

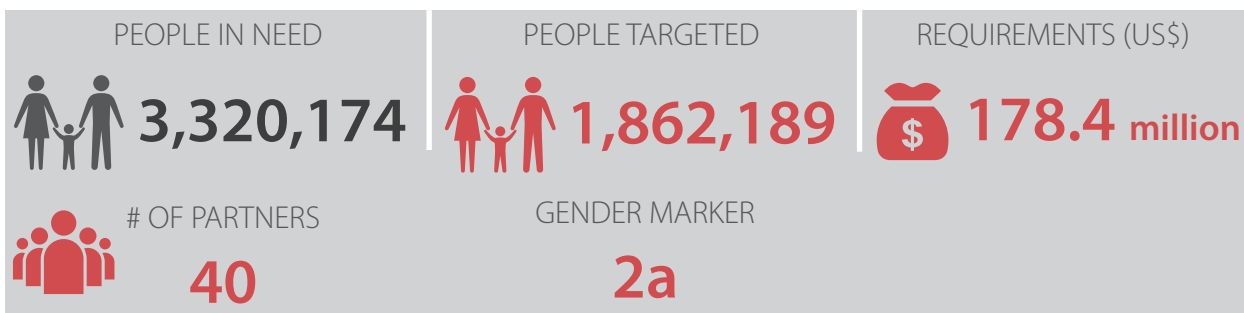


## PROTECTION

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## SECTOR OUTCOMES

**OUTCOME 1:** Persons displaced from Syria have their basic rights respected and enjoy access to justice and legal stay.



\$ 39 m

**OUTCOME 2:** Communities are empowered to contribute to their own protection solutions and community self-management encouraged.



\$ 26 m

**OUTCOME 3:** Access to protection and services is ensured, the most vulnerable women, girls, boys and men are identified, and resettlement realized.



\$ 33.5 m

**OUTCOME 4:** Vulnerable girls and boys are protected from violence, exploitation, abuse and neglect through equitable access to quality child protection services.



\$ 48.1 m

**OUTCOME 5:** The risks and consequences of SGBV are reduced and access to quality services is improved.



\$ 31.8 m

### INDICATORS

# of individuals who benefitted from counseling and assistance, to obtain civil, legal stay or other documentation

# of children benefitting from structured community based child protection and PSS programmes

# of girls and boys at high risk who receive focused, non-specialized PSS and life-skills programming

% of survivors reporting receiving quality psychosocial support and specialized services

# of individuals participating in community center activities including persons with disabilities and older persons

# of protection interventions including referrals from the community and volunteer structures



## PRIORITY INTERVENTIONS

- 1: Increase legal awareness and improve access to legal stay and civil documentation, as per Lebanese laws and regulation.
- 2: Vulnerable boys and girls are protected from violence, abuse and exploitation through strengthened national child protection systems and increased prevention and response services delivered by government, civil society actors and community members.
- 3: Ensuring safe identification and referral for SGBV survivors, access to quality response services and support to community based safety nets to prevent and mitigate risks of SGBV.
- 4: Addressing issues related to accommodation, including rent related security of tenure, as per Lebanese laws.
- 5: Security of the person – including security from violence, arbitrary detention, exploitation and prevention of discrimination.
- 6: Strengthening national systems including Social Development Centers and Community Development Centers to provide holistic and quality services for women and girls, men and boys.



## 1. Situational analysis and context

### Protection

The Government of Lebanon estimates the total Syrian population in Lebanon to be 1.5 million; this includes both the displaced who are registered and not registered with UNHCR. As of September 2015, 79 percent of Syrian refugees registered with UNHCR are women and children, and 59 percent below 18 years of age. Similarly, 69 percent of Palestine Refugees from Syria (PRS) are women and children, and 38 percent below 18 years of age. Around 20 percent of Syrian refugees registered UNHCR are identified as persons with specific needs.

While Lebanon generously maintained open borders during the first years of the Syrian conflict, stricter border regulations have since been introduced, leading to a significant reduction in the admission of persons arriving from Syria in need of international protection. Stricter border measures for PRS were introduced in May 2014, limiting entry to only three categories, each requiring pre-approval: embassy appointments, transit to a third-country and exceptional entry supported by a sponsor in Lebanon. New border regulations were introduced for Syrian nationals in January 2015, limiting admission to Lebanon to certain categories including, among others, tourism, study, business and transit, and requiring documentary evidence of the stated reason of entry. Syrians wishing to enter under the 'displaced' category are limited to exceptional humanitarian cases, according to criteria developed by Ministry of Social Affairs and which currently do not include PRS.

In May 2015, the Government of Lebanon notified UNHCR that all new registrations should be suspended until a government-led mechanism to deal with those who seek registration is established. Since then, persons displaced from Syria who approach UNHCR are counselled on the regulations and have their specific needs assessed and recorded in order to assist the most vulnerable.

Residency regulations introduced since January 2015 have added new requirements for the renewal and regularization of residency permits of Syrians in Lebanon. Requirements such as the pledge not to work, in addition to the required fee of US\$200 per person per year above 15 years of age, represent further obstacles for those seeking renewal or regularization of residency. Since 2013, PRS have been facing fairly similar requirements including, with limited exceptions, to pay US\$200 per person per year to obtain residency permits that they will need to renew every three months. On an exceptional basis, in September 2014 and in November 2015, PRS were exempted from the payment of US\$200.

Based on a total of 75,000 household visits of displaced Syrians that have been conducted on a monthly basis since January 2015, 61 percent of those visited in July 2015 reported

no valid residency, as compared to 9 percent of households visited in January<sup>1</sup>. Recent surveys indicate the main obstacles faced are high costs, finding a Lebanese sponsor (required in many instances, even for those registered with UNHCR), demonstrating financial means, challenges in obtaining the required documents from landlords and mukhtars, as well as signing the pledge not to work. For PRS, procedures to renew or extend residency permits have not been communicated publicly by the Lebanese authorities since January 2015 and processes remain inconsistent. As of August 2014, only 44 percent of PRS had valid residency documents<sup>2</sup>. Moreover, the number of PRS without valid residency has risen steadily since August 2014, with a study from March 2015 indicating that 86 percent of PRS respondents had expired residency documents<sup>3</sup>.

