



Impact of **COVID-19** on the SGBV Situation in Lebanon

Inter-Agency SGBV Task Force Lebanon - May 2020

CONTEXT

The COVID-19 outbreak increased the risk of sexual and gender-based violence (SGBV) around the world.¹ This trend was more evident in countries where strict lockdowns have been put in place to prevent the spread of the virus such as Lebanon. In the first quarter GBVIMS report,² Lebanon indicated a 4% increase of intimate partner violence compared to the same time period in 2019 and an 8% decrease in reporting in March 2020 compared to January 2020.³ This discrepancy between the increase of a certain type of SGBV and the decrease of an overall reporting sheds light on the very challenges that survivors are facing in the COVID-19 situation. During lockdown, tensions can easily mount within the household as families are confined to their homes and the dire economic situation of many families causes more stress and anxiety, leading to the increase of the risk of violence. At the same time, women and girls in Lebanon experience difficulties in reporting SGBV incidents or accessing SGBV services due to movement restrictions, limited access to communication devices, lack of privacy, or the presence of perpetrators within the same household.

SGBV actors in Lebanon, throughout the COVID-19 pandemic, have remained vigilant to monitor and to respond to such increasing risks of SGBV. In order to ensure that SGBV services remain available for women and girls during lockdown, the SGBV Taskforce quickly adapted its working modalities to remote services, while making sure that urgent cases are followed up in person. This Inter-Agency SGBV Taskforce impact assessment was introduced to further these existing lifesaving efforts and to identify gaps and challenges that could be addressed by sectors.

Three main areas below were addressed during the assessment to document the magnitude of the impact of COVID-19 on women and girls:

1. Women and girls' perceptions of the pandemic and the risks of SGBV during lockdown;
2. The extent of the challenges faced by women and girls in accessing SGBV services; and
3. The accessibility of key non-SGBV services during lockdown such as food, health care, hygiene items, livelihoods, and mental health and psychosocial support (MHPSS) services, and the challenges faced by women and girls.

The analysis of this assessment was triangulated with other secondary data sources, such as GBVIMS trend reports, needs assessments, and outcomes of protection monitoring to have a holistic understanding of the situation.

1. Secretary-General's video message on gender-based violence and COVID 19. Available at: <https://www.un.org/sg/en/content/sg/statement/2020-04-05/secretary-generals-video-message-gender-based-violence-and-covid-19-scroll-down-for-french>

2. GBVIMS Quarterly Report (April 2020), Lebanon

3. Ibid



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METHODOLOGY

A mixed-method approach was adopted, combining both quantitative and qualitative techniques, using stratified sampling techniques to ensure the situation of the women and girls across different locations was represented. The assessment was conducted through individual interviews by phone. The sample size was decided based on a 10% of margin of error. Ethical considerations were fully integrated into the data collection and management process, respecting the key principles of do-no-harm, safety and security, confidentiality, anonymity, non-discrimination, and voluntariness based on free and informed consent.

DATA COLLECTION

Data collection was conducted between 10 and 24 April 2020 using specialized teams of case workers and psychosocial support staff working with INTERSOS, IRC, ABAAD, CARE, and DRC in Lebanon, who have extensive experience in working and supporting SGBV survivors. All staff involved were culturally sensitive and followed consolidated guidelines for remote SGBV assessment. Moreover, all staff involved in data collection were committed to each organization's code of ethics and code of conduct. This ensured that the do-no-harm principle was applied throughout the data collection process.

A total of 562 individuals (91% women and 9% girls), who had previously accessed SGBV services in Lebanon at least once, were interviewed across the country.⁴ Interview questions were used to assess three different areas of interest related to the COVID-19 situation as below:

- Awareness of COVID-19, key information channels, and usefulness of the shared COVID-19 information;
- Impact of COVID-19 on SGBV patterns and risks; and
- Access to SGBV and non-SGBV services and related challenges.

Data collectors were made aware of the objectives of the assessment and trained on how to conduct an interview by phone, taking into account protection and SGBV sensitivities prior to the interviews.

