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Inter-Sector Coordination Group Meeting

May 2, 2025

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Opening Remarks

ISCG Co-Chairs

Agenda

1. Update on LRP
2. Preliminary Q1 2025 Funding Update
3. Funding Gap Analysis
4. Integrated Food Phase Classification (IPC) Survey Results
5. Deep Dive Protection Presentation
6. GBV Referral Pathways
7. Lebanon Humanitarian Fund
8. AoB

Action Points

Follow Up

Meeting	Action Point	Status
16-Apr-25	Inter-Sector Co-Chairs to share the return matrix with the sector coordination teams. Deadline: 16 April 2025.	Complete
16-Apr-25	Sector coordination teams to verify activities with their sector partners and revert with the cleared plan and budget for return. Deadline: 30 April 2025.	Ongoing
16-Apr-25	Inter-Sector Co-Chairs to update LRP 2025 Return Chapter and Matrix based on the comments received by the sector coordination teams.	Ongoing
4-Apr-25	Inter-Sector Co-Chairs to hold meeting with sectors on updating the Inter-Sector Workplan	Ongoing
4-Apr-25	Inter-Sector Co-Chairs to update on LRP finalization steps and timeline	Today
4-Apr-25	OCHA to share Funding Shortages Survey results	Ongoing
4-Apr-25	Protection Sector to present on Protection Risk Analysis in upcoming ISCG meeting and to provide action plan on way forward.	Today
N/A	Sectors to share revised sector Logframe reflecting the budget reduction. If the budget adjustment entails any changes in your respective sector strategy, we recommend updating only the figures without modifying the content or narrative. Deadline: by 21 Mar 2025 – **Pending**: Health, PRT	Ongoing
17-Jan-25	Sectors to submit their LRP 2025 Working Group and Core Group ToRs. Deadline: by 17 March 2025. **Pending:** Education, Health, Child Protection	Ongoing

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Update on LRP

Kristin Arthur, Senior Inter-Agency Coordination Officer

Update on LRP

Next Steps

Strategic Alignment & Government Engagement

- LRP strategies have been endorsed by line ministries.
- Joint Task Force (JTF) was initially scheduled for 11 February, three days after the new government was formed.
- In light of the government formation, the JTF was postponed, pending the appointment of new focal points.

Government Coordination & Transition

- New Task Force appointments are ongoing (currently in final stages).
- Briefing meetings underway with newly appointed officials.

Planned Timeline

- In consultation with the HC/RC, a JTF is planned for May 2025.
- A potential Steering Committee (SC) meeting may follow: to endorse the LRP 2025 post-Q1 revisions (including the inclusion of return chapter).

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Preliminary Q1 2025 Funding Update

Raffi Kouzoujian, Information Management Officer (UNHCR)

Preliminary Q1 2025 Funding Update

Funding Overview Based on Partners Reporting

58 Partners Reported

53 Different Donors

Available Funds*:

520.22 M of the 2.99 B Appeal

- Received: 248.93 M
- Carry-over: 271.28 M

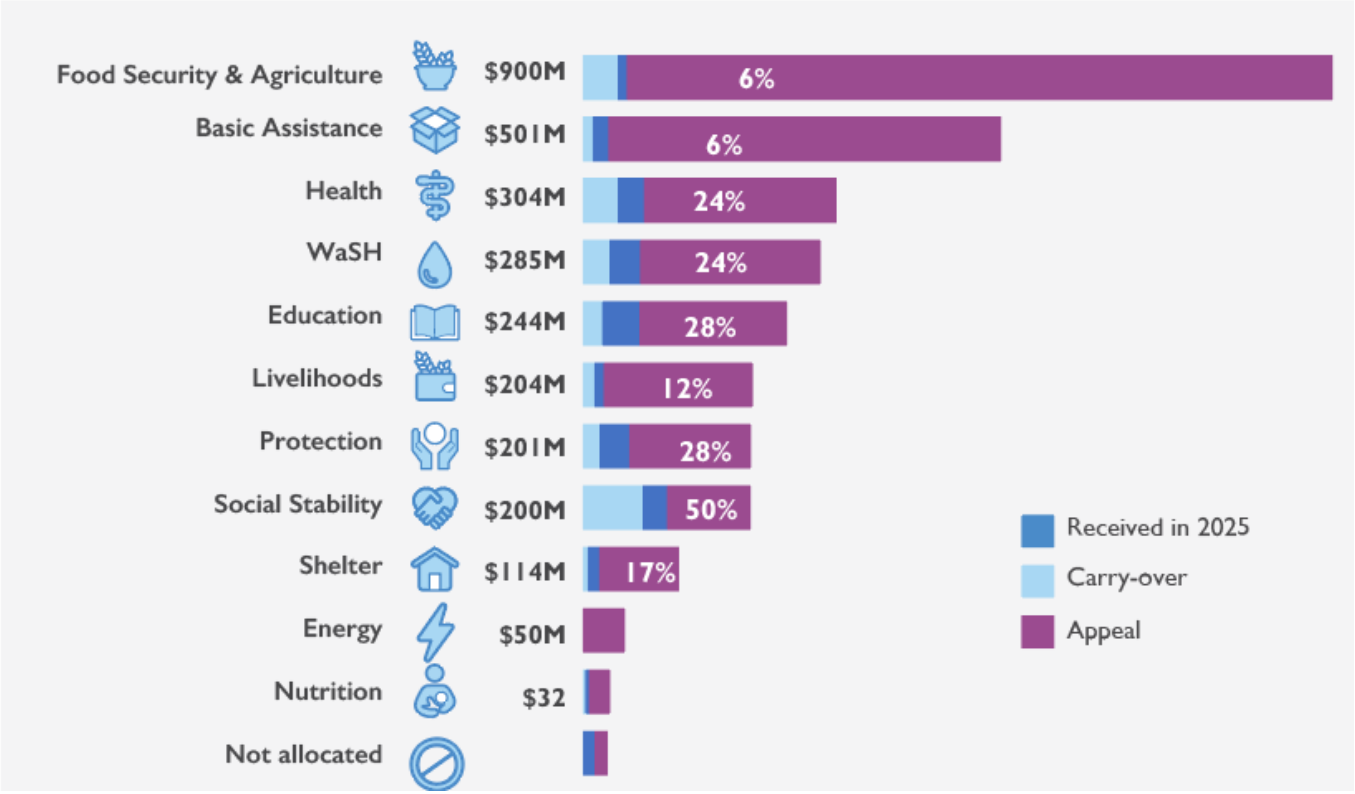
*In 2024, the total funding received was **USD 525.6 million**, compared to **USD 520.22 million** in 2025.
[1]This reflects a decrease of approximately USD 5 million compared to the same period in 2024.

Preliminary Q1 2025 Funding Update

Funding Received and Allocated by Sector

Social Stability (50%), Protection (28%), and Education (28%) are the highest funded sectors compared to the appeal.
Food security (6%), Basic Assistance (6%) are the lowest funded sectors compared to the appeal.

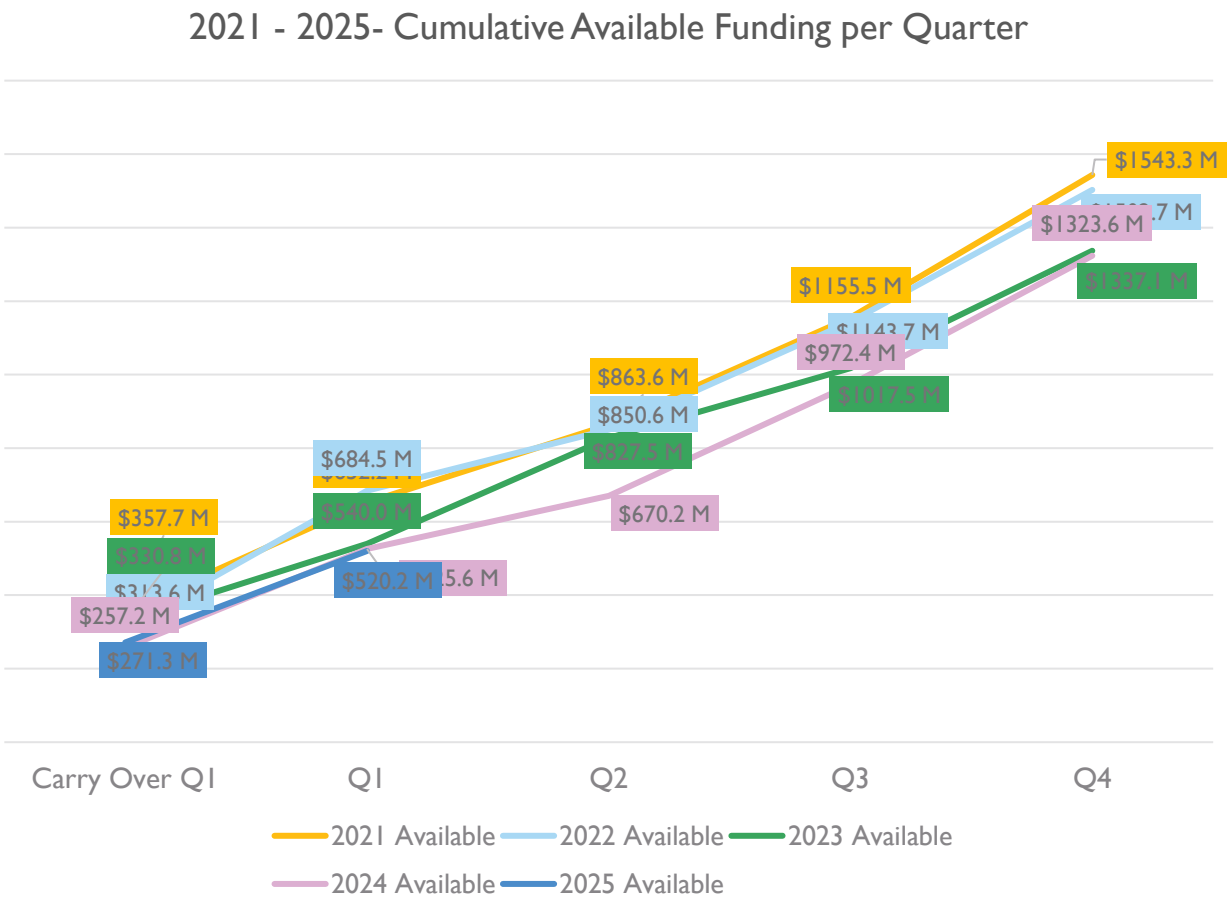
2025 funding received and allocated *(million USD)*