As a result of these measures, persons displaced from Syria report a growing sense of insecurity and unease.

Approximately 90 percent believe the lack of legal residency impacts their safety<sup>4</sup> and are at heightened risk of arrest and detention, including deportation orders that, to date, are not being enforced<sup>5</sup>. Some displaced Syrians report challenges related to fear of exploitation associated with sponsorship, and increased risks of sexual exploitation and abuse for women. Obstacles to freedom of movement due to municipal curfews, checkpoints and fear of arrest for lack of legal residency impact their overall sense of safety. In addition, dwindling assistance and limited opportunities for self-support, along with distance and cost, affects their access to basic services like education and health, thereby increasing distress on caregivers and children<sup>6</sup>. According to a recent study, 67 percent of displaced Syrians without a valid legal residency did not feel free to go outside of the area they were living, mainly due to checkpoints<sup>7</sup>. Among the coping mechanisms employed are increased responsibilities for women and children, as they are less likely to be stopped at checkpoints, but they are exposed to increased risks of exploitation and harassment.

Displaced Syrians also face barriers to obtaining civil status documentation, most notably birth registration due to issues related to valid residency which may create heightened risks of statelessness and restrict access to essential basic services. According to UNHCR statistics, over 60,000 Syrian children have been born in Lebanon to refugees registered with UNHCR since the beginning of the crisis, but nearly 70

(1) Data Analysis of Household Visits conducted by the Basic Assistance sector from January - July 2015.

(2) UNRWA and AUB, Socioeconomic Report on the Living Conditions of Palestine Refugees in Lebanon (Preliminary Findings), 2015.

(3) Tatweer, Needs Assessment of Palestinian Refugees from Syria Survey Results, March 2014.

(4) USJ, Study on the Perceptions of Syrian refugees in Lebanon, 2015.

(5) Amnesty International, Pushed to the Edge: Syrian Refugees Face Increased Restrictions in Lebanon, 2015. Available from [https://www.amnesty.nl/sites/default/files/public/pushed\\_to\\_the\\_edge\\_syrian\\_refugees\\_face\\_increased\\_restrictions\\_in\\_lebanon.pdf](https://www.amnesty.nl/sites/default/files/public/pushed_to_the_edge_syrian_refugees_face_increased_restrictions_in_lebanon.pdf)

(6) USJ, Survey on Perceptions of Syrian Refugees in Lebanon, 2015, Available from <http://www.isp.usj.edu.lb/pdf/Powerpoint%20En%20Final.pdf>

(7) NRC and IRC study on legal status of refugees from Syria: Challenges and Consequences of Maintaining Legal Stay in Beirut and Mount Lebanon, June 2015.



percent of them do not have a registered birth certificate with the competent Lebanese authorities. In addition, the lack of civil documentation certifying marriage, divorce and death, can have implications regarding legal guardianship over children and inheritance rights, including upon return to Syria. Marriage registration is scarce, also due to fees that are often unaffordable. Limited legal protection is available for women and girls in such cases, since without official documentation of the marriage, legal action such as annulment of the marriage, divorce or custody of children becomes impossible.

Many children who entered Lebanon before reaching 15 years of age and therefore do not possess Syrian national IDs, are now above 15 but unable to obtain civil status documentation, which is also required for legal residency. As of September 2015, the sector has provided legal counselling, assistance and representation to 24,188 persons on a wide range of issues ranging from legal residency to civil status documentation.

The combination of lack of legal residency, reductions in assistance, limited self-support opportunities, and depletion of resources including savings and assets, is increasing the vulnerability of persons displaced from Syria. Results from the 2015 Vulnerability Assessment of Syrian Refugees (VASyR) in Lebanon indicate a worrying increase in households applying severe negative coping strategies, rising from 28 percent in 2014 to 67 percent in 2015. This includes reports of increased begging, protracted debt, withdrawing children from school, engagement of children in worst forms of child labour, and child marriage.

Finally, participatory assessments, monitoring visits and focus groups discussions conducted with displaced Syrians indicate a rise in psychological distress, frustration and anger, as well as isolation within their communities.

Similarly, results from the PRS Vulnerability Assessment conducted by UNRWA indicate that 91 percent of the PRS families lacked food or the money to buy food. Out of these, 10 percent reported at least one member of the family spending days without eating, 39 percent reported reducing non-food expenditures such as health or education, and 5 to 8 percent reported withdrawing children from school and enlisting them in income-generating activities as negative coping strategies. For example, 80 percent of PRS families said they had exhausted all of their savings and 90 percent said they were forced to sell assets in order to survive<sup>8</sup>.

Palestine Refugees from Lebanon (PRLs) are an already vulnerable category, now facing additional pressure and competition from PRS inside overcrowded camps, especially in terms of increased rental rates, lower wages for even less qualified jobs, and a general strain on camp infrastructure. The traditional social network in camps has been significantly

challenged by the mass influx of refugees, and an increase in internal tensions.

Based on the VASyR findings in 2015, it is estimated that around 30,000 displaced persons from Syria have some sort of physical, sensory or mental impairment. Older persons, persons suffering from trauma, and persons with disabilities<sup>9</sup> are among the most vulnerable population. Needs continue to exceed what service providers can cover for persons with disabilities, including in the provision of rehabilitation services, assistive devices and mental health care<sup>10</sup>.