ETHICAL FRAMEWORK

Voluntariness, Confidentiality, Anonymity

Interviewees were invited by their focal points from each organization in order to avoid any perceived coercion. Interviewees were informed of the interview topic beforehand and were given the choice to decide whether or not to participate. Data was collected respecting international standards of confidentiality and anonymity, where only relevant information and no names were registered. Disclosure of any personal SGBV incident was discouraged during the remote phone interviews and allowed only separately to the case management staff.

Informed Consent

Consent was provided verbally from women and girls to participate and to have their comments. All interviews were conducted on a date and time agreed between the interviewer and the interviewee beforehand.

Validation of Instruments & Piloting Test

Piloting sessions of the phone interview were held before the start of the actual process, in order to reflect in the questionnaire the feedbacks received from both participants and the data collection teams. In order to ensure an effective and homogeneous understanding of the results, meetings were also held by each data gathering organization with their field teams to review and discuss feedbacks from the field throughout the process.

⁴. Syrians (75%), Lebanese (23%), and other nationalities (2%).



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LIMITATIONS IN DATA COLLECTION

- Adolescent girls had limited access to phones and other communication means. When they did have access, it was often not in a private space which made it a challenge to ensure confidentiality and their safety during the interview. This resulted in a lower number of adolescent girls being reached compared to the overall number of adult women reached.
- Data collectors interviewed women and girls who had accessed SGBV safe spaces at least once and had their own phone numbers. Hence, the findings are not reflective of women and girls who have never accessed safe spaces before. Therefore, this report also included data that has been triangulated from secondary sources and other relevant assessments recently carried out in Lebanon in order to complement this limitation and to have a holistic understanding of the situation.



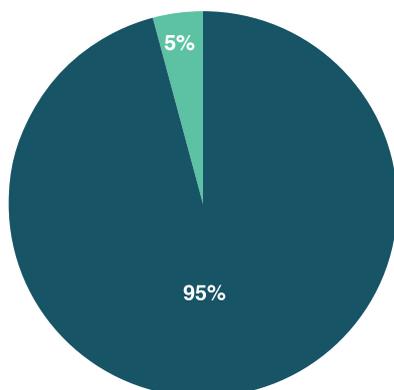
KEY FINDINGS

Access to COVID-19 Information

A total of 95% interviewees stated that they have accessed information on how to protect themselves from COVID-19, the vast majority of whom (97%) perceived the information as helpful and informative. The main channels used to access the information on COVID-19 were television (63%), social media (53%), and through outreach by frontliners (44%). Similar findings were also mentioned in other assessments, noting television and social media as key information sources.⁵ A total of 85% responded that they knew where and how to access health services, if they would need them.

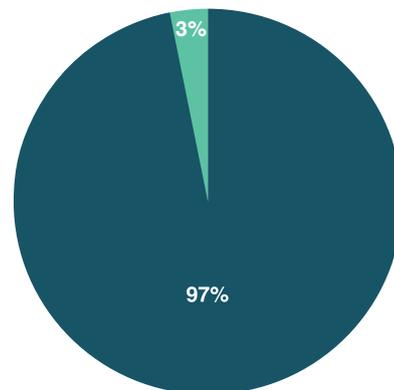
Overall, these findings demonstrate that the large majority of interviewees have accessed COVID-19 information. This reflects positively on the efforts made by the government, humanitarian actors (SGBV and non-SGBV), civil society/community organizations, and media outlets to spread information on COVID-19. However, it is worth noting that **31% of those who received COVID-19 information used only one information channel**, thus raising the need to continuously adopt multiple information channels in sharing information.

1. AWARENESS OF COVID-19



YES NO

2. HELPFULNESS OF THE INFORMATION



YES NO

⁵ Crabtree, K., Geara, P. Safety planning for technology: displaced women and girls' interactions with information and communication technology in Lebanon and harm reduction considerations for humanitarian settings. *Journal of International Humanitarian Action* 3:3 (2018), <https://doi.org/10.1186/s41018-018-0031-x>; UNHCR Weekly Protection Monitoring Report (20-29 March 2020), April 2020; Plan International, COVID-19 Multi-Sectoral Needs Assessment, April 2020, <https://plan-international.org/publications/covid-19-multi-sectoral-needs-assessment>.

