



Gender-based Violence Working Group
Lebanon
Minutes of the Meeting

GBV WG MoM	
Date	22 March 2023
Time	10:00-12:00
Location	UNFPA Office, Qubic Business Center
Chairpersons	Pamela Di Camillo, GBV WG Co-lead (UNFPA) Afaf Khalil, GBV WG Co-lead (MoSA) Sophie Etzold, GBV WG Co-lead (UNHCR)
Participants	25 participants ABAAD, AMEL, AND, Caritas, Dorcas/Tabitha, DRC, IOM, IRC, UNHCR (sub-national coordinators from BML, Bekaa and South; MoSA, LUPD, NCA, Plan International, Justice without frontiers, Intersos, KAFA, Wing women, World Vision, TdH Lausanne; UNFPA, UNHCR, UNICEF, UNWOMEN.

Agenda

- Update on ERP and LCRP (project submission, reporting and GBV mainstreaming, preparedness)
- Brief updates on critical issues at sub-national level
- Presentation: Safe shelter mapping
- Update and status on CMR protocol
- Partner consultation: GBV related questions in MSNA and VASyR
- GBV Gaps and Funding requirements (LHF and CERF)
- Update on client feedback survey
- AOB

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Subject/ agenda item	Discussion Points	Follow up action and FP
Update on ERP and LCRP	<p>Reminder on 2023 Q1 reporting: deadline is upcoming on 8 April</p> <p>ERP projects were reviewed with thanks to partners LECORVAW, KAFA and IRC for the support in this process; partners only have until 22 March to review comments and to resubmit</p> <p>GBV mainstreaming: following the review of all sector annual work plans, jointly with the Gender expert of the LCRP, the GBV coordinators have established the list of gender and GBV mainstreaming focal points in sectors</p> <p>Training of Trainers on Gender in Humanitarians Action and GBV risk mitigation is planned</p>	<p>Partners to ensure reporting focal points are aware and will report on Q1 for Jan, Feb, Mar by 8 April</p> <p>Deadline for partner feedback on project comments: 22 March with sector lead approval by 23 March</p> <p>List of Gender/ GBV focal points to be shared with the GBV WG</p> <p>Planning in process, scheduled for end of April/ beginning of May</p>



	<p>Following the ToT – Gender/ GBV FPs will roll-out specific sessions and actions within their sectors noting that gender and GBV mainstreaming is a responsibility at sector level supported by the Gender/ GBV mainstreaming focal points; tip sheets are to be developed for each sector by the gender/ GBV FP with support of the gender expert and GBV mainstreaming focal points (GBV co-chairs).</p> <p>Preparedness planning: across sectors and frameworks, workshop took place facilitated by OCHA on preparedness for a potential disaster; request by OCHA for sectors to plan for key prioritized emergency activities: Main prioritized activities:</p> <ul style="list-style-type: none"> • Create emergency referral pathways with confirmed existing services following emergency for critical services including case management hotlines, CMR, safe shelter – to be updated on a weekly basis • Community outreach and awareness on GBV including key messages on access to services + PSEA + distribution of dignity kits • GBV risk assessment (at sectoral level: RNA + qualitative assessments at community level) • GBV mainstreaming through close coordination with other sectors, including shelter, health, WASH, protection <p><i>Preliminary comments by partners: under community messaging, include PSEA related awareness and to include PFA under the key activities (which is included in the 4 prioritized activities)</i></p>	<p>Updates on mainstreaming to be shared regularly and specific good practices within sectors to be presented at the GBV WG</p> <p>List of priority areas/ activities was circulated with core group and coordinators but will be again shared with GBV WG members</p> <p>Feedback from sector members by Tuesday 28th</p>
<p>Updates from the Sub-national level</p>	<p>South GBV WG:</p> <ul style="list-style-type: none"> - Joint CP GBV WG was held, and annual work plans were presented and endorsed - Review of membership ongoing - Review/ monitoring exercise of partner reporting - Observation of IWD: several good practice projects, including from Shield on e-marketing for women - Challenges: access to CMR services for child survivors as they faced on case of a survivor where the doctor refused to examine the child if there is no judicial order which couldn't be obtained at the time <p>BML:</p> <ul style="list-style-type: none"> - Workplan in final process - Working on strengthening CP and GBV joint coordination 	<p>For any direct challenges on case support for CMR services, please contact Maguy Ghanem (UNFPA) – Maguy Ghanem maghanem@unfpa.org as well as Wafa Kanaan wafakan@hotmail.com</p> <p>For general sharing of challenges in the provision and access to CMR services please also share feedback to the GBV WG co-chairs</p>



