

Gender-Based Violence Annual Report

UNFPA Lebanon
2021



EXECUTIVE SUMMARY



Lebanon faced an unprecedented crisis in 2020-2021 that led to a deepening economic precarity amongst Lebanese and refugee populations and a worsening overall health and protection situation, particularly for the most vulnerable or marginalized groups. In 2021, nine out of ten households were living in extreme poverty and almost all of them continued to incur debt to survive according to the Vulnerability Assessment of Syrian Refugees in Lebanon. The August 2021 Emergency Response Plan estimated that 1.9 million people (including Lebanese, Palestinian and migrants) were in need of assistance, in addition to the 1.5 million Syrian refugees also in need of humanitarian assistance in Lebanon. For GBV an estimated 393,000 people across 26 districts are in need of GBV services in addition to Syrian refugees. The 2021 Multisectorial Needs Assessment (MSNA) pointed out that almost a third (27 per cent) of Lebanese households reported having safety and security concerns for women in their community (including as being exposed to sexual violence and harassment, kidnapping, and sexual exploitation), and the percentage is even higher (35 per cent), if girls are considered. Moreover, nearly half (45 per cent) of the Lebanese household have reported that the mental distress of at least one adult member was negatively impacted by the crisis. The perception of lack of safety and security for Palestinian refugees women and girls is even greater compared to the Lebanese population. The COVID-19 pandemic and the operational challenges related to the fuel and electricity crisis had strained the country's health system and negatively impacted an already limited social welfare system. The compounded crises have exacerbated the risk of violence and exploitation, especially for women, girls, and marginalized groups such as people with disability, migrant workers, undocumented women and girls, and members of the LGBTIQ community.

MAIN RESULTS



15 safe spaces supported for women and girls



9,021 people received specialized GBV services
(legal assistance, psychosocial support, case management)



12,110 people reached with GBV risk mitigation activities
(safety audits, awareness raising activities, community outreach, peer-to-peer support)



7,908 women and girls received dignity kits



790 individuals benefited from cash assistance
linked to GBV case management



2,142 men engaged in GBV risk mitigation activities



239 frontline workers trained on GBV



2,829 GBV beneficiaries referred/received RH services

GENDER BASED VIOLENCE RISKS IN LEBANON

Domestic violence

The lack of legal protection and dependence upon the employer (through the Kafala system) puts female migrant workers at high risks of all types of abuse, including GBV. Exploitative working conditions faced by female migrant workers have a devastating impact on their health and well-being. Frequently, they are isolated and lack social and community support and do not speak the local language. When they are subjected to GBV or other harms, they may be misled to believe that they cannot report incidents or access essential services.

Sexual exploitation and abuse

People with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) in Lebanon suffer extremely high rates of sexual and gender-based violence, homelessness and/or shelter insecurity, unemployment and lack access to basic services on account of their sexual orientation and/or gender identities. People with diverse SOGIESC have been affected by the economic crisis and Beirut Port Explosion in specific ways their cisgender and heterosexual counterparts may not have experienced. (Queer community in crisis Oxfam, Lebanon, 2021).

Child marriage

An alarming rise in child marriages has been observed among the most vulnerable Syrian refugee population in Lebanon. In 2021, the prolonged school closures due to COVID-19 has contributed to one of the main root causes of child marriage, the challenges to be enrolled in school (COVID-19, A threat to progress against child marriage, UNICEF, 2021).

“ My parents were worried about the stigma that I might cause because of my divorce from my abusive ex-husband ”

30-year-old Hiba, married at 15

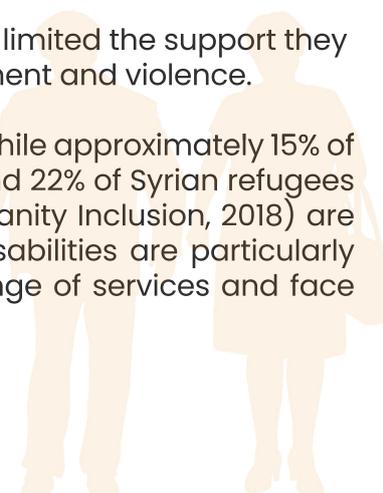
MOST AT RISK CATEGORIES

Elderly women

The pandemic has exacerbated the challenges elderly women face and have limited the support they usually received in their community, exposing them to further risk of mistreatment and violence.