In order to safeguard Lebanon and all its residents, law enforcement and judicial authorities have had to adapt to a more complex environment where they are required to ensure peace and security for a larger population, including persons displaced from Syria. Authorities and civil society require resources and support to ensure protection-sensitive responses, strengthen access to justice and rule of law, and ensure that displaced populations are not disproportionately affected. With more than 20 percent of the population living in informal settlements and collective shelters, strengthening rental-related tenure security and site management and coordination is also a priority. More than 30,000 residents of informal settlements have been either evicted or threatened with eviction in 2015, compounding the vulnerabilities of those already destitute and with no other shelter alternative.

Lebanese returnees from Syria represent a largely under assisted and less visible group. Their situation is difficult, as most returned with few belongings, are underemployed and often reside in substandard shelters.

In addition, host communities with a high concentration of displaced Syrians face their own set of poverty related challenges, often with ramifications in terms of protection.

### **Sexual and gender-based violence (SGBV)**

Women and children in Lebanon are particularly at risk and disproportionately affected by gender-based violence. Data collected over the past two years using the Gender-Based Violence Information Management System (GBVIMS), and through assessments, focus group discussions, and monitoring, highlights how displacement increases the risk of SGBV, with 87 percent of incidents reported up to the second quarter of 2015 occurring after arrival in Lebanon. Child mothers, early married<sup>11</sup> girls, unaccompanied girls and adolescents, women and girls with disabilities and single heads of households are most at risk. Since 2014, in almost nine out of ten reported cases, survivors have been women and girls. One in four reported cases of SGBV involve children. The most commonly reported types of violence, both

(9) Handicap International, *Intersecting Vulnerabilities among Syrian refugees*, 2015. Available from <https://data.unhcr.org/syrianrefugees/download.php?id=9274>.

(10) Hassan, G, et. al, *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict*, UNHCR 2015. Available from <http://www.unhcr.org/55f6b90f9.pdf>

(11) For the purpose of this document, the terms child marriage and early marriage are used interchangeably to indicate formal marriage or informal union before age 18.

(8) UNRWA and AUB *Profiling the vulnerability of Palestine refugees from Syria living in Lebanon*, 2015.



through the GBVIMS and in reports and assessments, involve physical violence, mainly linked to violence within the family or home, sexual violence (rape and physical assault), as well as forced marriage. Specifically, 24 percent of reported cases involve incidents of sexual violence, of which 8 percent are rape<sup>12</sup>. Consultations with displaced Syrians suggest that the deteriorating financial circumstances, negative coping mechanisms and change in gender roles within families are contributing to interpersonal tension, leading to increased risks of domestic violence. According to the 2015 GBVIMS trends, 68 percent of reported incidents are committed by family members, and 73 percent took place inside the survivor or perpetrator's household. Overcrowding and lack of privacy in shared accommodation, such as in collective shelters and tented settlements, also places persons at increased risk of SGBV.

In 2015, the sector supported 54 facilities across Lebanon, including 36 Social Development Centres (SDC) run by the Ministry of Social Affairs (MoSA), to provide SGBV survivors and persons at risk with psychosocial, medical and legal services. Since 2014, an average of 100 individuals (70 percent of which are displaced Syrians) access such SGBV services per day.

Although early marriage is reported as cultural practice within some communities prior to displacement, focus group discussions with adolescent girls and caregivers highlight that the age of the girls being forced to marry is decreasing, and that marriage is used by some families to protect girls or to alleviate financial burden. Early marriage in Lebanon is allowed by religious law, which in some instances legalize girl's marriage as young as nine years old. Once married, parents tend to limit support to their daughters, leaving them in the hands of her in-laws, a family in which she has no official status if the marriage is not registered. According to a recent survey on early marriage in Lebanon, approximately 23 percent of married Syrian women registered with UNHCR as refugees and 10 percent of interviewed Lebanese married before the age of 18. The survey also found that the earlier girls married, the greater the age difference with their husband, with up to 15 years difference between the bride and groom.

Reported incidents of exploitation have also been increasing throughout 2015. Further analysis suggests that there might be a correlation between the deteriorating socioeconomic conditions, lack of access to legal stay and reduced assistance, and a gradually increasing risk of exploitation for women and girls.

(12) The data and analysis presented refers to reported cases as well as protection concerns reported during focus group discussions and activities with communities. It does not necessarily represent a comprehensive overview of the incidence of SGBV in Lebanon, nor of violence experienced by displaced Syrians.

The statistical trends are based on data provided by five SGBV service providers that use the GBVIMS, which captures information on incidents reported in the course of seeking services and allows to safely collect, store and analyse data related to SGBV. Since only information on reported incidents is recorded, and shared with the informed consent of survivors, it does not represent the total number of cases reported in Lebanon, but provides relevant trends for further analysis.

However, the fear and shame experienced by survivors result in high levels of underreporting. Social stigma is high, and survivors fear that reporting will lead to retaliation and further violence either from the perpetrator or from the survivor's own family. Underreporting is also a result of limited availability of, and access to quality services. Therefore, survivors do not take the risks of seeking for help if no adequate support is made available, and if they do not have safe and confidential access to these services.

As with Syrians and Palestinians, Lebanese women and girls experience violence. While the services and activities target both Lebanese and Syrians, it remains difficult for vulnerable Lebanese survivors to access the same services as displaced Syrians because of social stigma and tensions, as well as the costs involved. Limited institutional capacities to address SGBV in Lebanon prior to the Syria crisis and the weak application of the legal framework also hinder access of Lebanese women and girls to services.

### **Child protection**

The protection environment for children continues to deteriorate as the crisis continues. For example, while the full extent of the situation of children engaged in the worst forms of child labour is unknown, based on reports and other data received from partners, children are increasingly living and working on the streets in urban areas, engaged in the agriculture sector in rural locations, and exposed to physical, emotional and sexual exploitation. In an urban study conducted with 1,510 children across 18 districts in Lebanon, 700 street-based children were identified and interviewed. The study found that street-based children were predominantly Syrian, two-thirds of them boys, and the majority between 10 and 14 years old. Children who engage in dangerous and hazardous work have reported both verbal and physical abuse from their employers, and those working at night risk their safety when returning home late. Children are and continue to be victims of armed violence resulting from the impact of the Syria conflict on Lebanon, including unexploded ordnance, cross-border shelling and other conflict-related forms of violence.

