



**Gender-Based Violence Information
Management System (GBV IMS)**
Annual Report 2024



I. Introduction

This Gender-based Violence Information Management System (GBVIMS) report provides analysis of GBV incidents recorded by GBVIMS users in Lebanon during 2024.¹ The report, therefore, represents country-wide trends and analyses of GBV incidents reported and recorded by GBVIMS user agencies only.² It covers GBV survivor profiles, incident details, contexts, alleged perpetrators, services provided and gaps, referrals, and provides conclusions and recommendations. Incidents are categorized into six types. This highlights trends and patterns from reported incidents only, emphasizing that it does not indicate prevalence.

The analysis has been triangulated with other sources, such as the 2024 Protection Monitoring of UNHCR,³ UN Women "Justice for me is living free and as a human being" Analytical Report, VASyR 2023,⁴ and others.

This report provides information on incidents of gender-based violence (GBV) reported by 14 data gathering organizations providing services to GBV survivors between January to December 2024. The data included in this report are derived from reported cases by GBVIMS users in Lebanon and do not present the total number of GBV incidences or indicate prevalence of GBV in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection and analysis in implementing GBV response activities across Lebanon, with the informed consent of survivors.

2. Background and context

Lebanon faced a drastic deterioration of the safety and security situation due to the escalation of conflict in 2024 that affected all population, specifically the population displaced from South, Bekaa, Baalbek, El Hermel and Southern Suburbs of Beirut. The displacement led to a disruption of critical life-saving services, including GBV services. Through the quarterly analysis of GBVIMS trends in 2024, **a 38% decrease** of reported incidents is observed **between Q2 to Q3 at national level**. For the same period, in the **Bekaa/El Hermel area as well as in the south**, where conflict has led to closure of a significant number of GBV services, incident reporting **decreased by 68% and 37% respectively**. Additionally, new needs were identified especially in **collective shelters**, where GBVIMS partners noticed an increase in the cases of GBV against children in the collective shelters. However the case management service was challenging due to the lack of confidentiality and the inability to meet separately and safely with the children. A reduction in reported GBV cases was also confirmed by most sub-national partners and GBV WG coordinators during the conflict and escalation of the conflict as reporting challenges hindered timely reporting, those at risk shared fears of additional exposure to violence, deprioritization of needs of women and girls and focus on basic needs. GBVIMS partners shared that women and girls didn't prioritize their needs as the security situation overall was overwhelming and dominating the situation.

The ceasefire in Lebanon has provided some relief to affected populations. Still, access to gender-based violence (GBV) prevention and response remains critically impacted, where the quarterly analysis of **GBVIMS trends in 2024 shows a further**

decline in the number of reported incidents across all the regions in the last quarter of the year, with a decrease of 25% between Q3 and Q4 2024, and that is due to the continuous safety and security related challenges and the fact that people were deprioritizing their protection needs and were seeking other services such as basic assistance services.

Due to the conflict, pre-existing GBV have intensified amid widespread displacement and deteriorating living conditions. According to GBV IMS Task Force members, overcrowded shelters, inadequate sanitation, insufficient lighting, and lack of privacy have contributed to increased incidents of Gender-Based Violence. Women and girls, especially those living in informal shelters and makeshift arrangements, were disproportionately affected. GBVIMS Task Force members also shared that returning IDPs, particularly women-headed households, were also at heightened risk of violence due to inadequate housing (destroyed windows and doors), the disruption of community support and inadequate protection services in their areas of previous residence.

Psychosocial support services, though available, remain insufficient to address the scale of psychological distress caused by the conflict. Adolescents, especially girls, face heightened risks of child/early or forced marriage, exploitation, child labour and denial of access to education as families resort to negative coping mechanisms amid increased economic hardship.

Women, girls, and marginalized groups, including persons with disabilities and unaccompanied children, remain at heightened risk of gender-based violence (GBV) even after the cease of the conflict, including sexual exploitation and abuse (SEA), and discrimination. Overcrowded collective shelters or shared housing, lack of privacy, and inadequate legal protection exacerbated these risks.

3. Profile of survivors of Gender-based Violence seeking assistance

3.1 Sex and Gender

In line with global and national GBV IMS data trends of previous years, in 2024, women and girls continue to constitute the majority (98%) of survivors of GBV, with similar trends compared to 2023.

