

MAPPING GENDER-BASED VIOLENCE PROGRAMMES, SERVICES, AND POLICIES IN LEBANON

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ACKNOWLEDGEMENTS

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Based on the above, in 2019, UNFPA Lebanon established a partnership with ABAAD to develop a toolkit for rolling out the Essential Service Package for Women and Girls Subject to Violence. Among others, this partnership comprised a detailed revision and update of the Lebanon component of the “Mapping of GBV Programmes, Services, and Policies” report which had been developed by UNFPA Lebanon, with the technical expertise of Ms. Alexia Nisen.

This report, which is an extract of the original ten country report focusing exclusively on Lebanon, was reviewed, adapted, and updated in December 2019 by Mr. Jay Feghali, with support from ABAAD - Resource Centre for Gender Equality team members Ms. Alma Chami, Ms. Jihane Isseid, and all the ABAAD Women and Girls Safe Spaces coordinators who assisted with data collection and service mapping.

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Disclaimer: The views expressed in this report are those of the authors or the interviewed key informants, and do not necessarily reflect the views of UNFPA or ABAAD.

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ACRONYMS AND ABBREVIATIONS

ABAAD	Dimensions
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CLMC	Caritas Lebanon Migrant Centre
CMR	Clinical Management of Rape
CSO	Civil Society Organisation
(S)GBV	Sexual and Gender-Based Violence *GBV and SGBV are used interchangeably throughout the report
GBVIMS	Gender-Based Violence Information Management System
GBVTF	GBV Task Force
HIV	Human Immunodeficiency Virus
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IRC	International Rescue Committee
ISF	Internal Security Forces
KI	Key Informant
LAU/AIW	Lebanese American University – The Arab Institute for Women
LCRP	Lebanon Crisis Response Plan
LECORVAW	Lebanese Council to Resist Violence Against Women
LGBT	Lesbian, Gay, Bisexual, and Transgender
MHPSS	Mental Health and Psychosocial Support
MoI	Ministry of Interior and Municipalities
MoJ	Ministry of Justice
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NCLW	National Commission for Lebanese Women
NGO	Non-Governmental Organisation
NTTF	National Technical Taskforce to End GBV against Women and Girls
OMSWA	Office of the Minister of State for Women's Affairs
PEP	Post-Exposure Prophylaxis
PRL/PRS	Palestinian Refugees from Lebanon/Syria
PSS	Psychosocial Support
RDFL	Lebanese Women Democratic Gathering (Réunion démocratique des femmes libanaises)
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
S/RH	Sexual/Reproductive Health
STI	Sexually Transmitted Infections
TOT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
WG	Working Group
WGSS	Women and Girls Safe Spaces
WHO	World Health Organisation

REPORT OVERVIEW

INTRODUCTION

“ **Violence against women and girls is an abuse of authority or power.**
It is practiced against women because they are women.
Its distinguishing factor is that it is excused and tolerated by society. ”

Violence against women and girls (VAWG) is one of the most prevalent human rights abuses worldwide. It stems from gender disparity and patriarchal social structures that grant privilege to men, thus creating unequal power dynamics. This gender inequality is the major contributor to perpetuated cycles of violence.

Across the world, one in every three women is believed to be subjected to violence during their lifetime, with intimate partner violence accounting for the majority of cases.

Despite this overwhelming number, and the usually severe long-lasting consequences of Gender-Based Violence (GBV) on the health, well-being, education, livelihoods, and safety of its survivors, cases of violence remain systematically under-reported.

This culture of silence, which is triggered by numerous factors including social stigma, unavailability of high-quality services, and lack of trust in the local services infrastructure, often results in women's hindered access to life-saving support.

Realising the rift between international commitments on responding to GBV and actual implementation on country levels, the **United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence** was launched in December 2013.¹

The programme, which is a partnership between UNFPA, UN Women, WHO, UNDP, and UNODC, aims to encourage help-seeking behaviour by providing greater access to a coordinated set of essential and quality multi-sectoral services for all women and girl survivors of GBV.

As part of this initiative, the “**Essential Services Package (ESP)**,” a set of standards and guidelines reflecting the vital components of any national, multi-sectoral response to GBV for four key sectors were delivered in December 2015:

ESSENTIAL SERVICES	Health
	Police and Justice
	Social Services
COORDINATION GUIDELINES	Coordination and Governance

This report comes as a supplementary product to the ESP, and highlights the national legislative framework, policies, and services available to women and girls subject to violence in Lebanon. The mapping aims to give a picture of the GBV protocols and services in place and to both, assess their alignment with the Essential Package of Services (ESP), and to inform future GBV programming and policies in Lebanon.

METHODOLOGY

Overview

Numerous international stakeholders working on addressing and responding to violence against women and girls (VAWG) have emphasised the critical need for coordinated action – both internationally, and on individual countrywide levels. Following the development, review, and validation of the ESP modules, adoption and roll-out are expected to significantly contribute to achieving this goal.

This report investigates the current services and policies in place in Lebanon and assesses how they align with those set out in the ESP. It also indicates what additional resources may be required in order to provide the quality services set forth in the Essential Package.

Data Sources

Desk Review

Secondary data for this report was obtained through a desk review of relevant documentation, legislation, reports (including regular reporting from the UNFPA and other local and international stakeholders), and studies on VAWG.

Primary Data

Further national data was provided by UNFPA staff, who completed i) mixed method surveys on the services available to women and girls in their countries, and ii) remote, online qualitative interviews with UNFPA GBV focal points and national partners.

During the updating process, ABAAD staff and consultants carried out a series of data collection activities in November 2019, including 8 key informant interviews with representatives from ministries, UN agencies, local organisations, and stakeholders working on GBV, 20 Focus Group Discussions across Lebanon with 181 women aged between 18 and 90 years old (average age group: 42 years old), of whom 51% were Syrian refugees and 49% were Lebanese. Two FGDs took place in each of the following 10 locations: Baalbek, Baisariyeh, Bebnine, Bint Jbeil, Ghobeiry, Jbeil, Labweh, Msaytbeh, Qobbeh, and Sin El Fil. Following report development, a validation meeting with key local stakeholders took place. This report also contains a Service Mapping Annex, which was developed based and expanding upon the referral systems in place at ABAAD's Family Units and Women and Girls Safe Spaces Holistic Care service points.

Limitations

An important limitation of this report is the ad hoc nature of GBV surveillance and the culture of stigmatisation and secrecy that surrounds it. Since many women do not report incidents of GBV, it is difficult to estimate its true burden within Lebanese society and to therefore assess where/which interventions are most needed.

The lack of a centralised governance structure dealing with GBV reporting, monitoring, documentation, and service management and coordination also makes it difficult to acquire a full image of all existing services. This report relies on the information reported by the different service providers and informants who participated in data collection activities, and as such may not present all available information or services.

DEMOGRAPHICS

Total Population **4.8** Million²

51.2% female 

48.8% male 

944,613

Syrian refugees registered with the UNHCR³

174,000

Palestinian refugees registered with UNRWA⁴

97,735

Individuals with disability⁵

62% men  **38%** women 

Life Expectancy at Birth

78 male **82** female



2. Source: the National Labor Force Survey, December 2019.

According to the UNFPA World Population Dashboard, Lebanon's population is estimated at 6.1 million for 2019.

3. UNHCR, March 2019 est.

4. Official Lebanese government census, 2017.

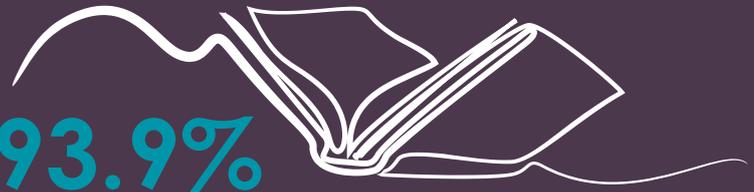
To note is that as of December 2018, UNRWA has a total of 475,075 Palestinian refugees registered, but estimates that of those, 270,000 currently reside in Lebanon.

5. Lebanese Ministry of Social Affairs, 2016 est.

Literacy Rate

Overall

93.9%



91.8%

female



96%

male

Women Representation in Politics 3.1%

Maternal Mortality Ratio

21 per 100,000 live births⁶

Unmet Need for Family Planning⁷ 13%

Fertility Rate⁸ 1.9 children born per woman

6. Source: Lebanese Ministry of Public Health.

7. Source: UNFPA World Population Dashboard - Lebanon.

8. Fertility rate estimations vary between 1.7 (UNFPA World Population Dashboard, 2017) and 2.097 (World Bank, 2017).

CONTEXT OF GENDER-BASED VIOLENCE IN LEBANON

“ The Committee urges the State party to strengthen legal, medical, and psychological support for women who are victims of violence, as well as to ensure that all allegations of sexual harassment and assault are adequately recorded, duly investigated, prosecuted, and sanctioned. Victims should have access to appropriate redress, including compensation.

Additionally, urgent priority should be given to strengthening the institutional capacity of the national machinery for the advancement of women, including through coordination and cooperation with civil society and women’s non-governmental organisations to promote participatory planning. The implementation of the National Strategy for Women in Lebanon (2011-2021) should be accelerated through adopting a plan of action that clearly defines the competencies of national and local authorities regarding the Strategy, supported by a comprehensive data collection system to monitor its implementation.



- CEDAW Observations on 4th and 5th Periodic Report of Lebanon, November 2015

<p>Lebanon ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1997.</p>	<p>However... Lebanon maintains reservations to Article 9(2) (equal rights with respect to nationality of children), Article 16(1)(c), (d), (f), and (g) (equality in marriage and family relations), and Article 29(1) (administration of the Convention and arbitration in the event of a dispute).</p>
<p>Article 7 of the 1926 Constitution states that all Lebanese are equal before the law and equally enjoy civil and political rights.</p>	<p>However... There is no specific reference to sex or gender equality, and the Constitution does not prohibit discrimination on the basis of sex or gender.</p>
<p>Between 2011 and 2019, numerous modifications to legal texts took place, such as introducing laws against human trafficking and domestic violence, and annulling penal code articles that reduce sentences for “honour” killing and allow rapists to escape prosecution by marrying their victims.</p>	<p>However... The issued laws generally contain narrow definitions and insufficient procedural information, and there has not been systemic training for related service provision stakeholders. As for repealed laws, there remain articles in the penal code that can be used as loopholes.</p>

In Lebanon, according to UNFPA statistics, “on average, 1 in 2 persons reported that they personally knew someone who had been subjected to domestic violence, with 65% of incidents committed by a family member, intimate partner, or primary caregiver, usually in the household⁹”. According to statistics from ABAAD, KAFA, and LECORVAW, thousands of calls are received annually reporting violence and seeking support – countless other cases go unreported due to numerous factors, including cultural values and stigma, restricted freedom of movement imposed by family members (and thus inability to access services), fear of retaliation, familial or social rejection, stigma, and even honour killing. Femicide is not uncommon, and numerous cases have been covered in the media. In fact, a high-profile case involving the murder of a mother of five by her husband instigating public outrage contributed to the approval of Law 293 against domestic violence after four years of civil society lobbying and advocacy.

