



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

National GBV WG MoM	
Date	19 March 2025
Time	10-12:00
Location	Hybrid facilitation
Chairpersons	Sophie Etzold (GBV sub-sector Coordinator, UNHCR) Tesfaye Barge (GBV sub-sector coordinator, UNFPA) Mohita Joshi (GBV sub-sector IM Specialist)
Participants	43 total participants, 31 online and 11 participants in person
Supporting documents	Deck Presentation is attached and WGSS Guidance Note
Agenda	<ul style="list-style-type: none">● Review Previous Action Points● Result on NGO co-coordinator nomination● Core Group EoI presentation of agencies and next steps● Presentation Women and Girls Safe Spaces Guidance Note● Situation update and trends from sub-national GBV WG● Presentation of Safety Audit and GBV IMS annual report● Update on LRP & FA Progress: people reached & partners reporting● Presentation on service mapping by locations● GBV Focal Point and Contact form presentation● Capacity Building Needs Assessment tool.● AOB - LHF

Main Follow-up Action Points (Action Points in yellow)

- **Review previous action points:** Action points from the February meeting were reviewed and discussed. Actions addressed, ongoing, and not addressed per actions are attached to the [Deck presentation](#)

Result on NGO co-coordinator nomination:

- The National GBV WG NGO Co-Coordinator ToR, Guidance Note, and self-nomination survey were sent to GBV WG members on March 3, 2025;
- Results: only one local NGO, Himaya Dae Ataa (HDA), submitted its expression of interest. HDA focal point Jeanne Frangieh presented HDA's application for the GBV WG co-coordinator role at the national level. The head of HDA explained that HDA is a WLO based in Zgharta but with cross-country programs. HDA is a local active member of the national GBV WG and contributed to key strategies for addressing gender-based violence in Lebanon in different other platforms. HDA has coordination experience with a range of stakeholders, including UN agencies, government representatives, and local NGOs, and HDA's role in ensuring the voices of women and girls are heard and that GBV remains a priority in policy and programmatic actions.
- Members also discussed some of the challenges that caused them to be uninterested in the lead role, including staff shortages and capacity, resource limitation, and experience in coordination.
- No objection was received from members on HDA's nomination for the NGO co-lead role.
- NGO Co coordinator anonymous self-nomination survey is accessible [here](#)

Action point:

- **Circulate application of HDA and initiate the confirmation process and endorsement of HDA as the**



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

NGO co-coordinator

Core Group Eol presentation and next steps

- Based on the online self-nomination survey, 10 partners expressed interest to join the GBV core group in 2025. These are INTERSOS, GIZ, IMC and CARE, ABAAD & Kafa, UNHCR, UNFPA, UNWomen, and IOM. We are looking for two additional local actors and more UN agencies particularly UNICEF and UNRWA. During the meeting, Tabitha said that they submitted the survey but this was not reflected in the response collected.
- Core Group membership self-nomination anonymous survey is accessible [here](#)

Action point:

- The Core Group nomination survey will be open for one more week with bilateral follow up of GBV WG coordinators to local NGOs for submission; Plan is to finalize the CG composition and election process by 31st March.

Presentation [Women and Girls Safe Spaces Guidance Note](#)

- The WGSS guidance note aimed at establishing a common understanding among GBV partners of what constitutes minimum WGSS activities, services, staffing, establishment, and other related standard operating procedures was presented and discussed for further input.
- The main content of guidance notes are: introduction, purpose, principles, and objectives of WGSS, considerations during setting up and running WGSS, monitoring mechanisms and tools, and phase-out strategies.
- Participants suggested considering virtual/online safe spaces in addition to the static and mobile modalities described in the guidance note. UNICEF has good experience managing Virtual Safe Space—LAAHA in Lebanon, and further input will be collected to incorporate LAAHA into the WGSS service provision modality. Partners also reflected that LAAHA is more of a referral tool, survivors' profiles can easily be accessed, and access to technology and digital literacy barriers should be considered. After the endorsement of the guidance note, the next action will be mapping WGSS to analyze the presence, services and potential overlap/ gaps recommendation for optimization of WGSS and other safe spaces.

Action point:

- WGSS final comments by members to be received by 28 March
- GBV IM develop the mapping tool on WGSS,
- GBV WG coordinators to follow up with UNICEF on online safe spaces through LAAHA and potential integration as an amendment to the current guidance note inclusive of inline safe spaces
- Technology-based GBV to be included as a thematic topic and with clear sectoral objectives for programming and consideration under LHF or other funding streams
- Integrate TF GBV into the GBV Referral Pathways or Service Mapping

Situation update and trends from sub-national GBV WG

Sub-national GBV WG coordinators presented their respective updates on GBV trend analysis. See Deck presentation

South

- An increase in GBV cases reported, post-war trauma, a significant rise in technology-facilitated GBV (TFGBV), time difference b/n the incident and reporting date due to fear of stigma, and cultural norms and unaffordable legal service are the main trends and gaps observed during this month.
- **CM Action Plan & Success Stories:** Partners are working on empowering survivors and finding solutions for financial independence.