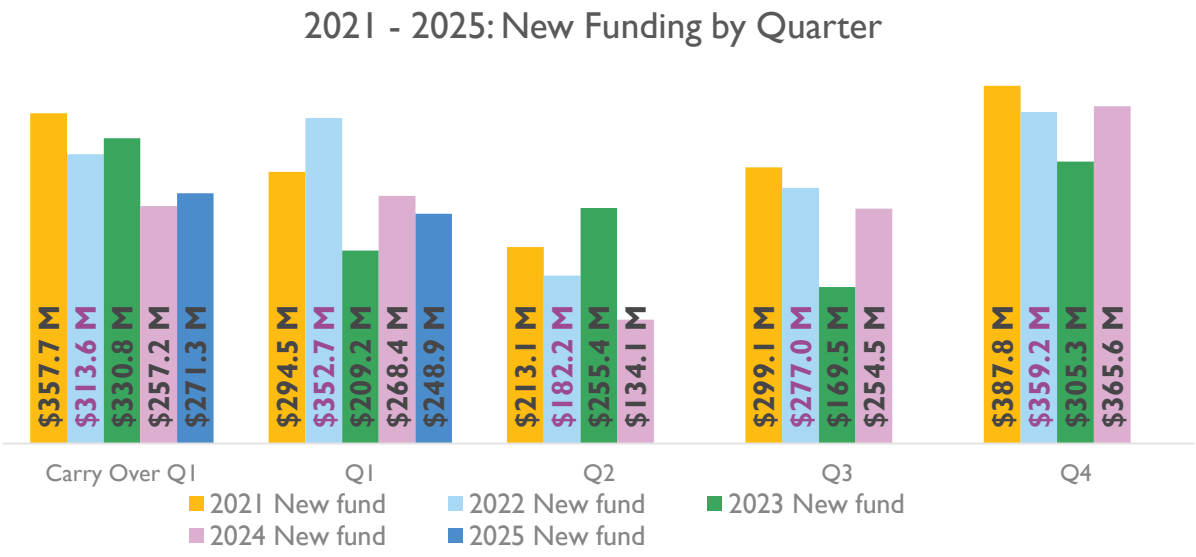


*For General Protection, the 2025 Appeal is $125.5M, and 29% of the funding was allocated and received.
For Child Protection, the 2025 Appeal is $47M, and 19% of the funding was allocated and received
For Gender-Based Violence, the 2025 Appeal is $28.9M, and 37% of the funding was allocated and received

Preliminary Q1 2025 Funding Update

LRP Funding Trend 2021 to 2025





Funding Gap Analysis

Stephanie Laba, Inter-Agency Coordination Officer (UNHCR)

Funding Gap Analysis

Objectives

Vigorous and collective advocacy is required to secure resources for immediate priorities based on severity of activities, informed by evidence of funding gaps and their impacts.

A funding gap analysis exercise serves to:

1. Identify life-saving priorities
2. Maximize limited resources
3. Advance resource mobilization efforts through evidence of gaps and impact

The funding gap analysis will:

- Clearly define priority activities in the immediate term, and associated funding gaps.
- Highlight the impact of inaction, including the immediate implications for the affected people, if additional resources are not secured.
- Identify priority enabling factors necessary for expanding operational reach and response effectiveness.

This will consider both humanitarian and development activities under the Lebanon Response Plan.

Funding Gap Analysis

Template & Guidance

Gap Activities	Severity Level	Target	Required Funding for Q1	Available Funding for Q1	Funding Gap	Impact	Enabling Factors
Guiding Notes (Read me) **List gap activities by sector**	Select from list the level of severity for each activity: **High**: Critical activities that cannot be suspended and must continue regardless of the situation. **Medium**: Activities that can be temporarily suspended or reduced with minimal impact. **Low**: Activities that may be reduced in the medium term due to funding constraints.	Provide the estimated number of people targeted by each activity.	Estimate the funding required to implement the identified activities, as per your sector's implementation plan. P.S. If funding by individual activity is unavailable, you may merge rows to reflect total funding needs for related or complementary activities.	Provide an estimate of available funding to implement activities, categorized by severity level. While optional when activity-level breakdown is unavailable, providing at least indicative figures is encouraged—particularly for high-criticality activities. P.S. For complementary activities, sectors may merge rows to provide aggregated funding figures. This field is mandatory for activities categorized as High severity.	Calculated as the difference between the required and available funding.	Provide 4–5 bullet points (each not exceeding two lines) summarizing the short-term implications for affected populations due to funding gaps. Include specifics such as affected population groups, estimated numbers, and relevant locations (if applicable). P.S. The impact description is not mandatory for all activities and should be limited to a total of 4–5 points per submission/sheet.	List 4–5 bullet points identifying enabling factors necessary to expand operational reach and enhance response effectiveness. P.S. This section is not mandatory for all activities and should also be limited to 4–5 points in total per submission/sheet.
	High				0		
	Medium				0		
					0		
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					0		

Funding Gap Analysis

Template & Guidance

Activities: List gap activities by sector.

Severity: Select the level of severity for each activity:

- **High:** Critical activities that cannot be suspended and must continue regardless of the situation.
- **Medium:** Activities that can be temporarily suspended or reduced with minimal impact.
- **Low:** Activities that may be reduced in the medium term due to funding constraints.

Target: Provide the estimated number of people targeted by each activity.

Required Funding: Estimate the funding required to implement the identified activities, as per your sector's implementation plan. If funding by individual activity is unavailable, you may merge rows to reflect total funding needs for related or complementary activities.

Available Funding: Provide an estimate of available funding to implement activities, categorized by severity level. While optional when activity-level breakdown is unavailable, providing at least indicative figures is encouraged—particularly for high-criticality activities. For complementary activities, sectors may merge rows to provide aggregated funding figures. This field is **mandatory** for activities categorized as **High** severity.

Funding Gap: Calculated as the difference between the required and available funding.

Impact: Provide 4–5 bullet points (each not exceeding two lines) summarizing the short-term implications for affected populations due to funding gaps. Include specifics such as affected population groups, estimated numbers, and relevant locations (if applicable). The impact description is **not mandatory** for all activities and should be limited to a total of 4–5 points per submission/sheet.

Enabling Factors: List 4–5 bullet points identifying enabling factors necessary to expand operational reach and enhance response effectiveness. This section is **not mandatory** for all activities and should also be limited to 4–5 points in total per submission/sheet.

Funding Gap Analysis

Next Steps

- ISCG Co-Chairs to circulate template and guidance to ISCG members alongside the Q1 funding update.
  Deadline: 05.05.2025

- Sector Coordination Teams to submit inputs after consulting core group members.
  Deadline: 16.05.2025 (or 2 weeks). *Please advise if you need more time.*

- ISCG Co-Chairs to consolidate inputs and share with ISCG members for redline comments.
  Deadline: 23.05.2025

- The final product to be shared with HCT and humanitarian leadership to inform high-level engagement on critical funding gaps.
  Deadline: 2 days after sharing with ISCG.

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Integrated Food Phase Classification (IPC) Survey Results

Mohie Al Wahsh, Food Security and Agriculture Cluster Coordinator (WFP)

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Deep Dive Protection Presentation

Amanda Melville, Protection Sector Coordination Officer (UNHCR)
Sophie Etzold, GBV Sector Coordinator (UNHCR)

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Protection Sector (incl. CP/GBV) Trends

- *Protection risks and drivers*
- *Key Actions of Partners*
- *Advocacy*
- *Useful links*

Drivers of Protection Risks and Opportunities

Key drivers include

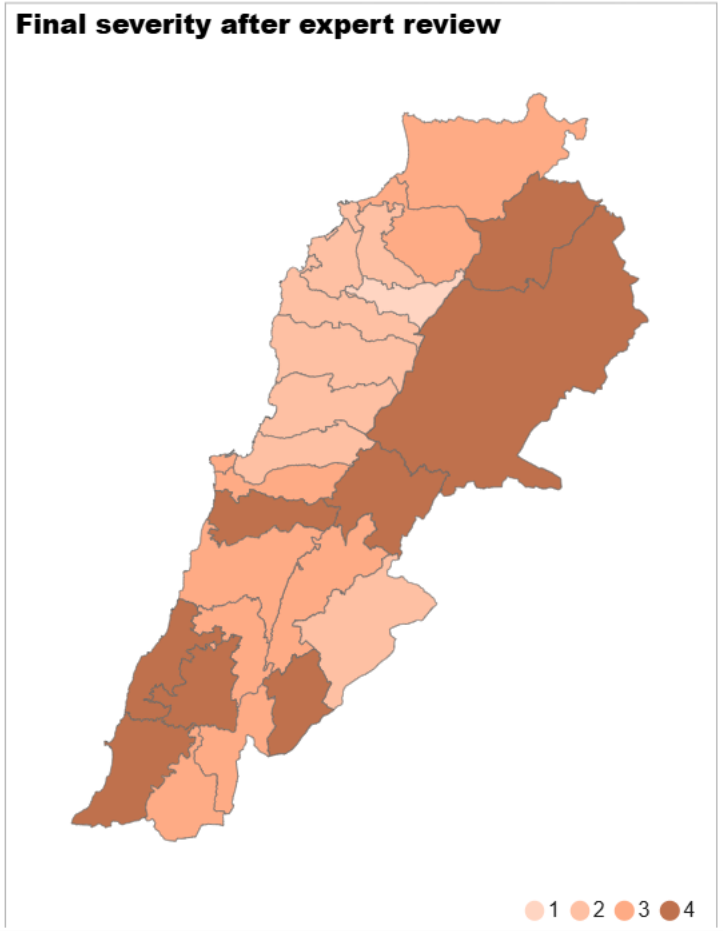
- Continued impact of armed conflict in Lebanon
- Situation in Syria
- Governance in Lebanon
- **Socio-economic issues**
- **Lack of access to basic services including education, health and shelter**
- Social and gender norms
- Limited options for legal residency for refugees
- The kafala system for migrants