Tripoli and Akkar have the highest reported male survivors in 2024 (5% and 4%). According to GBV case management partners, women, girls, and marginalized groups, including refugees and migrants, persons with disabilities, persons with diverse SOGIESC and unaccompanied children, remain at heightened risk of gender-based violence (GBV), including sexual exploitation and abuse (SEA) especially amid widespread displacement and deteriorating living conditions that Lebanon is facing.

Sex of survivor



¹ In Lebanon, fourteen organizations (ABAAAD, AND, CL, CW, DRC, IMC, INTERSOS, IRC, KAFA, LECORVAW, RDFL, MF, TDHL and Najdeh Association) are currently using the system; supported by UNHCR, UNICEF and UNFPA.

² Fourteen organizations contributed to the trends. These data should not be used for direct follow-up with survivors or additional case follow-up. This information is confidential and must not be shared outside your organization/agency. Should you like to use this data or access more information on the GBVIMS, please contact the GBVIMS Coordinator Rasha Akil, akil@unfpa.org

³ UNHCR - Protection Monitoring Findings - December 2024

⁴ VASyR 2023.

For female survivors, physical assault (**31%**), psychological/emotional abuse (**30%**) and forced marriage (**18%**) constitute the highest reported incidents in 2024, followed by sexual assault (**11%**), denial of resources, opportunities or services (**8%**) and rape (**2%**).⁵

For men and boys, psychological/emotional abuse (**47%**), physical assault (**32%**) and sexual assault (**13%**) were the highest reported incidents in 2024, followed by rape (**7%**) and denial of resources, opportunities or services (**2%**). Men and boys from marginalized groups face heightened risk of GBV as reported by the GBV IMS partners. The highest recorded type of GBV is emotional abuse including threats, verbal assault and emotional abuse by landlords or employers due to their status, nationality, gender or other aspects. The percentage of reported rape among male survivors is mainly perpetrated to boys (under 18 years old). Noting that in accordance with the GBV and CP Referral Pathways, child survivor cases especially of boys are usually referred to the Child Protection agencies. However, it is concerning to see that the quarterly trend analysis generally across all the survivors shows **an increase of 25% in the reported sexual exploitation especially between Q2 and Q3 2024** which is during and after the displacement from South, Bekaa and Southern Suburbs.

3.2 Age

2024 GBVIMS data shows that adults (18 years and above) accounted for **74%** and children (under 18 years) accounted for **26%** of the GBV incidents reported through the GBVIMS by Data gathering organizations.

Proportion of child to adult GBV reporting in GBVIMS is decreased by 4%, **in 2024 (26%)** compared to the 30% in 2023. However, it was reported by partners that the cases of child survivors, especially boys, are referred to the Child Protection Case Management services, especially in North and Akkar, and Beirut, Mount Lebanon which can explain the decrease of the reported GBV incidents against Child Survivors.⁶ It is also reported by partners that in Beirut, Mount Lebanon, the main reported incidents to the GBV Case Management are of Forced Marriage, while the other types of incidents are referred to Child Protection.

Age group of survivor



For children, the main types of the reported GBV incidents are physical assault (**31%**), psychological/emotional abuse (**30%**), and forced marriage (**18%**), followed by sexual assault (**11%**), denial of resources, opportunities or services (**7%**) and rape (**3%**).

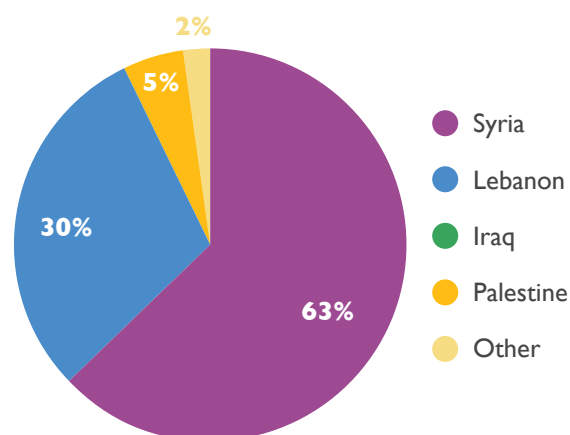
Partners reported that in the South and BML governorates, parents have indicated **sending children to work to supplement household income and meet basic needs**, especially among Syrians, **while family separation has been reported in BML**.⁷ The increased reported risk of children being involved in child labour, including worst forms, during the conflict has increased their risk of exposure to sexual abuse and exploitation around places such as the street or agricultural sites, shops or domestic homes. Labour-related risks of GBV are also corroborated by the

GBV IMS data where between September and November 2024 at the peak of the conflict, the workplace was identified as the third highest reported risk location with sexual assault, psychological/emotional abuse and rape as the highest reported GBV incidents in the workplace.