Adolescents are at a high risk of exposure to extreme forms of violence resulting in physical, psychological and emotional forms of harm. There is therefore a strong need to focus on preventing and responding to their protection needs, as well as improving their access to learning opportunities including life skills. Engaging them in this process is critical to ensuring their participation in the decisions affecting their lives.

The results of the 2014 youth situation analysis demonstrated that young people, including adolescents, are also highly affected by the impact of the crisis and at protection risk. Children and adolescents are increasingly exposed to violence in the home, community and schools. These children are showing increasing signs of distress which have an impact on their emotional wellbeing and development.

Domestic violence against children is increasing significantly. In response, there is an increased need to provide services specifically targeting adolescents, including those who are at risk of being engaged in the worst forms of child labour.

Families have experienced multiple displacements causing children to lose their sense of routine and stability, as well as the protective social networks that provide them a sense of safety and security. The need for families to send children to work is also contributing to secondary separations of children as they commute long distances to urban areas in order to work. Limited data is available depicting vulnerabilities surrounding Lebanese children (including adolescents); however, reports show that distress among the host community population has deteriorated. All these changes have created new challenges to the operating context for child protection actors, making children harder to reach, more vulnerable to specific, acute risks, and weakening the overall protective environment.

As of September 2015, 198,953 children and 88,187 caregivers have been provided with quality information and 87,875 children and 26,233 caregivers have accessed structured psychosocial support, however many more children and caregivers are in need of such services. Additionally, in partnership with the Government, civil society, United Nations and the University of Saint Joseph, 200 social workers were trained on the national procedures for child protection case management, in addition to other staff trained on safe identification and referral pathways and coached on child protection with a view to strengthening the child protection workforce in Lebanon to respond to these increasing needs.

Additionally, through MoSA's National Plan to Safeguard Women and Children in Lebanon implemented with partners in 57 SDCs and communities throughout the most vulnerable communities, MoSA has established an expanded network of child protection, SGBV and other services, significantly increasing access to essential and much needed protection services for the most vulnerable children, caregivers and families in Lebanon. This plan has also helped strengthen the coordination and delivery of these protection services ensuring greater effectiveness and efficiency in the response. Additionally, the capacity of the child protection workforce has been increased and strengthened through the recruitment of much-needed additional staff, as well as dedicated training, coaching and mentoring programmes which are being rolled out nationally.

## 2. Overall sector strategy

The overall protection strategy in Lebanon is aimed at obtaining full respect for the rights of the individual in accordance with national and international law, regardless of their age, gender, social ethnic, national, religious or other background. Using a rights-based approach, this strategy is aimed at ensuring that a) persons displaced

from Syria have their basic rights respected, including access to justice, documentation and legal remedies; b) communities are empowered to address their challenges through strengthened informal and voluntary community based arrangements ; c) access to protection and services is ensured, the most vulnerable women, girls, boys and men are identified, and potential for resettlement realized; d) risks and consequences of SGBV are reduced and access to quality services is improved; and e) vulnerable girls and boys are protected from violence, exploitation, abuse and neglect through equitable access to quality child protection services.

### **Strengthening national protection, child protection and SGBV systems and the overall protection environment**

In order to achieve these objectives in coordination with the Government, protection activities will aim to continue strengthening, as per the 2015 strategy, existing national systems to address the needs of all those affected by the crisis, both displaced Syrians and Lebanese, and foster a favourable protection environment where rights are respected and fulfilled, and needs are met. To ensure sustainability, these activities will be aligned with national plans, such as the National Social Development Strategy and MoSA's National Plan to Safeguard Children and Women in Lebanon.

There will be sustained and focused institutional support to line Ministries at central and local levels (e.g. Social Affairs, Interior and Municipalities, Justice, Education and Higher Education, Health, and Population and Labour), governorates and public institutions such as the General Directorate of General Security, Internal Security Forces and Personal Status Department through both material and technical support. Support will include staffing, capacity-building and equipment provision to SDCs to deliver child and adolescent-friendly services and safe spaces for women and children. This includes institutional support to the General Directorate of General Security related to borders and residency, the Ministry of Interior related to civil documentation and prevention of statelessness, and the Ministry of Justice, Internal Security Forces, municipal police and bar associations on a range of law enforcement and judicial activities.

Institutions will be strengthened through continued investment in capacity-building, development of standard tools and training packages, on the job support to social workers, legal service providers and law enforcement officials, as well as to healthcare workers and teachers to ensure they have the appropriate knowledge and skills required to care for child and adult survivors in a safe and non-discriminatory manner, according to quality standards. This will be complemented by the roll-out and contextualization of the Child Protection Minimum Standards for Humanitarian Action. Frontline responders and communities will be capacitated to identify and refer survivors to appropriate

services without exposing them to further harm or stigma.

Research will be conducted to ensure programmes and advocacy is evidence-based. This will include systematic monitoring mechanisms of child rights violations. Implementation, focus and prioritization of geographical areas for SGBV programmes will be supported by data analysis using the GBVIMS. Evidence generation in child protection will be through the development and roll-out of a Child Protection Information Management System (CPIMS) to develop a systematic monitoring mechanism on child rights violations to document, track and analyse trends around child victims identified and provided with case management services, and to collect information indicating levels and patterns of violence, abuse, exploitation and neglect against children.

### **Community-based protection**

The 2016 strategy has recognized the importance of the community in protection, further highlighting the focus on empowering communities to identify, refer and respond to protection concerns they face, as well as on effectively addressing vulnerabilities related to child protection and SGBV. This approach contributes to reinforcing social stability amongst all communities and enhancing a protective environment for all persons affected by the Syria crisis.