9. UNFPA. Lebanon Crisis response plan 2017-2020.

Though Lebanon is classified as an upper middle-income country, weak and deteriorating governance has resulted in poor public service infrastructure and delivery. Gender equality and human rights are not seen as integral concerns, with decision makers “*placing them low on the list of national priorities.*” Additionally, due to the lack of political agreement on power sharing and how demographic shifts would affect the division of parliamentary seats, there has been no official census in the country since the last official one took place in 1932. Given the above and coupled with the strong sectarianism in the country, socio-political governance is determined by religious institutions and a patriarchal culture.

Furthermore, child marriage has become an increasingly critical issue in Lebanon, where, unlike in the rest of the region, this phenomenon is growing. Syrian refugees are especially vulnerable, and girls are reportedly married earlier as an act of “protection” by their families, or as a means to alleviate the household financial burdens. A 2018 study showed that 29% of adolescent Syrian refugee girls aged 15 to 19 were married. While this is a reduction from almost 36% for the same group in 2017, the statistics remain significantly higher than the 11.6% for the same group in Syria during 2009^{10, 11}, as opposed to 11.58% for the same age bracket in Syria during 2009 – prior to the crisis. Reports indicate that rates of child marriage are increasing due to the refugee crisis, but also due to the economic crisis within Lebanon itself. Families frequently marry their daughters to wealthy Syrian or Lebanese men in exchange for accommodation or reduced rent¹².

The protracted nature of the Syrian refugee crisis is greatly complicating the context of sexual and gender-based violence in Lebanon, as well as the delivery of services. The Government estimates that there are at least 1 million Syrian displaced people living in Lebanon, with women and children accounting for 80% of the refugee population¹³. Syrian and Palestinian refugees (especially unaccompanied women and girls) are believed to be at extremely high risk of SGBV^{14, 15}.

Many refugees lack valid residence permits or are not registered, and, as a result, do not report instances of sexual harassment or abuse to the Lebanese authorities, for fear of deportation or retaliation. Only a small percentage of displaced Syrians reported they were willing to notify authorities of harassment or assault.

Under-reporting of GBV has been described as high among all groups, and in comparison to other countries, UNFPA believes that in Lebanon, high proportions of women mistrust the services provided, feel that the legal process is too long, or are concerned that they may lose custody of their children. Others, meanwhile, may not understand that services are free of charge or may not link their abuse to related health conditions. Furthermore, violence against women remains culturally ingrained, with approximately 6% of the Lebanese population, and 10% of Syrian refugees currently believing that a husband is justified in hitting or beating his wife¹⁶.

For over two decades in Lebanon, civil society organisations have been making consistent efforts towards improving women GBV survivors' human rights in Lebanon. While the majority of initiatives have been spearheaded by CSOs and women's collectives, more recently, there has been increasing acceptance of work around GBV, which has created a conducive environment for both, project implementation (including in some more conservative communities), and relevant government stakeholder involvement (such as the Ministry of Social Affairs, the Ministry of Public Health, and the Ministry of Interior and Municipalities - among others), and taking on more active roles in working towards enhancing service delivery.

10. Issam Fares Institute for Public Policy and International Affairs - American University of Beirut, 101 Facts and Figures on the Syrian Refugee Crisis (July 2019)

11. UNFPA, New study finds child marriage rising among most vulnerable Syrian refugees (January 2017)

12. International Rescue Committee. (2012). A Gender-based Violence Rapid Assessment Syrian Refugee Populations, Lebanon August 2012

13. Inter-agency. (2016). Lebanon Crisis response plan 2017-2020.

14. UN High Commissioner for Refugees (UNHCR), The Situation of Palestinian Refugees in Lebanon, February 2016, available at: <http://www.refworld.org/docid/56cc95484.html>

15. UNHCR. Woman alone: the fight for survival by Syria's refugee women.

16. Lebanon Crisis Response Plan 2017-2020. Protection Sector. 2017

COVID-19 CONTEXTUAL UPDATE

December 2020

On October 17, 2019, Lebanon witnessed a major uprising where residents from all backgrounds took to the street to protest against the economic and political systems, calling for local political leadership to step down. This marked the beginning of a civil movement that would last for months, in which women were often seen at the forefront, demanding their rights.

Since then, and throughout 2020, numerous milestones have taken place. Following the uprising, the banking system crashed, and the country went into economic freefall, resulting in people's loss of access to their money in banks (especially those with savings in US dollars) and a devaluation of the Lebanese pound (and thus wages) by 80% to the dollar, hefty inflation and hampered purchasing power, as well as closures or downsizing of numerous local and foreign businesses, evoking a steep rise in unemployment and a poverty rate estimated at over 55%⁹. With the progression of the crippling economic crisis, import agents could no longer pay in USD, and numerous basic necessities – including many types of essential and life-saving medication – dwindled or completely disappeared from local markets.

Lebanon confirmed its first coronavirus case on February 21, and by March 11, 2020, the World Health Organisation had classified COVID-19 as a global pandemic. In an effort to curb the contagion, the local authorities began lockdowns and mobility restrictions, placing further pressure on a failing system.

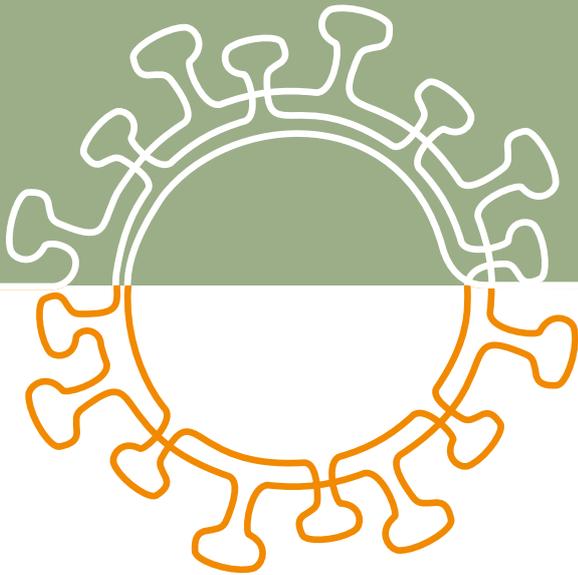
On August 4, 2020, a tragic disaster struck the heart of the country – one of the most powerful non-nuclear explosions in history hit the Beirut port, where 2,750 tonnes of incorrectly stored ammonium nitrate caught fire, taking 204 lives, and leaving around 6,500 injured and over 300,000 homeless. Many families were unable to afford repairs to their homes and had to find alternative dwelling, including collective sheltering.

Unsurprisingly, the situation has disproportionately affected women: in a country which already registered high levels of violence against women, the rates are being compounded by quarantines, social isolation, and job and income losses exacerbating social stresses and negative coping strategies. Global research has indicated that these factors are not only challenging women's ability to temporarily escape abusive partners and access emergency and life-saving services, but they are also placing them at heightened risk of violence due to increased societal stress. A related critical issue is that lockdown measures and their consequent lack of privacy and economic impact are potentially restricting women's ability to use phones or the internet to access remote support – either because they are unable to find private spaces, or because they do not have the means to secure credit to contact hotlines.

Data has also pointed to the rising risks of violence against healthcare workers during pandemics – noting the already high levels of harassment and violence to which female health workers are subjected¹⁰.

9. UN ESCWA, ESCWA warns: more than half of Lebanon's population trapped in poverty, August 19, 2020, <https://www.unescwa.org/news/Lebanon-poverty-2020>

10. Center for Global Development, Pandemics and Violence Against Women and Children, Working Paper 528, April 2, 2020, <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>



Sourcing information from a range of governmental and non-governmental actors, the Gender Alert on COVID-19 in Lebanon¹¹ has flagged the following key women and GBV issues for attention, per sector:

Access to Justice¹²

- o **Increase in the number and severity of GBV cases:** Calls to the ISF domestic violence hotline, ABAAD's emergency hotline, and KAFA's helpline, among other GBV CM agencies, were all significantly higher in the first 5 months of 2020 in comparison to the total number of calls logged in all of 2019. Additionally, as the confinement measures took effect, more calls poured in, with a notable increase in first-time callers. The severity and emergency nature of the calls – including threats of femicide – is also on the rise.
- o **Emergence of underdiscussed forms of GBV during COVID-19 lockdowns:** Heavier reliance on technology-based communication has led to spikes in online discrimination, cyberstalking, blackmail, and hate speech. Similarly, economic violence towards women and domestic migrant workers, as well as gender-based violence against LGBTQ individuals (corrective rape, coerced invasive examinations, denial of access to hormones, and forced heterosexual marriage) are also increasing.
- o **Strained capacity of state protection services as they adapt to ensure access for and respond to domestic violence cases:** While state security forces have adapted their GBV response to ensure it remains accessible in spite of the situation at hand (for example, some judges have been using remote listening techniques to issue protection orders, and others are waiving difficult-to-reach forensic procedures in favour of the survivor), there have been GBV survivors reporting inability to seek legal redress against perpetrators due to court closures, the lack of flexibility of some actors, or the inability of others due to limited resources. Still, an NCLW request to the Ministry of Justice has resulted in an important policy adaptation, where two generalisations were issued to improve domestic violence prosecution procedures (opening case records even without witnesses, and allowing testimonies via video calls), and to formalise an online mechanism to accept and rule on urgent complaints (court email addresses have been disseminated to facilitate survivor access).

11. UNFPA, UN Women, WHO, and NCLW, Gender Alert on COVID-19 – Lebanon, April-July, 2020, <https://arabstates.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-lebanon>

12. UNFPA, UN Women, WHO, NCLW Gender Alert on COVID-19 – Lebanon: GBV and Access to Justice, April and June 2020

- o **Rising challenges faced by frontline service providers:** The ISF and non-governmental actors are providing services such as case management, psychosocial support, and information counselling remotely (including through social media), and hospitals and PHCs continue to provide CMR and medical care for incidents of physical abuse. However, resources are severely spread thin, and front-liners undertaking critical work to provide GBV services have not been exempt from the mobility restrictions imposed by the Ministry of Interior.
- o **Limited capacity for survivors at safe shelters:** In addition to several women's shelters across Lebanon being at full capacity, some are unwilling to host new survivors as a COVID-19 precautionary measure, or they ask survivors to provide proof that they are not infected, in spite of the fact that free testing at designated hospitals is only possible under specific criteria. On a positive note, as a COVID-19 response, ABAAD has mobilised to secure temporary isolation units ahead of admission to its existing safe shelters.
- o **Compromised wellbeing of specific marginalised groups,** especially domestic migrant workers who remain at great risk of exploitation and abuse under the Kafala system, trafficking victims who continue to be forced into sex despite the health concerns, LGBTQ persons isolated with homophobic/transphobic family members and with no safe housing options, children at heavier risk of violence amidst nationwide school closures, elderly women, and women/girls with physical or intellectual disabilities.