For Adults, similarly to 2023, the highest reported types of incidents are physical assault (**40%**), psychological/emotional abuse (**35%**) and sexual assault (**12%**), followed by denial of resources, opportunities or services (**8%**), rape (**3%**) and forced marriage (**2%**).

3.3 Nationality of survivors

Country of origin



As in previous years, Syrians are the vast majority of nationalities recorded in the GBV IMS with 63% of all incidents recorded. However, in 2024 a significant increase (from 13% in 2023 to 30% in 2024) in recorded Lebanese survivors was observed. This reflects that GBV case management actors are serving all affected population groups under the LRP as well as the exposure of Lebanese IDPs during the conflict. It was also observed that a higher percentage of recorded Palestine Refugees from Syria/Lebanon (PRS/PRL) amongst all recorded incidents. This is mainly linked to a number of new GBV IMS partners working in the Palestine refugee camps using the GBV IMS. This has significantly contributed to enhancing GBV data analysis of PRS/PRL.

This increase in the reported incidents among the survivors from different nationalities is due to the increased awareness and outreach by the GBV case managers especially during the displacement. Efforts will continue by the Task Force to increase the support among the different population cohorts especially that people from certain nationalities, such as the Syrians and Migrants, at a highest risk of GBV due to different factors such as their legal status, livelihood needs, etc. that expose them to an increased risk of abuse.

Despite the increase in the reported incidents among the survivors from different nationalities, GBV IMS partners reported that there are barriers that are stopping the survivors from seeking support. The legal status, and the lack of valid residency papers of some Syrians and Migrants prohibits them from seeking legal assistance when it comes to divorce, legal representation and custody rights, additionally many women and girls fear from the retaliation in case they reported, and are pressured to reconcile with perpetrators under the pretext of preserving the family unit.⁸

⁵ 2024 GBVIMS Report

⁶ Update from the GBVIMS Task Force Members

⁷ UNHCR - Protection Monitoring Findings - December 2024

⁸ 2024 GBV Safety Audit for Lebanon

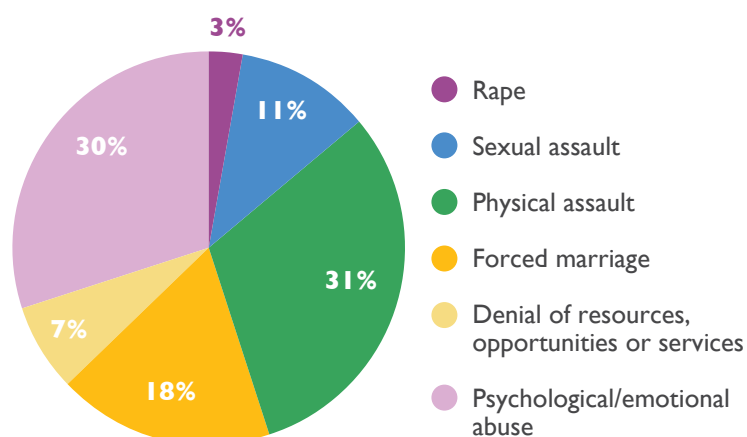
3.4 Disability and diversity

According to GBVIMS, **2%** of all the reported GBV incidents in 2024 were recorded for persons living with a disability, this is **an increase of 1%** compared to 2023 GBVIMS data. The low reporting of GBV within population groups living with disability or mental health conditions is a challenge especially that, in 2023 the population with disability across Syrians was 9% (physical disabilities), 4% (mental disabilities),⁹ Lebanese (9%), Palestine Refugees (5%) and Live-Out Migrant Workers (3%).¹⁰ The use of GBV IMS tools and ensuring specialized GBV actors enhance outreach to persons with disability is critical to close this gap and to ensure an inclusive approach to services and to reduce barriers to access information and services.