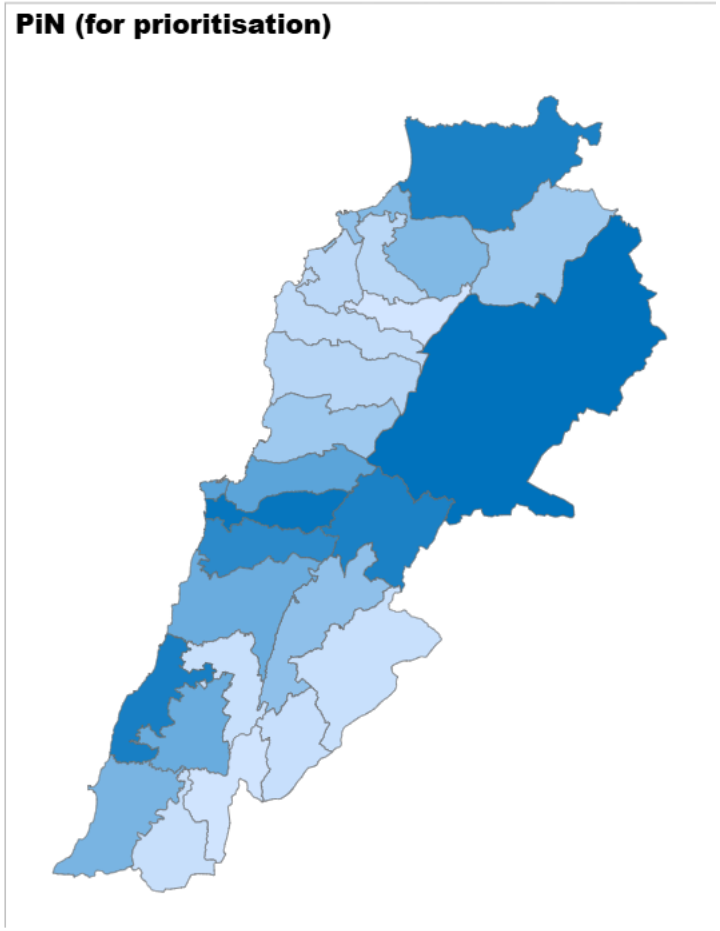
Key opportunities include

- Improved safety and security and access to services in some areas
- New government and opportunities for engagement with national protection system
- Potential for return
- Community support and engagement in LRP

Updated Severity and PIN

Severity and PIN: ProtectionSectorSeverity_2025_MS - Power BI





Key Protection Risks

1. Lack of safety and displacement due to impact of armed conflict

a. Displacement internally and from and to Syria
b. Ongoing impact of the armed conflict

2. Unequal access to services and rights and community tensions

a. Communal tensions
b. Legal status and unequal access to services for Syrians, other refugees and migrants

3. Increased violence, abuse and exploitation

a. Crime
b. Housing land and property issues
c. Documentation
d. Older persons and persons with disabilities
e. Psychosocial distress
f. GBV
g. CP risks

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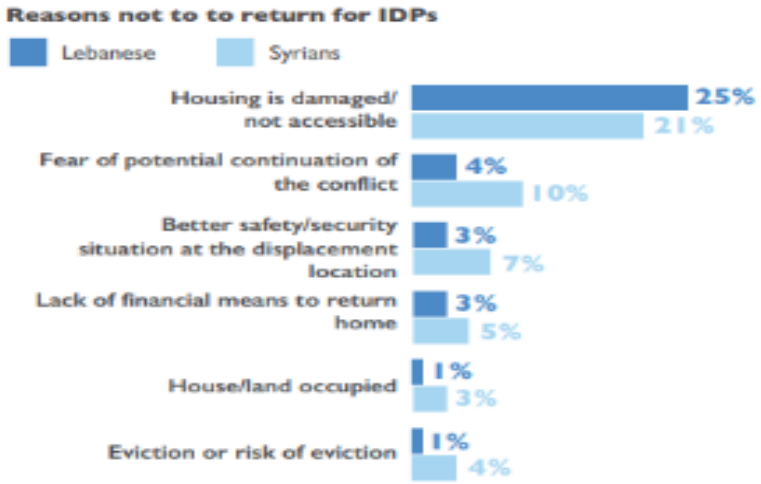
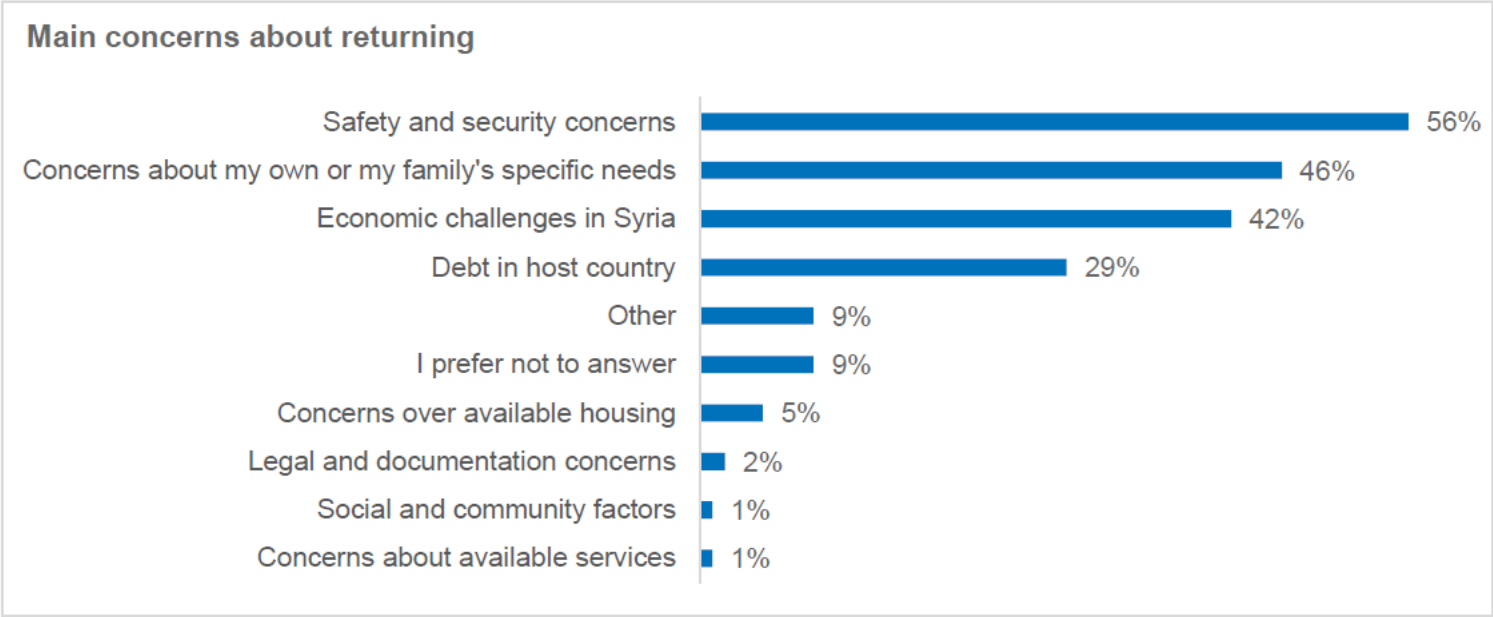
Risk 1: Lack of Safety and Displacement due to Armed Conflict

Displacement and returns within Lebanon and to Syria

- 965,360 Returning IDPs and 93,306 IDPs, particularly in the South
- 97,021 Syrians presumed to return from Lebanon to Syria
- 119,000 new arrivals , including 98,988 Syrians