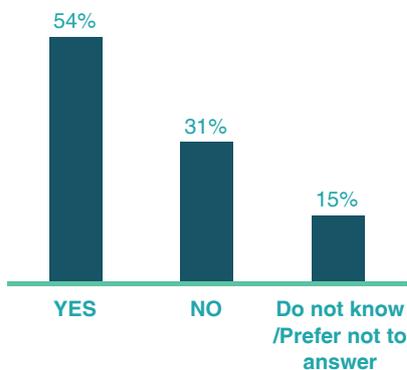


Risk of SGBV within the Household or Community

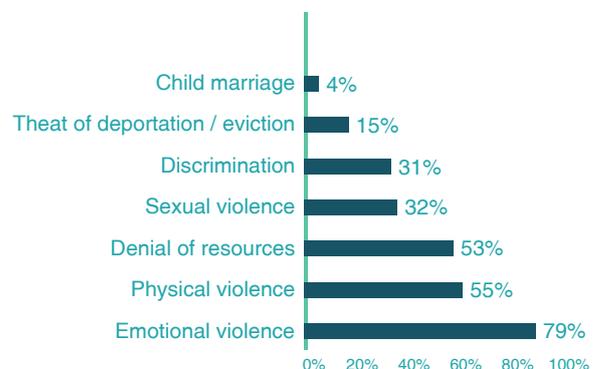
Women and girls were asked if they have observed any increase of SGBV incidents in their household or community. Findings indicate that **54% had indeed observed an increase of harassment, violence or abuse against other women and girls in the household or the community.**

The most prevalent types of violence observed by interviewees were emotional abuse (79%), physical violence (55%), and denial of resources (53%), followed by sexual violence (32%), discrimination (31%), threat of deportation or eviction (15%),⁶ and child marriage (4%). In terms of locations of violence, interviewees responded that the increase in violence occurred mostly in homes (85%), public places such as streets and neighbourhoods (39%) and markets (21%), followed by public transportation (8%), ATMs (6%), hospitals (4%), and social media/on the phones (1%).

3. INCREASE OF SGBV IN THE HOUSEHOLD / COMMUNITY



4. TYPES OF VIOLENCE OBSERVED THE MOST SINCE THE COVID-19 OUTBRAK



⁶Threat of deportation or eviction was responded more by Syrian interviewees (13%) than by Lebanese (2%).



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Sense of Safety and Access to SGBV Services

Women and girls' sense of safety was also highly affected by COVID-19. A total of 51% of the interviewees stated that they had been feeling less safe since the outbreak of COVID-19 in their communities and homes. This reduced sense of safety can be partly explained given that 54% of interviewees observed an increase of violence in their communities and homes (Graph 3 – Increase of SGBV in the household/ community). Women and girls also indicated increasing fear for their future and survival due to the deteriorating economic environment. With less access to livelihoods and financial resources, tension in the family can increase, resulting in more violence in the household. Women and girls also mentioned that they felt more burdened since the start of COVID-19 due to care and household responsibilities.

With regard to their knowledge of SGBV services, 75% of interviewees knew where and how to seek assistance in case they felt unsafe or were subject to violence during lockdown. In terms of access to SGBV services, 50% mentioned that they have accessed SGBV services since the COVID-19 outbreak. Of those who did not access SGBV services during this period, 10% indicated that they could not access services while 38% did not need SGBV services and the remaining did not specify the reasons. The GBVIMS quarterly report for Lebanon indicated an 8% decrease in reporting in March 2020 compared to January 2020.⁷

Regarding the service modalities, 94% of interviewees reported that they received services remotely by phone, while 12% received it in person.⁸ Notably, 63% of those who received services remotely mentioned 'having no challenge', and 86% said that remote services were 'as helpful as' or 'more helpful than' in person services.⁹ Nevertheless, **one in three respondents (33%) reported difficulties in receiving services remotely, due to their limited access to communication means (16%), feeling unsafe talking on the phone (15%), and denial of access to communication means by their partners or family members (2%).**

7. GBVIMS Quarterly report (April 2020), Lebanon.

8. The total percentage is more than 100%, because some beneficiaries received services both in person and by phone.

9. This outcome may have been affected by the fact that the interviewees were GBV frontline workers, some of whom may be already known to the interviewees.