Awareness-raising and information sessions for community members on available services, child protection and SGBV concerns will be carried out by outreach volunteers, community focal points and community based networks. This is key to ensuring that critical information reaches all persons, displaced and Lebanese alike, considering that displaced Syrians are scattered across more than 1,700 localities. This dissemination of information will be carried out through various channels, such as information sessions and written/audio-video tools. Community centres and SDCs will continue to function as spaces where displaced persons and host communities can come together to participate in learning activities, acquire new skills, discuss and solve community issues, and rebuild their social and community networks while overcoming isolation, fear and distress through psychosocial and recreational activities, protection services and individual counselling support sessions.

Support for capacity-building and empowerment of community members to identify and respond to protection concerns, will be carried out through engagement with displaced Syrians and host communities, as well as community leaders, service providers, youth, gatekeepers (landlords and other influential persons in the community) and religious leaders, and community-based and non-governmental organizations. Through this support, vulnerable Lebanese and the displaced from Syria will be empowered to take action within their own communities to provide analysis and insight into protection priorities, risks and trends, and to develop community-based solutions to address risks such as

child labour and early marriage. They will also be capacitated to identify and refer individuals in need of urgent support, carry out psychosocial activities for women and children and implement community-based projects through community-led action plans. Ultimately it will enable a more sustainable and effective approach to addressing and contributing to changing behaviour on key protection concerns, as well as support social stability.

As part of community-based initiatives to reduce vulnerabilities to SGBV and to improve the safety of women and children, the sector will expand tailored activities to engage men and boys in promoting positive changes to traditional behaviours leading to SGBV and gender inequality. Structured curricula will encompass alternative non-violent ways to deal with frustration and anger, the use of non-confrontational communication and conflict-resolution techniques, gender norms, positive parenting, and the harmful practice of child marriage and child labour. Children and adolescents' capacity and awareness will also be enhanced to equip them to negotiate risks and know where to go for help if they experience a problem. Community-based activities for children will be implemented through structured psychosocial support activities that include culturally relevant activities such as storytelling, games, crafts and sports, aiming to improve children's wellbeing and give them a sense of routine and support to reduce vulnerabilities and enhance resilience.

Collective site management and coordination will continue to ensure a response that meets minimum standards within collective sites, through community mobilization for the management of services to residents in the sites. This will be done through the establishment and support of informal community groups, and training and coaching on protection principles, code of conduct, mediation, leadership, participatory approaches, service mapping, fire safety, first aid and other training needs expressed by the community members.

### **Ensuring protection and assistance to the most vulnerable**

Utilizing a rights-based protection framework, sector activities will focus on preventing and responding to immediate protection needs and violations concerning affected populations through direct assistance, support and intervention. Integral to this strategy is identifying and assisting the most vulnerable women, girls, boys and men.

Verification and renewal activities for displaced Syrians will ensure individual protection vulnerabilities and needs are captured, and targeted assistance is provided on an individual basis for persons with specific needs and at high risk, or victims of violence, exploitation and abuse. This includes individual counselling, psychosocial support, referral to health and legal support services, and provision of shelter and basic assistance to the most vulnerable

cases. Physical, psychosocial and educational rehabilitation services to persons with physical, intellectual, and sensory (hearing and visual) impairment will be provided.

Identification of possible cases for resettlement will also continue. This will be a crucial activity considering that in 2015, an increasing number of Syrians have been observed to be moving to join the Eastern Mediterranean route to Europe, often irregularly and under life-endangering conditions.

Protection interventions around access to justice, civil status documentation, legal stay and remedies will continue for all displaced individuals, including those with extreme vulnerabilities and requiring support for entry to Lebanon as humanitarian exceptions. Individual legal counselling will aim in particular at obtaining civil documentation (such as birth and marriage registration), and renewal and regularization of legal stay, as well as at enhancing the rental-related tenure security of displaced Syrians. Legal interventions also include information sessions to raise awareness on legal issues, as well as individualized support through representation in court, in front of administrative bodies and through informal dispute-resolution mechanisms. Assistance is also provided to persons in need in detention facilities.

Risks and consequences of SGBV will be reduced and access to quality services improved through dedicated quality services for women and girls, and in particular for SGBV survivors, delivered by national and international actors in safe spaces (SDCs, community centres, local NGO centres, emergency safe houses, health care facilities, collective sites and other privately owned facilities). In order to ensure quality of services, a full package of holistic care services is offered to survivors and individuals at risk through mobile services and centre-based activities, allowing them to receive age-appropriate counselling and support, as well as to socialize, engage with each other, exchange information and rebuild their social networks. These services include: safe and multisectoral SGBV response services such as individual counselling, referrals or direct provision of health care, psychosocial and mental health services, legal services, basic assistance and shelter support; information on issues relating to available services (health and other services), sexual and reproductive health, positive coping strategies and women's rights; skills-development and recreational activities; and emotional support groups.

Feedback from partners has revealed that while the complexity of cases has increased (e.g. cases of domestic violence against women and children, suicide survivors), availability of specialized professionals across the country remains limited. Physical safety and legal services are a key priority for survivors whose lives are at risk and need to be granted immediate protection. To respond to these immediate risks, the sector will continue to support hotlines and safe shelters for survivors at immediate risk of harm, as well as increased availability of lawyers and judges

specialized in Personal Status Law and the recently adopted Law to Protect Women and all Members of the Family from Family Violence.

Addressing child protection violations through increased response capacity of government and civil society actors will be done through continued focus on life-saving case management services; provision and referrals to specialized services; and establishing more focused psychosocial services that target children/adolescents at risk, i.e., children living and working on the streets, children at risk, or victims of child labour. Case management services will be conducted by trained social workers/case managers, who will assess various risks and vulnerabilities in order to determine the provision of specialized services to be provided to child victims of abuse, violence and exploitation (including child labour). Specialized services entail multisectoral responses including family-based care, judicial protection, emergency shelter and interim care, one-off cash assistance, mental health services, services for children with disabilities, and vocational training and livelihoods for adolescents. Psychosocial support curricula are tailored to address specific risks and targeted specifically to be flexible to reach this extremely vulnerable group (including in matter of timing and location). Additionally, the increasing complexity of high-risk child protection cases calls for the need to further consolidate service delivery at the sub-national level through SDCs managed by MoSA and community centres, coupled with mobile outreach services, to be able to respond to complex child protection issues in a multidisciplinary manner.