Concerns on returning to Syria



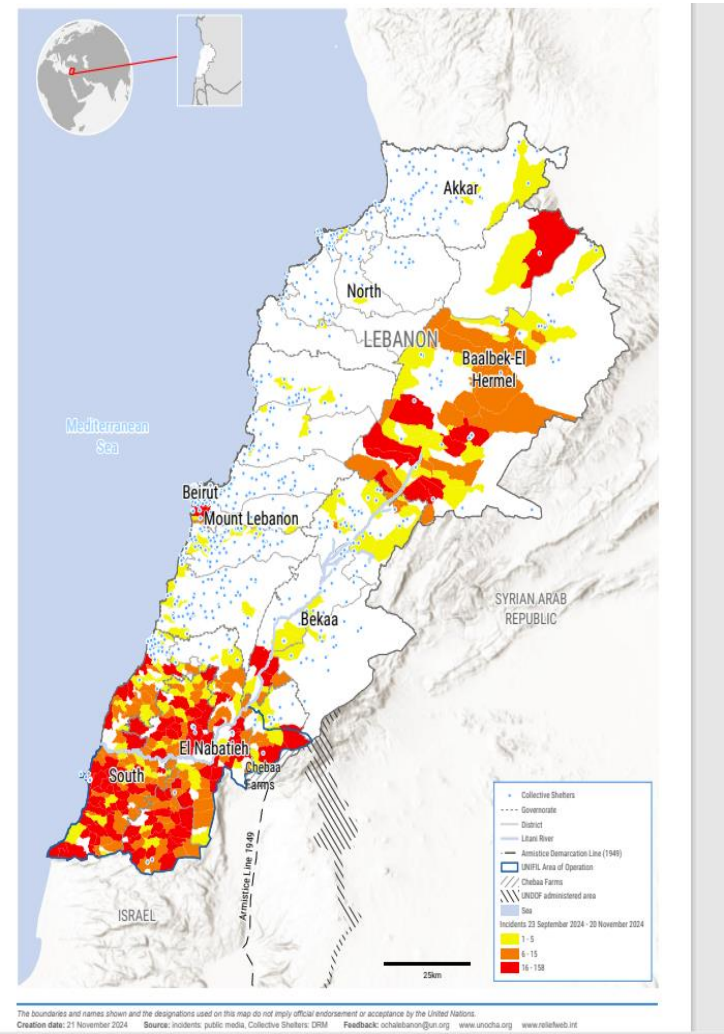
May 2025

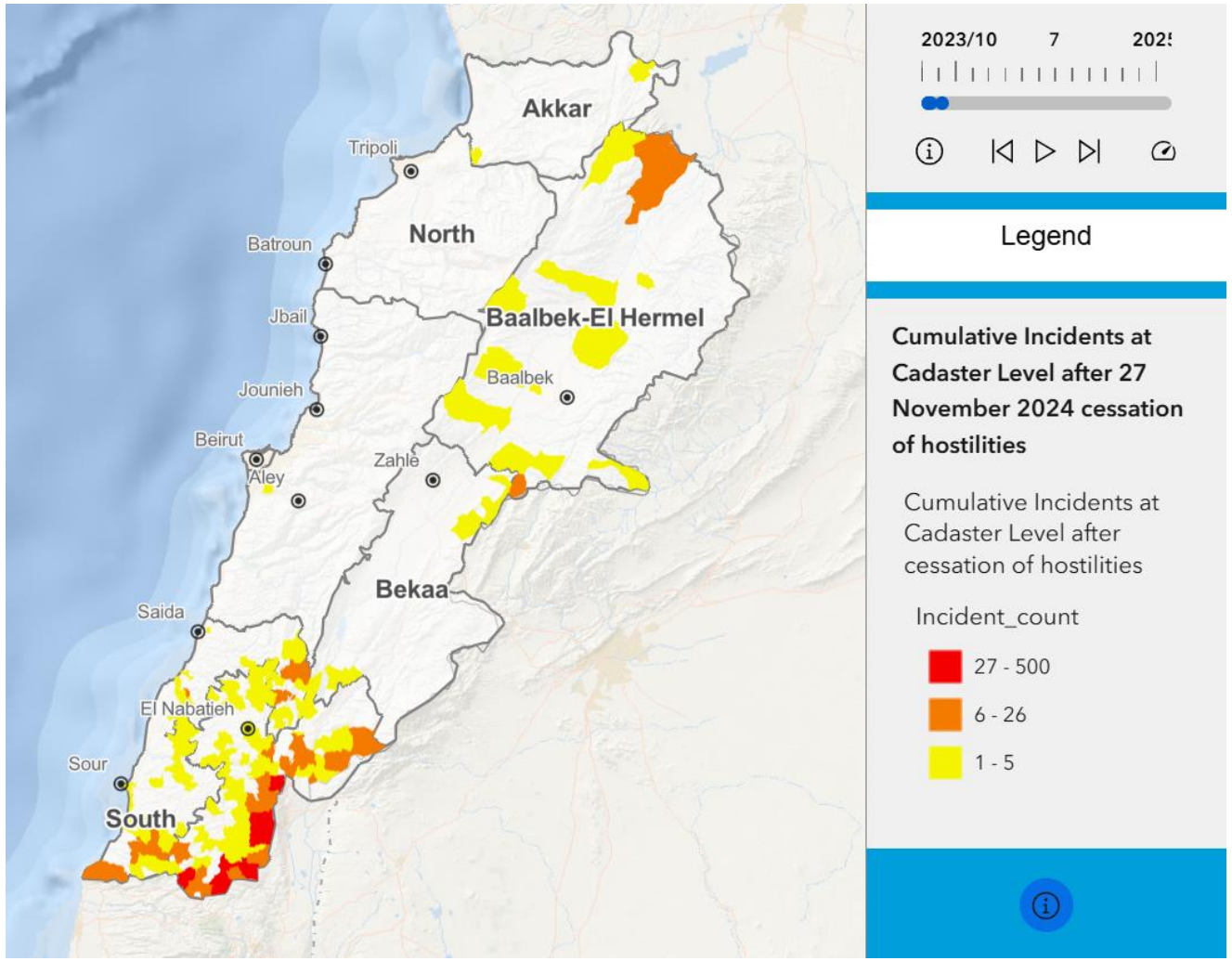
Risk 1: Lack of Safety and Displacement due to Armed Conflict

Protection in conflict-affected and return areas

- 1,100 ceasefire violations and 61 civilians killed since the ceasefire
- Impact on civilian infrastructure
- UXO: 250,000 items removed since ceasefire, 10 causalities

Pre and Post-Ceasefire Conflict Incidents





Risk 2: Communal tensions and unequal access to services and rights

Communal tensions

- IDPs and host communities e.g. rental prices, assistance, competition over resources
- Tensions between Lebanese and Syrians, including restrictions on return for IDPs, premature return and access to services, and spillover impacting migrants
- Sectarian tensions related to new arrivals

Access to Services and Rights for Syrians, other refugees and migrants

- Limited access to legal residency for Syrians and PRS and some migrants
- 18% Syrians have legal residency
- Implementation of administrative measures impacting Syrians
- Limitations on freedom of movement due to raids etc.
- Economic and sexual exploitation of migrants
- Limited (or lengthy) options for regularization of migrants

Risk 3: Increased crime, violence, exploitation and psychosocial distress

Theft and looting

- One of main concerns of population in conflict-affected areas and North

Housing, Land and Property and documentation

- Risks of evictions and exploitation related to housing increased
- Syrian, refugees of other nationalities, and migrants specifically at risk of eviction amid rental price increases, opportunistic exploitation of tenants, and pressure to make space for Lebanese families.
- Loss of identity and property documentation in conflict

Labour exploitation

- Economic conditions increase risks of labour exploitation for all affected people, including Lebanese, including child labour
- Migrants, Syrians and other marginalised groups particularly at risk due to poverty, unequal treatment, irregular status and insufficient access to legal redress

Risk 3: Increased crime, violence, exploitation and psychosocial distress

Older persons and persons with disabilities

- Older persons and persons with disabilities without support faced exclusion, lack of access to services and information and social isolation particularly during displacement
- Shelter and other accessibility standards not met and gaps in capacity of all service providers

Psychosocial distress and mental illness

- Psychosocial impact of the conflict remains very high; PSS distress is the most reported protection risk for IDPs/returning IDPs (41%)
- 27% of IDPs report need for psychosocial support and mental health services
- 38% of households reporting they require PSS and 72% of caregivers reported their children were anxious and 62% reported their children were sad or depressed

Risks for Women and Girls and Gender-based Violence

GBV risks and trends

- During the conflict, increased GBV risks, including intimate partner violence, sexual assault, sexual harassment, sexual exploitation and abuse including in **collective sites or shared accommodation**.
- Exacerbated risks and limitations in accessing services for those without legal status, refugee populations and migrants and other marginalized groups including persons with disability
- Lack of adequate shelter and accommodation
- After return to homes family separation, inadequacy of shelter due to partial or complete destruction; socioeconomic needs increasing GBV risks.
- For more information on GBV risks, please see: GBV Safety Audit (conducted between July and November: **link**) and the Annual GBV IMS 2024 report here

Child Protection Risks

CPWG

High impact on children's wellbeing:

- About a third of the displaced population are children
- More than 240 children killed and 1400 injured, and many lost family members and were exposed to extreme stress, trauma and violence.
- School dropout: ~400.000 children have been out of school, leading to harmful coping mechanisms including child labor risks

Current risks facing children:

- Family separation, child labor, child marriage, sexual abuse and exploitation, lack of access to education and reduced access to health care, and substance use.
- Dangers and Injuries: Children are at disproportionate risk of being injured by EORE and unsafe infrastructure.

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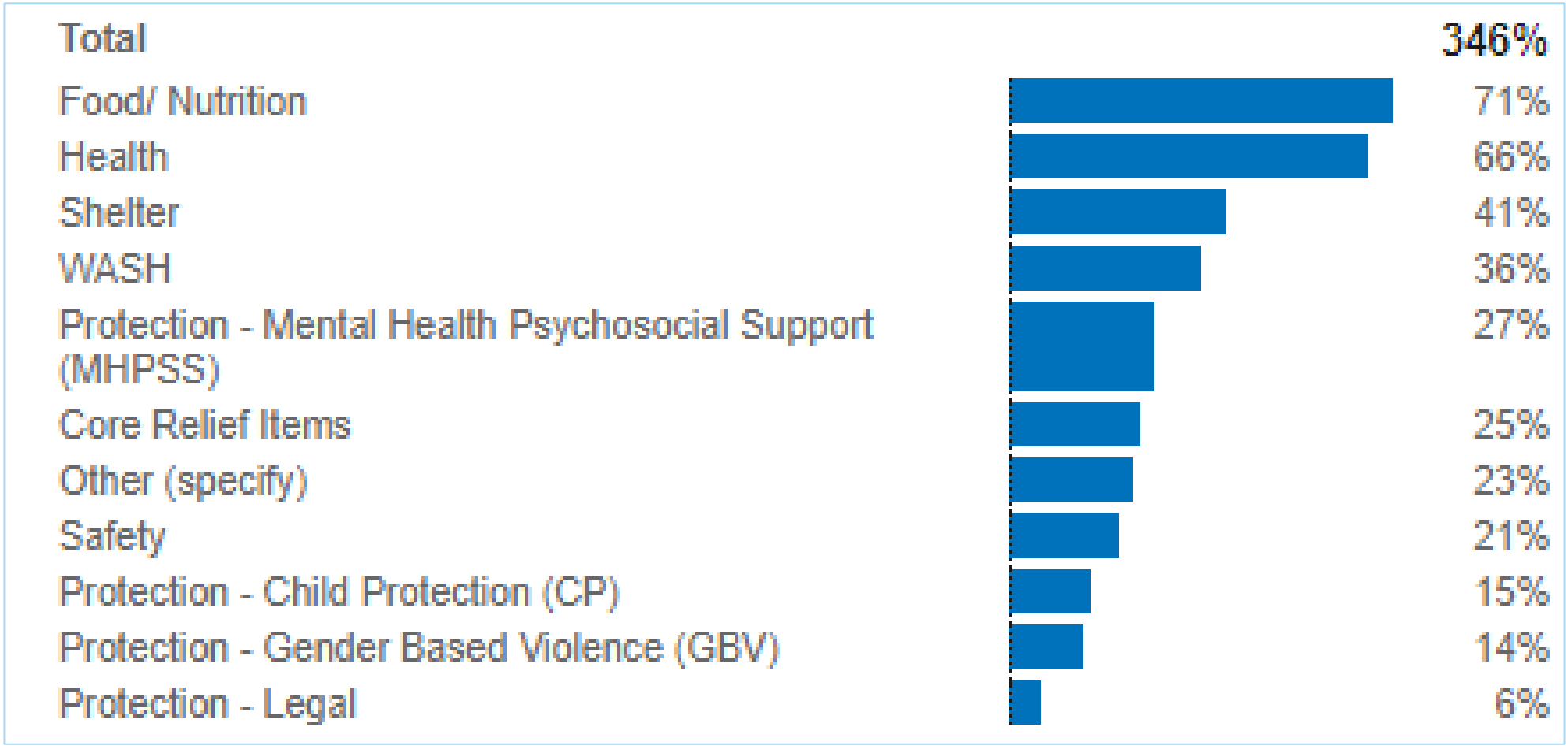
Protection Monitoring: Main Findings and Recommendations

IDPs/Returning IDPs Priority Needs



Services not Available in Areas Hosting IDPs and Returning IDPs

7.1 Service NOT Availability in the area:

Response	Per cent	Nr
Total	**236%**	**413**
Health care and medication	46%	81
Education services (schools, vocational & universities)	30%	52
Protection & social services (Case Management, Cash, MHPSS)	30%	52
Child Protection Services	29%	50
GBV response services (including women & girls safe spaces)	23%	41
Access to information/communication services (eg internet)	19%	34
Legal Services, including legal documentation	19%	34
Banking services (bank, ATMs or Financial Service Providers)	16%	28
None	12%	21
Other services needed and not available, please specify:	8%	14
Don't know	3%	6

Which services do women not have access to?

Which services do women not have access to?

