

In

violence

we

forget

who

we

were

Responding and Empowering

GBV Services in Lebanon in Response to the Syrian Crisis

The Irish Consortium on Gender Based Violence (ICGBV) was established in 2005 as a response to the high level of sexual violence perpetrated against women and girls in the Darfur Region of Sudan at the time. The Consortium brings together Irish human rights, humanitarian and development civil society organisations, Irish Aid, and the Irish Defence Forces, all focused on the elimination of GBV in humanitarian and development contexts.



Foreword

The Syrian Crisis has changed the reality of GBV response services in Lebanon very significantly in less than a decade.

Lebanon is in many respects a unique context. Complex demographic and political challenges exist alongside a high level of socio-economic development that is extremely unusual relative to most other large scale humanitarian responses. The tragically prolonged nature of the Syrian Crisis and the resultant demand for an ambitious response to the influx of refugees; the dispersed location of refugees across Lebanon and the integration of GBV response into sectors beyond protection, all contribute to an extremely distinctive environment, one that offers a wealth of learning for humanitarian response more broadly, and GBV services within that.

This year's Commission on the Status of Women (CSW 63) provides an opportunity to focus on the critical intersection between GBV and the priority theme of 'social protection systems, public services and sustainable infrastructure for gender equality and the empowerment of women and girls.' As the CSW comes at the same time as we mark eight years of war in Syria, the Irish Consortium on Gender Based Violence sought to explore the relationship between the Syrian conflict, displacement and GBV in more detail. Specifically, we sought to examine the model of GBV response services within the humanitarian response of a small country that is on the frontlines of the Syrian conflict and the mass exodus of its refugees.

Through interviews with affected populations, Consortium members, partner organisations, UN coordination agencies, International NGOs and national NGOs responding to GBV in Lebanon, we have drawn out a number of important learnings and programmatic challenges that the Consortium believes can be of use not only in the region but also for GBV response programming in humanitarian response more broadly.

The paper emphasises the need to maintain a high standard of GBV response services throughout a protracted crisis and afterwards, as failure to do so not only limits the effectiveness of social and economic recovery from

humanitarian crises, but risks undermining the security and well-being of survivors who seek out those services. The paper also explores how programming within the broader response to the large influx of Syrian refugees into Lebanon has been a catalyst to transform national GBV services and standards, and how that can contribute towards overall systems strengthening.

Though it is evident that GBV services within the ambitious humanitarian response programme have been prioritised, and that this has benefited the displaced and host communities in Lebanon alike, the need for these services remains urgent. After eight years of conflict, the experience of daily life for so many Syrian women remains characterised by fear and fragility, a fragility that is now compounded by increasing levels of poverty and subservience to a precarious humanitarian lifeline.

Until there is real peace in Syria and genuine security for those who hope to return, maintaining strong support for Syrian refugees in Lebanon is of paramount importance, and must be met with an increased focus on strengthening the Lebanese national systems of provision.

There is already a strong base of progress- the holistic approach of GBV response services and the coordination of protection sector activity more broadly, has been positively transformative for many survivors in Lebanon.

By harnessing the momentum of strong national NGO capacity, by achieving widespread adoption of standard operating procedures, and above all, by striving to implement a survivor-centred approach that consistently prioritises safety, agency and dignity, a model of holistically responding to GBV has been achieved, one that seeks to respond to violence with compassion, to fight fear with solidarity.

Dominic MacSorley
Chair, Irish Consortium on
Gender Based Violence

Lebanon

A Country on the Frontlines of the Syrian Conflict

Syria's eight-year conflict continues to fuel the world's largest refugee crisis, with more than 5.6 million people forced into prolonged exile in neighbouring countries¹. The Republic of Lebanon, a small country with a complex religio-political system of governance and a recent history of instability, fragility and internationalised conflict, shoulders a disproportionate weight of the Syrian crisis.

While 948,849 Syrian refugees are registered with UNHCR, the Government of Lebanon estimates that Lebanon in fact hosts over 1.5 million of the 6.3 million Syrian refugees who have fled their country's conflict since 2011.² This is in addition to approximately 450,000 refugees from Palestine, many of whom continue to experience multi-generational poverty and a lack of access to decent work opportunities.³ With an estimated overall population of 5.9 million, Lebanon has the highest per capita and the fourth highest overall refugee population on earth.

Though Lebanon has been exceptionally hospitable to the new refugee population, the strain on public services and the compounding effect of socioeconomic challenges that preceded the crisis, such as unemployment and intercommunity ethnic tensions, have contributed to rising tensions between refugee and host communities.⁴ Since 2015, Syrian refugees face additional administrative hurdles to admission and settlement and their right to work remains severely restricted, often resulting in deepening poverty and increasing negative coping mechanisms. Each year sees many individuals and families driven deeper into debt with the vast majority of refugees in Lebanon now living below the poverty line and unable to meet their basic needs. Female-headed households continue to be particularly economically vulnerable, partly as a result of more limited employment opportunities.⁵

Data collected through the Gender-Based Violence Information Management System (GBVIMS), agency assessments, focus group discussions, and other sources highlights that displacement increases the risk of GBV, with ninety-three percent of reported incidents having occurred in Lebanon.⁶ Though there is no reliable way to quantify GBV and this reportage is likely to be reflective of far more factors than prevalence, prolonged displacement, separation from families and added stresses on families due to conflict and financial strife, are all stressors that can exacerbate GBV.