Action Points:

- The National GBV WG & Sub national coordinators to work on mechanisms for addressing emerging TF-GBV



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

North and Akkar

- Survivors face significant barriers to legal services, security concerns intensified protection risks, and fear of deportation, which significantly deters Syrian survivors from seeking support; women tolerate violence due to their economic dependency on their partners, and most reported cases are IPV and early child marriage.
- Economic hardship is driving an increase in negative coping mechanisms among affected populations.
- The presenter also suggested the need for increased access to legal services, livelihood opportunities, and targeted interventions for adolescent girls.

Action points:

- To follow up on the impact of the new influx on GBV service and emerging risks in north and Akkar

BML

- Increased GBV risks, including survival sex in Beirut among new arrivals and online grooming,
- Economic hardship driving early marriages and other negative coping strategies
- Refugee survivors fear deportation and loss of aid, limiting legal action.
- LGBTQI+ individuals face severe violence, lack of access to legal services, and discrimination; among them are new arrivals
- Some of the challenges in BML presented during the meeting are: delays in aid, exclusion from assistance programs, and lack of legal documentation hindering survivors' access to opportunities and reporting GBV incidents, expensive transport costs, unsafe housing, underreporting, decreased GBV activities and referrals during Ramadan starting 1st of March limited GBV services and partners in Kesrwen and Aley

Action points:

- Partners are to follow up on GBV services that are available during work hours. Further discussion and support are required with LGBTQI+ TF on issues related to diverse general communities in BML.

Bekaa

- An increase in GBV risks psychological and emotional abuse, sexual abuse, and abduction and raising concerns about trafficking; overcrowded shelters limiting privacy, and Increased hostility from host communities. New arrivals from different age groups, requested PSS to cope with GBV-related trauma and violence they have witnessed.
- Some of the challenges presented during the meeting are: GBV survivors returning to Syria before GBV case closure, variation in fees for forensic doctors, limited access to mobile phones and the internet among adolescent survivors, making case follow-ups difficult and limited access to safe spaces by survivors in some areas.

Action points:

- Regarding GBV survivors returning to Syria before GBV case closure, the subnational coordinator will discuss the mechanisms of safe cross-border referral/case closure of GBV survivors before they return to Syria with the national and Subnational GBV Case management TF.
- Review impact on funding and analysis by OCHA on funding cuts: GBV coordinators to liaise with OCHA to see if analysis can be provided.
- Funding impact to be analyzed at a sub-national level

Presentation of Safety Audit and GBV IMS annual report

GBV Safety Audit:

- The GBV Safety Audit, which was conducted from July to November 2024 across Lebanon, examined GBV risks, vulnerabilities, and service gaps and made recommendations for addressing them.
- Qualitative and quantitative data were collected from 104 FGD with different groups and 6 KII triangulated with secondary data sources.
- The assessment identified multiple interlinked risks, including IPV, sexual violence, TFGBV, early, child, and forced marriage across Lebanon, which are exacerbated by conflict, displacement, and economic hardship.
- The assessment also, identified challenges related to service provision, including insufficient service



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

availability, weak legal aid services, limited, tailored services, and the need for strengthening case management services.

- The assessment made recommendations to address the identified gaps in the following areas: service provision and accessibility, community and survivor support, policy and advocacy, and TF-GBV and digital literacy. This is a published [Safety Audit report](#) for your reference and use. Besides, the long (unpublished) version of the assessment report is also available for internal use.

Action points:

- SMART Action Plan for national and sub-national GBV working group members will be developed to address the recommendations from the assessment

GBV IMS annual report:

- Presented the GBVIMS annual report from January to December 2024, focusing on reported GBV incidents, trends, challenges, and recommendations to address identified gaps.
- Displacement led to a disruption of critical life-saving services, including GBV services, which was observed throughout the quarterly analysis of the GBVIMS trends.
- Women and girls continue to constitute the majority (98%) of survivors
- There was an increase of 25% in the reported sexual exploitation, especially between Q2 and Q3 2024, which is during and after the displacement from South, Bekaa, and Southern Suburbs.
- Adults (18 years and above) accounted for 74 % and children (under 18 years) accounted for 26 % of the GBV incidents.
- Low reporting among PWDs comprising 2% of all the reported GBV incidents in 2024
- Syrians are the vast majority of nationalities recorded in the GBV IMS, with 63% of all incidents recorded.
- The top 3 reported GBV types are Physical assault, Emotional/psychological, and forced marriage.
- The top reported perpetrators in 2024 are: Partner (49), family members other than spouse (22) and schoolmate(8) are 2024
- Top Referral services prioritized by the survivors are health, Legal, PSS, and livelihood.

