Once the Gender-Based Violence Information Management System is implemented there are a myriad of ways to utilize the collected service-based data\(^1\) to inform programming. This note shares the experience of the National GBV IMS Steering Committee in Lebanon using GBVIMS data to improve coordination.

**Lebanon: How GBVIMS Data Contributed to a Coordinated Response to Intimate Partner and Family Violence and Violence in Public Spaces**

**Context:** The deadliest conflict of this century, Syria’s civil war, produced the world’s worst humanitarian crisis with nearly 450,000 killed\(^2\) and half the Syrian population forcibly displaced. Since the start of the conflict, Lebanon, neighboring Syria, has been host to over one million registered Syrian refugees\(^3\). For a country with a population of approximately 4.3 million, absorbing that number of refugees has become problematic. Estimates are that thousands more are in Lebanon who are not registered with the United Nations High Commissioner for Refugees (UNHCR). Where previously Lebanon boasted an open-door policy with Syria, as of January 2015, the Government of Lebanon (GoL) issued new rules and regulations regarding the entry and costly renewal of residency for Syrians. As a result, this has restricted the movement of hundreds of Syrian refugees and increased the risks of violence especially for women and children.

In this context, several actors provide life-saving Case Management (CM) services to survivors of gender-based violence throughout the country (Akkar, Beirut/Mount Lebanon, Bekaa, South and Tripoli). Among them six organizations (International Rescue Committee, Danish Refugee Council, INTERSOS, International Medical Corps, Caritas Lebanon Migrant Centre and Makhzoumi Foundation) complement CM service provision by using the Gender-Based Violence Information Management System (GBVIMS) to monitor incidents of violence, survivor and alleged perpetrator profiles and the GBV referral services. This service-based data helps inform the organizational response to GBV as well as guide inter-agency coordination.

Since December 2014, the six organizations endorsed an inter-agency Information Sharing Protocol (ISP), which was revised in January 2016 that sets clear guidelines for any sharing of GBV incident information and to protect survivors while promoting improved GBV coordination.

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\(^1\) Service-based data, as stored in the GBVIMS, is labeled ‘service-based’ because the data is collected at the point of and in connection with service delivery. The GBVIMS can provide one source of data to inform programming. This data is best used in combination with other data sources such as surveys, needs assessments, situational analyses, focus group discussions, and evidence-based research. It should be noted as well that this data is not prevalence data, nor does it capture all incidents, only those reported in the context of service provision. GBVIMS data is a critical piece to inform programming but needs to be interpreted in the broader context of gender-based violence in that setting.


\(^3\) [Visit](https://data.unhcr.org/syrianrefugees/country.php?id=122) for more information on the number of registered Syrian refugees in Lebanon.
Service Based Data: 
*Intimate Partner and Family Violence*

The Lebanon National GBVIMS Steering Committee (made up of the six organizations plus UNHCR, UNICEF and UNFPA) conducted joint data analysis sessions to look for trends in GBVIMS data from the six contributing organizations to guide inter-agency prevention and response efforts. Several key trends were noted in this analysis.

In 2016, the most significant trend from the GBVIMS was violence perpetrated by an intimate partner or family member, accounting for 71% of the incidents reported. In their discussions, the GBV IMS members compared this trend with other data sources, namely protection monitoring, GBV risk assessments, referral pathway feedback, and focus group discussions, which corroborated these trends. This also mirrored what organizations knew anecdotally from case management and other GBV interventions.

The GBVIMS data in 2016 further showed quarterly increases in reports of intimate partner violence, with physical assault, psychological/emotional abuse and sexual assault being the most highly reported types of this violence reported in the context of violence perpetrated by an intimate partner or family member. Insights from caseworkers attest that survivors of domestic violence fear approaching services other than the psychosocial support provided in safe spaces. Trends from the GBVIMS support this reluctance to report to other types of service providers, with high rates of services declined. Fifty-four percent declined relevant and accessible legal services most likely due to fears of negative consequences (possible loss of children over custody; deportation by security actors due to lack of documentation.) Forty-three percent declined services for security or protection due to similar fears.

