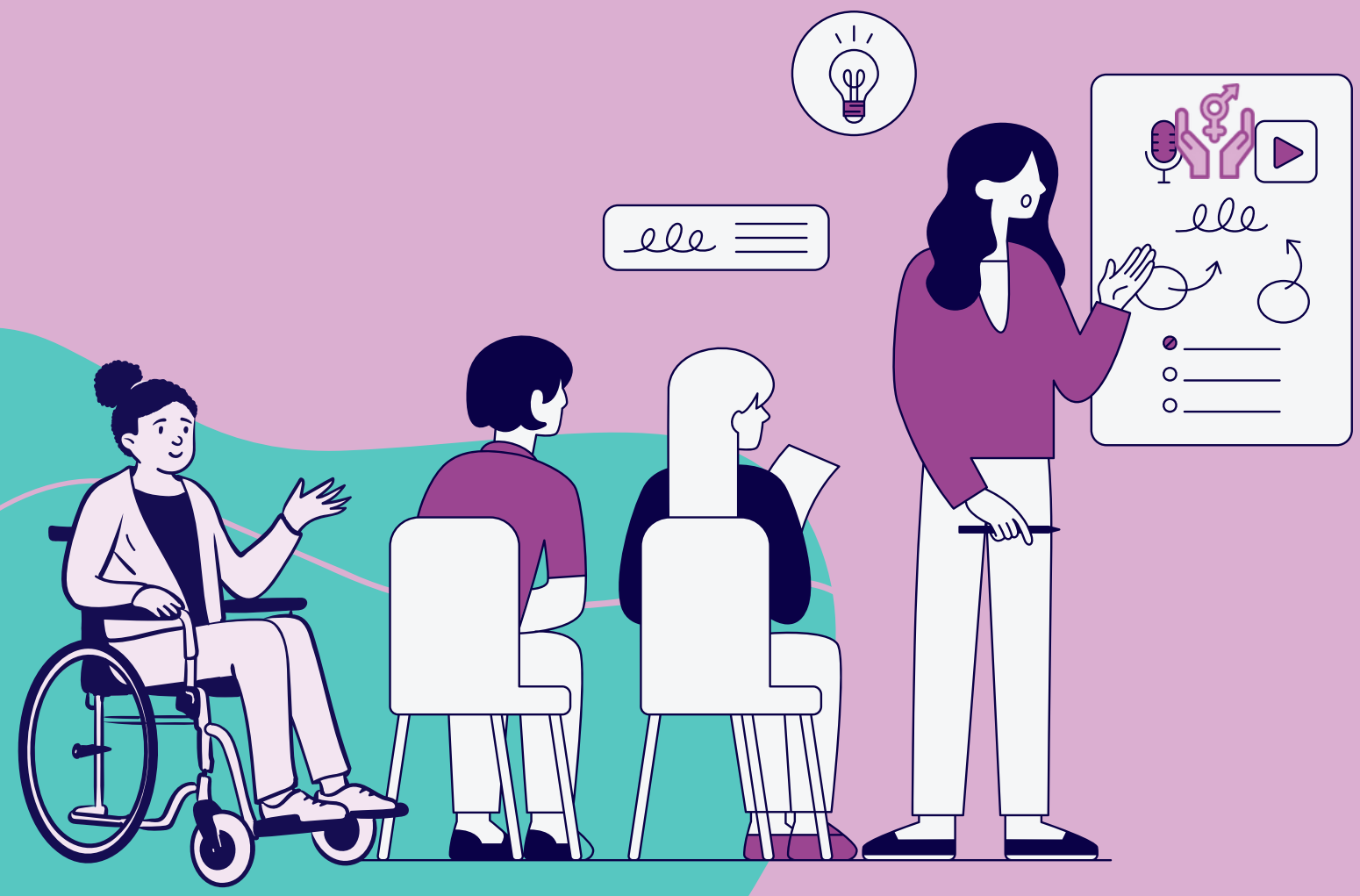
Gender-Based Violence Working Group

CAPACITY BUILDING NEEDS ASSESSMENT REPORT

ASSESSMENT PERIOD APRIL 2025

LEBANON



OVERVIEW

Training sector staff members on GBV is essential to ensure quality service provision and harmonization of GBV standards across the sub-sector. The Gender-Based Violence (GBV) Capacity Building Needs Assessment was conducted in Q1 2025 with the participation of 30 GBV WG partners. It determines the capacity building needs required to ensure the provision of quality and confidential GBV services by identifying performance gaps and suggesting areas for improvement. The assessment was collected through the form, hosted in ActivityInfo.

