

SYRIAN REFUGEE RESPONSE IN LEBANON: Prevention and response to Sexual and Gender Based Violence update



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LEBANON



#FutureOfSyria

Agencies and the Government of Lebanon had requested US\$1.89 billion in the inter-agency funding appeal.

The mid-year review in June resulted in a downward revision of these requirements to US\$ 1.68 billion. US\$646 million - 38 per cent - has been received as of 15 October.

HIGHLIGHTS (Jan- Sept 2014)

- Some 60,660 persons at risk and/ or survivors of Sexual and Gender Based Violence (SGBV) had access to medical and psychosocial support, and legal protection;
- Around 2,365 service providers have increased their capacities to support survivors and persons at risk through training and coaching on SGBV;
- Over 136,000 community members have been reached with information sessions on SGBV, prevention, and how to access services.

OVERVIEW

Every day this year, an average of 130 Syrian refugee women and girls have visited a network of some 70 centers and spaces established across Lebanon to allow them to safely seek support and/or disclose violence. Approximately 40 percent of these women and girls are below 18, but they can come from any age and socio-economic group.

This is an evidence of what protection experts have long known: while the root causes of SGBV may lie in social and cultural norms, displacement can considerably increase the risk of such abuse. And the longer the displacement lasts, the more likely the occurrence of domestic violence, sexual harassment and exploitation, early marriage and other forms of SGBV.

More than 75 percent of the registered Syrian refugee population of 1.1 million in Lebanon are women and children. Syrian, Lebanese and Palestinian women and children are disproportionately affected by SGBV. As one of many consequences, survivors suffer from anxiety and a lack of self-confidence stemming from self-blame. Many are stigmatized by their families or communities and further isolate themselves.

“The young men are harassing women. They are really trespassing into our lives... Regardless of age, harassment is happening... Even if I go with my son, I don’t feel safe... There is no safety at all.”—L., age 32.

RESPONSE

Humanitarian partners are currently working in close coordination to ensure that survivors have access to quality support and care and that the risks of SGBV are mitigated through a variety of community-based approaches.

“Are there other women like me?” H., 42 a refugee living in Beirut.

In a context where isolation, fear and cultural boundaries can restrict the ability of women and girls to seek help, the network of 70 centers makes such assistance more easily accessible.

They can safely seek support and, if they wish, they can confidentially disclose abuse and violence.

Forms of support include medical, emotional and individual counseling, legal services and other forms of individual protection. Child care is also offered in each facility.

The system provides women and girls with vital information about a range of other services, including the ability to network with their peers and to increase their knowledge about SGBV.

Ultimately, these places of safety and support allow women and girls and survivors of SGBV to end their isolation and to know that they are not alone.

S., a 45-year-old woman decided to visit a Listening and Counseling Center (LCC) to meet other women like herself. She now regularly attends awareness-raising sessions and has sought help from other LCC services. "My visits to the LCC made me a different woman," she says. "My actions towards my family and my children improved. I feel that I can help myself and people around me. In this center I started to know myself, and I became aware of issues around me."

Support to women and girls

One simple form of support that is much appreciated by women and girls is the provision of so-called "dignity kits." More than 25,683 women and girls have so far received these kits, which ensure they have basic hygiene materials, clothing, and protection items that enable them to continue their daily activities. Along with these kits, recipients get an information package on a variety of available services provided by humanitarian partners.

For K., the dignity kit not only provided some of the items she desperately needed but couldn't afford; it also gave her the assurance that she and thousands of women like her are not forgotten. "I had nothing," said K. "A mother always puts her children first, but she has needs too. This kit is going to be extremely helpful to me, I truly need it. People don't realize that in some circumstances, any kind of help can be of great importance."

In addition to a protective and supportive environment for survivors, the prevention of SGBV requires working within communities to inform, educate and communicate about root causes.

In Lebanon, this is done through a multi-layered strategy that includes disseminating key prevention and response messages through several communications channels, including TV and radio programmes, focus group discussions, theatre plays, and sermons on early marriage and other issues during Friday prayers. Posters, board games and information leaflets have been developed jointly with local and refugee communities and are used in awareness raising sessions.

Peer-to-peer support is a core part of the community mobilization strategy to raise SGBV awareness among adolescent boys and girls and to promote coping mechanisms that do not result in harmful behaviours. Around 40 Lebanese and refugee women have been enrolled in a joint program on rapid employment and reproductive health. These women are trained to become peer educators on reproductive health issues, including family planning and early marriage in relation to health risks. Through peer support they will reach 2,100 peers in their communities.

"I felt the training to become a peer educator changed many things in me starting from self-confidence, shyness, inability to make conversations with others on certain topics. But now, I feel I am a different person with new opportunity" North Lebanon, Trained Peer Educator.

NEW INITIATIVES

Internship Project in Mount Lebanon

Many SGBV survivors suffer from anxiety, lack of self-confidence, blame themselves and become isolated from their families and communities – which sometimes stigmatize them.

In response, a pilot internship project has been initiated with the aim to support persons at risk and survivors in regaining their self-confidence and well-being and, in the long run, their self-reliance.

Workplaces are identified based on the women's skills and their own wishes. Then they do a 2-month internship during which they receive transportation and food allowances.

"When I arrived in Lebanon, I tried to look for jobs but could not find anything and ended up selling napkins in the street," said one woman taking part in the internship project. "I was living on the streets, in constant fear. Since I have been enrolled in the programme, I feel safe and less anxious because I know that I will get food and transport allowance at the end of every month -- and that I have a good chance of being hired."

Institutional support to Social Development Centers

In October 2014, the Ministry of Social Affairs launched its National Plan to safeguard children and women in Lebanon.

The plan supports 57 selected Social Development Centers (SDCs) out of which eight are already operational to provide psychosocial support services through child and adolescent friendly services and safe spaces for women and girls including: life skills education, assistance to survivors, and information on how to access basic and specialized services including health, education and protection.

DONORS

Australia, Canada, China, Denmark, Ecuador, Estonia, EU, France, Germany, Holy See, Ireland, Italy, Japan, Kuwait, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Qatar, Republic of Korea, Saudi Arabia, Slovak Republic, Spain, Sweden, Switzerland, UK, USA.

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AGENCIES THAT HAVE CONTRIBUTED TO THIS REPORT



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