	<ul style="list-style-type: none"> - Service Mapping updating - Access to shelter for survivors has come up as a challenge due to admission criteria of shelters; lack of inclusive approach <p>Tripoli/ North GBV WG:</p> <ul style="list-style-type: none"> - Workplan finalized - CMR services gaps discussed - Remote case management still implemented by some agencies which is not preferred if case management agencies are operating <p>Bekaa/ East:</p> <ul style="list-style-type: none"> - Workplan endorsed - Currently in co-chair elections - Change in WG timing to: third Thursday each month 10-12 	<p>Need for review of Service Mapping categories under GBV at sector level – GBV WG co-chairs</p> <p>Need to review number of shelters (overnight stay) and the trends on admissions vs capacities</p>
<p>Presentation: mapping of shelters</p>	<p>In 2021, consultant Brigitte Chelebian undertook a mapping and development of minimum standards on safe shelters in Lebanon (NCLW and MoSA lists) mostly run by NGOs or religious institutions. 8 are run by women and 6 by religious leaders.</p> <p>The mapping includes 11 organizations running 16 shelters – however, some agencies run ‘open shelters’/ day-center facilities that were included (based on NCLW and MoSA agreement) in the study but which fall out of the global safe shelter definition.</p> <p>In addition, 2 shelters (Tabitha and DRC) recently opened that were not included yet.</p> <p>DRC opened a transitional shelter in February</p> <p>Legal framework: no harmonized standardized approach on shelter SOPs, defining shelters and providing a standard approach to running safe shelters; to date, each agency is developing their own standards</p> <p>Involvement of ISF: referrals from ISF but no interference in the case</p> <p>Challenges and comments by members:</p> <ul style="list-style-type: none"> - Case management approach: once placed in shelter, case worker from shelter is managing the survivor - exclusive approach to access shelters, does not fit the needs of a considerable number of women (PWD, women with children +10); 	<p>Presentation and study: NCLW SS ppt.pdf - Google Drive</p> <p>Link to the study: UNFPA Lebanon المعايير الدنيا لإنشاء وإدارة مراكز إيواء خاصة بالناجيات من العنف القائم على أساس النوع الاجتماعي</p> <p>Need to update the list of mapped shelters</p> <p>Extract those shelters that would fit a safe shelter definition</p> <p>Follow-up: map criteria for admission of the different shelters</p> <p>Support the development of Shelter Guidelines for Lebanon</p> <p>Lack of inclusive approach to shelters, i.e. persons with specific needs, including MH concerns, physical or intellectual disability face lack of access:</p> <ul style="list-style-type: none"> - Share minimum standard list - Need for clarification of involvement of ISF and referral procedures



	<p>- Custody conflicts supported by case workers in the shelter (Law 293 protects survivors of IPV)</p>	
<p>Presentation on Clinical Management of Rape (UNFPA)</p>	<p>In 2021 CMR strategy was launched that includes an Action Plan and a CMR protocol.</p> <p>CMR protocol was developed by ABAAD and has 6 strategic priorities; protocol is currently under review by technical experts including GBV WG leads; main aspects to be integrated are related to legal aspects.</p> <p>Comments on challenges: specific considerations for the provision of CMR services for children need to be included with focus on involvement of judiciary; need for capacity building of CMR service providers to ensure an inclusive approach for access of all survivors including persons with diverse SOGIESC; need to strengthen coordination with relevant sectors.</p>	<p>Presentation by UNFPA to be shared</p> <p>GBV actors are encouraged to reflect on challenges and to report challenges in CMR provision to UNFPA</p> <p>GBV WG coordinators to share the updated list of CMR facilities</p> <p>Update the Service Mapping in line with updated list of CMR facilities (UNFPA)</p> <p>Finalization of CMR protocol review</p> <p>For any direct challenges on case support for CMR services, please contact Maguy Ghanem (UNFPA) – Maguy Ghanem maghanem@unfpa.org as well as Wafa Kanaan wafakan@hotmail.com</p> <p>Other more general challenges in accessing the service, etc. to be channeled through the GBV WG coordinators who will share with Maguy and Wafa</p>
<p>Partner consultation: GBV related questions in MSNA and VASyR</p>	<p>VASyR and MSNA process has started with a request for sectors to review relevant questions.</p> <p>VASyR is the UNHCR/UNCIEF/WFP led vulnerability assessment for Syrian refugees. MSNA is undertaken by REACH and covers Lebanese, PRL and migrants. Both assessments are household-level assessments and therefore do not include sensitive questions in line with GBV principles and the WHO guidelines on assessments on GBV.</p> <p>Approach for GBV questions: align the questions in both assessments to have similar data points for the different population groups.</p> <p>GBV questions in both assessments mainly relate to safety and security of women, girls and boys as well as specific places/spaces that are seen to be unsafe. Further, questions assess potential of exploitation of women and girls within community and humanitarian service providers.</p> <p>2 new questions are suggested to be included:</p>	<p>Share the questionnaire with GBV WG members; partners are requested to specifically look at the inclusion of the two new questions – for comments/endorsement.</p> <p>Deadline for sector members’ feedback: 29 March; sector coordinators: 31 March.</p> <p>Need for involvement of technical GBV staff in the training of enumerators – Coordinators to follow up with UNHCR/VASYR and MSNA/REACH</p> <p>Share ethical guidelines of WHO on conducting GBV assessments</p>



	<p>1) On knowledge of the community on GBV services 2) Attitudes and perceptions on violence against women, specifically IPV.</p> <p>GBV WG will also undertake an interagency safety audit in Q2 and Q3 that will dive deeper into GBV risk analysis.</p>	
<p>GBV Gaps and Funding requirements (LHF and CERF)</p>	<p>Upcoming CERF (8 million USD) and LHF funding (15 million USD).</p> <p>CERF is a UN funding opportunity while the LHF is targeting NGOs specifically. This year approach is looking at cross-sectoral work and collaboration. GBV is one area of priority that co-chairs will be advocating for.</p> <p>List of gaps for the GBV sector was developed by co-chairs and is attached to the mail.</p>	<p>GBV sector members to review and to share feedback on gaps by Monday, 27 March.</p> <p>Partners who are aware of gaps in funding for specific projects that would be discontinued if not funded, kindly share with GBV WG coordinators</p>
<p>Next meeting</p>	<p>19 April 2023 in person at UNFPA Qubic Center</p>	<p>Topics to include: Client feedback Survey, Case management Gap analysis</p>

Thank you!