The protection sector recognizes that adolescents are a highly at-risk age group across the different population cohorts, and require specific attention to meet their needs, aspirations and potential. Child marriage and the worst forms of child labour are two priorities identified for this group. Furthermore, adolescents are considered untapped resources that can be empowered as agents of change in the community, and a potential catalyst in promoting stability among different communities. Increased attention will focus on this age group to ensure they have access to adequate services that respond to their vulnerabilities and reduce protection risks such as child labour, early marriage, abuse and exploitation.

Adolescent girls remain particularly vulnerable, as they are out of school and often exposed to child marriage and exploitation. Additionally, access to adolescent girls and in particular those who have been married early is challenging for partners. Experience in 2015 has shown that it is essential to work simultaneously with caregivers and adolescents to ensure programmes are adapted to account for their sex- and age-specific vulnerabilities such as early marriage, through tailored curricula.



### 3. Sector outcomes, outputs and indicators

In 2016, the Protection sector will aim to achieve the following outcomes:

#### **Outcome 1 - Displaced Syrians have their basic rights respected, including access to justice, documentation (civil and legal stay) and legal remedies.**

This outcome encompasses outputs and activities aimed at improving the overall protection environment and addressing issues related to access to justice, civil and legal stay documentation and legal remedies. Identification of individuals that fit the humanitarian exceptions criteria will continue alongside protection interviews for displaced Syrians. Access to justice, civil status documentation, legal stay and legal remedies will be provided through information sessions, individual legal counselling, assistance and representation in court, administrative bodies, and informal dispute-resolution mechanisms in accordance with Lebanese laws and regulations. Some 250,000 persons displaced from Syria (including PRS) will be reached through these activities. The protection environment and the strengthening of national systems will be supported through institutional support projects, capacity-building, community monitoring visits to assess protection concerns (including in collective sites), and research and advocacy targeting some 75,000 individuals and 200 institutions.

#### **Outcome 2 - Communities are empowered to address challenges and protection concerns, and collective site management and coordination is encouraged.**

This outcome recognizes the importance of the community in a protection strategy. Through this outcome, 320,000 displaced Syrians and vulnerable Lebanese will be engaged in awareness-raising sessions on, among other things, available services in their community. A variety of activities will be conducted in communities and SDCs, providing life skills and other activities for community residents, including people with disabilities, older persons and/or their caregivers. Community-based protection initiatives will be supported, as well as training of individuals, the development of community-based responses, and collective site management and coordination activities.

#### **Outcome 3 - Access to protection and services is ensured, the most vulnerable women, girls, boys and men are identified, and potential for resettlement realized.**

Verification and renewal activities for displaced Syrians will ensure individual protection vulnerabilities and needs

are captured, and targeted assistance is provided on an individual basis. 50,000 persons with specific needs, including persons with disabilities and the elderly, will benefit from the provision of services, such as individual counselling, psychosocial support, referral to legal support services, shelter or basic assistance, and one-off cash assistance. Based on projections for the year, an estimated 10,200 displaced Syrians in Lebanon will be submitted for resettlement to third countries.

#### **Outcome 4 - Risks and consequences of SGBV are reduced, and access to quality services is improved.**

120,000 displaced Syrians and vulnerable Lebanese at risk of SGBV will benefit from safe and multisectoral SGBV response services such as: individual counselling; referrals or direct provision of health, psychosocial and mental health, legal services, and shelter support; information on available services (health and services), sexual and reproductive health, positive coping strategies, hygiene promotion and women's rights; skills-development and recreational activities; and emotional support groups. 250,000 community members will be actively engaged in addressing SGBV through awareness-raising and community-based initiatives. Support to local organizations and SDCs will be provided along with capacity building for 4,000 service providers and frontline workers in order to enhance national systems.

#### **Outcome 5 - Vulnerable girls and boys are protected from violence, exploitation, abuse and neglect through equitable access to quality child protection services.**

186,000 children and 215,470 caregivers will benefit from community-based and psychosocial support programmes. Some 27,682 children (displaced Syrians and vulnerable Lebanese), including children living and working on the streets, children at risk or victims of child labour, will benefit from focused psychosocial support services including life skills training. 8,300 of these children will receive life-saving case management services, including provision and referrals to specialized and psychosocial support services.

### 4. Identification of sector needs and targets at the individual, institutional and geographical levels

Services and activities supported by protection partners and institutions will benefit vulnerable Lebanese, as well as displaced Syrians. Direct protection interventions will focus on vulnerabilities and primarily target: persons with immediate legal or physical protection needs, including persons at immediate risk of arbitrary detention or persons facing a threat to life, safety or other fundamental human



rights, including those at risk because of gender; women and children at risk; and persons with disabilities and older persons at risk. While protection needs at the individual level cannot be predicted, protection partners have established systems to identify and respond to protection concerns at individual and community levels. Through awareness-raising sessions, monitoring visits, reception facilities and hotlines, as well as outreach activities, individuals in need have access to information about where to get help or, should they wish, they can be directly referred to support services as needed.

Three types of institutions will be targeted for institutional support and capacity-building, namely:

- Government institutions that manage the border or civil (e.g. birth, marriage, death) and legal stay documentation, such as General Security Office, Internal Security Forces, Lebanese Armed Forces and the Personal Status Department as relevant;
- Local civil society actors; and,
- Social Development Centres.