Organizations working for persons with disabilities (OPDs) have also reported that persons with physical and intellectual disability, including children, have faced significant levels of sexual assault and rape in collective shelters which were underreported due to fear of stigma, repercussions as well as limited knowledge of referral pathways and best interests' considerations for children. Partners reported that they have been informed long after the sexual assault incident when families reported having moved out of IDP shelters and failed to report to specialized GBV actors. Survivors with intellectual disability have reportedly been particularly exposed to risks of GBV in overcrowded IDP shelters or when hosted amongst others with limited means to protect themselves or seek support. This demonstrates the significant needs to adapt targeted safe referral training and integration of GBV and CP minimum standards for frontliners as well as IDP shelter managers.

Young persons with disabilities, especially girls, are far more vulnerable to violence than their peers without disabilities, especially in schools, according to UNICEF's report on Adolescent Girls in Lebanon, stigma and discrimination perpetuate misconceptions about the capabilities and potential of individuals with special needs, often creating hostile school environments.¹¹ According to the research completed through the UNFPA's We "Decide program" and **those under 18 years of age are almost four times more likely than their peers without disabilities to be survivors of abuse.** Young persons with intellectual disabilities, especially girls, are at greatest risk, including women with a disability are more likely to experience violence than male peers with a disability or female peers without a disability.¹²

3.5 Most recorded types of GBV incidents in 2024



⁹ VASyR 2023

¹⁰ MSNA 2023 (UN-Women calculation as per the Gender Statistical Profile – June 2024)

¹¹ UNICEF's Adolescent Girls in Lebanon - July 2024

¹² THE PATH TO EQUALITY FOR WOMEN AND YOUNG PERSONS WITH DISABILITIES: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence

¹³ UN Women Gender Alert 2024

¹⁴ National Study of Child Marriage in Lebanon Dec 2023

¹⁵ VASyR 2023

¹⁶ The European Union Sector Specific Gender Analysis: An In-Depth Sectoral Examination of Feminist and Women's Rights Issues in Lebanon

Overview

In 2024, **physical assault (31%), psychological/emotional abuse (30%), and forced marriage (18%)** were the most reported types of GBV, of all reported incidents respectively. This presents a similar trend to previous years, particularly in 2023: (29%, 27%, 21%). The proportion of recorded **sexual assault (11%), denial of resources and opportunities (7%) and rape (3%)** have slightly decreased in 2024 compared to last year (13%, 5%, 5% respectively).

Intimate Partner Violence (IPV)

Intimate partner violence can have different forms of GBV including physical, emotional, sexual violence and/or denial of resources reflecting on the perpetrator of GBV being the intimate partner of the GBV survivor. Intimate Partner Violence (IPV) and Family Violence, remain the most pervasive GBV types in Lebanon, further intensified by economic hardship, displacement, and a return to entrenched gender norms according to the 2024 GBV Safety Audit for Lebanon. It is also reported that the risk of increased domestic violence is associated with the increase in stress, job loss among men, including those who are head of households, and difficulty in accessing legal services.¹³ These findings are supported by the GBV IMS data for 2023 that shows that the IPV incidents are 53% of all the reported incidents and that the survivor's home is the main location where the GBV incidents are reported accounting for **63%**.

Forced Marriage (including child and early marriage).

As per the National Study of Child Marriage in Lebanon published in December 2023 by RDFL,¹⁴ 20% of individuals married before 18 years of age or younger, 10% of female respondents married between the age of 13 and 15. As per the VASyR 2023, 11% of Syrian individuals aged between 15 to 19 were married.¹⁵

It is noted in the GBVIMS that forced marriage has increased specifically in Bekaa between Q3 (**14%**) and Q4 (**27%**) of 2024. Partners have confirmed that the displacement and conflict has contributed to families applying harmful coping mechanisms that have exposed adolescent girls to a variety of risks including forced/child marriage as some families believe it protects their girls of other risks such as lack of accommodation, access to basic needs or prevent deportation in the case of displaced Syrians.