Due to the absence of formal refugee camps in Lebanon (aside from open Palestinian camps), refugees from Syria are scattered across informal settlements and host communities throughout Lebanon. Consequently, it can be challenging for agencies to reach the most vulnerable refugees and provide them with vital services, a difficulty compounded by restrictions on refugees' freedom of movement, which can prevent some people from accessing service delivery points.

The humanitarian response to the crisis as coordinated under the Lebanon Crisis Response Plan (LCRP) has, however, been comprehensive, and its effect over the last 8 years has transformed the paradigm of GBV response and prevention in Lebanon, reaching every section of the population. However, this transformation has been heavily dependent on funding from international donors and support from NGOs and United Nations coordination agencies. As such, the sustainability of this level of service is now a central concern for all stakeholders.

1 UNHCR Operations Portal: <https://data2.unhcr.org/en/situations/syria>

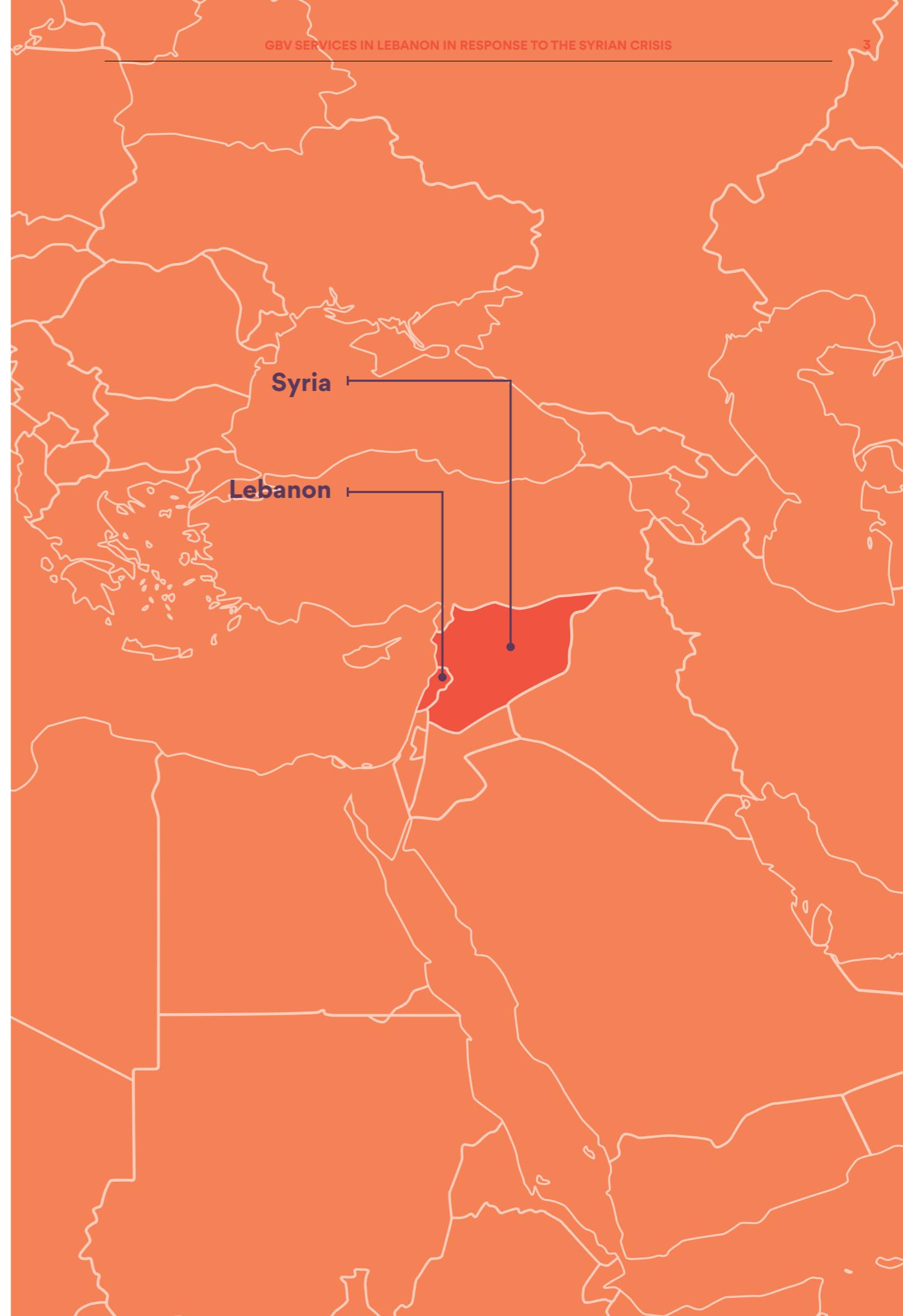
2 Vulnerability Assessment of Syrian Refugees in Lebanon - VASyR 2018

3 2018 Update of the Lebanon Crisis Response Plan (LCRP 2017-2020)

4 UNOCHA, Humanitarian Bulletin Lebanon Issue 33 | 1 August - 31 October 2018

5 Vulnerability Assessment of Syrian Refugees in Lebanon - VASyR 2018

6 LCRP, p132



GBV Services

within the Lebanon Humanitarian Response

Prior to the Syrian uprising in 2011, Syrians travelling to Lebanon were routinely given six-month visas, often for seasonal work, with many choosing to cross the porous border freely without any paperwork. However, when the 2011 uprising led to widespread civil war in Syria, hundreds of thousands of Syrians began fleeing into Lebanon, creating an urgent demand for an organised humanitarian response.