The sector will work closely with the Ministries of Social Affairs, Interior and Municipalities, Justice, Education and Higher Education, Public Health and Labour. 57 SDCs will be selected in close collaboration with MoSA within the 251 most vulnerable cadastres. Resources will be allocated to ensure adequate coverage of host communities, mostly through support to MoSA SDCs. The 60 health facilities that will be supported through capacity-building and training on Clinical Management of Rape will be selected in close collaboration with the Ministry of Public Health and the Clinical Management of Rape working group.

The situation of Lebanese returnees from Syria is difficult as most returned with few belongings, are underemployed and often reside in substandard shelters. In a recent survey, 40 percent of returnees said they intend to eventually move back to Syria. Accordingly, recording, profiling and providing adequate assistance to Lebanese returnees will remain a priority.

### Total sector needs and targets:

Category	Total population in Need: 3,062, 000	Target		
		Total	Male	Female
Displaced Syrians	1,500,000	1,500,000	721,500	778,500
Palestine Refugees from Syria	42,000	42,000	20,580	21,420
Palestine Refugees in Lebanon	200,000	20,000	10,200	9,800
Vulnerable Lebanese	1,500,000	300,000	100,000	200,000
<b>Total</b>	<b>3,062,000</b>	<b>1,862,000</b>	<b>852,280</b>	<b>1,009,720</b>

### Communities

Cadastres	251 vulnerable cadastres
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### Institutions

Municipality	150
Hospitals	60
Social Development Centres	57
Central Ministries	5



## 5. Mainstreaming of conflict sensitivity, gender, youth, people with special needs (PWSN)

### Conflict Sensitivity:

Protection partners will ensure conflict sensitivity mainstreaming in their programmes to mitigate risks of tension and increase respect for cultural diversity and non-violent communication. Partners will also invest in conflict sensitivity trainings for frontline workers and other relevant interlocutors that will build both understanding and the capacity to run conflict-sensitive project cycles, and implement programs that take into account both positive and negative impacts of interventions, and include risk analysis and participatory approaches.

### Gender, Youth, People with Specific Needs (PWSN):

**Gender:** Programming will continue to be gender-sensitive to address and meet the needs of different groups equally, i.e. women and girls, men and boys. Gender analysis and separate consultations with all the groups will be part of the methodology used to conduct assessments, monitoring visits and consultations with communities. Sex- and age-disaggregated data will be collected for protection, child protection and SGBV prevention and response activities. Training on basic protection principles, safe identification and referral of individuals at risk will be conducted for frontline workers of health, shelter and food security sectors.

**Youth:** Through consultations, protection activities and programmes will be adapted to ensure that the distinctive needs, concerns and expectations of youth are taken into account, and their active participation in community-based solutions to protection needs is promoted.

Child protection and SGBV programmes will include specific curricula for adolescents up to 17 years old to strengthen their protection from risks of child marriage and child labour, engagement in risky behaviours, and other protection concerns. These will include life skills education (conflict resolution, communication skills, stress and anger management), sports for development, education on human and child rights, and technical skills (use of computers, language classes, literacy). Accessibility will be monitored through age-disaggregated indicators.

**Persons with disabilities:** The sector will continue to ensure inclusivity and non-discrimination of programmes and ensure all barriers – physical and those linked to capacities of service providers – are removed through capacity-building and necessary adjustments to programmes. Persons with disabilities will be consulted and their contribution reflected in programme design, implementation and monitoring. Social workers and other specialized service providers will be capacitated to ensure attitudinal and communication

barriers are addressed, and already existing specialized structures are identified and included in referral pathways. The sector will monitor accessibility to services for persons with disabilities in community-based activities through the inclusion of dedicated indicators in the results framework.

## 6. Inter-sector linkages

**•Shelter** – Shelter assistance will continue to prioritize beneficiaries guided by protection criteria, and include referrals by protection partners of cases with protection concerns, including cases affected by evictions and PWSNs. Protection partners will advise on lease agreements that pay due consideration to housing, land and property rights, and rent-related security of tenure issues. The protection sector will provide protection-mainstreaming guidance, and collaborate on developing shelter guidelines that take into account the needs of PWSNs. Area profiling exercises and safety audits will take into consideration child- and women-friendly communal safe spaces including recreational spaces.

**•Health** and Protection sectors will continue to work closely to support health facilities in providing appropriate medical treatment to persons with specific needs, and to strengthen the capacity of frontline health workers in health facilities to safely identify and refer survivors of violence to adequate care and protection. Medical personnel will be trained on the clinical management of rape, and all medical and non-medical personnel will be trained to ensure the confidentiality, safety and respect of survivors receiving treatment, as well as safe identification and referrals.

**•Basic Assistance** and Protection sectors will continue to work closely to ensure protection-related trends, analysis and information captured through regular household profiling exercises are shared with the relevant protection sub-sectors in a systematic and timely manner. This will support better programming and response by the sectors and allow for joint assistance in referrals where appropriate. In particular, concerted collaboration efforts will be made between the SGBV/child protection sub-sector and Basic Assistance to gather information and engage in efforts that will reduce the increasing negative trend of families withdrawing their children (boys and girls), from school due to economic reasons.

**•Social Stability** – The Protection and Social Stability sectors have established strong links to enhance the complementarity of community interventions through a regular presence in the sectors. The work of protection partners with the displaced provide good entry points for social stability partners to facilitate cross-community contacts, and vice versa for host populations as well. The two sectors will further strengthen coordination to ensure collaboration and timely exchange of relevant research analysis and information of mutual concern to maximize complementarity of their programmes, particularly in areas

necessitating the diffusion of tension. In this regard, both sectors will focus on adolescents, who will be empowered as agents of change in the sector activities.

**•Education** – Given the importance of preventing children from dropping out from school, Child Protection will collaborate closely with the Education sector on several initiatives to address the issue. This will include: deploying a child protection expert within the Ministry of Education and Higher Education; strengthening the overall capacity in detecting and referring children at risk or victims of violence, abuse and exploitation; provision of psychosocial support; conducting joint information initiatives, including identifying and addressing barriers such as child marriages that prevent adolescent girls from accessing formal and non-formal education; and referring children/adolescents participating in community-based structured psycho-social support to education actors for formal and non-formal learning opportunities.