Economy¹³

- o **Women could be the group hardest hit by lay-offs and income reduction during the economic crisis in Lebanon:** A March 2020 assessment demonstrated that more women than men have been laid off (48% versus 40%) or have reported wage reductions (7% versus 3%). Given the already significant discrepancies between the participation of women and men in the labour market, women's lay-offs and wage reductions at higher numbers is of significant concern, as it may result in a prolonged dip in women's engagement in the paid economy.
- o **Women may have less access to cash transfers and social assistance due to legal and social barriers:** Despite the fact that the provision of unconditional cash assistance directly to women can prevent/reduce sexual exploitation and abuse, cash programming designed to assist entire households often targets the self-defined head of household, who is usually male, and may thus not reach the women. Additionally, workers in the informal sector (especially those in agriculture) are excluded from labour code protection, and married women cannot extend social security to their husbands (except in cases where the latter has a disability).
- o **Women's unpaid domestic and care work is increasing, but may have the potential to open up new opportunities for more equality in household responsibilities:** Since lockdown measures and school closures took effect, women have been at the forefront of home-schooling, caring for members with illnesses/disabilities, and general household chores; while their unpaid care and domestic duties have been amplified, men still report less levels of engagement. Women in the paid care sector continue to be increasingly underpaid and overworked.
- o **Migrant workers and domestic workers are at greater risk for exploitation, abuse, and forced labour:** The problematic economic situation coupled with COVID-19 have also been disproportionately oppressive towards migrant workers (domestic and freelance). Some have reported that employers – many of whom are more often home due to confinement – are giving unrealistic tasks and working hours without considering health risks. They are also increasingly withholding or paying lower wages. Laid-off domestic workers have been facing difficulties returning home, either due to airport closures or lack of economic ability.
- o **Potential digital gender gaps may result in women being left out/behind as the active labour market temporarily shifts to an online/remote working modality:** As much of the formal labour force transitions to remote modalities, workers will need digital access and qualifications. Considering the global gender gaps tied to internet access, possessing digital

13. UNFPA, UN Women, WHO, NCLW Gender Alert on COVID-19 – Lebanon: Women, Gender, and the Economy, May 2020

devices or mobile phones, and specialised skills in the information and technology field – and noting that these gaps are often further exacerbated in lower income countries and communities – this is likely to pose an obstacle to women in Lebanon, especially those from lower socio-economic or refugee groups.

o **LGBTQ individuals are an increasingly economically vulnerable population in the country:**

The financial crisis and COVID-19 have worsened the pre-existing socio-economic inequalities associated with the widespread employment discrimination and economic marginalisation of LGBTQ individuals. This is due to their gender expression and sexual orientation, and often involves sexual harassment, blackmail, and underpayment.

Health¹⁴

o **Sexual and reproductive health (including maternal health and access to contraception) has suffered, though efforts persist to maintain quality care:**

A recent survey indicated that a significant majority of female respondents cited fear of COVID-19 as a reason for not accessing Sexual and Reproductive Health (SRH) services, which is critical and life-saving for GBV survivors. This is corroborated by MoPH data, which shows a 46% decline in female SRH beneficiaries between January and May 2020. Further factors diminishing access are likely the movement restrictions, lack of transportation to services, and economic constraints. Other SRH issues include rising period poverty (where a needs assessment found that 53% of women and 66% of adolescent Lebanese and Syrian refugee girls do not have the financial means to procure monthly menstrual pads), and mothers decreasing breastfeeding due to COVID-19 contagion fears.

o **Nurses and midwives (mostly women), are facing major challenges during COVID-19:**

These include unsafe and dangerous working conditions, sharp wage reductions to already undervalued remuneration, delay or failure of patients to pay dues to midwives, skyrocketing patient to nurse ratios, insufficient quality and quantity of personal protective equipment (PPEs) in some locations, and midwives' limited knowledge of COVID-19. In some settings, nurses with suspected COVID-19 exposure are being asked to self-quarantine without pay.

o **Despite the fact that women make up the majority of poorly paid frontline health workers in precarious conditions, they are still underrepresented in COVID-19 decision-making bodies:**

Women in Lebanon are playing a major role within the COVID-19 response, where they make up the vast majority of nursing, social work, domestic work, and health facility service staff. Several national professional health associations such as the Order of Nurses, Order of Midwives, Syndicate of Social Workers, and Syndicate of Medical Equipment Importers are also women-led. However, despite this heavy engagement, only 18% of the Government's Inter-Ministerial Committee on COVID-19 are women.

o **Heightened mental health concerns among women, especially female migrant domestic workers: Emotional distress has been systematically skyrocketing in Lebanon due to numerous factors:**

COVID-19 lockdowns and rising domestic violence, isolation, contagion anxieties¹⁵, the severe economic crisis and consequent reduced internal security (especially theft), as well as the Beirut Port Blast and problems stemming from its aftermath. These issues, coupled with stressors related to increased domestic care and work, are affecting women much more heavily; for example, data from the Embrace National Mental Health and Suicide Prevention Hotline shows that 52% of callers were women, and 94% of migrants seeking MSF's mental health support services were women.

14. UNFPA, UN Women, WHO, NCLW Gender Alert on COVID-19 – Lebanon: Women, Gender Equality, and Health, July 2020

15. Studies from other countries have shown that women report feeling more negative effects from worry about COVID-19, and more women fear getting sick.

COORDINATION AND GOVERNANCE

Coordination Structure

In recent years, various ministries, including the Ministry of Social Affairs (MoSA), Ministry of Public Health (MoPH), Ministry of Interior and Municipalities (MoI), Ministry of Justice (MoJ), and Office of the Minister of State for Women's Affairs (OMSWA)¹⁷, as well as UN agencies, the National Commission for Lebanese Women (NCLW) and various women's rights and gender equality NGOs such as ABAAD - Resource Centre for Gender Equality, Justice Without Frontiers, KAFA (Enough Violence and Exploitation), LECORVAW (the Lebanese Council to Resist Violence against Women), and RDFL (the Lebanese Women Democratic Gathering), among others, have been actively working to promote a comprehensive approach to GBV prevention and response.

Key initiatives are generally coordinated through inter-organisational platforms that meet on a regular basis (both on central and sub-regional levels), for example, the **National Sexual and Gender-Based Violence Task Force (SGBV TF)** co-led by UNHCR and UNFPA, and the **UN Gender Working Group**, co-led by UNFPA and UN Women, which provides overall guidance and coordination on joint programming related to gender mainstreaming, including SGBV. Efforts include examining national legislation, supporting cross-sectoral referral systems, capacity and institutional development, awareness raising/outreach activities, and research. Other coordination groups include the **Durable Solutions WG, the Protection WG, Child Protection WG, Clinical Management of Rape WG, and MHPSS TF**. The **National Technical Task Force to End GBV against Women and Children (NTTF)**, chaired by the Ministry of Social Affairs (MoSA) and established and co-chaired by ABAAD along with IMC in 2012, aims to identify national priorities in the area of the combating VAW, as well as setting and developing national action plans with the objective of addressing GBV and its consequences, and responding to related challenges.

Data Collection, Sharing, and Generation of Evidence

Sharing, receiving, and analysing aggregated non-identifiable SGBV data is an important contributor towards improved coordination, targeting gaps in programme design, prioritising actions, and enhancing programming of prevention and response efforts.

On the local level, the interagency task force (coordinated by UNFPA) utilises the international Gender-Based Violence Information Management System (GBVIMS) and ActivityInfo to collect data, generate trends, analyse data and triangulate it with information from other sources (such as recent studies, research papers, findings from focus group discussions and participatory assessments), and utilise it to inform programming and interventions.

At the time of publication of this report, eleven organisations were using the GBVIMS: ABAAD - Resource Centre for Gender Equality, Akkar Network for Development (AND), Caritas Lebanon (CL), Danish Refugee Council (DRC), International Medical Corps (IMC), INTERSOS, (International Rescue Committee (IRC), KAFA, the Lebanese Council to Resist Violence Against Women (LECORVAW), the Lebanese Women Democratic Gathering (RDFL), and Makhzoumi Foundation (MF)¹⁸.

17. In 2019, OMSWA became the Ministry of Economic Empowerment for Women and Youth (EEWAY).

18. Source: GBVIMS Monthly Information Sharing Protocol - Quarter 3, 2019

While this is an important source of data collection and sharing, it is noteworthy to mention that GBVIMS data is not a referential roster, because its use is restricted to UNFPA, UNHCR, and UNICEF partners providing humanitarian response services under the Lebanon Crisis Response Plan (LCRP). Additionally, over the past 10 years, there has been a mounting number of focused studies and research which provide some indication about the magnitude and nature of the GBV situation. However, most of this data is restricted to a region, a population cohort, or a certain type of GBV, and there is no system that records national GBV prevalence and development efforts.

The National Gender-Based Violence Standard Operating Procedures (GBV SOP), which was developed in 2019, has a section which addresses the creation of national data collection system. The system will be part of the National Referral Platform, which will be headed by a steering committee comprising representatives from different concerned sectoral ministries. Its role will be overseeing referral to services and data collection.

Government Support and Engagement/Involvement

Multiple Lebanese ministries spearhead, support, or are engaged in various SGBV prevention and management interventions. They have also been engaged in the development, validation, and launching of national strategic frameworks (see 'National Strategies and Policies,' page 18, for additional details).

During 2017 and 2018, in an unprecedented step, in an initiative technically supported by ABAAD and under the leadership of the Ministry of Social Affairs (MoSA), the National Commission for Lebanese Women (NCLW), Ministry of State for Women's Affairs (OMSWA), Ministry of Health (MoPH), Ministry of Justice (MoJ), and Ministry of Interior and Municipalities/Internal Security Forces coordinated together to structure the National GBV Standard Operating Procedures (MoI / ISF). The SOPs provide a unified and standardised road map and tools to guide the work of service providers and national stakeholders including ministries, commissions, the police, NGOs, and other frontliners working with GBV survivors in Lebanon.