A comprehensive framework of coordinated humanitarian response and resilience building is now provided through the Lebanon Crisis Response Plan (LCRP). The LCRP is a plan of action between the Government of Lebanon, UN agencies and international and national partners to provide protection and humanitarian assistance and support for resilience building to the most vulnerable people throughout Lebanon - including Syrians, Palestinians, and Lebanese.

Co-led by the Lebanese government and UNHCR, the LCRP is designed as a multi-year plan (the current plan covers 2017-2020) that aims to respond to Lebanon's humanitarian and development challenges in a holistic way, building on existing national services and engaging all responders national and international.⁷

A Model that Allows for Innovation

Prior to the Syrian Crisis, service provision for GBV survivors in Lebanon was limited, with most services concentrated around Beirut⁸. However, recent years have seen a significant expansion of services. In 2014, together with UNICEF, the Lebanese Ministry for Social Affairs developed the National Plan to Safeguard Children and Women. The plan provides an important framework under which GBV programming and protocols have been established to ensure that services are available for all vulnerable groups in Lebanon. The development of Lebanon's first National Action Plan on Women, Peace and Security, which is expected to be endorsed by the Lebanese Council of Ministers, will also be a significant milestone.

However, the Lebanon Crisis Response Plan is now the primary framework for GBV Programming in Lebanon with UNHCR and the Lebanese Ministry of Social Affairs working with other agencies outside of the protection sector to ensure a harmonised approach to GBV response. Multi-annual planning allows the approach to GBV response be truly survivor centred as the design of programmes can be more long term and holistic.

⁷ Lebanon Country Response Plan, P 8

⁸ UNICEF, Multi-country Gender-based Violence in Emergencies Real Time Evaluation Lebanon Country Report

“We do strive to align our work with the concerned Ministries as much as possible. You have to try to affect change within the structures of capacity that are there and capitalize on it patiently if you are to respect Due Diligence principle.”

Ghida Anani

Founder & Director, Abaad Resource Centre for Gender Equality

The decentralised nature of the response has also allowed for expedient contextual variances in how field offices manage their GBV service outreach, something that is particularly essential in Lebanon because the refugee population is not located in camps, but scattered across the country in varying types of settlements.

Other innovative approaches within the response include the utilisation of different spaces, such as social development centres (SDCs), primary health clinics, community centres and other women and girl spaces, and varying the approach to service provision through both static and mobile outreach.

In areas such as the South of Lebanon for example, where refugees are dispersed in rural areas, or in the Bekaa Valley where there is a high percentage of refugees living in informal settlements, practitioners can make more use of mobile safe spaces and outreach mechanisms than in Beirut or areas of Mount Lebanon that are better served by Social development centres. This flexibility has resulted in a very high level of coverage, with over 95% of the refugee population located within a five-kilometre radius of available services. However, all interviewees felt that there was still a wide variation in the quality and extent of services, and women's' access to those services, depending on their location.

The effectiveness of UNHCR SGBV interventions has been aided by sustained investment that takes advantage of the protracted nature of the response to evolve and adapt responses to the changing context, as well as its effective coordination and collaboration in the sector, and innovation, e.g. in the development of services for men and boys.

Evaluation of UNHCR prevention and response to SGBV in the refugee population in Lebanon (2016-2018) xi

A Survivor Centred Approach

Guiding the Lifecycle of GBV Programming in Lebanon

Outreach

Needs Assessment

Non-Focused Psychosocial Support

Focused Psychosocial Support

Risk Assessment And Safety Planning

Medical Referrals & Clinical Management Of Rape

Access To Specialised GBV Services

Case Management

At the beginning of the programme cycle, frontline aid workers and **outreach** volunteers promote awareness within the community of GBV prevention and response. The aim is to build trust with community leaders while also striving to access hard to reach groups. Early activities often include basic information dissemination, the establishment of hotlines for survivors and the identification of culturally appropriate gateways and gatekeepers with an emphasis on safety.

During outreach, staff and volunteers monitor protection concerns, and assess risks faced by women and girls, all of which feeds into the next stage of the programme lifecycle – a **needs assessment**. The needs assessment is to determine what interventions are needed and requested by women and girls in the community. The lifecycle of GBV response programming in Lebanon is one that is not only survivor-centred but survivor led.

Non- focused psychosocial support, which may include recreational activities, peer support groups, livelihoods and income skills building and other activities, provide a broad space for engagement with most women and girls in the community. While not specifically providing a focused response to trauma, non-

The Syrian crisis has changed GBV service provision for Lebanese citizens... before the Syrian Refugees crisis, most people's access to GBV services was limited to clinical case management... where women had to come to an office to access these specific services and where they needed to have freedom of movement to do this. Now it is different; the access is different due to the safe spaces model

Petronille Geara
UNFPA

focused psychosocial support can often be an entry point for survivors to access individual case management services that are conducted in parallel to all stages of the programme lifecycle.

Before focused psychosocial support can take place, it is necessary to do thorough **safety and risk assessments**. This may include community safety mapping where women and girls mark on a map of their community where they feel safe and unsafe. This can also be used as a tool to explore the nature of the risks that women and girls in the community face.