Persons with disabilities:

Only 2% of survivors seeking help in 2021 were people with disability (GBVIMS) while approximately 15% of Lebanese people (Situation of persons with disability in Lebanon, July 2018) and 22% of Syrian refugees (Disability Assessment among Syrian Refugees in Jordan and Lebanon, Humanity Inclusion, 2018) are estimated to be living with disabilities. Women and girls with intellectual disabilities are particularly vulnerable to sexual violence and are often prevented from accessing a range of services and face un-adapted facilities, poverty, inadequate behavior of service providers.



Women and adolescent girls

In Lebanon, gender norms and stereotypes justifying inequality, and several legal and institutional impediments limited women and girls' full enjoyment of their rights. Women and girls are disproportionately at risk of GBV as according to the GBVIMS 2021 Annual Report. Around 96% of cases reported to organizations using the information management system (IMS) are female. The limited livelihood opportunities and services during the pandemic and the economic crisis have further increased the risk of GBV, especially exploitation, for women and adolescent girls, the latter also at risk of child marriage.

“They told me I shouldn’t worry because school was not important for me”

12-year-old Alia



MOST AT RISK CATEGORIES (CONTINUED)

Migrants

The lack of legal protection and dependence upon the employer (through the Kafala system) puts female migrant workers at high risks of all types of abuse, including GBV. Exploitative working conditions faced by female migrant workers have a devastating impact on their health and well-being. Frequently, they are isolated and lack social and community support and do not speak the local language. When they are subjected to GBV or other harms, they may be misled to believe that they cannot report incidents or access essential services.

“ I had nowhere to go to and I was suffering from severe asthma ”

41-year-old Niyama from Ethiopia, living in Lebanon



LGBTIQ+

People with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) in Lebanon suffer extremely high rates of sexual and gender-based violence, homelessness and/or shelter insecurity, unemployment and lack access to basic services on account of their sexual orientation and/or gender identities. People with diverse SOGIESC have been affected by the economic crisis and Beirut Port Explosion in specific ways their cisgender and heterosexual counterparts may not have experienced. (Queer community in crisis Oxfam, Lebanon, 2021).



SUPPORT TO SERVICE DELIVERY AND COMMUNITY ENGAGEMENT

UNFPA, in partnership with eight NGOs, provided GBV prevention and response programmes in different Governorates of Lebanon over twelve districts. Despite the challenging context and lockdowns, UNFPA managed to reach 9021 people with GBV specialized services (psychosocial support, including case management, cash assistance and legal advice) and supported 15 safe spaces where women and girls can access information and services such as group and individual psycho-social support (PSS) including case management and information and counselling on Reproductive Health (RH) related issues.



UNFPA procured and distributed dignity kits to 7908 women and adolescent girls, within the GBV interventions. The distribution of dignity kits serves as an important opportunity to listen to women and girls' primary concerns and becomes a possible entry point for introducing services for survivors of GBV. The dignity kits also allow budget substitution for families to purchase other important items, such as food, which is incredibly important in times of economic crisis.



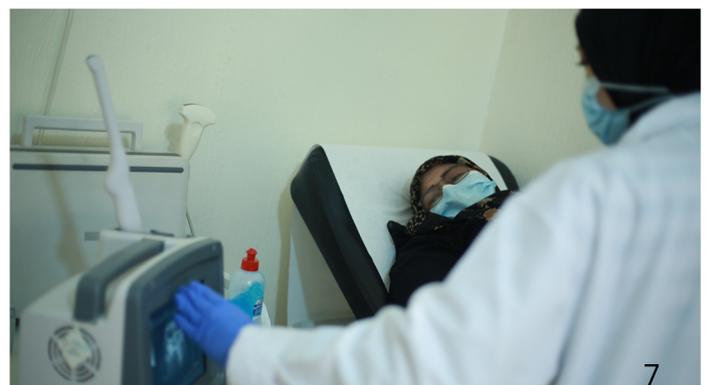
In addition, 2829 GBV beneficiaries were referred to specialized reproductive health services thanks to an integrated approach to service provision. Reproductive Health services include all components of maternal care and Family Planning and screening for RH cancers and management of sexual transmitted infections (patient education/ awareness raising, medical care, examination tests, drugs and contraceptives). The integrated RH and GBV approach aims at making necessary services as conveniently available to women, without undue waiting times, delays or multiple visits, maximizing the protection and health outcome of the intervention.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE
Know Your Rights

- 1 It is your right to be safe and to be treated with dignity and respect.
- 2 Any sexual activity with children (persons under the age of 18) is prohibited.
- 3 Reporting misconduct by aid workers will not affect your access to assistance and services.
- 4 All reports are handled confidentially and are followed up safely and seriously.
- 5 Humanitarian aid is free. Any request of sexual favors by aid workers is prohibited.
- 6 Acts of sexual exploitation and abuse committed against you are never your fault.
- 7 You can report anonymously or on behalf of someone else.

