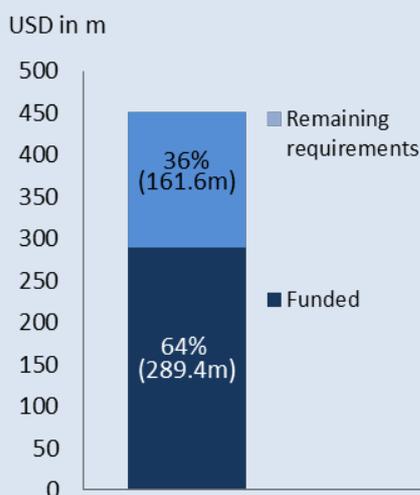


Key Figures

1,158,995	individuals registered or pending registration
80%	of refugees are women and children
39%	of women and girl refugees have specific needs
34%	of refugee households are female headed

Funding

UNHCR total requirements:
 USD 451 m



December developments

- In north Lebanon, a life-skills curriculum under the name of “My Safety, My Wellbeing” was developed and commenced in the Women and Girls Counseling Center (WGCC) in Batroun. The curriculum aims at equipping girls between 11 and 18 years with the knowledge and skills to identify and protect themselves from risks of SGBV. Sessions addressing the negative consequences of early marriage and on reproductive health were held with 358 caregivers (family members, close friends, neighbours etc.). Beneficiaries reported that the activities helped them to re-build their self-confidence, strengthen their relationships with their families, but also respond to and prevent risks of gender based violence. Over the course of December, 189 girls at acute risk of early marriage accessed case management services including psychosocial counseling at the WGCC.
- Despite increased efforts to reduce the risk of SGBV throughout the country, protracted displacement and increasing vulnerabilities exacerbate the risk of SGBV incidences, which was confirmed during focus group discussions conducted in Tripoli this month. Issues raised included relations with parents, peer to peer violence and personal security. Over 620 survivors and individuals at risk of SGBV were assisted to access specialized services, including psychosocial and medical care, as well as legal and life skills programmes carried out by UNHCR’s partners in December alone.
- UNHCR in collaboration with IRC conducted mapping exercises in Tripoli, safety audits and focus group discussions with over 300 refugee women from different communities to identify gaps in available services, protection risks such as insecure sanitation facilities, and capacities among the community members to address these issues. Together with social workers, the women identified risks of SGBV in their communities including the lack street lighting in public places and toilets and started devising response strategies to complement ongoing interventions including information sessions on reproductive health and women’s rights. During the discussions, beneficiaries also learned about practical response mechanisms such as reporting SGBV incidents at health facilities and to legal partners as well as about specialized service providers in their areas.

In 2014, UNHCR together with its implementing partners scaled up SGBV prevention and response programmes with a focus of strengthening the capacities on local actors and institutions. As the risk of SGBV incidents increases with the length of displacement and a deterioration of socio-economic vulnerability, further efforts will be made in 2015 to strengthen prevention, increase coverage and improve the quality of the response.

Achievements: January – December

Activity	reached Jan-Dec	2014 Target
Provision of assistance for identified survivors	100%	100%
Persons at risk identified and supported	7,597	-
Safe spaces established for women/girls	13	13
Mid-way houses maintained	2	2
Individuals trained and sensitized on SGBV prevention & response	19,758	15,000
Men and boys mobilized on SGBV	130	330

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 those 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 including medical services, which are often inadequate or lacking. Psychosocial and legal support services need systematic and institutional support to strengthen their 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 the Women's Resource Centres, which provide life skills activities and help women establish support networks. Community mediation initiatives, including the engagement of men and boys remain critical to address the root causes of violence.

Challenges

Dispersed refugee population: Due to the dispersal of refugees in over 1,750 locations, community outreach efforts require significant allocation of resources and time. Yet, community outreach 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, coupled with lack of documentation among refugees and growing tensions with host communities. Additionally, a weak legal framework, limited resources and risk to personal security prevent survivors to come forward and seek assistance.

Lack of accommodation: With the numbers of refugees increasing, overcrowding and lack of privacy in shared accommodation, such as collective shelters and tented settlements, places refugees at heightened risk for SGBV.

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

Strategy

SGBV prevention and response activities are being pursued in close cooperation with UN agencies and NGO partners. UNHCR also works closely with the Government in the areas of social services, security, and the judiciary. UNHCR works to improve access to quality of services related to SGBV prevention and response, including:

- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres and listening and counseling centres;
- Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk;
- Strengthening existing specialized services for SGBV survivors, such as psychosocial, medical and legal services.
- Promoting engagement of men and boys in SGBV prevention and response;
- Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular: shelter, WASH and child protection.



UNHCR implementing partners

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