The evaluation aimed to identify training needs, gaps, preferences, and institutional challenges to enhance GBV prevention and response efforts. While a robust training calendar was prepared based on the response from partners, between May and September 2025, significant gaps remain in specialized training, resource allocation, and sustainable capacity building. This report highlights key findings, training needs, challenges, and offers proposed next steps to address identified gaps.
This Capacity Building Needs Assessment Report was developed to guide strategic planning and investment in GBV capacity building for GBV Working Group (WG) members and partners. It captures insights on training frequency, topics, preferences, challenges, and institutional capacity, serving as a roadmap for future initiatives. The detailed presentation on the analysis can be found here.

Objective of the Capacity Building Needs Assessment

- Assess strengths and gaps in GBV capacities and trained staff of GBV sub-sector partners across Lebanon;
- Prioritize essential training for specialized and non-specialized GBV actors informed by evidence-based methodology on current capacities and gaps;
- Guide the development and roll-out of a capacity development plan and standards for GBV sub-sector partners aiming to harmonize and strengthen the existing capacity of service providers;
- Enable effective management of training budgets through avoiding duplication of capacity development efforts;
- Inform the location strategy of the sub-sector building increasingly on local, national and civil society partners.

Composition of survey participants

Of the 30 GBV partners who participated in this assessment, the majority of respondents were from national NGOs (56.7%), 26.7% were from international NGOs, 10% from UN agencies. This assessment underscores the strong presence and capacity of national NGOs, who make up over 52% of the GBV Working Group partners, and highlights the importance of leveraging this national expertise to drive localization, prioritize needs, identify gaps, and enhance partner support.

Organization Type	#	Name of the Organization(s)
National NGO(s)	19	ABAAD, AMEL, AND, Caritas Lebanon, FEMALE, Himaya Daeem Aataa (HDA) Association, IDRAAC, Key of Life, LECORVAW, Makhzoumi, Mouvement Social, Naba'a, RDFL, RMF, Shift, SIDC, Tabitha-Dorcas, Lebanese Social Responsibility, I M Possible
International NGO(s)	9	CARE, DRC, GIZ, IMC, INTERSOS, IRC, Norwegian Church Aid, Plan International, PU-AMI
UN	2	UNHCR, UNRWA

Key survey areas

The assessment covered the following areas:

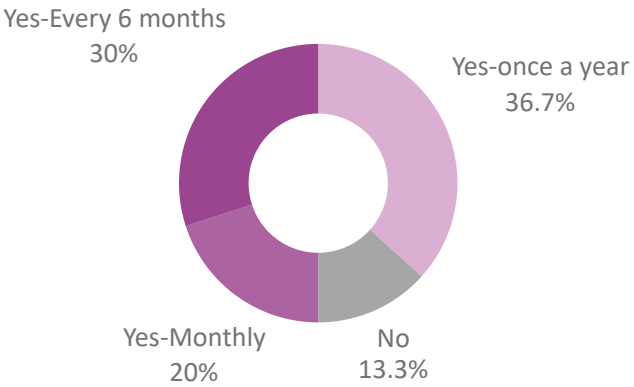
- Type of organization
- Frequency of GBV training
- Training subjects
- Upcoming training plans
- Priority training needs and gaps
- Preferred training modalities and
- Current training capacities of actors to form a pool of trainers

ASSESSMENT RESULTS

The below reflects an overview of the survey results:

GBV staff trained

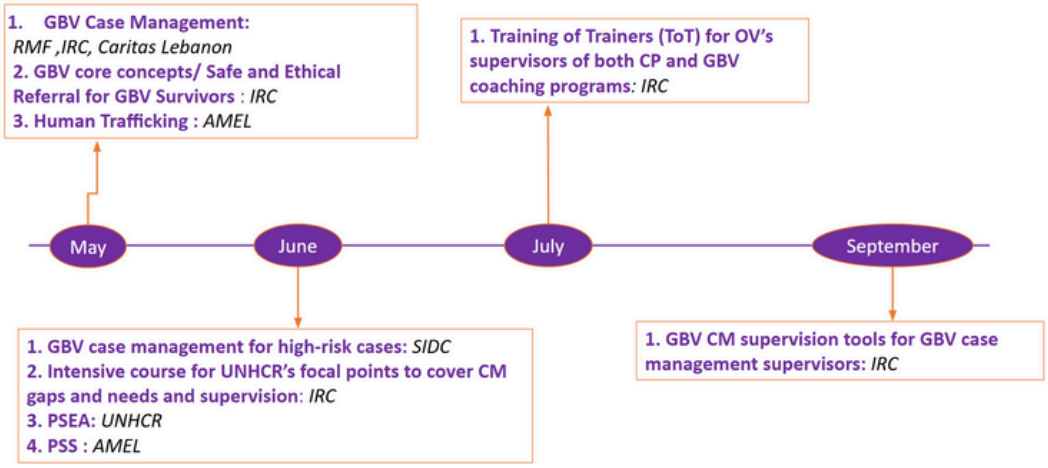
As per the responses, it was noted that **37% of partner staff were trained on GBV once a year** including on prevention, mitigation and response, while 30% were trained every six months. Similarly, 20% of the staff were trained monthly, while 13% never had training.



Planned trainings (May – September 2025)

The diagram below, shows different types of training planned by GBV partners from May to September 2025, as this was conducted in Q1, partners provided planned training only until September. These trainings are inter-agency training open to all GBV WG partners at the national and sub-national level.

According to the below, IRC as well as AMEL and Caritas have larger GBV training programs serving the sector members.



Key findings on training needs

Participants were asked to rank the training needs from the listed types of GBV training among their respective staff in 2025.

The top 10 GBV training areas identified by the partners as capacity needs for their staff are listed below.

Overall, all GBV actors have highlighted the need for training on specific GBV subjects.

- **National/ local NGOs and WLOs have indicated key training needs on:**
  - Adolescent girls programming.
  - Linkages between MHPSS, GBV and substance use.
  - Community-based approaches and engagement of communities in GBV prevention.
  - Cash within GBV programming
- **International NGOs have indicated key training needs on:**
  - Linkages between MHPSS, GBV and substance use.
  - Prevention of GBV by engaging men as well as.
  - GBV considerations and case management for high-risk cases including LGBTIQ+ persons at risk of GBV
- **The main training needs highlighted by UN agencies include:**
  - Linkages between MHPSS, GBV and substance use as well as integrated approaches with GBV.
  - Community-based approaches and engagement of communities in GBV prevention.
  - Caring for child survivors of GBV

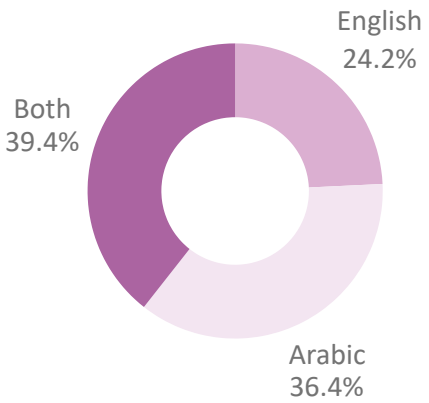
Recommendations to the GBV WG, Core Group and Coordinators

- Discuss the findings and available training opportunities with GBV Core Group members and develop an action plan on how to maximize the impact of trainings rolled out across the sub-sector
- Monitor the capacity building specific indicators on the ActivityInfo partner reporting tools at quarterly basis
- Repeat the survey to reflect on GBV IMS training and other relevant training conducted
- Engage with MOSA to develop/ build on existing monitoring framework and capacity/ learning framework for the sub-sector that ensures adherence to global standards on knowledge, attitudes and skills of GBV staff including through engagement with the social worker syndicate.