Sexual Assault and Rape

Sexual assault and rape incidents account for 14% of all recorded cases in 2024. Underreporting of sexual assault and rape, including marital rape, has been a significant challenge particularly reported by partners during the emergency. GBV IMS data generating actors shared that a decrease in reported cases was observed across locations, including in the south as survivors focused on survival and ensuring access and coverage of basic needs. At the same time clinical management or rape services have been significantly impacted by the war with several PHCCs and centers destroyed or closed due to the security situation. As for the reported incidents per location, the highest reported location of **sexual assault** is at workplace, followed by the street, survivor's home and perpetrator's home. According to the European Union Sector Specific Gender Analysis, 17% of women respondents reported being sexually harassed at work in 2021 and 25 % of respondents (all women) reported being verbally harassed at work in 2021.¹⁶

Due to social norms and believes, marital rape is also not considered a crime and hence in most cases not reported. And it is to be noted that the Lebanese legal framework does not criminalize sexual assault or rape in the context of marriage according to the GBV Safety Audit.

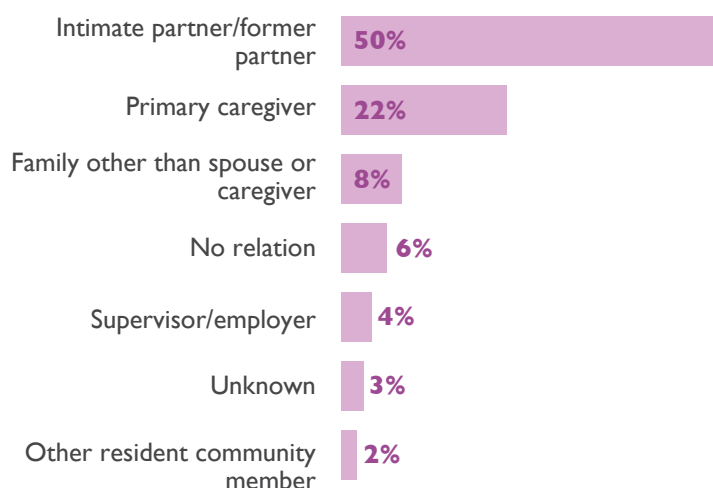
3.6 Location of incidents

According to GBV IMS data of 2024, client's home and perpetrator's home are the locations with the highest reported incidents with **63%** and **20%** respectively. Followed by the street (**7%**), workplace (**5%**) and Shelter/Safe House (**2%**), noting that during displacement, some partners were reporting the GBV incidents in the collective shelters as "shelter/safe house", therefore, to prevent misleading information, partners were guided to report the incidents at collective shelter under "other".

It is noted that, according to the GBV Safety Audit, while homes are reportedly perceived as a refuge, they were also identified as the primary site for IPV, family violence, and sexual violence. Overcrowded homes shared by multiple families exacerbate these risks.

Physical Assault, Psychological/Emotional Abuse and Forced Marriage reported the highest at survivor's home and perpetrator's home. Rape is reported at both survivor's and perpetrator's home and workplace and street equally.

3.7 Alleged Perpetrator-Survivor Relationship



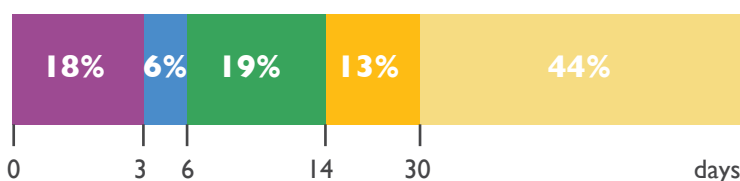
According to the 2024 GBVIMS Report for Lebanon, the majority of reported GBV incidents are perpetrated by **intimate/former partner (49%)**, **primary caregiver (22%)**, and family other than **spouse or caregiver (8%)**. Also, most reported GBV incidents took place at the survivor's home (**63%**). And these findings are consistent with the 2024 GBV Safety Audit for Lebanon, where community members, service providers and GBV experts were asked about the profiles of GBV perpetrators, the answers were that the vast majority of reported incidents are perpetrated by men, most often family members: intimate/former partner, primary caregiver, and family other than spouse or caregiver. This data was confirmed by consulted women and girls as well as GBV experts, who also specified on more than one occasion that women and girls feel particularly at risk around men in their families, but also men and adolescent boys who abuse drugs or alcohol or who have access to weapons, public transportation drivers, employers, and/or men who hang out in groups in the streets especially at night.

These findings indicate the need to increase advocacy at sector level and to focus on prevention activities, such as the community-level awareness on gender and GBV, engagement activities with men and boys, inter-sectoral awareness and mainstreaming of GBV. It is also noted that the workplace is one of the reported places of GBV incidents, which requires capacity building and awareness to the

survivors, community members and employers about the gender, GBV, protection, labour law, and others. In addition to the multi-sectoral efforts between GBV and Livelihood sectors on improving the protection of employees at the workplace.