REPORT

GBV risk mitigation activities reached 12110 beneficiaries including safety audits, information, and awareness sessions on GBV and sexual exploitation and abuse (SEA) and on available services. UNFPA adopted a peer-to-peer approach in community outreach activities, with particular emphasis on the engagement of men and boys with 2142 men and boys trained and engaged in GBV risk mitigation activities.



PROMISING PRACTICE



“ This amount of cash I received has massively changed my life! ”

24-year-old Inaya was exposed to GBV

In 2021, UNFPA piloted a programme to integrate cash assistance into GBV case management, as part of a comprehensive GBV service package offered by UNFPA and its implementing partners. Pairing cash assistance with social services, including GBV case management, is considered a promising practice to improve protection outcomes for GBV survivors and mitigate individuals’ risk. A total of 396 beneficiaries had received one off emergency cash assistance (ECA), of which 90% were women whilst 202 beneficiaries received recurrent cash assistance (RCA) with 85% women. The total individuals who benefited from ECA and RCA including individual cases and their family members reached 790 individuals. Moreover, 1057 individuals benefited from cash for transport allowance, receiving different amounts that took into consideration the distance from the beneficiary’s residence to the health center as well as the frequency of attending GBV-related services.

Based on an analysis of the first post distribution surveys, the introduction of cash in case management had a positive impact on intended protection outcomes. In particular, it was found that 78% of beneficiaries considered the cash assistance adequate to mitigate the risks and improve safety, by covering the costs of safe accommodation, food, debt repayment, medical and psychological treatment, legal counseling, and transportation to access services or to a safer location. On the other hand, 75% of beneficiaries stated that the assistance significantly mitigated their immediate exposure to GBV incidents while 85% of respondents highlighted that the assistance enabled and/or encouraged them to seek help and access GBV related services, including case management.

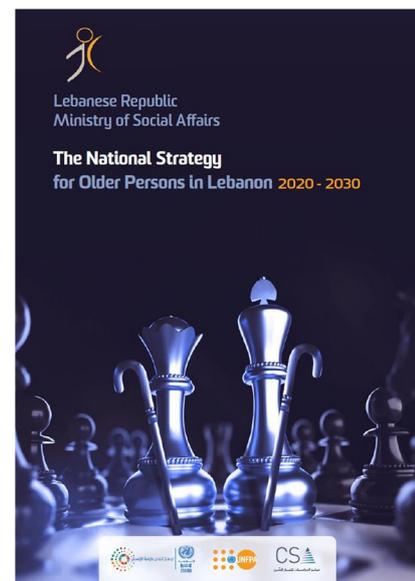
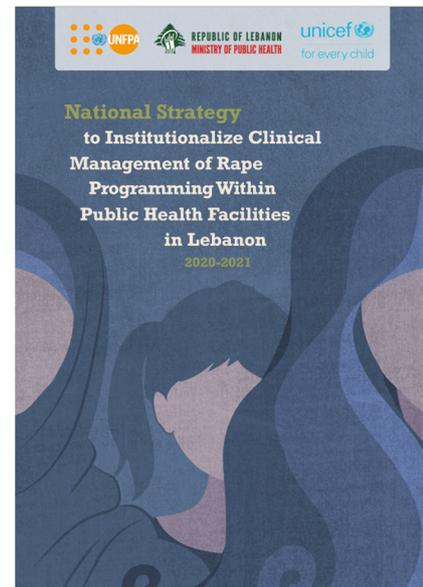
POLICY/STRATEGY DEVELOPMENT AND STANDARD SETTINGS

UNFPA continued to support system strengthening and capacity development activities. The support consisted of providing the 19 prioritized health facilities under the Ministry of Public Health (MOPH) with post rape kits. UNFPA, UNICEF and the Ministry of Public Health (MOPH) finalized the Clinical Management of Rape (CMR) National Strategy that aims to institutionalize CMR services within MOPH services network. The CMR strategy is based on 5 main comprehensive approaches including rights based and survivor centered approach and consists of 6 strategic areas that complement each other to ensure effective quality of care. UNFPA also supported the development of the CMR Communication Strategy for ensuring -among other - primary protection and safeguarding of vulnerable and marginalized groups.