Focused psychosocial support, which takes place later in the programme cycle, can take the form of emotional support groups, positive parenting groups, and other activities designed to respond to the needs of the community. Psychosocial support is a critical way through which to respond to violence, help protect women and girls from future harm while promoting their social and emotional well-being. PSS services continue to be the main entry point for disclosing GBV incidents in Lebanon with data collected through the GBVIMS showing that more than 30% of survivors seek more specific help after more than one month of ongoing participation in psychosocial activities.⁹

Throughout the programme cycle, GBV responders provide referral pathways to **case management** for survivors to access specialised GBV services, including: Clinical Management of Rape (CMR), legal advice pathways, medical services, emergency psychological services and referrals for other basic needs (shelter, food, NFIs, documentation, etc.). Significantly, in relation to case management and the broader refugee response, the recent UNCHR evaluation of GBV services found that 'The establishment of a harmonised, consistent approach to SGBV response across the sector is a significant achievement.'¹⁰

“Before the Syrian Crisis, the concept of GBV was very abstract. Now there is a greater familiarity. Now women know their rights and where they can go, as do the men in the host communities.”

Walid Farghawi
Protection Team Case Management
Manager, Concern Worldwide

⁹ 2018 Update of the Lebanon Crisis Response Plan (LCRP 2017-2020)

¹⁰ UNHCR evaluation, p 62

Walid Farghawi, Case Management Team Leader and Marcelle Meslej, GBV Case Worker for Concern Worldwide. Following the national SOP and using guiding materials developed by ABAAD, Concern has recently begun directly implementing GBV and child protection case management in the Akkar region of Northern Lebanon close to the Syrian Border



Standard Operating Procedures for Working with Survivors

All agencies involved in the prevention of and response to SGBV in Lebanon within the LCRP follow the Inter-Agency Standard Operating Procedures (SOP) for SGBV.

The SOPs were developed through a national consultation process involving members of the SGBV Task Force.

They provide guidance on implementing a survivor centred approach to engagement with persons who have experienced GBV.

The guiding principles for working with survivors outline that agencies must:

- Ensure the safety of the survivor and her/his family at all times.
- Respect the confidentiality of the affected person(s) and their families at all times.
- Respect the wishes, choices and decisions, rights, and dignity of the survivor.
- Ensure non-discrimination in all interactions with survivors and in all service provision.

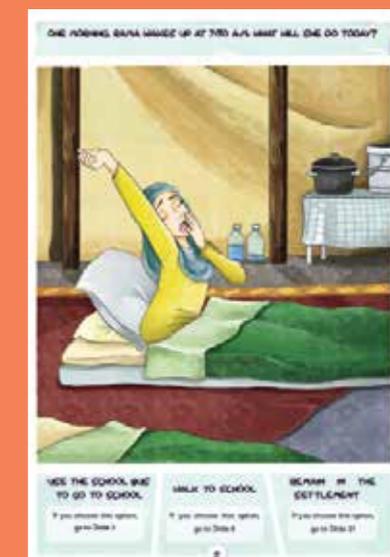
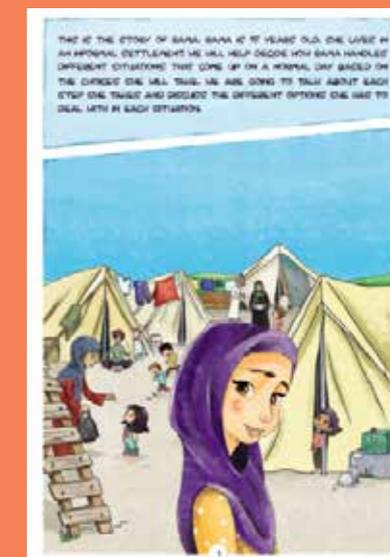
Supporting Women and Girls' Safe Spaces in Lebanon

According to UNFPA, women and girls' safe spaces have emerged as a key strategy to support the protection and empowerment of women and girls affected by the Syrian crisis. The safe spaces are places where women and girls feel comfortable and enjoy the freedom to express themselves without fear of judgment or harm. Within a safe space there can be many different activities taking place, from livelihoods programmes, emotional support groups, positive parenting sessions, etc.

For adolescent girls these spaces can be beneficial and sometimes one of the few spaces in which they hold autonomy, given the restrictions that they may face in wider Lebanese society, their communities and families. The spaces also provide a key access point for information and services relating to GBV response, women's rights and health.

The International Rescue Committee is working with adolescent girls in their women and girls safe spaces (both mobile and static) providing, among other things, an outlet for them to speak about safety concerns and issues in their environments.

In Lebanon, the International Rescue Committee uses a unique tool to help women navigate the challenges of life as a refugee and stay safe. The interactive 'Rama' comic book as pictured, sets out examples of daily life for an adolescent girl and talks through the different actions that might be available to choose from. The comic book is aimed at raising awareness, and empowering young women to discuss their everyday experiences and choices in a safe environment.



Challenges

Vulnerabilities and Barriers to Accessing Services

As in all contexts, it is clear that survivors of GBV may not be in a position to seek support while their basic needs and those of their families are not being met. Despite inclusive and survivor centred programme design in Lebanon, reaching the most vulnerable or furthest behind is still difficult when it comes to GBV services. These groups can include survivors with disabilities, those who are unregistered, adolescent girls, elderly women, mothers (including those who are lactating), LGBTI survivors, and male survivors of GBV.