3.8 Timeliness of reporting and service provision

Time between incident and reported date



In 2024, half of the reported incidents (**44%**) were reported after one month of the incident similar to 2023 (**43%**), the delayed reporting is often linked to the delayed disclosures from GBV survivors who might need more time to disclose the violence they were subjected to, for the specialized service providers.

3.9 Referral to other service providers

Referrals to **Health/ Medical Services** including **Mental Health** constitute the highest reported referrals (**15%**) amongst all services. This is attributed to the high psychosocial needs of survivors of GBV following the abuse and the urgent medical needs that sexual and physical assault require. In addition, the war, displacement and attacks on civilians have exacerbated existing high psychosocial needs across all population groups.¹⁷

GBV service providers referred survivors of rape and assault to the few existing facilities providing **Clinical Management of Rape services (CMR)**. Partners coordinating these services confirmed a significant impact of the war and conflict on the provision of the service with four CMR facilities having been affected and are no longer providing CMR services during September and October 2024. This resulted in geographical gaps in service provision in: South, Nabatieh and Baalbek El Hermel areas, however, these facilities started to operate again in December 2024.

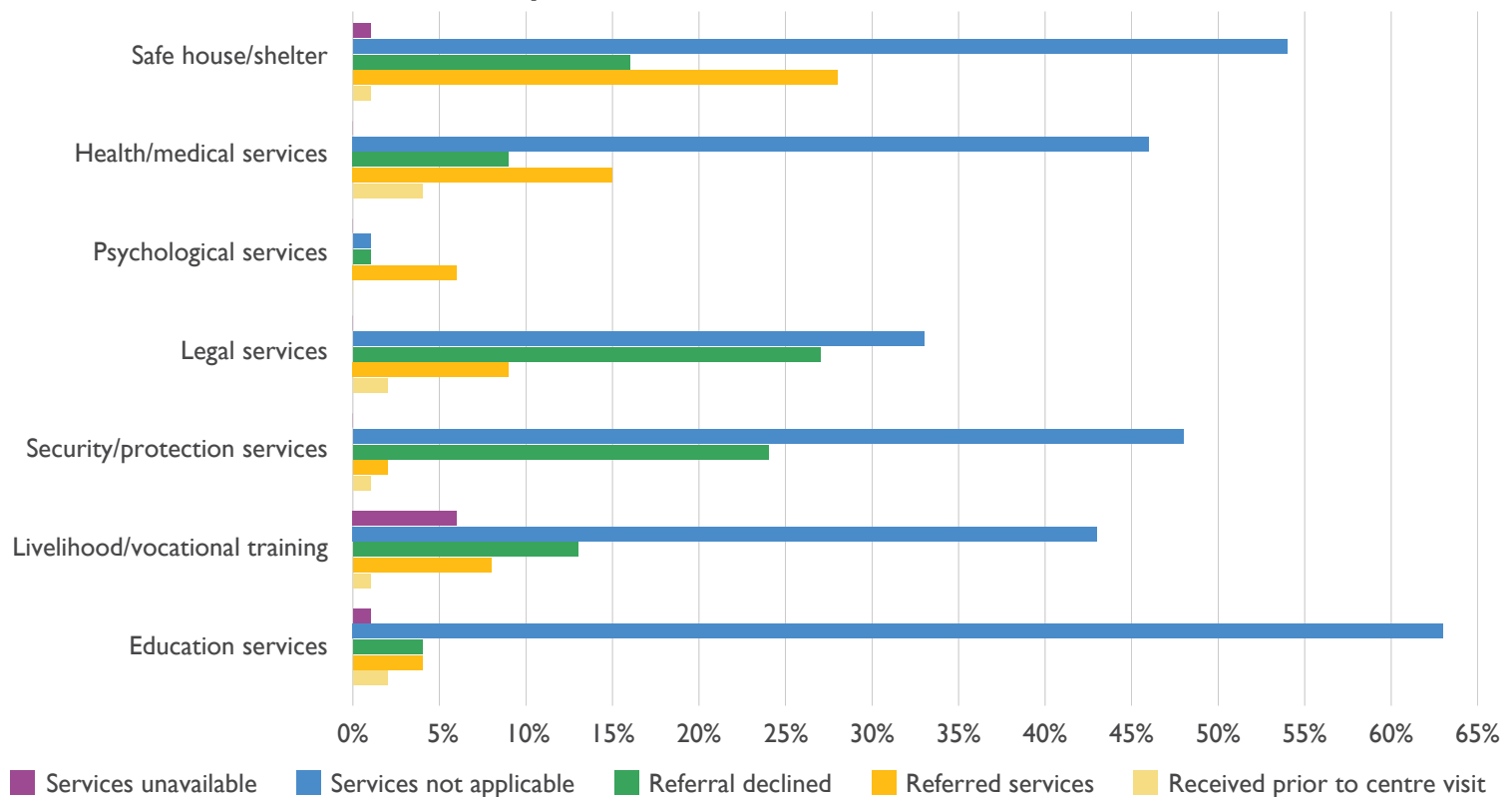
Legal assistance services and Security protection services constitute the highest percentage of most declined referrals by GBV survivors, **accounting to 27% and 23% respectively**. GBV IMS data generating actors state that lack of trust in national systems, law enforcement and legal systems is the main impediment or barrier to accessing security, law enforcement or judicial services. In addition, the already weak judicial system was further strained by the war and conflict with limited access to services for GBV survivors. Partners reported that judges were either on strike or unable to work due to security or the overall political situation in the country.