Response	Per cent	Nr
Total	**211%**	**19**
Protection & social services (Case Management, Cash, MHPSS)	56%	5
GBV response services (including women & girls safe spaces)	33%	3
Health care and medication	33%	3
Access to information/communication services (eg internet)	22%	2
Education services (schools, vocational & universities)	22%	2
Legal Services, including legal documentation	22%	2
Banking services (bank, ATMs or Financial Service Providers)	11%	1
Other services needed and not available, please specify:	11%	1

Barriers to Access Service based on Nationality and Specific Needs

5.1 Is there any restrictive access to the location for:

Response	Per cent	Nr
Total	**100%**	**175**
No restrictions based on nationality/legal status	77%	135
Lebanese only	12%	21
Syrian refugees only	10%	17
For refugees of other nationalities/migrants only	1%	1
Other (specify):	1%	1

This was highest in Bekaa/Baalbek-El Hermel area (30% of KIIs reporting areas being only for Lebanese), followed by the South (23%) and BML (10%).

Which vulneratble persons are unable to access the facilitie

Response	Per cent	Nr
Total	**175%**	**28**
Persons with disabilities	81%	13
Older person unable to care for self	63%	10
Children engaged in child labour	19%	3
People with serious medical conditions	13%	2

IDPs and returning IDPs Access to Shelter Key Challenges

- Overcrowding in housing where IDPS are hosted with other families or have returned to damaged housing and
- High rental costs
- Limited financial resources of families to rent and/or repair damaged housing
- Risks of evictions for those currently renting
- For Syrians, other refugees and migrants, preference to rent to Lebanese.

General Recommendations

- Continue **monitoring barriers and gaps in provision of assistance** across sectors, for all vulnerable populations, particularly those lacking legal documentation
- Monitor the **impact of the funding reductions** in Lebanon on all populations across sectors, undertake sustained collective advocacy, and cross sectoral prioritisation of the most affected locations and populations to ensure the continuation of life-saving services.
- Overcome **barriers to provide services to newly arrived Syrians** including through information on services and assistance, addressing access issues, support to local organizations, and ensuring a conflict-sensitive approach

General recommendations for sectors from Protection Monitoring

- Address barriers to **inclusion for persons with disabilities** across the sectors
- Create integrated and holistic support systems that ensure women's safety, access to legal, psychological, and economic assistance, and protection from exploitation.
- This includes safe reporting channels, increased livelihood opportunities, and community-based programs to reduce stigma and enhance service access, while collaborating with local authorities to overcome barriers like isolation and retaliation risks.

Protection

- **MHPSS support to community volunteers and frontliners:** Provide psychosocial support for migrant, Lebanese and Syrian community leaders, community volunteers and other frontliners who continue to deal with severe protection cases.
- **Access to protection, child protection and GBV services:** Provide information about available protection, GBV and child protection services to communities. Protection, GBV and CP working groups should analyse availability of services in areas hosting IDPs and returning IDPs and work with partners to address gaps and duplication.
- **Fund protection, CP and GBV services.** PWG, CP and GBVWG to provide information to donors on protection risks, access to services and gaps and priorities to advocate for funding for these services in locations hosting IDPs and returning IDPs.

Recommendations for Shelter

- Scale up cash for rent programmes
- Speed up needs-based assessments on housing rehabilitation and reconstruction for IDPs and support across population groups
- Provide support to returning IDPs for the rehabilitation of damaged houses
- Ensure inclusive shelters for persons with disabilities and elderly, and enhance accessibility of collective sites
- Address arbitrary evictions, rent exploitation, and shelter discrimination, especially against Syrians and migrants (in collaboration with protection)
- Expand emergency shelter options and long-term affordable housing solutions to accommodate individuals and families facing imminent eviction.
- With protection, assess and provide shelter solutions for IDPs in CS that are scheduled for closure
- Monitor and address overcrowding and poor shelter conditions that create protection risks in collective sites
- Identify alternative shelters options cross-population in case of renewed widespread displacement
- Reinforce referral of HLP and other protection cases to protection

Recommendations for BA and Food Security

Basic Assistance

- Provide non-food items and/or MPCA for IDPs and returning IDPs to meet increasing needs
- Address the disparities in aid provision for BA, ensuring impartial access for all nationalities

Food

- Strengthen food security programmes via cash, vouchers and in-kind for IDPs and returning IDPs
- Address inequities in food distribution
- Support community-based food initiatives that create self-reliance and resilience among the host community and IDPs, including returning IDPs

Recommendations for Education

- Provide information on available formal and non-formal education and refer displaced children to appropriate education opportunities
- Enhance retainment of children in schools and facilitate their reenrollment after displacement.
- Enhance referral to CP partners for children at risk, including for migrants and other nationalities (ideally with IEC material in migrants' languages)
- Address discrimination and bullying against Syrians, refugees of other nationalities and children of migrants in schools.
- Continue to advocatefor access to formal education for those Syrians currently unable to access due to legal status. Address rejected enrollments due to the lack of residency, by referral to relevant partners providing legal assistance/civil documentation/regularization
- Scale up financial assistance to families unable to send their children to school and address documentation barriers (esp. For Syrians, refugees of other nationalities and migrants)
- Advocate for more inclusive education policies in Lebanon for refugee children, providing concrete and operational support to the Ministry of Education, with the aim of reducing tackling child labor and early marriage.

Recommendations for WASH and social stability

WASH

- Address challenges in access to water, especially in affected areas like Bekaa and the South
- Support infrastructure rehabilitation, including water services damaged by conflict
- Increase privacy and security of WASH facilitaties particularly in collective sites

Social stability

- No specific recommendations however many issues related to social tensions identified in protection monitoring

Recommendations for Health

- Address financial barriers to accessing health services and affordable medication
- Increase awareness on available health services
- Rehabilitate PHCCs
- Expand PHC availability and establish AAP mechanisms for discrimination in public hospitals
- Scale up MHPSS services particularly in the conflict affected areas, in areas hosting IDPs/returning IDPs, for new arrivals (together with protection) provide information about positive coping mechanisms and MHPSS services within affected communities.
- Introduce initiatives like mobile healthcare clinics, subsidies for healthcare services, and awareness campaigns to enhance accessibility and affordability of primary healthcare services, especially in areas with higher denial rates

Recommendations for Livelihoods

- Enhance livelihood programming for informal and displaced workers, and in areas with high prevalence/risk of irregular movements.
- Scale up Technical Vocational and Education training (TVET), job matching and support to microbusiness (AGD considerations)
- Forced or exploitative Labour (jointly with protection)
- Improve mechanisms that protect workers from exploitative labour, including the implementation of existing labour laws and monitoring by authorities of labour conditions.
- Create partnerships with the private sector to address exploitation and provide information to workers on their rights and available services and reporting mechanisms.
- Identify ways to address fears of refugees and migrants without legal status to report labour exploitation.

Process to Address these Gaps from Protection Monitoring

- Protection sector will send to all sectors the PM reports and compiled, sector specific recommendations
- Sectors to review the PM reports and compiled recommendations

Each sector to confirm:

- If they accept/ validate the recommendations and/or wish to amend the recommendation
- If they wish to add recommendations based on the findings
- For those recommendations that are accepted:
  - Status of recommendation (addressed, ongoing, pending)
  - Status will be reviewed every six months (see next steps)

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Mitigating Protection Risks in Other Sectors

Protection Mainstreaming

Main Framework Components

Ensuring safety and dignity and the avoidance of harm

- Prevent and minimize as much as possible any unintended negative effects of your intervention which can increase people's vulnerability to both physical and psychosocial risks.

Meaningful access and the adaptation of services to meet the needs of diverse groups

- Arrange for people's access to assistance and services – in proportion to need and without any barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

Accountability

- Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints.

Participation and Empowerment

- Support the development of self-protection capacities and assist people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education.

What should sectors do to mitigate risks?

- **Understand and analyze** protection risks in sector context through coordinator or appointed focal point to familiarize with protection analysis (see link here) and discuss protection risks in sectoral meetings with partners.
- **Identify** the main protection risks and plan to prevent and mitigate them through the protection risk analysis framework, together with protection colleagues.
- **Monitor and report** on progress mitigating the risks in your sector every six months to ISCG
- **Amend where needed; i.e. make services accessible and inclusive** of persons of with disabilities, older persons, children, all nationalities and others who may be excluded. Identify and address barriers to access services.
- **Communicate and engage with communities** to provide them with information about services in age, gender and diversity inclusive manner and seek their input into programme design and implementation
- **Establish inclusive feedback and response mechanisms** and revise programmes based on feedback and suggestions.
- **Implement mechanisms for safe referrals** to all services, including for protection, GBV and CP cases
- Ensure quarterly and ad-hoc **updating of services through the Service Mapping**.

Next Steps on Protection Mainstreaming

- **Continue to compile and share recommendations** from protection monitoring for validation by sectors (as described above)
- **Engage with sector coordinators to monitor and review progress** on risk matrix and protection monitoring reports every 6 months in ISCG
- **Present protection risks** and mitigating measures to sectors
- **Support sectors** on protection mainstreaming (briefings, trainings, sharing relevant resources)
- **Identify protection mainstreaming** focal points in each sector

Want to know more?

- Protection Sector Analysis: December to March: here
- Protection Risk Matrix for Sectors: here
  - Protection Sector Analysis Report Post Ceasefire
  - Protection monitoring reports for Syrian PM Q3, Syrian PM Q4 and IDPs, North, and cross-population PM report Nov 24-Jan 25
- GBV: Gender and GBV Focal Points of sectors
  - Safet Audit 2024: link
  - GBV IMS Report 2024 link: here
- Child protection working across sectors training (coming soon)
- Contact the Protection / GBV and CP sector coordinators

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GBV Referral Pathways

Sophie Etzold, GBV Coordinator (UNHCR)

Safe Disclosure and Referrals to GBV Services

Content of the Briefing

Short Presentation for Safe Referrals to GBV

- What is Gender-based Violence?
- How to use the GBV Referral Pathways?
- Steps to do for non-specialized actors and Roles and Responsibilities
- How to find additional information?
- Contact GBV coordinators

What is Gender-based violence and the GBV Referral Pathways?

What constitutes Gender-based Violence?

- **Harmful act** perpetrated against a person's will – based on socially ascribed norms of the female and male in the society.
- Can be in **public or private sphere** (intimate partner or domestic violence).
- Common types of GBV include **rape, including marital rape, sexual assault, physical assault, emotional/ psychological abuse, child marriage, denial of resources**.
- Significant negative impact on the emotional and physical wellbeing of survivors of GBV – hence **access to GBV services can be lifesaving**

What is the GBV Referral Pathway?

- **A flexible tool that safely links survivors to supportive and quality services in a timely way**
- **Mainly it includes** updated **information on, and contact for, GBV services and related specialized services** are accessible to all actors across the response.
- **Target audience**: GBV specialized service providers and non-specialized service providers, i.e. other sectors.
- Consists of **guiding principles**, do's and don'ts, as well as the actual service **contact information**.