Language Preferences

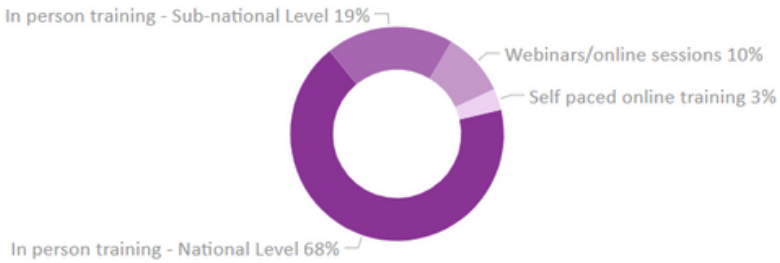
Most respondents (39%) replied that Arabic and English are the preferred language modalities for training facilitation or capacity-building materials.

Similarly, 36% of the respondents preferred Arabic, and the least number of respondents (24%) preferred English as the preferred language modality for training.



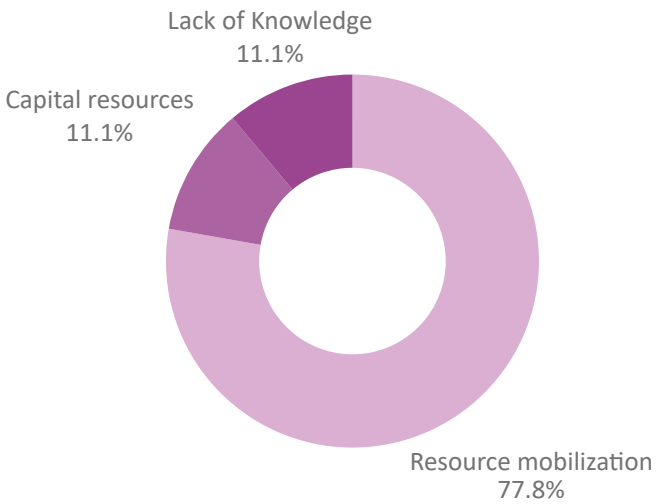
Training Provision Modality

Most (68%) participants strongly prefer in-person training, especially at the national level, while online methods are much less favoured.
In-person training at the Sub-national Level is the second most preferred, accounting for 19%, while Webinars/online sessions make up 10%. Similarly, Self-paced online training is the least preferred, comprising only 3%.



Institutional Gaps and Challenges in addressing GBV Capacity needs Identified

About 78% of participants indicated that financial/ resource mobilization efforts are the major challenge that hinders capacity building for their staff and organization. Also, 22% replied that limited human resources, including specialized GBV staff, inadequate training tailored for supervisory and senior management, are other challenges next to resource-related gaps. Moreover, high staff turnover impacting continuity, limited access to specialized and advanced GBV training, and heavy workloads restricting training participation