Survivors are not a homogeneous group and their needs will vary. Vulnerable survivors may face issues of access if services are very far away from their homes, and mobile outreach is an approach that helps respond to that. However, services being closer may not resolve the barriers that some survivors face. For example, a mother may still not be able to access a service within a short distance of her home if there is not adequate provision of childcare either within the service or externally, whereas survivors with disabilities may face other immediate accessibility issues. Beyond physical accessibility barriers, there can be social and service barriers to some survivors accessing services. For example, LGBTI survivors may risk, or believe they are at risk of, being inadvertently outed if they access services, and male survivors may not be able to access services as often they are exclusively for women and girls.

Another group that has historically faced many challenges in accessing services is adolescent girls, whose freedom to move within society can often be extremely curtailed. Plan International, working in conjunction with local partners, are exploring different avenues for engaging with adolescent girls, through healthcare facilities, educational centres and safe spaces.

MOSAIC - Working with Marginalised Groups for Their Health and Wellness

While challenges remain in ensuring the most vulnerable survivors of GBV can access services in Lebanon, many organisations are working with specific communities to ensure access to services. MOSAIC, a Lebanese civil society organisation is providing medical, psychological and legal support to LGBTI and male survivors, to reduce the gaps that these survivors face in service provision. MOSAIC is also providing training to other organisations and institutions on case management and the provision of GBV service for LGBTI survivors, to increase the capacities for dealing with these cases and allow for more safe services for LGBTI survivors.

Stigma

Individual survivors of GBV can face long-term physical, sexual, reproductive, emotional and psychological impacts, and the consequences of GBV also ripple outwards, affecting all levels of society, from individuals, to families and communities. Stigma can play a particularly damaging role in families and communities, with victims of GBV often finding themselves isolated, stigmatised and even rejected in the wake of violence. Often the severity of this stigma and rejection can actually be exacerbated when a survivor speaks about or reports the incident. Survivors of GBV and their children may face greater vulnerability and reduced resilience.

As acts of GBV can evoke feelings of internal shame, social stigma, and often rejection by the survivor's family and community, any programming on GBV must approach survivors with sensitivity and a deep understanding of GBV in order to protect and support already vulnerable women.

The fear of stigma associated with GBV and the potential risks for women in disclosing rape and sexual assault may prevent victims from accessing health and psychosocial support services and may lead to an increase in health problems and isolation from family and community. The cultural barriers of stigma that are associated with GBV remain a persistent factor affecting the uptake of referrals in Lebanon.¹¹

Economic Challenges

The scope and ambition of the protection sector and the humanitarian and development response in Lebanon more broadly has resulted in very impactful programming, but this impact is undermined by a chronic high level of economic vulnerability among the refugee population and the economic challenges that Lebanon faces more broadly. Persistently high levels of poverty, which are particularly prevalent amongst the Syrian and Palestinian refugee communities, and which affect female-headed households disproportionately,

compound the fragility of refugee populations in Lebanon and can lead to the use of other negative coping mechanisms such as child labour and early marriage.

The high costs of rent and food for refugees, coupled with restrictions on working, contribute heavily to high levels of poverty and rising debt among the Syrian refugee population. According to the latest vulnerability assessment, over half (51%) of Syrian refugee households had expenditures below the Survival Minimum Expenditure Basket (SMEB) of US\$ 2.90 per person per day, unable to meet survival needs of food, health and shelter.¹²

Syrian refugees are legally permitted to work in agriculture, construction and the environment. Though these were the traditional sectors that many Syrians worked in prior to the crisis, it was expressed in a number of interviews that this law effectively discriminates against women as they are underrepresented in the construction and agriculture sectors. In practice, work for Syrian refugee women is largely limited to the informal sector, especially domestic and agricultural labour. These forms of undocumented work often result in exploitative wages and can leave them exposed to dangerous working conditions, including sexual harassment and violence.¹³

“I divorced because of the violence. I took my daughter and now we are safe, but I cannot work. I can't enjoy awareness of my rights when I am worried about money for the bus

I am an example just like many women here.”

Palestinian participant
Concern Supported Women

¹¹ UNHCR evaluation, p 48

¹² Vulnerability Assessment of Syrian Refugees in Lebanon - VASyR 2018, p90

¹³ Amnesty International, 2016. 'I want a safe place, Refugee women from Syria uprooted and unprotected in Lebanon, p 35

ABAAD Resource Centre for Gender Equality

Providing Shelter for
Women and Girls
fleeing from Violence



‘I am working with survivors, not only on their behalf but to empower them, when they are here and when they leave here. We are not preaching but teaching women how to be independent’

Chinwa Younes
ABAAD case worker

LEFT TO RIGHT
Chinwa Younes
GBV Case Worker
Jihane Isseid
Emergency Programme Manager
Dalia Abu Faour,
GBV Social Worker
Lalita Rizk
Roving ABAAD Psychotherapist

ABAAD Shelter/Midway House
for Survivors and their children,
Mount Lebanon

Founded in 2011 just prior to the onset of the Syrian Crisis, ABAAD aims to achieve gender equality through advocacy, public campaigns, organisational capacity building and direct implementation, providing women affected by humanitarian crises with gender responsive support and protection. ABAAD also works with male survivors and perpetrators of GBV and is expanding the scope of their services to work increasingly with ex-combatants of the Syrian conflict.