Content of GBV Referral Pathways

Go to: English and Arabic GBV Referral Pathways

- List of **Do's and Don'ts: first page includes the pathway guide which should be read by all actors!**
- Includes information on **locations, agencies' presence, referral focal point contacts, specialization of agencies, target groups, and duration of project**.

List of GBV specific services:

- **GBV Case management** – dedicated social worker/ case worker who supports/ psychosocial support, undertakes the assessment, develops a care plan, implements planned actions, including referral to other specialized services such as health, MHPSS, legal/ access to justice, cash/ social support, access to safety/ security services and livelihood services.
- **Health including Clinical management of Rape**
- **Psychosocial support and mental health services**
- **Legal aid and representation**
- **Safe Shelter**
- **Safety and security**

Guidance for non-GBV specialized actors

- For **non-GBV specialized actors** (your sector): if you receive a disclosure of GBV by a person, your role is to guide and refer the survivor to service based on their consent to the listed GBV case management agency (entry point for all other services) in line with the Referral Pathway
- For **children who were exposed to GBV**, please refer to the GBV actor with specific expertize in child survivors highlighted in the Referral Pathways – importance to refer to a specialized CP or GBV actor in line with the best interests of child!

Role and Responsibilities of Humanitarian Staff

- **All humanitarian practitioners are mandated to provide non-judgmental and non-discriminatory support** to people in need regardless of gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race/religion, who perpetrated/committed violence, and the situation in which violence was committed.
- **All actors are responsible for knowing the GBV referral pathways** and the forms of assistance that are available in the area that you work.
- **Provide a listening ear, free of judgement, and to provide accurate, up-to-date information** on available services and let the survivor make their own choices.
- All survivors have different needs, so the key is listening and ensuring **they are the ones making all decisions,** while we provide information.
- Ensure the survivor has **consented to receive a GBV case management service**
- Ensure that the survivor is **accessing a trained caseworker in a timely, safe manner** – for clinical management of rape this means within 72 hours.
- GBV case worker is NOT required to report back to the referring organization or person regarding follow-up actions taken with the client
- Apply the **guiding principles** of survivor-centered GBV services.

How to be supportive…?

Look

- Address urgent medical and safety needs
- Immediate safety – safe place?
- Comfortable talking to you?

Listen

- Listen to people and help them to feel calm
- Do not ask details about GBV
- Ask about people's needs and concerns

Link

- Provide the survivor the information of available services including GBV focal point.
- Refer the survivor if s/he asked you to refer her to the GBV Focal Point or other services.

Do's and Don'ts on safe referrals to GBV services

Applicable to all Humanitarian Staff

Do's

- Allow the survivor to approach you, listen to their needs, be supportive, non-judgemental;
- Be informed and provide accurate, up-to-date information on available services. Let the survivor make their own choices.
- Ask how you can support with any basic urgent needs first; ask minimum information to ensure a safe referral
- Always ask for permission from survivor before any referral
- Ask the survivor if s/he feels comfortable talking to you in your current location.
- Treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague.

Don'ts

- Do not force the survivor to share anything if s/he does not want to or does not wish to be referred
- Do not proactively identify or seek out GBV survivors.
- Do not ask questions about what happened; instead, listen and ask what you can do to support.
- Do not make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
- Do not doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services
- Do not offer your own advice or opinion on the best course of action or what to do next.
- Do not assume you know what someone wants or needs.
- Do not ask about or contact the survivor after you end the conversation

Location-based Referral Pathways

GBV Referral Pathways Q1 2025 EN.xlsx - Google Sheets

GBV Referral Pathways Q1 2025 AR - Google Sheets

GBV Referral Pathway for GBV services and related interventions in support of survivors of GBV
Last Updated: March 2025

This GBV Referral Pathway includes information on specialized GBV Case Management Services as well as related services, including on Clinical Management of Rape, Health Services, Psychosocial and Mental Health Support, cash assistance for GBV survicors, legal aid services, safe shelter for GBV survivors and livelihood services. The document serves to inform all sector and response actors of specialized GBV services as well as aims at providing accurate information on other relevant services that GBV service providers can refer to.

For specialized GBV service providers, in addition to the below adherance to GBV standards and principles as well as the outlined do's and don'ts, the referral pathways constitute a document to ensure updated contact information on specialized services are in place.

The document includes sensitive and person information of contacts of case workers of GBV service providers and other response actors and hence this document is not for public sharing but for use within the Lebanon humanitarian context amongst sector response actors.

Note: GBV actors listed in the Referral Pathways have committed to uphold GBV guiding principles including the survivor-centered approach and have the capacity to receive referrals in accordance with the GBV Minimum Standards. Non-GBV frontline workers/staff are encouraged to refer survivors to GBV case management organizations as a first point of entry where a social worker is responsible to engage with and support GBV survivors, provide psychosocial support and accompany them to other services they wish to receive.
Detailed information on steps to safely handle a disclosure and refer survivors is available [https://www.youtube.com/watch?v=n_YhXzMv1E4]

If you encounter any problem with this document, including outdated information, please notify GBV Coordinators: **Sophie Etzold (etzold@unhcr.org); Tesfaye Barge (barge@unfpa.org), or Mohita Joshi (mjoshi@unfpa.org)**

Prior to any referral, please familiarize yourself with the below guidance on Do's and Don'ts for GBV service referrals and conduct with GBV survivors disclosing GBV incidents:

DOs	DONTs	ALWAYS PRACTICE THE SURVIVOR-CENTERED APPROACH
n order to provide a safe space for disclosure of GBV, the following should be ollowed: DO believe the survivor. Due to stigma, GBV is a human rights violation that emains underreported. If a survivor discloses an incident - do not doubt the nformation the survivor shared with you. Your role is to refer the survivor to the nost appropriate service.	In order to provide a safe space for disclosure of GBV, the following should be followed: > DO NOT pressure the survivor into providing information or further details. > DO NOT doubt or contradict the survivor. Your role is to refer the survivor safely to the required and consented services. > DO NOT investigate the situation or provide advice to the survivor. Your role is	The survivor-centred approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. > PRIORITIZE the needs, wishes, and decisions the survivor expresses. > ENSURE the survivor makes ALL decisions about accessing

What to do? Steps to support access to GBV services

- Disclosure
- Information on Services
- Seek informed consent / assent
- Referral to GBV case management agency in line with confidentiality standards
- Acknowledgment by receiving agency
- Follow up by receiving/ CM agency

Additional Resources on Safe Referrals

- Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (gbvguidelines.org)

- GBV_PocketGuide021718.pdf

Contacts

For access to the GBV Referral Pathways or training for agencies, please contact the GBV WG coordinators:

National Level

Sophie Etzold – UNHCR – etzold@unhcr.org

Tesfaye Barge – UNFPA – barge@unfpa.org

LEBANON
Response Plan

Lebanon Humanitarian Fund

Yendi Ghossein, Deputy Fund Manager (OCHA)

LHF Lebanon Humanitarian Fund

OCHA

- Lebanon Humanitarian Fund
- 2025 1st Standard Allocation

Preliminary Outcome of Consultation Process (Phase I)

- April 2025

LHF Lebanon Humanitarian Fund

OCHA

- Lebanon Humanitarian Fund - 2025 1st Standard Allocation

- ***Humanitarian Reset***
- ***1st Standard Allocation – Strategic Parameters***
- ***Feedback from Consulted Communities***
- ***Proposed Allocation strategy***

The Humanitarian Reset *Vision of ERC Tom Fletcher*

OCHA

Focus: Prioritizing Life-Saving Actions and Reducing Inefficiencies

The ERC's 10-point action plan, presented on 10 March, emphasizes efficient crisis response, reforming humanitarian work, and shifting power to local leaders and affected communities. OCHA has been tasked with assessing how pooled funds can be aligned to support this reset.

•**Funding Prioritization:** Prioritize local and national actors for funding. OCHA will assess how pooled funds can best align with this crisis response.

•**Promote Cash Programming:** Expand cash-transfer programming wherever feasible, in line with Grand Bargain commitments and cost-effectiveness principles.

•**Strengthen Accountability:** Accelerate the establishment of joint, inter-agency community feedback mechanisms to ensure the response is informed by affected people's voices.

•**Make Every Dollar Count:** Focus on smarter funding, better coordination, and tougher prioritization to protect humanitarian space and maximize impact.

"With resources slashed, our defining mission must be saving lives."
Tom Fletcher, UN Emergency Relief Coordinator

2025 1st Standard Allocation

Up to **$25 Million**

Pillar I – $ TBD M

Sustaining critical life-saving humanitarian interventions to address urgent survival needs resulting from conflict in Lebanon

This pillar focuses on maintaining **essential, immediate life-saving humanitarian interventions** across conflict-affected areas in Lebanon, ensuring that communities facing the **most severe humanitarian distress** receive critical aid.

By delivering **lifesaving support,** this pillar addresses **the most urgent survival needs** of vulnerable populations. It also reinforces resilience and enhances the capacity to respond to escalating humanitarian challenges in high-risk regions.