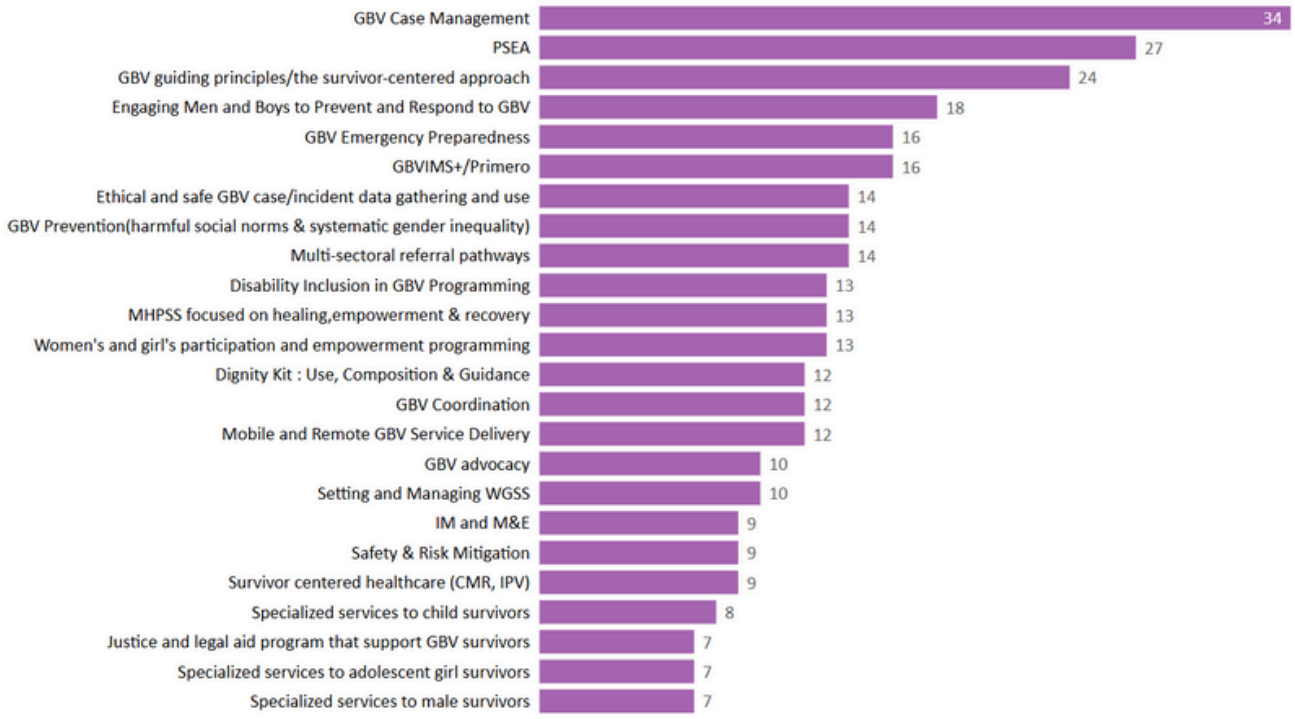


Organization's Self-Assessed GBV Knowledge and Skills

Participants provided feedback on their level of knowledge and skill towards 28 GBV-related training, including those suggested in the 16 Inter-Agency Minimum Standards for GBV in Emergencies Programming. Out of 45 participants, 33 (73%) have specialized in GBV case management, 23(51%) were specialized on GBV principles and survivor-centered service provision, and 21(47%) have a high level of knowledge and skill on prevention and management of SEA cases and related risks. In contrast, the engaging men and boys, Disability inclusion in GBV programming, and GBV preparedness planning are top GBV areas where there is limited knowledge and experience among respondents of this assessment.

Moreover, GBV advocacy, GBVIMS, and specialized services to male and child survivors of sexual violence are top areas that most of the organizations have staff with limited/no knowledge and skills. Please refer to the pool of trainers and training needs per type of GBV training

The chart below shows the knowledge, skill, and experience level per the GBV training among 45 GBV staff engaged in this assessment.



Recommendations and Next Steps

- Based on the identified training needs and capacity building needs, gaps and challenges, GBV WG and partners, to **prioritize training needs and develop a capacity building** plan focusing on national NGOs.
- GBV WG partners should focus on **inter-agency capacity-building interventions rather than agency-specific GBV training**, ensuring a coordinated plan at the intersectoral and among GBV partners.
- **Expand Specialized Training**: Offer targeted modules on GBV CM supervision, high-risk case management, and humanitarian coordination through an accessible blended Learning strategy, such as online modules to complement in-person sessions.
- **Strengthen the Pool of Trainers**: Formalize a mentorship program pairing senior trainers with less experienced ones
- **Better funding for the Sustainable Capacity Building**: Advocate for resource allocation within agencies to fund continuous professional development.
- **Address Institutional Gaps:** Develop tailored capacity-building plans for agencies with significant resource constraints.
- **Enhance Monitoring, evaluation and learning: Strengthen knowledge sharing** by creating a repository of training materials, post-training monitoring and evaluation to assess learning retention and demonstration of knowledge and skills.