Adding to this, data triangulated with a study by UN Women and partner organizations on "Access to Justice for Sexual and Gender-Based Violence case of Syrian Refugees in Lebanon"¹⁸ was commonly reported by both interviewed men and women that they tend to resolve IPV concerns (GBV incidents) internally in case of IPV, before bringing the case to court. This is reflective of social pressures, fears associated with a lack of documentation especially for Syrians, financial constraints to engaging in the legal system, and the fact that informal justice processes take less time to reach an outcome, even if the outcome is not in the favor of women and/ or the survivor's needs.

¹⁷ UNHCR - Protection Monitoring Findings - December 2024

¹⁸ UN Women, "Justice for me is living free and as a human being" - An Analytical Study of Access to Justice for Sexual and Gender-Based Violence cases of Syrian Refugees in Lebanon. 5

New incident referrals to other service providers



Livelihood and Vocational Training referrals constitute 6% of the total reported referrals in GBV IMS 2024 and 6% of all the reported referrals to livelihood services were reported as **not available**, which indicates the gap in the availability of livelihood services and the limited resources and capacity of partners to provide meaningful livelihood opportunities, noting that the socio-economic environment in Lebanon is the major concern for the survivors and their family.

The overall decline rate of referrals by the survivors to the legal services, safe shelters, security and law enforcement services, and others, provide an indication about the survivor's hesitancy and fear of reporting to some services for different reasons such as the lack of trust in law enforcement, or fear of persecution or being arrested for different reasons like the lack of valid legal residency also the cultural and communal pressure on the survivors that lead women and girls to refrain from accessing some services such as safe shelters. According to the Referral Information Management System (RIMS) 2024 report, survivors face additional barriers such as stigma, lack of awareness of services, and difficulty navigating the referral system. Addressing these gaps requires sustained donor engagement, improved referral pathways, and enhanced survivor-centered programming.

4.0 Safe shelters

Data from the GBV IMS shows that 2% of the survivors were referred to safe shelter services in 2024 compared to only 1% in 2023. And 16% of referrals were declined by the survivor. Access to safe shelter for survivors of GBV shows a challenge due to admission criteria for specific cases and in Lebanon although it is a critical service for the survivors who are at imminent risk and require a timely referral to safe houses as a lifesaving and critical service. In addition, promising longer term development initiatives, such as the implementation of the Standards for Safe Shelters for GBV survivors, were largely put on hold due to the escalation of the conflict.¹⁹

¹⁹ End of Year 2024 Protection Sector Dashboard

4. Challenges and gaps in 2024

4.1 Contextual and Sectoral Challenges and Gaps

The GBV environment is negatively impacted by the overall developments in the country, especially the latest war that led to internal displacement of a significant number of people from all nationalities. In many areas in the country, particularly in Southern Lebanon, IDPs returning to their areas face a lack of vacant dwellings due to the considerable damage caused by bombardment on residential buildings and infrastructure. Areas that were not as affected by destruction and conflict were affected by hosting large numbers of IDPs resulting in overcrowding and pressure on the housing market as well as disruption of access to basic services and the functioning of markets, which increased the risk of exploitation and abuse. Most importantly, the war had a significant impact on the operational capacity, staff welfare and safety and resources of GBV Case Management Agencies. Many of the staff were displaced, offices were either destroyed or closed resulting in limited access of survivors to services during the war.

