

### Key figures

<b>858,641</b>	individuals registered or pending registration
<b>78%</b>	women and children
<b>25%</b>	women and girls head of household
<b>19%</b>	women and girls with specific needs

### December developments

- 92 refugee women graduated in embroidery and home care in the Tripoli women resources center. Enrolment of refugee and Lebanese women for the next cycle is currently taking place.
- The Halba Women Resource center successfully launched livelihood and life skills activities for 51 women in Akkar.
- The mid-way house project for women and girls at risk was reviewed to ensure the reinforcement of the community protection network.
- Six organizations and the MOSA received SGBV training delivered through INTERSOS.
- UNHCR and a number of SGBV partners across the country organized more than 50 various activities raising awareness during the 16 Days of Activism against SGBV problem, such as debates on gender equality, video shows on women's success stories, group discussions on root causes of violence with men and boys etc.
- UNHCR participated in an expert group meeting on Security Council Resolution 1325 (2000) on Women, Peace and Security in the Arab Region.
- As co-chair of the UN PSEA Task Force, UNHCR drafted SOPs on prevention, reporting and investigation, which were shared within agencies for comments.

### Achievements: January - December

Activity	Reached	2013 Target
Provision of assistance for identified survivors*	100%	100%
Individuals identified and referred**	819	-
Safe spaces established	6	3
SGBV community-based groups for prevention and response established	24	23
Psycho-social support and counseling provided	2,225	1,500

\* Support can include health and psycho-social assistance, safety interventions, legal services, socio-economic reintegration, as well as food and non-food assistance (dignity kits, cash etc).

\*\*This figure does not reflect the prevalence of SGBV within the refugee community, as multiple barriers prevent survivors to come forward and seek 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. Over 30% of reported cases of SGBV survivors 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 medical services which are often inadequate or lacking. Psycho-social and legal support services need systematic and institutional support to strengthen 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 four Women's Resource Centres which provide life skills activities, and help women establish support networks. Community mediation initiatives and the engagement of men and boys as part of the programming activities are also critical to address the root causes of violence.

## Challenges

- Due to the dispersal of refugees in more than 1,600 locations throughout Lebanon, community outreach efforts require significant allocation of resources and time. Community outreach for SGBV prevention and response 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.
- A weak legal framework, limited resources and social barriers prevent refugees at risk of SGBV, or victims of violence and abuse from receiving adequate protection. Multiple barriers, including social stigma and risk to personal security prevent survivors to come forward and seek services. Challenges also include a lack of documentation among refugees, growing tension between refugees and host communities.
- With the numbers of refugees increasing, overcrowding in refugee accommodation is a growing problem. Overcrowding and lack of privacy in shared living accommodation such as collective shelters and tented settlements, places refugees at heightened risk for SGBV.
- Scarce economic opportunities coupled with the high costs of accommodation and associated living expenses causes some families to negative coping mechanisms which place refugees at heightened risk of SGBV. These include: early marriage, child labour, survival sex.

## Strategy

UNHCR works with partners to mitigate SGBV through prevention and response activities. These activities are being pursued in close cooperation with governmental partners including in the areas of social services, security, and judiciary.

Key components include:

- Improve outreach to refugees through mobile services to ensure identification and appropriate follow up and referral of SGBV cases;
- Build capacity of local SGBV actors and communities to better prevent and respond to SGBV, promoting the regular engagement of men and boys in SGBV prevention and response;
- Working in close cooperation with other organizations to mitigate the risk of SGBV in particular those linked to shelter, access to water, sanitation, distribution.

## UNHCR implementing partners

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

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