Trends in Secondary Sources

The increased risk of SGBV has been also noted in the GBVIMS data collected for Lebanon. GBVIMS data indicated that the most disproportionate impact of COVID-19 was on women and girls as the rate of female survivors reached the highest (99%) in March 2020. There was also a 5% increase of physical assault in March 2020 compared to January 2020, and a 3% increase of violence perpetrated by intimate partners or other family members in the first quarter of 2020 compared to the first quarter of 2019. These figures imply the increasing risks of domestic violence for women and girls.

The issue of reduced access to SGBV services has been also highlighted through other secondary sources. According to monthly reporting by SGBV partners to the Inter-Agency ActivityInfo System,¹⁰ the number of beneficiaries accessing SGBV services have been highly affected since the last quarter of 2019 due to movement restrictions and changes in priorities by women and girls in dire economic situations (Graph 5 – Access to safe spaces). COVID-19 further reduced beneficiaries' access to SGBV services, with March having the most immediate impact of the lockdown. However, SGBV service providers in Lebanon, including both international and national NGOs, have increasingly focused on analysing barriers and challenges faced by women and girls in accessing life-saving services in order address SGBV incidents, and in April, the access to services started to increase, reflecting these efforts.

Similar trends were also observed in other countries where similar lockdown measures were put in place with limited access to communication means. According to GBVIMS data analysis from Jordan, case management agencies reported a 68% decrease of cases in the last two weeks in March compared to the same period in February 2020. In Italy, women's organizations reported a 55% decline in calls to the hotlines during the first two weeks of the COVID-19 lockdown.¹¹ IRC also reported that there was a 50% decrease in the number of women and girls reporting for SGBV services in Bangladesh and a 30% decrease in Tanzania, and new SGBV cases in Iraq only started to be documented during the last week of April.¹²

¹⁰ ActivityInfo is a tool for collecting, managing, mapping and analysing indicators, available at <https://v4.activityinfo.org>.

¹¹ GBVIMS Jordan, Preliminary Analysis of Gender Based Violence Trends during COVID-19, April 2020

¹² IRC, press release available at https://www.rescue.org/press-release/new-data-shows-decrease-women-being-able-report-incidents-domestic-violence-fragile?fbclid=IwAR0kF-7hterYV7rykvxQ92tk2gCgHOIfDnz0Jx0jROKyFSk-Fc_cLZomwEe0

5. ACCESS SAFE SPACE





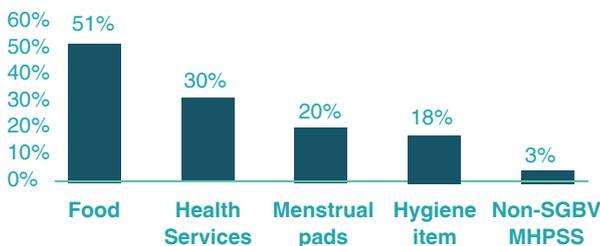
Other Support Mechanisms

A total of 57% of interviewees said that they received emotional or protection support from their families or community members, of whom 97% said that this support had been helpful. Of those who did not receive any support from family or community, 76% said that they would seek service providers' support in case of urgent needs.

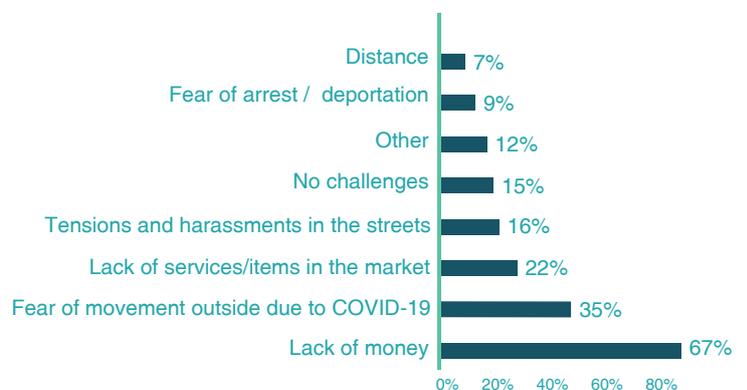
Access to Non-SGBV Services

The findings indicated that interviewed women and girls also faced challenges in accessing key non-SGBV services since the COVID-19 outbreak. Only 51% said that they were able to access food items and 30% to health services, 20% to menstrual pads, 18% to hygiene items, and 3% to MHPSS services. The main challenges to access these services were lack of money (67%), fear of movement due to COVID-19 (35%), lack of services/items in the market (22%), tension and harassment in the streets (16%), fear of arrest or deportation (9%), and distance due to transportation costs and difficulties in moving outside in fear of COVID-19 infection (7%).