GBVIMS trends and GBV sector data on intimate partner violence also indicates that one in three survivors reached out to service providers to seek help more than a month after the incident occurred, typically suggestive of a reluctance to seek help or other obstacles to access, such as lack of knowledge of available services and limited freedom of movement.
Violence in Public Spaces

However, while GBVIMS and sector data indicate that intimate partner violence is the most reported type of violence, data collected through assessments and focus groups discussions also showed that women and girls face acts of violence outside their homes at security checkpoints, while travelling to obtain services, near latrines and at school. However, women and girls remain reluctant overall to report incidents of gender based violence. Regarding domestic violence, underreporting is explained by many service providers that it’s common for women and girls to not perceive domestic violence as a type of violence, due to widespread cultural acceptance. Analysis of the data above suggested that disclosing any form of GBV is extremely challenging for several reasons, including a widespread acceptance of domestic violence, fear of retaliation/ loss of children custody, economical support, religious beliefs or belief that no one can help.

Linking Data to Programming:

Trends generated resulted in increased, coordinated efforts to engage women and girls and collaborate with other sectors.

Coordinated Efforts

In their efforts to stimulate a strong and coordinated response to IPV, the Lebanon National GBVIMS Steering Committee (SC), produced a report called Domestic Violence and Intimate Partner Violence. The report was disseminated and presented widely across GBV, health, protection and child protection working groups to share the findings for a more coordinated response across the various sectors to call for a collective responsibility based and prioritize key advocacy messages. The report was also shared with the Humanitarian Country Team to promote long-term funding and encourage the Government of Lebanon to establish a national legal and policy framework to broaden protection and services available for survivors of domestic violence as per Law 293 (2014). Having inter-agency endorsement of this document with trends reported by the six data gathering organizations, further strengthened the SC’s position on the urgency of a coordinated response to IPV.

Multi-Sector Collaboration

The Lebanon National GBV IMS SC also used the report to call for increased efforts from other sectors to direct their programming strategies toward engaging community and religious leaders, training police or other security actors, increasing the availability of legal aid services and shelters and promoting the continuation of psychosocial services. The SC also encouraged more collaboration between sectors; for example, instead of legal aid service providers hosting information sessions in their offices, GBV actors would offer their dedicated safe space (where women feel more comfortable participating for legal aid actors to hold orientations for women and girls about their legal rights).

The SC used this platform to convey the message that psychosocial services are a vital entry point for women and girls, where they feel safe to disclose acts of violence. Without the presence of this crucial services, women and girls will likely increase their reluctance to seek other sector assistance.

Finally, they highlighted key opportunities for sector improvement. If women and girls are declining referrals to the police, there are several impactful changes that can be made to make this referral pathway feasible and acceptable to survivors. These could include providing further trainings to police officers of gender-based violence, impacts and needed services, improving referral connections such as focal points, and raising awareness about the need to follow core ethical principles of information protection. In addition, providers would need to acknowledge that the lack of legal status for Syrians living in Lebanon may also prevent access to these services. Finally, advocacy with the GoL to establish a national legal and
policy framework to broaden protection and services available for survivors of domestic violence as per Law 293 (2014).

**Recommendations**

This case study shows the variety of ways GBVIMS data can be used in an inter-agency setting. Below are some key recommendations from this case study:

- *Meet regularly to discuss the trends.* This is one of the most common recommendations and a standard component of most information sharing protocols. However, it is not always actively followed. In Lebanon, the National SC meets on a monthly basis, and in parallel in smaller geographic areas, GBVIMS actors meet to discuss the trends as well. Based on these regular discussions, trust developed amongst the group members and they agreed to produce a quarterly trends document to inform their programming strategies.

- *Triangulate GBVIMS data with other sources.* GBVIMS data collected, pertains to reported and consented incidents, thus in order for it to be a reflection of the trends of GBV, data needs to be triangulated with other sources. For example, in this context the decision to advocate for additional legal services and information sessions around a survivor’s legal rights was a result of other sector data and GBVIMS referrals of services triangulated.

- *Share and discuss GBVIMS and sector data on an inter-agency level and through multi-sectoral platforms.* When data is shared on an interagency level, information sharing is facilitated. In addition, advocacy efforts are bolstered. For example, in this context the organizations and agencies who are using the GBVIMS and have endorsed the ISP, were able to produce the document, *Domestic Violence and Intimate Partner Violence*, and share across the SGBV task force for collective responsibility of the way forward based on the advocacy and recommendations produced. While GBVIMS data may be used internally to structure and inform programming efforts, its usefulness increases when shared and analyzed on various platforms to support GBV coordination efforts across of the various sectors.

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If you’ve utilized GBVIMS data to improve your programming, advocacy efforts or for resource mobilization, and would like to share your story, contact us at gbvims@gmail.com. Your story could appear in the next in the series of Linking Data Analysis to Programming.