The Ministry of Social Affairs (MoSA) is the lead ministry for the implementation of the Lebanon Crisis Response Plan (LCRP), and is co-chairing both the National SGBV Task Force (SGBV TF) and the National Technical Taskforce to End GBV against Women and Girls (NTTF).

Supported by UNICEF, MoSA has developed a 7-year *Strategic Plan on Child Protection and Gender-Based Violence*, which outlines the Ministry's vision for child protection and the protection from gender-based violence, in connection with the many other ministries, service providers, and other national and local actors involved¹⁹. Under this partnership, baseline studies on child marriage in Lebanon have also taken place.

The Ministry has a network of around 250 Social Development Centres (SDCs) throughout Lebanon. Within the framework of an agreement with ABAAD, several of these SDCs, selected based on a number of considerations (including geographical diversity and locale initial assessments), host Women and Girls Safe Spaces (WGSS), Family Support Units, or Men Centres. In 2019, through a partnership with UNFPA, these centres have been providing SGBV prevention and response through applying an Essential Services Package approach to Holistic Care.

Additionally, MoSA has yearly contracts with different actors offering safe sheltering for women and girls (for example, Maryam And Martha Community, Sisters of the Good Shepherd, and Mission de Vie), and provides them with funding for operation and livelihoods activities for the women.

The Ministry of Interior and Municipalities, and more specifically the Internal Security Forces (ISF), have been working heavily and institutionalising partnerships with UN agencies (especially UNICEF, UNHCR, and IOM), academic institutions such as LAU/AiW, and local civil society organisations, including ABAAD, Caritas, and KAFA (with the support of UNFPA).

19. UNICEF Child Protection Overview in Lebanon, 2019

This has resulted in the ISF's issuance of two mandatory service memos related to receiving and processing cases of domestic violence, and cases of sexual violence and/or human trafficking. Thousands of officers with varying ranks and of both sexes have participated in capacity development activities (including TOTs) on working with survivors of GBV.

A four-digit national hotline (1745) and women friendly spaces at police stations were established, and GBV Referral Focal Points were instated in every governorate, all with the purposes of more effectively receiving and processing cases of violence.

The ISF has also carried out or engaged in some public information dissemination campaigns in partnership with local NGOs with the aim of trust-building, informing residents of Lebanon of the ISF's "commitment to combatting violence against women and girls," and of the related available means.

Recently, the Ministry of Public Health (MoPH), more specifically the National Mental Health Programme (NMHP), has been working in close collaboration with the Ministry of Social Affairs (MoSA) on integrating mental health axes into the National GBV SOP. They have also been working on developing accreditation criteria for Mental Health services targeting GBV survivors, which will be launched as dual ministry publications to be implemented on a national level.

In collaboration with the Ministry of Justice, lawyers and judges have been sensitised on gender and GBV response, and forensic doctors have participated in CMR TOTs. Numerous primary healthcare centres were also supported to ensure they possess and regularly replenish the necessary drugs related to the clinical management of rape.

In 2019, the Ministry of Education and Higher Education signed an MoU with ABAAD – Resource Centre for Gender Equality that included the revision of the national school curriculum to integrate gender awareness, GBV, and sexual education, none of which are addressed within the public schooling system. The awareness activities will target students, parents, and families, and address issues such as GBV, positive parenting, cyber security, sexual education, and protection.

Lebanon introduced a new "Office of the Minister of State for Women's Affairs" (OMSWA) in December 2016, whose mandate was to promote women's participation in governance and to tackle violence against women and girls through the adoption of specialised laws and collaborative projects with specialised organisations. However, in 2019, the OMSWA ceased to exist, and became the "Ministry of State for Economic Empowerment of Women and Youth," which, at the time of data collection for this report, no longer worked on GBV issues, and still had no structure or budget.

Overall, when it comes to political will and collaborating on projects aiming to combat GBV, the different ministries have been responsive to civil society efforts, initiatives, and attempts to engage them, especially if the organisation already has funding allocated. The NCLW has also been allocating a small proportion of its yearly budget on activities to eliminate discrimination against women and combat VAWG. However, on the whole, there have been no significant national or ministerial efforts to allocate dedicated funds within their annual budget to spearhead such initiatives or to carry out their due diligence in regard to GBV.

NGOs and Civil Society

“ In 2005, we could not talk about the concept of “spousal violence,” only domestic violence. Even saying the word “gender” in ministerial circles was unthinkable. Ministries did not trust CSOs or INGOs, and vehemently refused collaborating with them and their “western agenda”.

Today, through the diligent efforts of civil society, ministries and public administrations have appointed Gender Focal Points, they regularly collaborate with NGOs and UN agencies within the framework of large-scale agreements, and some MPs and political party representatives have adopted or even suggested draft laws related to gender reform.

”

- CSO Key Informant

Lebanon boasts a robust and highly active civil society sector with various components including local and international non-governmental organisations, academic institutions, and UN agencies. Since the early 1990s, the bulk of work on women’s rights, GBV, and social transformation has been carried out by civil society.

While ministries in Lebanon initially showed distrust – both towards their own counterparts, and towards civil society at large – “decades of cumulative joint NGO efforts, coupled with clear objectives ‘and no hidden agendas’ has fostered an environment of trust, ownership, and sensitisation to the GBV cause and its important. This gradually resulted in the increased willingness of governance structures to collaborate with credible rights groups.” Since then, a number of prominent institutions such as ABAAD, CRTD.A, KAFA, the Lebanese American University (LAU), LECORVAW, RDFL, UNFPA, UNICEF, and UN Women have been working with the ministries to increase their engagement, advance legislations, set national action plans and strategies, and strengthen their capacities to fulfil their due diligence towards ending violence against women in Lebanon.

For example, in 2012, the Ministry of Social Affairs began actively chairing the National Technical Task Force to End GBV in Lebanon which ABAAD set up and co-chairs. According to an ABAAD staff member, “in 2018, when the major donor to the Women and Girls Safe Spaces hosted at the MoSA SDCs faced budget cuts, the SDC directors (government employees) immediately mobilised to discuss with the MoSA General Director the harm caused by interrupting services – they had become sensitised to the severity of the GBV topic and the importance of holistic case management support to survivors.”

Referring to a particular project that aimed to strengthen government due diligence, a ministry stakeholder explained that “the project’s modality of operation allowed the [ministry] itself to be in the forefront and to take ownership of the work and its results, pushing for regular intra-ministerial collaboration. This has been playing a critical role in mainstreaming intersectoral, cross-cutting humanitarian development efforts.”

National Strategies and Policies

Sexual and gender-based violence is covered extensively within the Lebanon Crisis Response Plan (LCRP) 2017-2020. This is also aligned with other national plans, such as the National Social Development Strategy, the National Ten-Year Strategy for Women in Lebanon, and the Ministry of Social Affairs’ National Plan to Safeguard Children and Women in Lebanon. With the support of UNFPA and other partners, the National Commission for Lebanese Women (NCLW) developed its National Action Plan 2017-2019²⁰ which complements the National Strategy for Women in Lebanon 2011-2021²¹. The National Action Plan includes objectives to abolish the reservations of the Lebanese State on the CEDAW Convention, amend laws and legal texts that discriminate against women, and adopt new rules guaranteeing the protection of women against sexual violence.

20. NCLW. National Strategy for Women in Lebanon 2011-2021; National Action Plan (2017-2019)

21. NCLW and UNFPA. National Strategy for Women in Lebanon 2011-2021.

SGBV Guidelines and SOPs	
2011	10 -Year National Women's Strategy (with one strategic objective on VAWG and one on women in conflict) ²² .
2014	Inter-Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon ²³
2014	Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon ²⁴
2015	Responding to Child Sexual Abuse: A Practical Guide for Counsellors in UNRWA Educational Settings in Lebanon
2015	Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action
2015	Mental Health and Substance Use Strategy for Lebanon 2015 ²⁵ -2020
2016	Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021
2016	Guidelines for Referral Health Care in Lebanon Standard Operating Procedures ²⁶
2016	Standard Operating Procedures for the Protection of Juveniles in Lebanon ²⁷
2017	SOP for GBV in Emergency Contexts (GBV TF, endorsed by MoSA)
2017	ISF Service Memorandum on Dealing with Case of Sexual Assault and Human Trafficking
2018	ISF Service Memorandum on Dealing with Cases of Domestic Violence (Law 293)
2018	Child Protection Standard Operating Procedures
2019	10 -Year National Strategy to Combat Violence against Women and Girls ²⁸
2019	National Gender-Based Violence Standard Operating Procedures
2019	Standard Operating Procedures to Combat Human Trafficking (IOM)
2019	SOP for GBV against Migrant Domestic Workers (Caritas)

In 2017, the Lebanese Council of Ministers commissioned the NCLW to develop a comprehensive National Strategy on UN Security Council Resolution 1325 on Women, Peace, and Security. In 2019, the Council endorsed the strategy. This is considered an important achievement on the framework level, and is a milestone that leads to enhancing the protection of women from GBV during contexts of armed conflict.

22. Developed by NCLW in partnership with UNFPA

23. Inter-Agency Coordination. Inter-agency standard operating procedures for SGBV prevention and response in Lebanon. <http://www.abaadmena.org/documents/ebook.1491983561.pdf>

24. UNRWA and ABAAD. Responding to child sexual abuse: a practical guide for counsellors in UNRWA educational settings in Lebanon. <http://www.abaadmena.org/documents/ebook.1474628498.pdf>

25. Ministry of Public Health, National Mental Health Programme – while this document is not SGBV-specific, it is an important advancement in the framework of working with GBV survivors and perpetrators https://www.moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1_1-English.pdf

26. UNHCR. Guidelines for Referral Health Care in Lebanon Standard Operating Procedures. July 2015

27. <https://reliefweb.int/report/lebanon/ministry-social-affairs-universit-saint-joseph-unicef-european-union-strengthening>

28. Developed and launched in early 2019 by UNFPA, ESCWA, and OMSWA; provides a comprehensive framework around the 4Ps.

HEALTH SERVICES



The healthcare system within Lebanon remains weak as a result of the economic crisis. The private healthcare sector is the most developed, dominant, and well-equipped in terms of responding to SGBV, but it is also extremely expensive and not easily accessible to all populations. As such, starting in 2015, the SGBV Task Force began work on improving the capacity of the public health sector to deal with violence against women and girls. ABAAD, the International Medical Corps (IMC), the International Rescue Committee (IRC), and Médecins du Monde (Mdm) have been conducting facility-based trainings to improve SGBV response, and the UNFPA and some of its local partners have been conducting training on CMR and providing post-exposure prophylaxis (PEP) kits to trained facilities since 2014. In addition, between 2014 and 2016, UNFPA, in partnership with the American University of Beirut (AUB) and KAFA, developed a training manual for healthcare providers on enhancing communication with survivors of violence. This was followed by rolling out a training to all healthcare providers in the network of primary healthcare centres. These efforts have resulted in enhanced health-based SGBV service quality, coverage, and availability across Lebanon.

