,366	135,500
# of persons who accessed SGBV prevention and/or support activities within safe space	15,717	95,000

Source: Figures reported above reflect the information reported to Sector Coordinators by Partners participating in Working Groups