Pillar II – $ TBD M

Immediate Rapid Response to New Shocks in 2025

This pillar focuses on addressing vulnerable communities affected by **service disruptions due to new shocks,** including funding shortages and regional instability, and requires **immediate and flexible interventions to ensure the continuation of essential services**, particularly for those already facing **heightened vulnerability.**

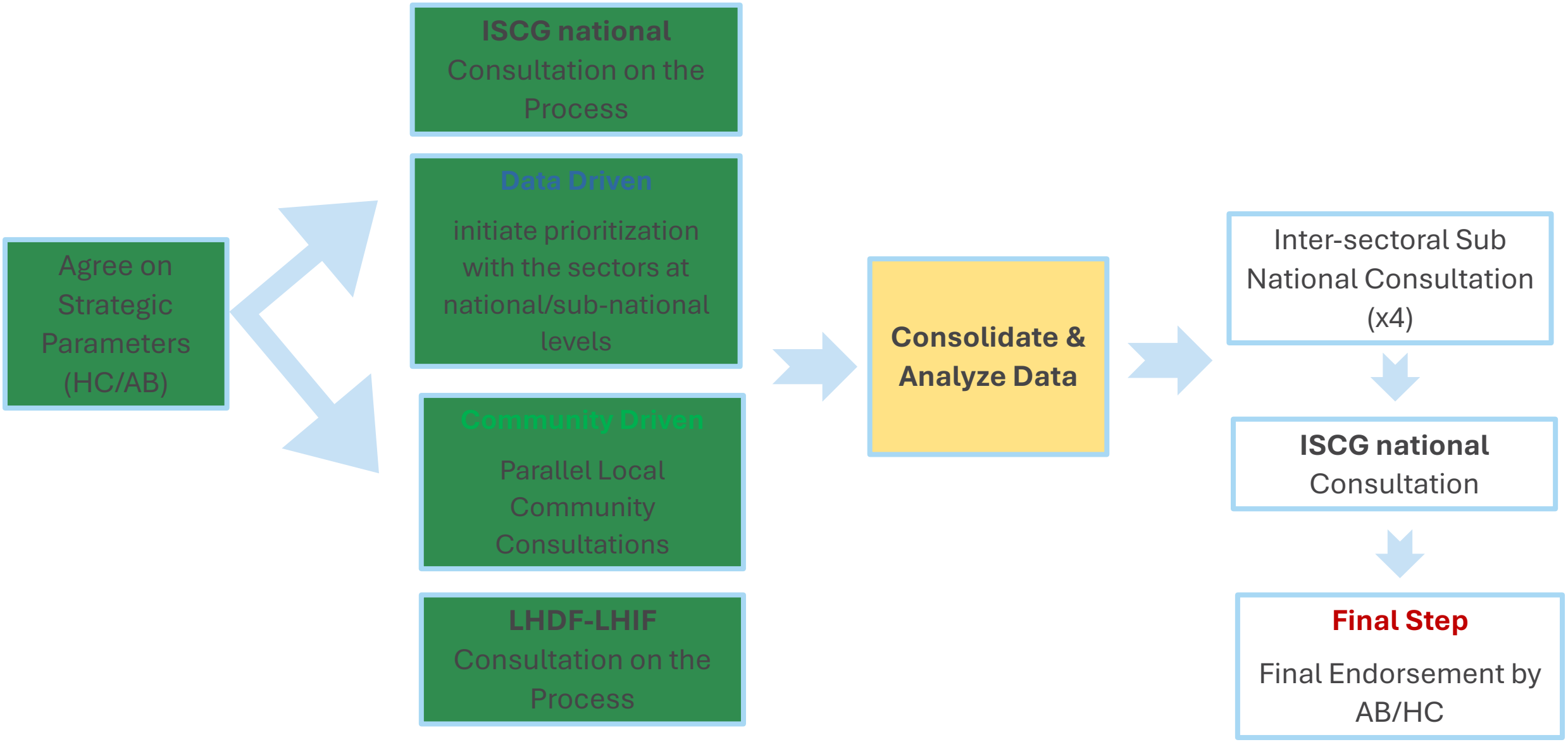
Pillar III – $TBD M

Strengthening **Flexibility** and Local Capacity in Humanitarian Action.

Funding is exclusively for local and national NGOs, allowing **strategic flexibility** while aligning with the broader objectives of Pillars I and II.

Pillar III also supports **funding diversification**, enabling newly eligible partners to receive support if their proposals are well-justified. The maximum funding per project is $400,000.

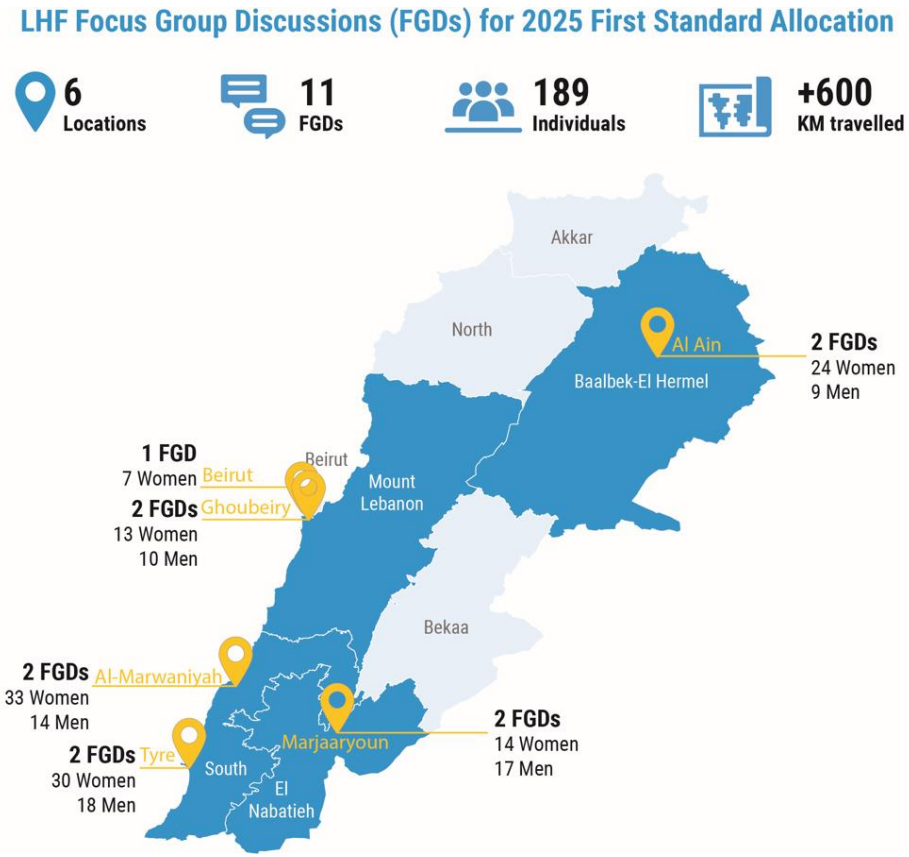
2025 1st Standard Allocation - Consultation Process



AAP Pilot – Methodology and Its Limitations

Methodology

- **Number of FGDs:** 11
- **Locations Covered:** 6 Location - Please see Annex 1
- **Groups Engaged:** Lebanese, Syrian individuals, including internally displaced persons (IDPs), returnees, migrants, elderly persons and the ones living alone, persons with disabilities, men, and women particularly female-headed households and women at risk.
- **Total Participants:** 189 Participants (121 women, 68 men)
- **Facilitation:** Conducted by the LHF team trained by the PSEA/AAP Advisor
- **Themes Explored:** Priority needs, preferred assistance modalities, barriers to access, information channels, and accountability to affected people (AAP) including feedback mechanisms.



AAP Pilot – Methodology and Its Limitations

- **Limited Coverage**

  Excluded Palestine refugee camps, informal settlements;

  only one collective shelter visited

- **Sample Size and Representation**

  With 11 FGDs and 189 participants, some vulnerable groups such as youth or people in remote areas may be underrepresented.

- **Time Constraints**

  One-week timeframe limited the depth of engagement in each location.

- **Group Dynamics**

  Despite gender separation, some participants may have hesitated to speak openly, especially on sensitive issues.

- **Facilitation Variability**

  Minor differences in style may have influenced consistency

- **Tool Limitations**

  Structured tool limited discussion of emerging issues

AAP Pilot - Key Findings

1. Health Care Access

•Urgent need for affordable, accessible **health services and medication**.
•**Mental health needs** rising, particularly among displaced children and caregivers.
•Migrants face additional access barriers due to lack of documentation.

2. Food Security

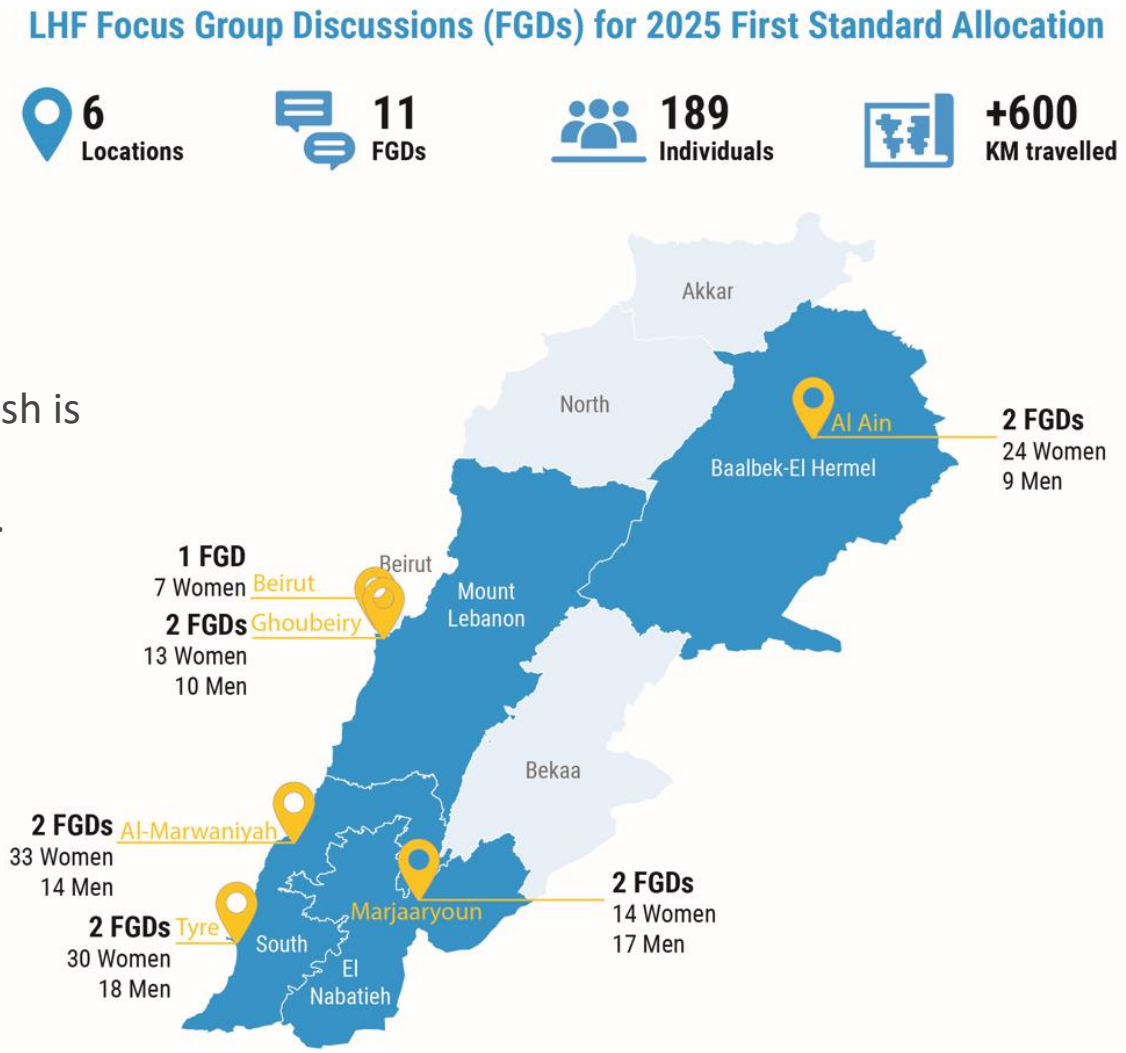
•Widespread food insecurity, especially in female-headed households.
•Strong preference for **cash assistance** over food parcels (or vouchers if cash is not an option) for flexibility and dignity.
•Migrants reported negative experiences with vouchers (inflation, stigma).