6. WOMEN AND GIRLS' ACCESS TO NON-SGBV SERVICES



7. CHALLENGES IN ACCESSING NON-SGBV SERVICES





Trends in Secondary Sources

According to the Plan International's recent multi-sectoral needs assessment, 63% of the interviewed caregivers reported not having sufficient food to survive in the following two weeks and 60% of caregivers and adolescent girls mentioned that they did not have financial means to buy menstrual pads on a monthly basis¹³. While the SGBV Taskforce has coordinated to provide dignity kits to vulnerable women and girls of reproductive age with the support of UNFPA, UNICEF and UNHCR since COVID-19, this finding indicates that more dedicated resources would be required to narrow this gap.

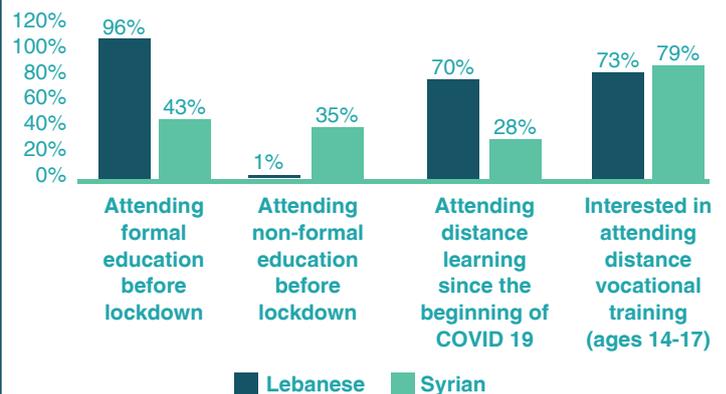
The Plan International report further indicated that access to education for adolescent girls has been also significantly affected by the lockdown situation in Lebanon. Among those interviewed adolescent girls, only 70% of Lebanese and 28% of Syrians have accessed distance learning after lockdown. A similar trend was also noted for adolescent boys with only 65% Lebanese and 15% Syrian adolescent boys accessing distance learning after lockdown, raising concerns about children's right to education and possible risks of child marriage, child labour, and other types of violence and abuse.

The main stress factors for adolescents (both girls and boys) since the lockdown were identified as 'not being able to go back to school' (34%), followed by 'not being able to attend activities and being homebound' (29%) and 'lack of food' (29%). In addition, a total of 18% of adolescents (75% girls compared to 25% boys) reported being stressed due to home duties, including collecting water, cooking, and cleaning.¹⁴ It should be noted that Syrian adolescents (both girls and boys) mentioned 'lack of food' as a stress factor 23% more often compared to Lebanese adolescents, and 'lack of money to pay bills such as rent, food, and electricity' 8% more often.

¹³.Plan International, COVID-19 Multi-Sectoral Needs Assessment, April 2020.

¹⁴.Ibid.

8. ADOLESCENT GIRLS' ACCESS TO EDUCATION





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RECOMMENDATIONS

SGBV prevention and response service providers

- Ensure continuity of quality remote case management services in accordance with the Taskforce's guidance note on case management during COVID-19,¹⁵ and closely monitor and follow up on barriers and challenges faced by women and girls in accessing case management services.
- Provide close supervision and guidance to case workers through regular e-meetings and rapid trainings on adapted tools and modalities, aiming to meet minimum standards during the pandemic.
- Prioritize communication support for SGBV survivors through additional phone credits, internet bundle, and mobile phones, if needed, to allow their access to remote case management and other prevention activities.
- Ensure hotlines are available 24/7, and provide case workers with additional sim cards and/or mobile phone and/or phone credits to support uninterrupted case management, without having to use case worker's private phone numbers.
- Inform women and girls about safe use of technology and the risks of electronic/online sexual exploitation and abuse, cyber-bullying and harassment, using a variety of communication channels.
- Continue to disseminate printed/electronic leaflets, video and audio messages about SGBV, including domestic violence prevention and response.¹⁶ Use main communication channels such as TV, social media, MOPH SMS, etc., and adapt delivering methods to age, gender, and specific needs.
- Map places where survivors can access information offline (cash distribution places, markets, pharmacies, health facilities) and disseminate SGBV information continuously. Make sure to inform that services continue to be available during COVID-19.