This expansion in services has further been supported by advocacy campaigns explaining available initiatives, including printed materials in health facilities. Women FGD participants added that they also learned about such services through SMS and community awareness activities conducted by NGOs.

However, trends in GBVIMS data have indicated that although women and girls may reach out to psychosocial services, many survivors decline referral, especially to healthcare. Focus Group Discussion participants attributed avoiding services due to several factors, including their lack of trust in the confidentiality of services, parental, spousal, or social pressure/stigma, lack of awareness of available services, and economic reasons (unable to afford services or transportation to service delivery points), among others.

From a national strategic framework perspective, specialised healthcare for women survivors of GBV remains inexistent. According to one civil society informant:

“ **The MoPH still has no clear policy, strategy, or commitment to GBV survivors. If a woman who has been subjected to GBV seeks out medical services at a hospital, she will be covered in the same way that someone who had been in a car accident would – there is no subsidised medical care dedicated to cover the costs of the medical and mental health implications of GBV.** ”

In spite of the gaps, since 2018, some positive modifications have been made. For example, the health system now has the obligation of mandatory reporting in cases of family violence, especially if juvenile.

Previously, medical staff were required to report any identified cases of rape when survivors came to seek services. This was a deterrent for women seeking services, especially those who were afraid of stigma, “tarnished reputations,” and community or family backlash (including in the form of honour killing). Currently, rape reporting can only take place with survivor consent, and she has the right to request a forensic evidence collection kit (“rape kit”) which can be stored until and if she decides to use it.

The Ministry of Public Health/National Mental Health Programme has also been engaged on the levels of producing a national self-care curriculum, accreditation criteria for psychiatric protection shelters for women survivors of GBV, and integrating cross-cutting MHPSS and SGBV

indicators into the “*Mental Health and Substance Use Strategy for Lebanon 2015-2020*.” Criteria of interest include:

“Develop evidence-based capacity building plan for MHPSS services for providers working with SGBV survivors and their partners,” “Integrate MHPSS into the programmes of all relevant actors who work with SGBV survivors and their partners,” “Integrate evidence-based mental health promotion and prevention into national protection programming in collaboration with the MoSA (social protection, child protection, SGBV, minors in the judiciary system), and “Implement and evidence-based framework for prevention and monitoring of suicide.”

Clinical Management of Rape

In 2012, the International Rescue Committee (IRC) conducted an assessment of clinical management of rape (CMR) services. Findings showed that, at the time, CMR services were not available due to lack of; “adequately trained healthcare providers; knowledge of and adherence to international treatment protocols and availability of drugs for post-rape care.”²⁹ The most critical gap was that healthcare providers in Lebanon had limited to no training in CMR.

Since the IRC report, the UNFPA, in its capacity as the lead agency on the Clinical Management of Rape in Lebanon, established its CMR training programme in 2014. Since then, over the years, UNFPA partners such as ABAAD and other INGOs (mainly IMC and IRC) have trained full cadres of medical and administrative actors at tens of facilities who were consequently certified to provide CMR services. The trainings aimed to ensure that targeted facilities were well-equipped to provide CMR services, and that all staff who may come in contact with survivors reaching out for services had the necessary ethical attitudes and soft skills towards survivors, and were following the related WHO protocols and guidelines.

Despite this important humanitarian-based training and the UNFPA's provision and replenishment of PEP kits, standard reproductive health kits (including emergency contraception), testing kits, and STI treatment to prioritised hospitals and PHCs across Lebanon, local populations remain unable to access CMR services free of charge – for example, a survivor of rape wishing to obtain a forensic report must personally incur the (expensive) related costs.

Facilitating Vulnerable Groups' Access to Services

Apart from communities in rural under-serviced areas, certain populations may face significant challenges accessing services irrespective of their geographical location – for example, adolescent girls, persons with disability, and older individuals, all of whom may have restricted ability to independently seek out services. Another group are individuals who are stateless or who do not possess legal documentation, who may fear being arrested and detained or deported.

In order to improve access to services for populations in hard to reach areas, different civil society actors have been making efforts to circumvent these obstacles: AMEL Association, for example, has established service points in more vulnerable areas, while Makhzoumi Foundation operates health mobile clinics. SGBV Task Force mobile health units which visit hard to reach vulnerable populations provide a variety of health services (including referrals) and can provide care for sexual and reproductive health issues. Although these are often not explicitly mandated to target SGBV, they can be used to discuss such issues and provide referrals. Furthermore, the SGBV Task Force has successfully negotiated free health care services for survivors, which has dramatically improved access to care among poor communities.

After years of humanitarian efforts, the identified best practices to reach adolescent girls were the door-to-door and peer-to-peer models, in addition to after-school activities.

While these efforts have improved outreach and provision of care, the reach – in comparison to the actual needs – remains insufficient and in critical need of expansion to ensure inclusivity and fair access.

29. GBVIMS. Clinical Management of Rape. UNFPA 2016

POLICE AND JUSTICE SERVICES



In comparison to the police and justice sectors' modus operandi prevailing in the early 2000s, ample progress has been made. This includes several legal reforms, such as the endorsement of Law 293 on Family Violence, repealing Article 522 (also known as the "Marry your rapist" law), and eliminating Article 562 which allowed reduced sentences in cases of honour killing.

Recently, work with the municipal police was initiated, with the aim of preventing and mitigating GBV. This came as a result of the GBV curriculum developed by UNFPA, KAFA and the ISF, as well as the Ministry of Interior's 2019 strategy which comprised axes related to VAWG.

In partnership with the Ministry of Justice, some work – albeit minimal – had been done with judges and forensic doctors, who participated in capacity building or TOTs on GBV. Judges for Urgent Matters were sensitised on Law 293, which has resulted in their issuing enhanced protection orders that are more systemic and understanding of the law. The judges are now more vocal about the judicial system's critical need to have social workers and psychotherapists.

The Internal Security Forces have also taken several steps to improve their response to SGBV. This has included signing MOUs with UN agencies and local rights organisations who have thus far provided capacity development for over 3,000 female and male officers of different ranks, appointing Gender Focal Points at police stations throughout Lebanon, issuing two mandatory service memorandums on dealing with reports of domestic violence and sexual assault/human trafficking. They established a four-digit helpline for SGBV reporting and referral, in addition to allocating investigation rooms specifically for SGBV cases. However, as emphasised by both, a civil society key informant and an ISF stakeholder, *"more training is still needed to improve the capacities of a larger percentage of the 30,000 ISF officers, especially those who are responding to the helplines."* The ISF stakeholder also added that *"the keyword is sustainability. The officers need ongoing capacity building and refreshers. Without the continuous training, not only does their knowledge fade away, but those who have received the training retire, and there is nobody to replace them afterwards."*

Overall, while the sectoral improvements are undeniable, free legal services/advice and security response for survivors are still limited. It is important that the local actors capitalise upon the infrastructure that has been built through advocating for governmental due diligence when it comes to SGBV services and response, while at the same time continuing the lobbying efforts in regard to legal reform.

Referral and Delays

Women and girls are often reluctant to report incidents of sexual and gender-based violence to police. Criminal proceedings are usually a lengthy and "emotionally exhausting" process, which many survivors do not wish to go through. Sector data on intimate partner violence, moreover, indicates that a third of survivors reach out to service providers for help more than a month after the incident occurred. This can complicate evidence gathering and criminal proceedings and create delays in the penal process.

Even where amenities are available, data reported through the GBVIMS shows that a high proportion of women decline referrals to needed services³⁰. While some survivors accept referrals to legal services during counselling sessions with specialised caseworkers, after initiating the process they often refuse to pursue the needed legal assistance at a later stage.

30. GVIMS Lebanon. Access to Services for Survivors of Gender based violence. Overview of GBVIMS data-January-March 2017. UNFPA 2017.

This trend has been linked to fear of retaliation, as well as limited counselling or information available on legal services, and fear of losing child custody. Displaced women and girls also report avoiding security/protection services due to lack of documentation and fear of deportation. A notable percentage of survivors declining security/protection services are from the LGBT community.

However, starting in 2017, in addition to the previously mentioned efforts taken by the police and justice sectors, there has been a major change in the referral pathway, where it shifted from a non-formal ad hoc nature to a more structured, unified, and standard referral system which was translated and adopted within the National GBV SOP. In parallel, the humanitarian sector continues to constantly update the referral pathways for entities providing GBV services and response. A 2018 initiative by ABAAD, for example, included the creation of the "RESPOND" app, which provides crucial information, guiding principles for safe ethical referrals, informed consent, procedures, roles, and responsibilities for actors involved in the prevention of and response to SGBV in Lebanon within the framework of the LCRP.

Legal Protections against SGBV

Lebanon recognises 18 religious sects and, accordingly, has 15 different personal status laws which are applied by religious courts without governmental supervision. In many cases, these courts have limited interest in sexual and gender-based violence, and laws are usually geared towards "preserving the integrity of the family," which often translates into discrimination against women. Article 7 of the 1926 Lebanese Constitution stipulates that "*all Lebanese are equal before the law and equally enjoy civil and political rights.*" However, there is no specific reference to sex or gender equality, and no expressly stated prohibition of discrimination on the basis of sex or gender. To date, despite intensive civil society efforts, women are still unable to grant nationality to their children or a foreign spouse.

Personal Status Law

Minimum age of marriage

There is no law prohibiting early marriage. The minimum age of marriage varies among religious denominations and disadvantages girls. Although most religious groups set the minimum age at 18 for boys, all religious groups allow girls under the age of 18 (and sometimes as young as 9 years old) to marry.

Guardianship of children

Men have guardianship over children. Women have no guardianship rights, with the exception of Armenian Orthodox couples.

Custody of children

The mother has custody of very young children, and at a set age which differs per sect (between 2 and 15 years of age), custody is transferred to the father. In many cases, there are conditions that limit the mother's custodial rights.

Male guardianship over women

A male marriage guardian is required for Muslim and Druze marriages. The role of this guardian varies according to sect.

Marriage and divorce

Women do not enjoy equal rights in marriage and divorce under the Personal Status Law. Grounds for divorce or annulment under the various sectarian laws discriminate against women.

Inheritance

Under the rules of inheritance that apply to Muslims, women have a right to inheritance, but in many cases receive less than men. For example, daughters receive half the share that sons do. Male and female Christians have equal inheritance rights under their inheritance law.

