

Sexual and Gender Based Violence (SGBV) Update

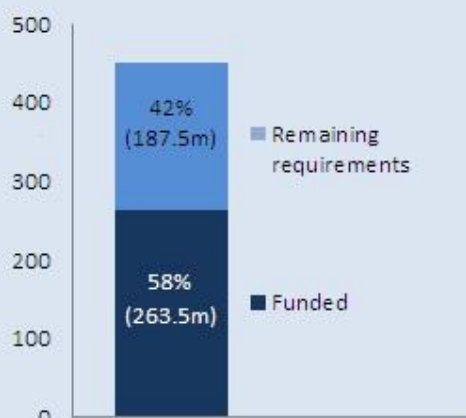
September 2014

Key Figures

1,164,004	individuals registered or pending registration
80%	of refugees are women and children
39%	of women and girl refugees have specific needs
30%	of refugee households are female headed

Funding

UNHCR total requirements: USD 451 m



September developments

- In Akkar, UNHCR conducted training for Concern Worldwide staff members and refugee volunteers working in collective shelters on SGBV basic concepts, survivor-centered approaches, and safe referral to specialised service providers.
- In collaboration with GlobeMed Lebanon, UNHCR supported the roll-out of special procedures for medical care, referrals and medical coverage of SGBV survivors through contracted health facilities across Lebanon. The new procedures will improve access to medical care in a timely manner for SGBV survivors.
- Over 2,830 community members, including Syrian refugees and Lebanese, attended information sessions on SGBV organised by UNHCR implementing partners through community-based outreach and women's resource centres.
- 308 survivors and individuals at risk of being exposed to SGBV accessed support services, including psychosocial, medical care, legal and life skills programmes through on-site and mobile outreach by UNHCR implementing partners.
- In Mount Lebanon, 596 community members attended information sessions on SGBV basic principles, early marriage, reproductive health, communication and conflict resolution topics organised by INTERSOS during the reporting period.

Achievements: January - September

Activity	reached January- September	2014 Target
Provision of assistance for identified survivors	100%	100%
Persons at risk identified and supported*	5,980	-
Safe spaces established for women/girls	13	13
Mid-way houses maintained	2	2
Individuals trained and sensitized on SGBV prevention and response	14,783	15,000
Men and boys mobilized on SGBV	33	330

*Individuals identified as at protection risk who benefitted from psychosocial support and counselling services.

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 the 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. Psycho-social 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.



Syrian refugee girl returns home briefly from her morning shift in a vineyard near Kafrayashe. She lives in an informal settlement, in the Bekaa @UNHCR / A. McConnell

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, weak legal framework, limited resources and risk to personal security prevent survivors to come forward and seek services.

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 (SHIELD).

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