UNFPA in partnership with the National Commission for Lebanese Women (NCLW) and ESCWA conducted a mapping of women's economic participation in Lebanon. The report maps laws, regulations, and policies that may have a direct and/or indirect influence on women's economic participation in Lebanon. The report also suggests that existing legislation is not explicit in terms of addressing gender equality between men and women. The report provides a set of recommendations that serve as a basis for advocacy and policy dialogue to encourage and support more women to participate in the economy.

In close collaboration with NCLW and in partnership with ESCWA, UNFPA conducted a stock-take exercise of the National Strategy (and action plan) to Combat Violence against Women and Girls (VAWG) endorsed and launched in 2019. This stock take provides a review and assessment of how relevant entities (state institutions, civil society actors and key UN organizations) have been implementing interventions through highlighting the level of progress made, remaining gaps, experiences and opportunities for a more strategic engagement for combating VAWG and advancing the status of women in Lebanon.

In collaboration with the Ministry of Social Affairs and ESCWA, UNFPA supported the development of the National Strategy for Older Persons which was launched in 2021. The strategy is based on key principles namely a human rights centered as well as a gender sensitive approach in defining national priorities building on the Madrid Plan of Action for Ageing (2002). The strategy which is aligned with the principle of "leaving no one behind" of the 2030 SDG agenda and related goals sets a frame for prioritized actions to promote a more inclusive society that guarantees dignity, protection and wellbeing of older persons with due attention to older women.

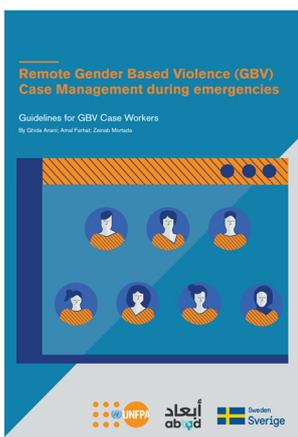


CAPACITY DEVELOPMENT

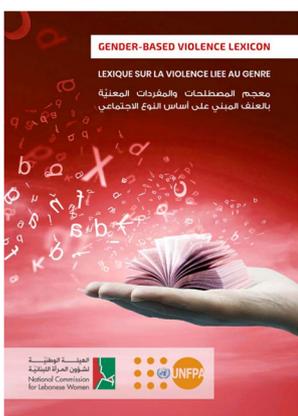
UNFPA focused its support on strengthening the capacities of selected partners and national institutions to provide quality and comprehensive GBV services and building on the Essential Services Package (ESP), reaching 137 frontline workers among security personnel, health practitioners, social workers, and community outreach workers. The ESP is a guidance tool identifying the essential services to be provided to all women and girls who have experienced gender-based violence, including services that should be provided by the health, social services, police and justice sectors. Throughout the roll out of the ESP, the frontline workers affiliated to three sectors were also provided with needed guidelines for the coordination of services.



UNFPA in partnership with ABAAD and the General Directorate for Internal Security Forces (ISF) developed a training module for ISF officers - mainly investigators and officers - around the sexual harassment law 205, passed by the Lebanese Parliament in December 2020. The module covers simplification of the law, its interrelation with other Penal Code legislations, as well as role of ISF officers in its application among others. The training module will be mainstreamed within the ISF curriculum at the police academy and will be used to strengthen frontline responders to sexual harassment incidents.



UNFPA in partnership with an academic institution i.e. Saint Joseph University (USJ) tailored and delivered a Training of Trainers (TOT) on GBV with an aim to strengthen the national GBV capacity of a pool of service providers (namely experienced social workers), enabling them to acquire the set of skills, knowledge, approaches, tools in order for them to transfer this knowledge to a wider group of community mobilizers, outreach volunteers, peer educators. A team of 30 GBV senior and experienced social workers with the needed GBV knowledge as well as soft and hard skills required attended the 8-day TOT which was followed by coaching and mentoring sessions. This training programme will be considered as part of continuing education at USJ.



UNFPA in collaboration with ABAAD launched the Guidelines for Remote GBV Case Management during Emergencies. This manual supports case workers during times where face-to-face encounters become complex and affect the safety of the survivor and the case workers, such during the COVID-19 lockdown.