Action points:

- The annual GBVIMS report is nearing its final stage and will be shared before the end of March.

Update on LRP & FA Progress: people reached & partners reporting

- This month, there is an increase in people reached by 24% whilst 21 partners have reported their activities in February, in an overall 24 reporting partners since January. Overall, 28% of the targeted population (LRP and inclusive of Flash Appeal) has been reached, where most beneficiaries are female (93%) and 7% are male.
- There still remains a gap of more than 96% of the targeted population on capacity building for law enforcement/government and humanitarian staff on GBV core concepts and minimum standards, as well as RPCA for at-risk individuals. Also, more than 70% of the targeted population are yet to be reached for GBV Case Management, including focused and non-focused PSS; awareness raising on GBV; distribution of dignity kits to women and adolescent girls; and GBV prevention and empowerment activities.
- Overall, the highest number of people reached is in the South Governorate, where 10 agencies (AMEL, Caritas Lebanon, Imam Sadr Foundation, IMC, Intersos, Naba'a, TdH-L, UNFPA, UNHCR, UNICEF) are currently implementing GBV activities.
- In terms of population cohort, GBV partners have reached more vulnerable Lebanese (57%), followed by Displaced Syrians (36%), PRL (4%), and Others (2%). The remaining 1% of the beneficiaries are Migrants and then PRS. Except for the Dignity kit and RPCA for at-risk individuals, Displaced Syrians have been reached the highest.
- Out of the 55 appealing agencies, 29 have not reported their activities yet. Reminders and emails have been sent to these agencies regarding submission, including to specify challenges if they are not able to submit their activities. Out of these, 3 agencies have responded to their challenges of not submitting their input to the GBV WG through ActivityInfo.

Action points



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

- Partners and sub-national coordinators to follow up with partners to maintain agreed reporting schedules based on the presented map showing those who reported and not across the governorates
- Appealing agencies that have not responded to the reminder emails are requested to send emails to the WG stating their non-submission of activities.
- Partners are yet again requested to follow the 10th of every month deadline to submit the people reached for the GBV activities.

Presentation on service mapping by locations

- The updated Service mapping by activity and number of partners presented
- There are a high number of partners and service provision in north and BML while low/ limited in Bekka and south
- Gaps in partner presence were identified in both the LRP and the Service mapping, thus requesting partners to update the [service mapping](#) on time.

Action points:

- Further discussion with partners is required on mechanisms of optimizing partners and services to ensure availability and access to services in all locations
- Partner to maintain timely reporting under AI to ensure accountability and improve monitoring and their organization's visibility.

GBV Focal Point and Contact form presentation

- Over 1,000 partners have expressed interest in joining the mailing list in the contact hub. Thus, the GBV WG contact list aims to collect the names and email IDs of the focal and alternative focal points to maintain confidentiality, faster and direct communication, increase coordination and accountability towards their organization, and maintain compliance with the GBV guidelines and ethical standards.

Action points:

- FPs are responsible for sharing with their agency as relevant.
- FPs are accountable and in line with GBV ethical standards on information sharing; persons identified as FPs should ensure proper information sharing, reporting, and meaningful participation.

Capacity Building Needs Assessment tool -see link [here](#)

- Capacity-building need assessment tool aims at supporting the sub-sector in identifying the skills, knowledge, and resources individuals in respective GBV partners require to ensure quality GBV service provision.
- It also aims to pinpoint gaps and challenges among partners and determine the best ways to address them through mentoring coaching, experience sharing, training programs, and capacity development strategy.

Action point:

- Please see tool: [here](#) to be filled by the focal person of each agency.
- Following the feedback from partners, the Pool of expertise for the GBV WG will be selected, and develop a capacity-building strategy for GBV WG partners in line with sector 2025 LRP.
- The deadline for feedback is the **31st of March.**

AOB

LHF

- Support to flexible, multi-sectoral NGO response to address immediate and life-saving humanitarian needs as a result of conflict in Lebanon
- \$29.6 M targeted 470K people under 33 projects implemented by NGOs and NNGOs. And also, 44% is funded for national NGO and 56% for NGOs.
- Out of the total, 2.4M was funded for GBV partners.
- GBV Partners implementing LHF are Amel, Care, DRC, IMC, Intersos, Nabaa, SIDC, Tabita Dorcas, and TDH-L under 9 GBV projects.



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

Action point:

- Presentation at sub-national level
- Partners who need to change any activities/ targets, etc are kindly requested to reach out to subnational and national coordinators.
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Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