Extract from the "Lebanon: Gender Justice and the Law" report by UNDP, UNFPA, and UN Women, 2018.

Some gender justice aspects of the law have been addressed, but important gender inequalities remain.

The law does not provide for gender equality and/or there is no minimal protection from GBV.

Over the course of the past decade, numerous amendments have occurred in the form of approving new draft laws or repealing others. According to a women's rights activist, *"While these changes are positive first steps, in many cases, the modifications are insufficient and require further substantial changes in both, the specific texts, and the constitution at large."*

Law 164 • Human Trafficking *(issued)*

Law 164, issued in August 2011, criminalises all forms of human trafficking including enticement, transportation, harbouring, detention, or sheltering of a person by means of threat, use of force/abduction, deception, abuse of power, or giving/receiving payments in a manner that creates a relationship of unequal power dynamics. The law also stipulates that in cases of exploitation, the victim's consent is irrelevant.

Article 562 • Family honour killings/beatings *(repealed)*

In August 2011, the Parliament annulled Article 562 which mitigated the sentence of family members who claimed that they had killed or injured their wife, daughter, or other female relative to protect the family honour. A KI elaborated that *"despite the annulment of the law, families continue to practice honour killing, but now through sending minors to commit the crime – in light of reduced juvenile sentences."*

Law 293 • Domestic Violence *(issued)*

In May 2014, the Lebanese Parliament adopted Law 293 on the "protection of women and other family members from domestic violence." While the law enables women to obtain protection orders against perpetrators, and sets forth certain procedural measures for the ISF to process domestic violence complaints, the International Commission of Jurists³¹ noted that *"numerous provisions of law, both substantive and procedural, fall short of international standards,"* further elaborating that the narrow definition of domestic violence and GBV means that not all related acts of violence are criminalised, and protection orders do not apply to forms of GBV omitted by the law. Additionally, one key informant (KI) believed that the law was *"still lacking in adequate policies and procedures regarding the implementation of the law,"* adding that *"many women do not resort to this law (requesting a protection order) because of the lack of trained, qualified judges who could carry out the process, and their lack of trust in the legal procedures of implementing the law."* To note, however, is that an opinion survey carried out by KAFA in 2016 showed that a number of women survivors are familiar with the law and have increased trust in law enforcement. This demonstrates that while the law continues to have certain shortcomings, some improvements have been effected following its issuance.

Law 522 • Rapists avoiding persecution by marrying victims *(repealed)*

In August 2017, Article 522, which allowed halting of prosecution or suspending conviction of a person who committed rape if he marries the survivor, was repealed. A modification to the text regarding discrepancies in reported rape among minors aged 15+ also occurred - for example, if a minor's parents report rape but the girl confirms the relationship is consensual, in order to mitigate taboo, marriage to the minor is permitted but only under legal follow-up. However, extensive exceptions still exist, and several related articles also need to be repealed.

Rape

Article 503 of the Lebanese Penal Code defines rape as "forced sexual intercourse perpetrated by a man on a woman outside of marriage"³². As such, there are no legal protections against marital rape in Lebanon. On the level of social norms, it is believed that *"it is a woman's duty to provide her husband with intimate relations at any time he wants them."*

Abortion

The Lebanese law states that "Any woman who, by whatever means, whether utilised by herself or a third person with her consent, aborts herself, shall be punished by imprisonment

31. GBV in Lebanon: Inadequate Framework, Ineffective Remedies, July 2019

32. https://www.unodc.org/res/cld/document/lebanon-penal-code_html/Lebanon_Penal_Code_1943.pdf

from six months to three years.” It also punishes whoever aborts, or attempts to abort, a woman.

Abortion is only permitted in one exceptional case, where the pregnant woman’s life is in danger of death due to the pregnancy. This drives any women wanting abortions to try to self-abort or locate physicians who would conduct “black abortions,” illegal and overpriced abortions that most doctors do not risk performing. While some judges may give women conducting abortions to “save their honour” lesser sentences, they are still criminally persecuted.

Child Marriage

Lebanon has no minimum age for marriage. Instead, religious courts set the age based on 15 personal status laws, some of which allow girls younger than 15 to marry³³. Indeed, in some sects, for example Shiite Muslim, girls as young as nine years old can legally marry.

A number of women’s rights organisations and women’s machinery and MPs have presented five draft bills to parliament about child marriage. The draft laws all aimed to penalise child marriage with the attempt of putting an end to the practice. However, the bills have been met with stiff resistance from some groups within parliament, and are still pending.

Only around 10% of child marriages and civil events in Lebanon are correctly registered. There are a total of seven administrative steps to fully register a marriage. However, many couples (especially those from refugee populations) only complete the first step. Many women and girls, therefore, lack the legal protections associated with marriage. The SGBV Task Force has trained legal advisors to help women complete the registration process.

Women and Girls with Disability

There are no particular legal protections or considerations for differently abled women and girl survivors. Support and protection for individuals with disability was integrated into the MoPH’s strategy, however, no practical steps or implementations have been taken.

Despite the ISF having demonstrated will to improve their public image within the community, which has been proven through thousands of their members undergoing training at the hands of different civil society actors, issuance of mandatory service memorandums related to preserving the rights of survivors, and a national campaign to launch hotlines for survivors of violence, women in FGDs reported that they do not consider police stations to be safe spaces for women and girls, and that they do not trust the officers.

Women from refugee communities felt they were discriminated against, and that the officers tended to treat women from the local community better. They also feared heading to a police station because of documentation issues. On the other hand, Lebanese women reported that they believed that humanitarian service provision points prioritised refugee women, allowing them more access to free-of-charge services for which local women had to pay.

Another issue affecting reporting are the local customs and traditions which force women to “preserve the integrity of their households,” resulting in them preferring to keep any domestic violence they were experiencing “under wraps.”

In general, the majority of women believed that while protective laws existed (most citing law 293 and the repeal of law 522), they were not applied, further elaborating that the implementation of the law “is affected by favouritism, influence, and connections (wasta).” As a result, women may often turn to political parties to request support or protection.

Organisations known for providing legal services were ABAAD, the Danish Refugee Council (DRC), INTERSOS, and Norwegian Refugee Council (NRC).

- Women FGD participants

33. HRW. Lebanon: Pass Bill to End Child Marriage. <https://www.hrw.org/news/2017/04/12/lebanon-pass-bill-end-child-marriage>

SOCIAL SERVICES



Through countrywide large-scale efforts by civil society organisations (local, international, and UN agencies), a multitude of social services for women and girl survivors or at risk of SGBV have become more widely accessible in urban and many rural settings.

Joint partnerships between organisations/UN agencies and ministry stakeholders have also played an important role in expanding access to quality services, and improving service structures.

Currently, the only structured coordination mechanism is the SGBV Taskforce. However, the development of the National GBV SOP, which aims to centralise monitoring through governmental due diligence, organise the different actors' services (be they local, international, UN, EU, and other), ensure inter-agency coordination and agency/community coordination, and provide a strongly interlinked national referral pathway, will "go a long way" in improving SGBV service provision across Lebanon. This will especially be the case when it comes to the referral system, which is currently a major problem resulting in issues such as duplication, ineffectiveness, or fragmentation of services.

An important model resulting from joint partnerships is the previously mentioned establishment of Family Units, Women and Girls Safe Spaces, and Men Centres at Ministry of Social Affairs Social Development Centres dispersed throughout the country. This has ensured that women survivors seeking holistic care and men who want to receive rehabilitation support to end violent behaviour have facilitated access to service delivery points without having to face the burden of attempting "to figure out which structures provide what services, where to go, how to report, which locations will not potentially contribute to stigma, or how to secure transportation from Saida to Beirut, for example."

Available social services offered by civil society organisations for SGBV survivors include:

					
Safe spaces	Safe sheltering	Case management and holistic care	24/7 Helplines	Legal aid referrals	Awareness-raising and community activities
					
Rehabilitation for men with aggressive behaviour	Family support sessions	Life skills sessions	Economic and livelihoods empowerment	PSS using art techniques, group support, and counselling	Mental health referrals (psychotherapy or psychiatry)

In spite of the service expansion, some vulnerable populations remain hard to reach, and they are unable to benefit from services or advocacy materials and information.

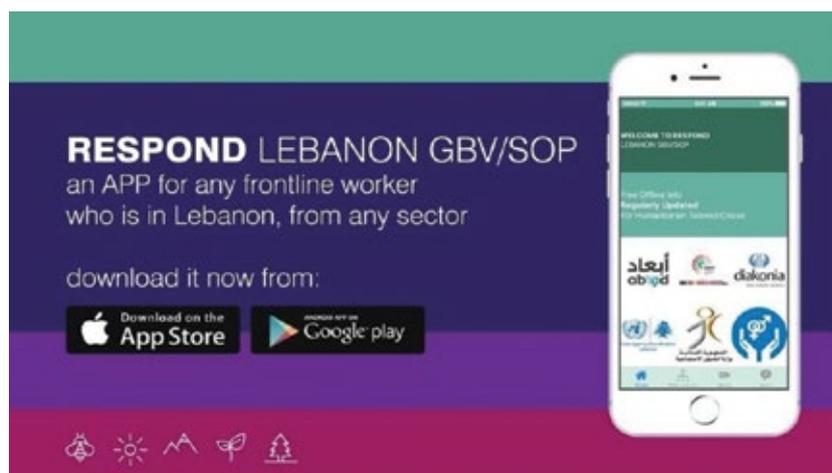
In an attempt to reach such communities, several organisations have relied on the use of mobile units (for example ABAAD's "Jina Al Dar" mobile bus³⁴) aiming to increase outreach within communities, spread awareness, and provide social services including case management, legal support, and referrals. UNFPA is also spearheading peer-to-peer trainings for men, women and young people, to ensure sustainability and wider reach.

Counselling

Information available from the GBVIMS indicates that significant percentages of individuals reporting SGBV accept specialised psychosocial support services. Counselling provided through the SGBV Task Force referral system is free of charge, human-rights based, culturally sensitive, and confidential. Similarly, other NGOs have many resources for women who have experienced SGBV. For example, Listening and Counselling Centres (LCCs) established and run by organisations such as KAFA, LECORVAW, and RDFL provide women with services such as SGBV counselling, referrals, legal services, psychosocial support, advocacy meetings, and art therapy.

However, given the fact that civil society organisations are actors independent of the national government structure, these services may not always reach some of the most vulnerable populations.