3. Shelter & Housing

•Returnees face **damaged homes and unsafe living conditions**.
•Others in temporary/rented housing risk eviction.
•Migrants struggle to secure shelter due to lack of legal documents.

4. Education Access

•Frequent displacement and strikes disrupted learning.
•Lack of school transportation and documentation barriers affect migrant children.
•Parents report children are losing interest in school.



AAP Pilot – Key consideration

Cash Assistance – Strongly Preferred

- Flexibility to meet households' specific and urgent needs.
- Seen as more dignified and efficient than in-kind aid.
- Migrants prefer it due to negative voucher experiences.

Hybrid Approaches Suggested

- Cash for daily needs + in-kind support for critical services (e.g., health care).

"Cash is the best way to help us. It gives us the freedom to decide what we need most."

Participants highlighted concerns about the lack of accessible channels to share feedback or report issues with the aid they receive.

They requested:

- **User-friendly complaint and feedback mechanisms** for reporting grievances and suggestions.
- **Clear communication** when aid is reduced or suspended, with advance notice.
- **Polite and clear communication** from trained hotline personnel.

"We can't find affordable medicine for common illnesses; it's too expensive." Another father added, *"There's not enough help for people suffering from war-related trauma."*

There's no way to tell anyone if something goes wrong with the aid we receive. We need a way to share our concerns."

AAP Pilot – 2025 Allocation Strategy Recommendations

- **Enhance Healthcare Access:**
  Increase capacity of PHCs with essential services, especially for children and caregivers.

- **Expand Cash Assistance:**
  Increase flexible cash support for food, medicine, rent, and transport, with hybrid approaches for critical needs.

- **Target Vulnerable Groups:**
  Tailor interventions for female-headed households, persons with disabilities, elderly, and migrants.

- **Strengthen Protection:**
  Ensure clear referral pathways and access to psychosocial support for vulnerable groups.

- **Ensure Accountability:**
  Prioritize AAP and PSEA in all interventions for transparent aid delivery.

Pillar I – $ 16 M

Sustaining critical life-saving humanitarian interventions to address urgent survival needs resulting from conflict in Lebanon

This pillar focuses on maintaining **essential, immediate life-saving humanitarian interventions** across conflict-affected areas in Lebanon, ensuring that communities facing the **most severe humanitarian distress** receive critical aid.

By delivering **lifesaving support,** this pillar addresses **the most urgent survival needs** of vulnerable populations. It also reinforces resilience and enhances the capacity to respond to escalating humanitarian challenges in high-risk regions.

- ✓ **People-centered**
- ✓ **Integrated Service provision**
- ✓ **Unified Targeting for solid accountability**
- ✓ **Inclusive support to all population groups**
- ✓ **Cash-First Modality**
- ✓ **Strong AAP element (clear agreed messaging)**

Pillar Envelope: $ 16 million (~ 6.5 to NNGO if possible)

Location: Conflict-affected areas, including the South, Bekaa, Baalbek-Hermel, and the suburbs of Beirut

- ✓ **Basic Assistance and Food Security** (Integrated through MOSA targeting leb, syr, palest)- Primary response for food and rent:
  - ➢ **Prioritized Activities:** Basic Assistance and Food Security sectors to provide emergency cash to cover both food and non-food needs of conflict-affected populations, targeting the most vulnerable as per the Ministry of Social Affairs' list. This unified approach includes joint geographic prioritization (geo-split) and is informed by IPC results. 145 USD.HH over 3 to 6 months
  - ➢ **Flexibility for food Security Pillar III:**
    - Food parcels for border-area populations (0–10 km) not supported by anyone
    - Hot meals for IDPs in collective shelters without food access, based on gap analysis and in coordination with DRR.
    - Unconditional cash assistance for farmers severely impacted by the conflict, aligned with MoA's updated farmer registry, to support the upcoming agricultural season and sustain livelihood (Inclusive targeting with sector)

- ✓ **Health (medication), MHPSS and Nutrition** (Integrated):

  Prioritized Activities

  Health: Provide comprehensive PHC services – Reaching inaccessible hard-to-reach areas via PSU/MMUs - Mental Health – Facility Repairs

  Nutrition: Screening and Referral, distribution cost of supplement, cash for nutrition and Maternal and Child Nutrition Awareness
  - ➢ **Flexibility for Health Pillar III:** Hospitalization coverage

- ✓ **Shelter & Protection** (PSS and CM or mainstreamed Integrated) - Safe shelter repairs/rental support plus protection:

  Prioritized Activities

  Shelter: Cash for Rent, Minor and Moderate Shelter Repairs for Displaced families from collective shelters, Vulnerable households with damaged homes

  Protection/CP/GBV: CM, PSS, CASH and ECA/RCA + Legal
  - ➢ **Flexibility for CP Pillar III:** Mine action- EORE + Additional Uni-sectoral Protection projects submitted by NNGO

- ✓ **WASH** (targeting most affected areas with no functional water facilities):

  Prioritized Activities

  Rehabilitation of water and sanitation facilities, water and sewer networks (Focus on areas heavily impacted by hostilities, high return areas, and those near the border) - Installation of communal water points and filtration systems, or water trucking - Water quality and aquifer monitoring support
  - ➢ **Flexibility for WASH Pillar III:** Hygiene kits and Water trucking in Collective Shelter

Pillar II – $ 6 M

Immediate Rapid Response to New Shocks in 2025

This pillar focuses on addressing vulnerable communities affected by **service disruptions due to new shocks,** including funding shortages and regional instability, and requires **immediate and flexible interventions to ensure the continuation of essential services**, particularly for those already facing **heightened vulnerability.**

✓ **Inclusive approach ensuring that all newly arrived individuals inside/outside collective shelters receive support based on their needs, with a strong focus on the provision of essential services rather than cash assistance.**

Pillar Envelope: $ 6 million (~ 2.4 to NNGO if possible)

Location: Akkar, North, Bekaa Baalbek El hermel

- ✓ **Food Security**:
  Prioritized Activities: Hot meals and ready-to-eat meals in collective shelter
  Food Parcels for new arrivals outside of Collective shelter

- ✓ **Health – Nutrition integrated:**
  Prioritized Activities:
  Health: Provide comprehensive Primary Health Care services in areas hosting new arrivals,MMUs and MHPSS
  Nutrition: Screening and Referral, distribution cost of supplement, Maternal and Child Nutrition Awareness
  Excluded activities: Hospitalization support, Enhanced surveillance and response for infectious disease outbreaks and acute emergencies, Improved emergency preparedness and response at national and subnational levels

- ✓ **Wash :**
  Prioritized Activities: WaSH services and supplies for newly arrivals in collective shelters - Rehabilitation of existing water and sanitation facilities, water and sewer networks, and operation and maintenance support, with a focus on the areas with a high number of newly comers, areas with elevated waterborne disease outbreak risks, or areas heavily impacted by the 2025 water scarcity - Installation of communal water points, communal water filtration/treatment systems, and/or water trucking with a focus on the areas with a high number of newl comers - Water quality and water aquifers monitoring support

- ✓ **Protection – CP/Education** (PSS and CM or mainstreamed Integrated) Protection/CP/GBV: CM, PSS, CASH and ECA/RCA + Legal
  Education: Only Emergency Education With CP

  Implementation of EiE activities for newly arrived children in underserved communities in North/Akkar and Baalbeck/Hermel - Distribution of essential learning and recreational kits for newly arrived children in underserved communities in North/Akkar and Baalbeck/Hermel

2025 1st Standard Allocation

Allocation Timeline

Allocation Timeline			
Standard Allocation Workflow	**Start Date**	**End Date**	**Responsible body**
Step 1 Allocation Strategy development including • consultations with HC/AB on Allocation Parameters • sectors/clusters consultation on priorities • Inter-sector at National and sub-national Level, • APP – Community consultation • LHDF, LHIF consultation and/or other coordination mechanism and other stakeholders	7th of April 2025	17th of April 2025	OCHA/HFU
Easter Break	18th of April 2025	21st of April 2025	
• Consolidate and analyze data from consulted communities, sub-national and national consultations to identify key needs and priorities	22nd of April 2025	24th of April 2025	OCHA/HFU
• Consultation **with ISCG at the National and subnational Level**	28th of April 2025	30th of April 2025	OCHA/HFU
• Final Endorsement AB/HC meeting	7th of May 2025	7th of May 2025	OCHA/HFU/HC/AB
Step 2: Launching the call and Submission of Project Proposals	12th of May 2025	30th of January 2025	Open competitive process to all LHF eligible partners
Step 3: Training session for all 96 LHF eligible partners	14th of May 2025 (tbc)		OCHA-LHF
Step 4: GMS clinics (after a pre-booking)	27th , 28th, 29th and 30th of May 2025		OCHA-LHF
Step 5. Strategic review of proposals and selection	2nd of June 2025	13th of June 2025	OCHA/HFU, technical experts, Partners
Step 6. Technical review of proposals	19th of June 2025	30th of June 2025	OCHA/HFU, technical experts, Partners, CBPF Section
Step 7. Final approval by HC and Grant Agreement + disbursement	30th of June 2025	Onward	OCHA/CBPF Section/HC/HFU

LEBANON
Response Plan

AoB

AoB

Return Plan

Reminder for sectors to:

- Review the listed activities (shared via excel)
- Confirm them with relevant sector partners or the agencies reflected in the matrix
- Inform the Inter-Sector Co-Chairs if the plan can be cleared as is, or if revisions are needed after consultations.

Based on the received feedback, the following will be revised:

- Draft LRP 2025 Return Chapter
- Draft Inter-Agency Voluntary Return Action Plan Matrix accordingly

AoB

Preparedness Plan and HCT Retreat

Preparedness planning – Next steps for finalization

- Scenarios and planning figures – **completed**
- Cross-Sectoral preparedness planning – **completed**
- Sector-specific priorities – **completed**
- Regional plans – South and Bekaa (**near final**), BML and North (**expected by end of next week**)
- Emergency stocks and cost of gaps (**pending** – 6 sectors)

HCT Retreat (5-6 May 2025)

LEBANON
Response Plan

Thank You