Opened in 2013 and supported by UNHCR, ABAAD's emergency midway house for women in Mount Lebanon is a prime example of an impactful, innovative response to GBV. The shelter provides safe non-conditional emergency accommodation for women and girls fleeing from violence or at risk of violence and ABAAD now operates three such shelters in Lebanon with the support of UNHCR. Each shelter has the capacity for approximately 20 women and their children and they are the only shelters in Lebanon that serve both the refugee and host community and are open to women of all ages, nationalities, sexual orientations, cultural and economic backgrounds.

The aim of the shelters is to work together with female survivors and their children to:

- Ensure their safety and security.
- Empower them to support one another.
- Develop action plans with them in order to rebuild their social networks and support their reintegration.

This is done through the provision of individual and group services such as emergency and crisis support, group and individual psychosocial support, medical care, and access to resources and information on legal rights and social/income assistance pathways. There is also access to recreational activities, education, livelihoods training and peer to peer skills building.

The residents actively participate in the running and maintenance of the shelter and can confidentially submit complaints and suggestions for operation. There is close collaboration with law enforcement to ensure maximum safety and security, and to facilitate rapid referrals.

‘It's our home, we are a family.’

‘We are in a safe now and in a good situation. Today it is cold, but normally the children can play in the garden. It's a beautiful place.’

A key component of ABAAD's programme is to provide access to one on one sessions with a staff psychotherapist, who travels to each shelter every week. As the nature of their work can be traumatic, staff are encouraged to also participate in personal psychological follow ups provided by ABAAD to ensure adequate self-care.

‘At the end of the day, we are working with human beings and hearing their trauma also affects us. The first thing they need to hear is that they are loved. That is the beginning always. That is the gateway to trust.’

Jihane Isseid
Emergency Safe
Housing programme Manager

Observations / Lessons Learned

National Organisations are the Most Effective Force for Implementation and Change

Prior to the Syrian Crisis, Women's organisations in Lebanon had been providing services and counselling to survivors of violence, especially as the fallout from Lebanon's 15 year civil war had given rise to extensive needs. As the Syrian War worsened and the number of refugees in Lebanon grew a number of organisations adapted rapidly to expand the geographical scope and depth of their services, deepening their partnerships with the Government of Lebanon, and with the UN and international NGOs.

Though ABAAD and KAFA (a partner of Christian Aid Ireland), are the largest of these, other Lebanese organisations or Syrian led organisations such as Basmeh & Zeitooneh (a partner of Trócaire), the Lebanese Association for Self-Advocacy (LASA), Najdeh (a partner of Christian Aid Ireland), SAWA (a partner of Trócaire), Women Now (a partner of Trócaire) and MOSAIC, have either been established in response to the Syrian Crisis or have expanded the remit of their services.

Although considerable obstacles to gender equality remain entrenched in Lebanon, a strong civil society presence means there is a vibrant ongoing movement for progress and reform. ABAAD's prominent 'A White Dress Does not Cover up Rape' campaign, for example, was considered instrumental in the repeal of Article 522 of the Lebanese penal code under which a rapist could be exempt from punishment if he married the

women or girl. Similarly, the adoption of Law 293 in 2014- the first specific piece of legislation governing domestic violence in Lebanon was driven by long-term painstaking advocacy efforts on the part of KAFA. The adoption by the Lebanese Security Forces of an awareness curriculum on violence against women, developed by KAFA in 2013, has already resulted in over 1,300 officers receiving the training.

Local civil society organisations women's groups have the contextual and cultural knowledge and networks and understand the local needs and demands, particularly of more vulnerable population groups. It is evident that any effort to reduce GBV must support leadership of local women's groups, networks and women's movements in order to have a long-term effect.

'How do we expect that women can go from accessing life skills & relief programmes here in Lebanon to effectively participating in writing constitutions when peace returns to Syria?'

Ghida Anani

Founder & Director, ABAAD Resource Centre for Gender Equality

Basmeh & Zeitooneh (B&Z)

Enhancing Women's Power and Agency through Participatory Action Research

Participatory artistic activities with refugees living in camps can serve as a way to foster a sense of community among people who share similar experiences and to enhance their "sense of power and agency". Basmeh & Zeitooneh (a partner of Trócaire) have been providing such platforms to women in Lebanon through Participatory Action Research (PAR). Participants use expressive art as a means to explore themes related to coping and adaptation in the context of living as refugees in Lebanon. This has resulted in the production of paintings, narratives and social actions led by women participants with access to funding and support from B&Z.

The programme not only aims to create a safe space for women but also to enable the recreation or renewal of a sense of social identity. The reflections provided by women involved in the participatory artistic activities have focused mainly on experiences of safety and connection, on a sense of confidence and self-acceptance and on an increased space for their own emotions and reactions.

This activity is a small part of B&Z and Trócaire's wider partnership on protection and relief programming, which includes focused and specialised individual and group psychosocial support provided by the B&Z team of Social Workers, Clinical Psychologists and Case Managers. The team includes staff who are Syrian refugees themselves, something that enhances their capacity to offer psychosocial support with a significant degree of cultural competency and skill. All participants had completed one cycle of group-based psychosocial support (8-10 sessions) and at least 8 sessions of individual psychosocial support with a Clinical Social Worker prior to the PAR process. Focused psychosocial support continued to be available during and after the project to respond to emotional and well-being needs of the women participants.

Basmeh & Zeitooneh & Trócaire (2018) "The paintbrush opened doors that people could not open"; Reflections on a creative Participatory Action Research project with Syrian and Palestinian women living in Shatila refugee camp in Beirut, Lebanon. Beirut: Author.