Information and Advocacy



Information is available through a variety of formats including billboards and posters, community brochures and leaflets, audio-visual material, internet and social media, mobile applications and SMS, as well as mainstream media including TV and newspapers. ABAAD has worked to develop RESPOND LEBANON³⁵, a mobile application for front-liners working with women at risk of SGBV. This app includes information on all the referral pathways available (health, legal, safe spaces etc.) as well as information on preventing and addressing SGBV. The referral information will be regional, so those using the app will be able to locate the services nearest to them. Although the app was hoped to be used by vulnerable communities themselves, a recent study on the use of communication devices by women and girls has led to concerns that using the app could put women at additional risks in some instances. In the meantime, free telephone helplines are already available and operational 24/7 in Lebanon. These can provide information on other social, health, and justice services.

Several large-scale advocacy campaigns have been rolled out across Lebanon, often as organisations' "**16 Days of Activism against Gender-Based Violence**". These campaigns aim to raise awareness and build public opinion, especially – but not limited to – ahead of lobbying for legal reform.

34. Jina Al Dar overview and achievements <https://www.abaadmena.org/programmes/gender-equality/project-5814b19a1fb3b7-85498526>

35. <https://www.abaadmena.org/media/media-5a953e15ec8c90-53501357>



Among the numerous campaigns, some which have “gone viral” included ABAAD’s **#Undress522** campaign calling for the annulment of Article 522 which “rewarded rapists with a bride,” the **“Raise the Age”** campaign by UNFPA in collaboration with KAFA, and the **#Bakir3laya** campaign by the UN and NCLW, both against child marriage. RDFL’s shock campaign against child marriage, **“Young 3arous”**³⁶, included a “social experiment” of setting up a website and phone lines for the “procurement of young brides,” later revealing that all the minor girls featured in the “catalogue” were “deceased as a consequence of violence or complications resulting from their having been victims of early marriages.”

Other campaigns informing the public of services, such as the Internal Security Forces stunt in collaboration with Ladies of Harley, Lebanon Riders, and ABAAD, informing the public of their new mandatory service memorandum on dealing with survivors of sexual violence or trafficking, or ABAAD’s Men Centre campaign, which depicts men dealing with anger due to daily stressors, closed by inviting the men to contact the Men Centre in order to work on anger management. The service later introduces engendered psychotherapy aiming to end the cycle of violence against women and girls.

Advocacy and information campaigns are complemented with awareness sessions, peer education, community discussions, and service provision for women, girls, men, and different communities, including host, Syrian refugee, Palestinian, and other.

Safe Shelters

There are 10 known safe shelters for women in Lebanon, most of which are located in Mount Lebanon. While several of those are run by groups with religious affiliations, since 2012, three secular shelters have been in operation. Mission de Vie provides long-term sheltering for women aged 60 and above of all nationalities; the mission is less protection-oriented, and more geared towards providing accommodation to women who cannot access it. **Maryam and Martha** is a long-term rehabilitation centre for women – most beneficiaries are Lebanese, with tougher criteria for Syrian women to be accepted. **Sisters of the Good Shepherd** run a long-term shelter for GBV survivors and single mothers of all nationalities. **YWCA** has an open shelter (**“more like a dorm”**) with basic services, but has no multidisciplinary team. Service de l’Enfant au Foyer (SEF), provides long-term sheltering and economic empowerment for Lebanese women and their children in low risk situations. **Caritas** has a long-term protective shelter that caters to migrant and refugee women. **KAFA** operates a 24/7 support line for women and children victims of violence, and following visits to their Support Centre, women can be referred to KAFA’s safe shelter as needed. **ABAAD** operates 3 emergency middle-way houses with 24/7 access which provide short-term, transitional sheltering for women, including case management, legal assistance, MHPSS, and life skills and economic empowerment training, and support to develop a safe and sustainable exit plan.

36. A'arous is the Arabic word for bride.

There is also an outpatient centre run by Dar Al Amal in the governorate of Mount Lebanon for the intake, rehabilitation and social reintegration of female survivors of prostitution and females released from prison³⁷.

However, anecdotal evidence indicates that survivors of violence often decline referrals to safe houses/shelters due to some of the shelters' entry requirements and strict regulations (limited access to phones, curfews, distance from their areas). Some shelters decline entry for male children of survivors (as young as nine years old), as well as to survivors with mental health disorders.

Additionally, some monitoring reports have described survivors being relocated to substandard shelters while the availability of small shelter units or individual rooms has been described as insufficient. One KI reported that the latter is *"usually part of an unstructured response for Syrian refugee women, and these services often do more harm than good to survivors."*

Provisions for Minors

Law 422, the main law that sponsors protection of children and juveniles, *"Protection of Juveniles in Conflict with the Law or at Risk,"* was activated in June 2002. This law gives the Union for the Protection of Juveniles in Lebanon (UPEL) a fundamental role and powers enabling it to intervene in protecting them. It seeks to reform the juvenile justice system through the establishment of juvenile courts focusing on education, rehabilitation, and protection rather than on punishment. Nevertheless, there are some major gaps in this law including the minimum age of criminal responsibility, means of equity, juvenile arrest procedures, criminal record, and legal proceedings among others³⁸.

In 2016, Université Saint Joseph (USJ), the Ministry of Social Affairs (MoSA), and UNICEF launched SOPs on child protection and case management for children to complement Law 422.

A significant number of SGBV Task Force members are working on both GBV and Child Protection. KAFA for example, initiated a Child Protection Programme (KAFA-CCP) to address GBV among minors through raising awareness, building capacities within communities, and carrying out legal and psychosocial referral to youth who are affected by SGBV. ABAAD's Primary Prevention Programme targets children and youth through numerous activities including service provision, outreach, resource development (for example the Playing for Gender Equality Toolkit or Programme Ra), training youth change-makers, and awareness raising activities.

ESSENTIAL SERVICES PACKAGE MAINSTREAMING AND ROLL-OUT

In 2019, UNFPA partnered with ABAAD for the roll-out of the Essential Services Package in Lebanon, which ABAAD implemented at its 8 Women and Girls Safe Spaces and the 2 Family Support Units (FSU) hosted and MoSA SDCs across Lebanon, and provide holistic care packages to survivors through a one-stop-shop model.

The timing during which the Essential Services Package was introduced coincided with that of the National GBV SOP development. As such, and given the ESP's high relevance to the provision of quality care for survivors of SGBV, and its being a natural complementary component to the SOP, its principles were integrated into the document. This plays an important role in ensuring a higher level of structured mainstreaming to enhance holistic care and case management service delivery on a national level, as opposed to haphazard, sporadic efforts.

37. UN Committee on the Elimination of Discrimination Against Women (CEDAW), List of issues and questions in relation to the combined fourth and fifth periodic reports of Lebanon, 16 March 2015, CEDAW/C/LBN/Q/4-5, available at: <http://www.refworld.org/docid/564edb8c4.html> [accessed 17 August 2017]

38. OHCHR <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=2060&file=EnglishTranslation>

The key results of the roll-out have included:

- o The adoption of Essential Services Package in LCCs, women and girls' safe spaces, and safe shelters, where all-inclusive holistic service packages are offered to survivors by case managers.
- o The ongoing roll-out of ESP in the WGSS, FSU, and safe shelters of ABAAD and UNFPA partners, in addition to work on scale-up with continuous monitoring and technical support from UNFPA Lebanon
- o Pros of mainstreaming ESP through a "one-stop-shop" model where all issues are dealt with "in one go," ensuring cost and time efficiency of GBV Case Management
- o Reducing survivor case drop-out due to their no longer having to deal with lengthy bureaucratic processes, the high costs of various services, and mobility limitations that may hinder seeking out the different complementary services if scattered in multiple cross-country structures.
- o Retention of survivors, and higher number of served survivors, reducing the drop in their attendance of holistic care package service. This is especially the case because all their needs are managed in one location, putting an end to their having to visit numerous locations for each type of services. Consequently, this increases each survivor's trust in the service centre/safe space, and provides her with higher protection and more consistent follow up on her case.

BARRIERS AND ADDITIONAL RESOURCES REQUIRED

The Lebanese SGBV Task Force has clearly made a strong commitment to eliminating violence against women and girls and has gone a long way towards achieving the standards outlined in the Essential Package. Despite this firm resolve against SGBV by UNFPA, UNHCR, and various government ministrations, including the Ministry of Social Affairs, the Ministry of Public Health, the Ministry of Interior and Municipalities (including the Internal Security Forces), and the Ministry of Justice, the legislative framework against SGBV is weak, and new legal protections within the government regularly face strong resistance, especially due to social norms and patriarchal constructs consistently posing a limitation to fast-changing legislation.

Although donors have provided significant support, funding gaps still exist. Despite earmarked and non-earmarked resources for SGBV, it remains the LCRP's least funded sector. The economic situation in Lebanon has meanwhile made both refugees and the Lebanese populations vulnerable to abuse and exploitation, with limited resources available to survivors. Lebanon is a developing country where 1.5 million Lebanese, of whom 31.33% are children, live below the poverty line. Additionally, more than 76% of Syrian refugees are living below the poverty line, along with 65% of PRL, and 89% of PRS, who are one of the most vulnerable groups in the region³⁹. Access to free GBV services is therefore essential.

The state of the Syrian crisis further complicates the need for and the delivery of SGBV services. In the past, the governmental perception of SGBV among refugees is that most incidents are "cold cases" where the individual was abused before their arrival in Lebanon. GBVIMS data has shown that this is not the case, with a significantly high percentage experiencing violence after their displacement to Lebanon. In spite of this, it has been challenging to change this belief and encourage more investment in SGBV services for refugee communities. Furthermore, for the most part, displaced people are not hosted within formal UNHCR camps and are dispersed across the country in almost 2,000 informal settlements. The most vulnerable populations are living in "informal camp" settings where they are charged high rents for accommodation or small plots of land to pitch tents. Although there are many static SGBV centres, those most in need often do not access these services for a number of reasons, including fear of deportation where no legal documentation is available, unawareness

39. UNOCHA, Humanitarian Fund Annual Report 2017 <https://reliefweb.int/report/lebanon/lebanon-humanitarian-fund-annual-report-2017>

of services (including the fact some are free of charge), and lack of means to secure transportation. Mobile units covering a variety of services including SRH are provided in an attempt to reach these communities. However, further outreach needs to be scaled up.

Although there has been a great deal of progress towards improving access to services, some areas are still limited. In particular, access to legal and forensic medicine services is lacking. Access to livelihoods for vulnerable women also remains a neglected area which is contributing to the SGBV crisis in Lebanon. Additional funding is also severely needed in order to scale up and improve the quality of safe shelters within the country. In general, there is a dire need for predictable, long-term funding for SGBV services since most funding remains volatile and short-term.

On the overall national level, the two most significant gaps are the absence of national budgeting for GBV – and this financial barrier is a major hindering factor to implementing GBV prevention and protection measures, and the lack of specialised skills and attitudes that foster and enable protective environments among service providers (including judges, police, doctors, and midwives – noting that the latter were reported to often have “worst attitudes towards GBV, and the most important first entry point.”