In partnership with the National Commission for Lebanese Women (NCLW), UNFPA launched the GBV lexicon and the mapping of safe shelters for women and girls' survivors of violence to raise awareness on the need to secure funding to ensure safety options for survivors of GBV. These 2 reports are also meant to enhance the GBV response by ensuring unified and coherent understanding, actions, standards, principles among all actors.

SYSTEM STRENGTHENING AND COORDINATION



UNFPA continued to co chair the SGBV National Taskforce - which is the coordination mechanism that provides overall support to the GBV sector in Lebanon serving Syrian and Palestinian refugees, vulnerable Lebanese, migrant workers in coordination with key stakeholders like Ministry of Social Affairs and UNHCR. Moreover UNFPA as co-chair of the PSEA (Prevention of Sexual Exploitation and Abuse) network contributed to setting standards and complaint procedures and building the capacity of partners on SEA risk mitigation. UNFPA is also leading the GBV Information Management System (GBV IMS) taskforce that safely collects and analyzes data and trends on GBV incidents at interagency level and through local partners. Last but not least, UNFPA is leading the Clinical Management of Rape (CMR) taskforce to ensure compassionate life saving health response to sexual violence.

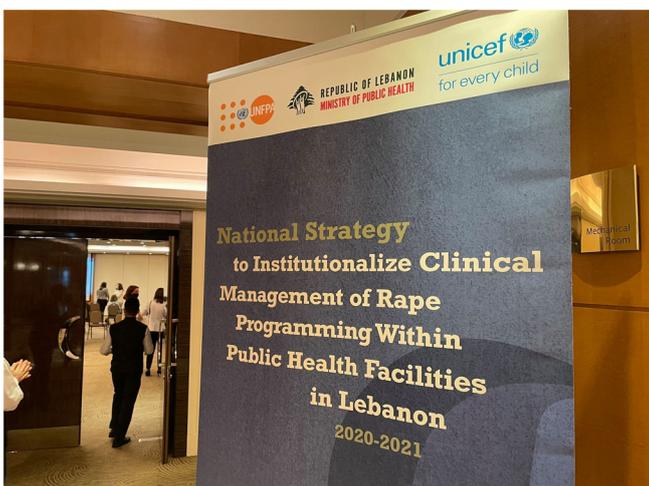
UNFPA Protection from Sexual Exploitation and Abuse Lebanon PSEA Network

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

Core Principles

- 1 Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- 2 Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defense.
- 3 Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries.
- 4 Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.
- 5 Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.
- 6 Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

▶▶ YOU SHOULD ABIDE BY THESE PRINCIPLES *24/7

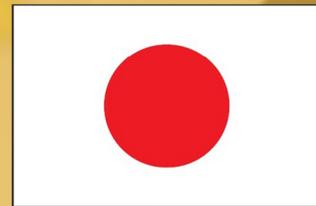


UNFPA PRIORITIES FOR 2022

- 1 Ensure continuity of life saving GBV services and mitigating the increased risks of GBV.
- 2 Scale up service provision of the integrated GBV and RH services to reach the most vulnerable and marginalized with the full package, with focus on mental health and psycho-social support.
- 3 Scale up cash assistance within GBV response activities with focus on addressing period poverty.
- 4 Strengthen and expand strategic partnerships and collaboration including with national institutions to improve response/mitigation of GBV including service delivery, policy/legislative framework, enhanced institutional capacities, etc.
- 5 Foster generation of evidence /research and knowledge management to better inform policies and programmatic interventions as well as increase funding base.
- 6 Promote targeted economic empowerment initiatives within the GBV/RH programme interventions for vulnerable women.
- 7 Continue to support the inter-agency coordination of the GBV sector with a focus on regular mapping and monitoring the quality of available services.
- 8 Support PSEA system strengthening, which includes improving feedback, complaints and investigation



UNFPA Lebanon wishes to thank all its donors in 2021 whose generous contributions made it possible to respond to the various crises by meeting urgent and life-saving interventions particularly for vulnerable women and adolescent girls.



من الشعب الياباني
From the People of Japan

For more information, contact
Asma Kurdahi, Head of Office
kurdahi@unfpa.org

Nour Wahid, Communications and Media Officer
nwahid@unfpa.org

United Nations Population Fund
Sin El Fil, Lebanon
Daoud Ammoun Street
Qubic business center



STOP RAPE NOW
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