Women Now for Development

Women Now for Development is a women's organisation that started in Syria and is working within Lebanon, through Centres for Women's Empowerment. The focus of the approach is to help women and girls face the challenges that they tackle in their daily life. They run activities that serve as a safe space for women and girls and offer a variety of services, including focused and specialised psychosocial support services, case management and other protection programmes provided by specialist staff including a Psychotherapist and two female Clinical Psychologists. Women Now also provide educational, vocational and leadership training to women accessing their centres.

The Catalytic Effect

Reality of a Humanitarian Crisis on GBV Awareness and Services and its Sustainability

The Syria crisis has increased the profile of national civil society and local women's organisations and their advocacy efforts to further accelerate change in Lebanon, at a critical time in the country's history. The extended humanitarian response has also served as a catalyst for substantially strengthening frontline GBV service provision in Lebanon.

A wide number of stakeholders and frontline service workers interviewed for this paper spoke of the 'catalytic effect of a humanitarian crisis' in Lebanon: though the large influx of Syrian refugees had stretched Lebanese infrastructure in many areas, the subsequent investment of resources through the humanitarian response plan had benefitted all areas of society.

While there is evidence that the availability of GBV response services, including clinical management of rape, was relatively limited in many areas of Lebanon prior to the crisis particularly for Syrian refugees¹⁴, sustained investment in GBV response, mitigation and prevention, from the earliest stage of the crisis through the LCRP has significantly contributed to the strengthening of outreach activities, referral pathways and access to safe spaces services for those affected by GBV and/or survivors of GBV.¹⁵

The impact of this has been substantive, with a recent comprehensive evaluation of SGBV within the UNHCR led response (2016-2018) finding a high level of impact, coherence and effectivity in the provision of GBV response services in Lebanon¹⁶.

'The Syrian crisis limited much of the development work of NGO's both national and international in Lebanon. Previously NGO's had been working on changing policies and laws, the crisis brought about a bigger focus on programming in lieu of policy.'

Zeina El Khoury
Consultant

¹⁴ International Rescue Committee (IRC) 'Syrian Women & Girls: Fleeing death, facing ongoing threats and humiliation: A Gender-based Violence Rapid Assessment Syrian Refugee Populations, Lebanon August 2012'

¹⁵ UNHCR, Evaluation of UNHCR prevention and response to SGBV in the refugee population in Lebanon (2016-2018)

¹⁶ Evaluation of UNHCR prevention and response to SGBV in the refugee population in Lebanon (2016-2018)

Sustainability

Though there has undoubtedly been significant advancements in terms of increasing overall access to GBV response services in Lebanon since the beginning of the humanitarian response, there are grave concerns about the sustainability of these services beyond the lifetime of a humanitarian response to a more developmental one.

In many respects, programming through the LCRP has created a parallel system to pre-existing national services and most stakeholders now recognise the need to strengthen support for Government of Lebanon leadership in terms of GBV response, mitigation and prevention. Lebanon's broader health system is dominated by the private sector (which accounts for over 85% of service delivery), though the Ministry of Public Health has been regaining leadership in recent years, particularly in the areas of regulation, policy development and coordination.¹⁷

There has been considerable system strengthening achieved. For example, in terms of the development of agreed SOPs, enhanced referral pathways, greater capacity of safe spaces, and a greater overall national engagement and capacity in psychosocial and other activities. However, a central concern for many interviewees was the need to accelerate plans for the process by which this would be built on to increase national ownership, particularly considering the progress of the Syrian conflict and the changing landscape of funding for humanitarian response towards more long term.

The relative stability of funding for GBV services and the protection sector more broadly facilitated strong response interventions and coordination in recent years but this support is now coming under increasing pressure. Beyond national system strengthening, international NGOs must continue to focus on increasing capacity support to national NGOs to ensure maximum ownership and sustainability. All interviewees felt that while the overall national system capacity was still low, there was consistent good will and support from the government in most areas, and that the working environment was encouraging rather than restrictive.

Engaging Men and Boys to Reduce GBV

This paper has focused on GBV response services in Lebanon, primarily for the Syrian refugee population. However, any examination of GBV response services, particularly in the context of a wider humanitarian response, must also be cognisant of prevention and mitigation efforts within the wider context of protection programming.

Though the latest UNHCR evaluation of GBV prevention and response programming with the refugee population in Lebanon suggests that there is far more limited evidence of impact and what works with regard to prevention programming, the evaluation points out that there are promising practices being implemented.

Concern's Engaging Men programme, supported by Irish Aid's Humanitarian Programme Plan, works with Syrian refugees (and Lebanese families) to improve their coping mechanisms, reduce conflict and GBV and promote gender equality. This is done through facilitating dialogue on: concepts and practices of masculinity; the positive and negative use of male power; and sessions on how gender norms can harmfully affect people of all ages and genders.

The programme is based around a 12 week training course structure that uses activities and exercises to understand gender roles and gender relations, gender roles in action, cycles of violence, violence against women and sexual violence, non-violent communication and men as nurturers and caregivers.

The programme employs a prevention-focused, community-based approach to help reduce GBV and build up overall community structures and has become a model programme in the region for addressing psychological needs that are frequently underserved or entirely overlooked.