**•Livelihoods and Food Security** – Protection partners will assist in identifying persons with specific needs, including women, adolescents and youth participating in psychosocial support activities, to be referred to these sectors for support.

In particular, given the magnitude of child labour in Lebanon, Child Protection, Livelihoods and Food Security will work together on rapid assessments on child labour in the agriculture sector, invest in capacity-building and training of trainers in child labour in the agriculture sector, and provide specific training on safe identification and referral pathways to service providers and line ministries.

**•Energy and Water** – Protection-specific concerns related to water and sanitation facilities captured through protection safety audits and assessments will be referred to the Energy and Water sector to ensure gender- and child-sensitive water and sanitation facilities are included in programming. Water, sanitation and hygiene promotion messages will be mainstreamed for women, youth and community based groups supported by the sector. Given the strengthening of community-based services by the Protection sector, further coordination through collective site management arrangements at the field level will help in the coordination between the various operational committees at the field level.



Photo: UNHCR



## PARTNERS PER OUTPUT:

### Protection Sector Partners:

**Protection:** MoSA, UNHCR, MAG, GVC, IR Lebanon, WRF, DRC, IRC, UN-Habitat, UNICEF, WVI, CLMC, OXFAM, CONCERN, NPA, IOM, PU-AMI, International Alert, MAP-UK, UNRWA, RET, Solidarités, ACTED, HI, NRC, MSD

**Child Protection:** MoSA, UNHCR, IR Lebanon, AVSI, Himaya, DRC, IDRAAC, IRC, FAO, UNICEF, AMEL, WVI, CLMC, HWA, SCI, MAP-UK, UNRWA, TdH - It, ACTED, ANERA, TdH – L

**SGBV:** MoSA, UNFPA, UNHCR, IR Lebanon, AVSI, ABAAD, DRC, IRC, UNICEF, WVI, CLMC, CARE, OXFAM, CONCERN, NPA, MAP-UK, IMC, UNRWA, RET, Mercy Corps, HI

OUTCOME/OUTPUT	PARTNERS
<b>OUTCOME 1:</b> Persons displaced from Syria have their basic rights respected and enjoy access to justice and legal stay	
Output-1.1: Access to territory	PU-AMI, UNHCR, UNRWA
Output-1.2: Access to justice, documentation and legal remedies	ACTED, CLMC, DRC, GVC, HI, IRC, NRC, OXFAM, PU-AMI, UNHCR, UNRWA, WVI
Output-1.3: Favorable protection environment (attitudes, administrative institutions and practices strengthened)	ACTED, CONCERN, DRC, GVC, HI, International Alert, IOM, IRC, MAG, NRC, OXFAM, PU-AMI, Solidarités, UNHCR, UNRWA, WVI
<b>OUTCOME 2:</b> Communities are empowered to contribute to their own protection solutions and community self-management encouraged	
Output-2.1: Community based protection and empowerment	ACTED, CLMC, CONCERN, DRC, GVC, HI, IOM, IR Lebanon, IRC, MAG, MSD, NPA, NRC, OXFAM, PU-AMI, RET, UN-Habitat, UNHCR, UNRWA, WVI
Output-2.2: Collective sites management and coordination	ACTED, CONCERN, DRC, GVC, IRC, NRC, PU-AMI, Solidarités, UNHCR, WVI
<b>OUTCOME 3:</b> Access to protection and services is ensured, the most vulnerable women, girls, boys and men are identified, and durable solutions realized.	
Output-3.1: Access to services for PWSN	ACTED, CLMC, CONCERN, DRC, HI, IOM, IRC, MAP-UK, MSD, NPA, OXFAM, PU-AMI, UNHCR, UNRWA, WRF
Output-3.2: Identification of protection vulnerabilities	CONCERN, International Alert, IOM, PU-AMI, UNHCR, UNRWA
Output-3.3: Resettlement	UNHCR
Output-3.4: Mine Action	HI, MAG, NPA, UNICEF
<b>OUTCOME 4:</b> Vulnerable girls and boys are protected from violence, exploitation, abuse and neglect through equitable access to quality child protection services	
Output-4.1: Communities are engaged	ACTED, AMEL, ANERA, AVSI, CLMC, DRC, Himaya, HWA, IDRAAC, IR Lebanon, MAP-UK, SCI, TdH - It, TdH - L, UNHCR, UNICEF, UNRWA, WVI
Output-4.2: CP violations are addressed	ACTED, AVSI, CLMC, DRC, FAO, IDRAAC, MAP-UK, SCI, TdH - It, TdH - L, UNHCR, UNICEF, UNRWA, WVI
Output-4.3: National systems are strengthened	ACTED, FAO, IDRAAC, IRC, MAP-UK, SCI, TdH - L, UNHCR, UNICEF, WVI

**OUTCOME 5:** The risks and consequences of SGBV are reduced and access to quality services is improved

Output-1.1: Individuals at risk and survivors have access to quality services	ABAAD, AVSI, CLMC, CONCERN, DRC, HI, IMC, IR Lebanon, IRC, MAP-UK, Mercy Corps, NPA, OXFAM, RET, UNFPA, UNHCR, UNICEF, UNRWA, WVI
Output-1.2: Community's resilience to SGBV is strengthened and vulnerability is reduced (communities are actively engaged to address SGBV)	AVSI, CARE, CLMC, CONCERN, DRC, HI, IMC, IR Lebanon, IRC, MAP-UK, Mercy Corps, NPA, OXFAM, RET, UNFPA, UNHCR, UNICEF, UNRWA, WVI
Output-1.3: National system is strengthened through capacity building and generation of knowledge	AVSI, CARE, CLMC, CONCERN, DRC, HI, IMC, IR Lebanon, IRC, MAP-UK, NPA, OXFAM, RET, UNFPA, UNHCR, UNICEF, UNRWA, WVI