Access to safe shelter continues to be considered as one of the major issues and challenges faced by the GBV service providers,

despite the availability of a list of operational shelters in Lebanon. GBV actors operating safe shelters apply different programs and lack a common harmonized approach using safe shelter standards. Varying admission criteria is impacting on equal access of all survivors, limiting options for different nationalities, survivors with children above 10-year-old boys, persons with disability and MH concerns or other severe health concerns. Other challenges include limited structure and limited resources for social work services to ensure timely exit strategies from shelters. Notably, just before escalation of the conflict, NCLW/ MOSA have issued Safe shelter SOPs to support the harmonization and standardization of safe shelters for GBV survivors across the country. Due to the war and conflict, the roll-out was delayed but will need to resume in 2025.

4.2 Technical Challenges and Gaps

The GBV IMS Information Sharing Protocol has some limitations in terms of the data indicators reported by the GBV IMS Partners, which requires a revision to ensure that the GBV IMS data provides more detailed information and analysis.

5. Recommendations

The GBVIMS steering committee (UNFPA, UNHCR and UNICEF) and GBV IMS Task Force members recommend the below actions to address the challenges and gaps outlined:

Recommendation	Responsible Focal Point/or Actor	Timeline
Enhance the capacity of GBV data gathering organizations on confidential, timely, and ethical GBV data collection, analysis, and utilization of GBV information management systems focusing on GBV incident classification, recording and reporting.	GBVIMS Coordinator	Monthly and Quarterly
Strengthen Coordination between GBV and Child Protection Working Group regarding a training in case referral and transfer, and organize joint data analysis sessions and produce reports and guiding notes regarding the low number of GBV cases reported in case of child survivors.	GBV and CP Working Group Coordinators + GBVIMS Coordinator	Q2 2025
Assess the potential of rolling out GBVIMS by new GBV case management organization working with vulnerable marginalized groups like persons with diverse SOGIESC exposed to GBV, people with disabilities, migrants, and refugees from other nationalities.	GBVIMS coordinator/GBVIMS Steering committee in Lebanon	Potential three new partners in Q2 2025
Improve coordination with the sectors and other relevant stakeholders regarding the Prevention and response to the Sexual Assault by ensuring that complaint and feedback mechanisms are established, particularly in schools, community centers, and to encourage reporting and help identify barriers to accessing support.	GBVIMS Coordinator and GBV Working Group	Starting Q2 2025

Recommendation	Responsible Focal Point/or Actor	Timeline
Strengthen advocacy efforts on multi-sectoral GBV services to enable survivors to receive opportunities for vocational training that will support them and their families in sustainable manners.	GBV Working Group and GBV IMS Task Force	Starting Q2 2025
Scale-up programming that targets male survivors of GBV , including working on holistic outreach strategies that help in information dissemination and access to up-to-date service mapping with clear information about service providers working with male survivors of GBV.	GBV working group partners	Q2-Q4 2025
Strengthen timely and safe referrals across sectors , and to the GBV sector, through capacity building on GBV core concepts, including disclosures and safe and ethical referrals.	GBV working group partners	Q3-Q4 2025
Rollout the contextualized global guide on caring for child survivors of GBV and support related capacity building programs, to better harmonize the practices of working with child survivors of GBV, among GBV and Child Protection actors.	GBV and CP working group in collaboration with UNICEF	Q3 2025
Address the increase in the reported incidents of sexual assault (Q2-Q3 2024) due to the displacement and conflict in Lebanon (Ensure that complaint and feedback mechanisms are established particularly in schools and safe spaces, to encourage reporting and help identify barriers to accessing support. And Increase awareness sessions on GBV, PSEA, Protection, etc. to 1) beneficiaries, 2) community-based members/focal points, 3) humanitarian staff	GBV Working Group partners GBV IMS Task Force (monitor the reporting rate of sexual assault in 2025)	Q2-Q4 2024