¹⁷ World Health Organisation (WHO), Lebanon Country Cooperation Strategy (2018 update)

Conclusion

Eight years of ferocious conflict has caused a devastating and prolonged humanitarian catastrophe in Syria and has driven the mass exodus of over six million people, mostly to become refugees in bordering nations. Lebanon, the tiny nation between Syria and the Mediterranean Sea, is at the centre of this exodus. The crisis has caused a surge of humanitarian need.

The Lebanon Crisis Response Plan has been extensive and its rollout has improved the coverage and standards of GBV response services in Lebanon significantly. This is illustrated by a recent UNHCR evaluation which found that 95% of refugees are within five kilometres of a safe space, and that at an individual level there was a high level of satisfaction with the services provided¹⁸. The relatively sustained level of investment in protection and GBV programming in recent years, has positively affected GBV services, however this is undermined by the underfunding of other sectors in the humanitarian response which are putting further hardship on the population.

It is evident from conversations with frontline service providers that the initiatives aimed at responding to GBV from the earliest stage of the crisis had a significant positive effect on the lives of Syrian survivors of GBV. At the same time, the expanded response has provided increased access to services to those affected by GBV and/or survivors of GBV for all sections of the population in Lebanon.

Despite these positive achievements, considerable challenges remain, not only with regard to barriers to service provision but with access to specialised services, particularly for those living in more isolated areas. Greater levels of sustainable predictable funding are required, especially for systems strengthening of public GBV services, especially considering that the majority of pre-crisis services in Lebanon were provided

through private healthcare and that NGOs are now providing the majority of services. Other serious challenges include the lack of economic opportunities for refugees such as decent work and legal residency.

While Lebanon is clearly a unique context given a number of distinct characteristics; the protracted nature of the Syrian crisis and the extended humanitarian response within Lebanon has given the space for a great amount of learning with regard to GBV response services.

Recommendations for 63rd Commission on the Status of Women

The ICGBV call upon the Commission to adopt conclusions that explicitly address the intersection between GBV and this year's priority theme, particularly survivors' access to essential quality public services in a complex humanitarian-development context.

- Urge Member States to fulfil their commitment to Agenda 2030/SDG 5 and the Call for Action on GBV in Emergencies by meeting GBV lifesaving needs through predictable multi-year funding for longer term support and investment in social protection, essential services and infrastructure to achieve minimum standards and to reverse the downward trend in vulnerability as crisis become more protracted and coping strategies are depleted;
- Urge Member States to fulfil their commitments made in the 2016 New York Declaration as part of sharing responsibility for responding to protracted crises; and at the same time, for greater donor focus and flexibility in providing GBV funding to systems strengthening, even in emergencies.

18 UNHCR Evaluation, p 37

Key Messages

- **GBV response programmes should not only be survivor-centred but survivor led.** A survivor led approach is essential not only in order to ensure that needs are responded to effectively, but that dignity, empowerment and the restoration of agency and autonomy are central to service delivery.
- **There needs to be sustained, long-term investment in holistic GBV programming,** and wider sector involvement from the earliest stage of a humanitarian response leads to the most effective service delivery programmes.
- **Mobile and static safe spaces can be effective entry points for converging multi-sector service provision.** These spaces are effective in reaching survivors and referring them if they choose to access GBV response services;
- **Availability of services does not ensure access to services.** Ensure that services are accessible even to those who are most vulnerable; this requires participation and engagement with a wide group of individuals and more specialist services and actors to be involved in GBV response
- **Donors and International NGOs must focus on increasing the capacity and direct funding support to national NGOs to ensure maximum ownership and sustainability.** Local civil society organisations women's groups have the contextual and cultural knowledge and networks and understand the local needs and demands, particularly of more vulnerable populations groups.
- **A comprehensive humanitarian response plan can provide a catalyst for strengthening national service provision for survivors of GBV.** Promote systems strengthening of national public services as part of longer-term sustainable solutions, especially given the more protracted and complex nature of the situation in Lebanon.

Acknowledgments

A note of special thanks is extended to Cathy Doran and Tim Sheehan without whom this report could not have been written.

A further note of thanks goes to Dominic MacSorley, Brid Kennedy, Susan Finucane, Andrea Breslin, Fiona Shanahan and Colm Byrne for their support, and important contributions to the field research and case study in Lebanon.

Sincere appreciation is extended to the Consortium Member organisations and entities, and in particular to member organisations and their partners met during the country visit, including Christian Aid, Concern Worldwide, Plan International and Trocaire. Particular thanks are extended to Catherine Whybrow, Imran Wizar, Monica Rahal and the Protection Team and the drivers of Concern Worldwide and Emily Whitehead who all helped facilitate the visit of the research team to Lebanon.

Special gratitude is extended to the Syrian, Palestinian and Lebanese women, survivors, front-line workers (case workers, social workers, counsellors, outreach volunteers) and programme staff who kindly engaged with the research team during the country visit and shared their valuable insights.

Sincere appreciation is extended to the various national civil society organisations including ABAAD, Basmeh and Zeitooneh, KAFA, MOSAIC, Nadjeh, Women Now for Development, and SAWA who generously gave their time to the case study and shared important experiences and ideas.

Finally, much gratitude is extended to the various officials from UNFPA, UNHCR, UNICEF, Irish Aid, International Rescue Committee, International Medical Corps, and the Norwegian Refugee Council who provided very useful information and inputs.

“We should be done with deciding on behalf of women and girls. We should stop thinking that we know better, they know better and survive on daily basis their situation”

Petronille Geara
UNFPA

Irish Consortium
on Gender Based
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