“ We can work on legislation that takes life-saving services into consideration, and the legislation can be passed in parliament. However, even if the law says that a woman survivor should go to a safe shelter, or a child needs to be placed in a protection centre, or a man must be referred to mental health services for rehabilitation, if there is no national budget for these structures and thus no such government-run service provision points or qualified service providers exist, we have effectively done nothing. ”

- Women's rights activist

CONCLUSION AND RECOMMENDATIONS

Conclusion

While there is no fully comprehensive image of the pervasiveness of GBV in Lebanon – especially in light of the widespread under-reporting and the ad hoc, decentralised nature of information management – it is clear that violence against women and girls as well as its root causes continues to affect all layers of Lebanese society.

Legal reform comprising the annulment of certain penal code articles, the passing of new human rights and survivor-centred bills, and the inclusion of clear conceptual definitions, as well as just consequences to GBV, rape, and early marriage, among others, are crucial. Setting policies and procedures for each law is a necessity to ascertain its full and accurate implementation. Training stakeholders including ministry and public administration-appointed Gender Focal Points and other relevant actors, judges, lawyers, police and security forces, mental health practitioners, doctors, midwives, and community and religious leaders, is also of utmost importance to foster a protective environment that encourages GBV survivors to report violence and seek out life-saving support, with the idea that their efforts will not be met with unresponsiveness.

Currently, due to critical governmental gaps in service delivery, the burden of providing protection and response services to survivors has fallen almost exclusively on civil society actors. While this has numerous pros such as high-calibre survivor-centred service provision at no or highly subsidised costs to service seekers, higher levels of accountability, and well-trained qualified front-liners, it also means that there is no governmental accountability, due diligence, strong coordination and centralisation of services and referrals, and data collection, management, and sharing.

Recommendations

Promote the delivery of a holistic and integrated service package to women survivors and at-risk of GBV. In order to empower and support women survivors of GBV to break the cycle of violence, it is imperative that a holistic and integrated package of essential services is widely accessible and available across the country. The package should include reproductive health, legal and justice, protection, and economic support services.

Amend and introduce new legislation; launch public opinion campaigns for their approval. New laws on important topics such as sexual assault, abortion, child marriage, nationality, and personal status laws need to be set forth to ensure that the law does not discriminate against women. Given that child custody is often used “as a tool of psychological abuse to trap victims of violence,” addressing the unequal power dynamics that the different personal status laws create when they grant fathers the right to custody is a means of perpetuating GBV.

Launch a CMR strategy endorsed by the Ministry of Public Health. A national strategy on dealing with cases of rape is crucial, taking into consideration that services for all residents of Lebanon should be inclusively covered in cases of rape. The strategy should be accompanied by an implementation and reporting process.

Laws, strategies, and SOPs should be inclusive and intersectional. In planning strategies and issuing laws, it is important to take different populations— especially those who are often overlooked – into consideration. This includes, for example, male survivors of violence, individuals belonging to the LGBT community, older persons, and people with physical and mental disabilities.

Available services should be assessed to ensure quality and availability. An in-depth assessment of services should follow this exercise to confirm what services are present, but also to determine their quality – which was not covered within the scope of this report. However, based on findings related to emergency safe sheltering, it is recommended that increased funding be sought/allocated to support the scale up and improved quality of safe shelters across Lebanon.

Apply reasonable accommodations across the different stages of service delivery for survivors with disability. There are no related laws that specifically facilitate the needs of women and girl survivors with physical and/or mental disability. An inclusive approach and facilitated access to services for persons with disability is a priority: they should be able to physically access service structures, receive medical, sheltering, and mental health services free of charge, and have the right to sign language interpreters (and Braille for documentation where needed), provided by governance structures at all stages of holistic care provision (from reporting/filing complaints, legal processing, and service delivery), as opposed to the current practice of survivors having to secure their own interpreter.

Improve coordination of GBV service delivery and increase public awareness about availability. Documentation of statistics, including studies on the local level need to be centralised and accurately managed, allowing the measurement of trends and consequently gearing response based on need. Access to services should be fostered through availability and increasing public awareness and behavioural change communication campaigning.

SGBV-related services, especially forensic medicine, should be made available free of charge to all survivors – both local and refugee. Rape survivors requiring a forensic report should also be exempt from its costs⁴⁰. This should be done in collaboration with the MoJ following its issuance of a mandatory memorandum regarding the subject.

Ensure systematic outreach to vulnerable populations in hard to reach areas. Vulnerable populations such as older persons, persons with disability, individuals who are stateless or with illegal status, and adolescent girls are currently being targeted through mobile units by organisations, but the visiting rounds are not enough – efforts should be more regular and systematic, and further outreach needs to be scaled up. The models should be duplicated across the country MoPH-affiliated PHCs and MoSA-affiliated SDCs.

40. Current forensic report fee is USD 200.00, which the survivors themselves need to cover

LEBANON SERVICES SUMMARY

A summary has been given with a colour coding to indicate the presence or absence of services in Lebanon. This should be used in combination with the text as some services may have caveats or restrictions which are not clear from the summary. Given the subjective nature of the tables, this should not be used as definitive but as a rough indication of where enhanced services are needed.

- Absent** Red is generally taken to mean that there are no programmes or measures in place, or that availability/access is extremely limited. It can, however, indicate that where services are available, they have non-women's rights-based policies, or international organisations have noted significant problems with their implementation.
- Insufficient** Yellow typically means that there are some interventions available but there is insufficient access to these in some areas or by some populations, or where organisations/UNFPA focal points have indicated that more action needs to be taken in this area.
- Present** Green generally suggests that extensive services are in place, or that there has been a clear commitment to providing care – noting that this does not mean that there is no room for advancement; across all sections of the report, almost every service will need some additional or maintained support to ensure the Essential Service Package is met. Service provision and quality are likely to somewhat vary across geographic and cultural areas. Although green indicates that services are in place, a holistic approach to all areas of action against GBV will need to be taken in each country. An in-depth assessment of services should follow this exercise to confirm what services are present but also to determine their quality which is not covered by this report.

Coordination

National Task Force or Coordination structure in place

National SGBV Task Force co-led by UNFPA, GBV NTTF, new National GBV SOP endorsed by MoSA to set in place a national coordination structure

Centralised Data collection

GBVIMS, Activity Info for humanitarian actions under LCRP, national data collection to be effected following the operationalisation of the National GBV SOP and its related national GBV Information Management System

Government support

Engagement and political will of some governance structures, but continued resistance to human rights violations including child marriage, abortion, and other personal status issues

National strategies and policies

Numerous strategies have been developed, and there are joint projects between ministry and civil society actors to develop other strategies and SOPs. However, there is no allocated governmental budget to apply the strategies.

Health Services

Sexual and Reproductive Health (SRH)



Training and guidelines addressing SRH issues such as abortion, HIV/STIs due to rape, life threatening pregnancies, high quality CMR service provision at trained facilities

Informative leaflets about health and SRHR



Provided at health facilities

PEP



Provided by UNFPA, but increased availability is crucial. These services should also be provided free-of-charge to all survivors, including Lebanese (who currently have to pay for all CMR-related services)

Free care services for survivors of GBV



Coordination structures have successfully negotiated for free GBV service provision, but it is not accessible to all populations

Police and Justice

Free legal assistance and advice



Limited services available, provided by civil society, in addition to limited free legal assistance by the Bar Association

Free, accessible forensic doctor services



Insufficient training for forensic doctors on dealing with survivors, no free access to forensic reports

Legal protection against SGBV



Progress has been made on the level of abolishing, amending, and introducing protective legislations. However, marital rape remains legal and legal texts are not comprehensive

Security and protection



Limited availability and uptake, but the ISF have shown the will to receive training and engage with civil society

Social Services

Counselling



Available through NGOs and MoSA SDCs, providing coverage across Lebanon

Information and advocacy



Posters and billboards, leaflets, TV, social media, phone apps, community outreach

Telephone Hotlines



Available, including a limited number of 24/7 services. However, all active hotlines are largely handled by civil society

Safe Shelters



Limited capacity for accommodation, and non-standardisation in operation modality



UNFPA is the United Nations sexual and reproductive health agency, and is formally named the United Nations Population Fund. The organisation was created in 1969, the same year the United Nations General Assembly declared “parents have the exclusive right to determine freely and responsibly the number and spacing of their children.”

UNFPA Supports:

- Reproductive health care for women and youth in more than 150 countries - which are home to more than 80 per cent of the world's population
- The health of pregnant women, especially the 1 million who face life-threatening complications each month
- Reliable access to modern contraceptives sufficient to benefit 20 million women a year
- Training of thousands of health workers to help ensure at least 90 per cent of all childbirths are supervised by skilled attendants
- Prevention of gender-based violence, which affects 1 in 3 women
- Abandonment of female genital mutilation, which harms 3 million girls annually
- Prevention of teen pregnancies, complications of which are the leading cause of death for girls 15 -19 years old
- Efforts to end child marriage, which could affect an estimated 70 million girls over the next 5 years
- Delivery of safe birth supplies, dignity kits and other life-saving materials to survivors of conflict and natural disaster
- Censuses, data collection and analyses, which are essential for development planning

UNFPA has been working in Lebanon since 1993 to deliver its mission, “a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled.” In Lebanon, UNFPA partners with governmental institutions, NGOs and international organisations to raise awareness about human rights and gender equality, and to provide sexual and reproductive health services, including family planning and maternal health, elimination of gender-based violence, and others.



ABAAD is a non-profit, non-politically affiliated, non-religious civil society association founded in June 2011 with the aim of promoting sustainable social and economic development in the Middle East and North Africa (MENA) region by advancing the equality, protection, and empowerment of marginalised groups, especially women.

ABAAD is made up of a dynamic pool of human rights activists, lawyers, experts in their fields, social workers and researchers who are all dedicated to achieving gender equality and women's empowerment.

ABAAD aims to achieve gender equality, seeing it as an essential precondition for sustainable social and economic development in the MENA region. ABAAD seeks to promote equality and active participation through policy development, legal reform, gender mainstreaming, eliminating discrimination, in addition to supporting the advancement of women and empowering them to participate effectively and fully in their own communities.

ABAAD is a pioneer organisation, in both Lebanon and the MENA region. One of the main pillars of its work is engaging men in redefining masculinities and ending violence against women. ABAAD seeks to support and collaborate with civil society organisations that work on or seek to promote (I) gender equality, gender-based violence, and/or engaging men in programmes; (II) direct services for women and men; and (III) advocacy campaigns.

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