- Engage with female community leaders to build their capacity in supporting SGBV survivors and other women and girls at risk, particularly for safe identification and referrals during COVID-19.

Food, livelihoods and cash assistance service providers

- Advocate with donors to prioritize funds for food and cash assistance to meet the needs of vulnerable women and girls and their families, including single mothers and women and girls at risk.
- Support women's safety at service points, including ATMs and distribution centres according to IASC recommendations on SGBV risk mitigation.¹⁷
- Develop targeted women's economic empowerment strategies to mitigate the negative impact of the COVID-19 and prioritize women with compounded vulnerabilities for them to recover and build resilience.

Health service providers

- Ensure that updated COVID-19 information is communicated through different information channels. Adapt awareness-raising materials to persons with disabilities, illiterate populations, and those having other specific needs.
- Continue to support women and girls in accessing health services, including Clinical Management of Rape (CMR) and Sexual and Reproductive Health (SRH) services, and monitor gaps and barriers.
- Prioritize funding and programming for Mental Health and Psychosocial Support (MHPSS) services and ensure easy access to these services for women and girls, through support for transportation costs from/to the service providers.
- Support MHPSS services for men and boys to mitigate stress and anger and help reduce violence in homes and communities.

¹⁵ SGBV Task Force Lebanon, GBV Case Management Guidance during COVID-19 General Mobilization

¹⁶ The SGBV Taskforce has produced SGBV key messages and hotline information in the form of leaflets, and disseminated them through distribution packages from various sectors and placed them in all primary health care centres in Lebanon.

¹⁷ Inter-Agency Standing Committee (IASC), Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response, 6 April 2020



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WASH service providers

- Continue to include menstrual pads in hygiene distribution kits for women and girls of reproductive age in areas that have not been covered by previous distributions.
- Ensure women and girls' access to clean water and hygiene products by encouraging more participation of female WASH community mobilizers in hygiene promotion in the field.
- Collect information on the protection and safety of women and girls accessing WASH facilities, using the Healthy Camp Monitoring Tool in the WASH sector.

Education service providers

- Mainstream gender/SGBV and advocate for adolescent girls' better access to education during discussions with the Ministry of Education and Higher Education on the COVID-19 response and return to normalcy plan.
- Ensure disaggregation of data by sex for drop-outs, and liaise with Child Protection and SGBV sectors to assess the impact of COVID-19 on gender, drop-outs, child marriage, and violence against adolescent girls.
- Provide teachers with learning sessions on how to conduct PSS for children, including key SGBV, child protection, and sexual and reproductive health messages, given the negative psychological impact of the current situation on children and possible related risks.
- Share key messages related to online safety, including the online safety campaign video produced by the SGBV Taskforce and SGBV referral and hotline information with non-formal education sector frontliners.

Cross-Cutting Considerations

- Strengthen the meaningful participation of women and girls in all decision-making processes through community-based initiatives in addressing the COVID-19 outbreak and provide two-way communication channels with feedback mechanisms to inform programme adaptations and the design of COVID-19 interventions.
- Train first responders on how to handle disclosures of SGBV and how to ensure safe identification and referrals.
- Promote targeted approaches to reach out to highly vulnerable women and girls. Specific challenges faced by high-risk groups, including LGBTQI persons and persons with disabilities, should be also addressed by developing more inclusive programmes.
- Ensure that partners in each sector establish a clear complaints and feedback mechanism on Protection from Sexual Exploitation and Abuse (PSEA), and train frontliners on PSEA and SGBV referral pathways.
- Review and adapt programs across sectors to ensure SGBV and gender-sensitive COVID-19 responses both within the humanitarian and development contexts.



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