

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

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Annex 1 Evaluation Terms of reference

1. Introduction

2. Preventing and responding to Sexual and Gender based Violence (SGBV) is a core component of UNHCR's protection mandate. SGBV prevention and response mainstreaming, as well as dedicated interventions, are life-saving and must begin at the very outset of an emergency. Yet critical programming gaps often remain.
3. The subject of this evaluation is UNHCR's interventions to prevent, mitigate and respond to SGBV affecting the refugee population in Lebanon in the period 2016 – 2018. The evaluation is expected to cover SGBV-specific programming and coordination as well as SGBV risk mitigation across sectors.
4. The topic of SGBV has been previously included in a number of reviews, assessments, and other research and knowledge products¹ – both Lebanon-specific, as well as part of broader regional analysis and evaluations.² SGBV was also included in the 2015 UNHCR evaluation of its L3 response to the refugee influx from Syria into Lebanon and Jordan.³
5. This decentralised evaluation is the first initiated by UNHCR in Lebanon to feature a primary focus on SGBV prevention and response including from a mainstreaming perspective.

2. Context

Overview

6. Eight years into the conflict in Syria, the situation in the country is still volatile and the peace process has not yet achieved tangible results that would pave the way for refugees' ability to return to Syria in safety and dignity. Regional dynamics around the crisis in Syria and the recent developments in Iraq also continue to be cause for concern.
7. The Government of Lebanon estimates that there are of 1.5 million Syrian refugees (or 'displaced') in Lebanon, of whom 986,942 were registered with UNHCR as of April 2018. In addition to refugees from Syria, the population of concern to UNHCR includes: some 22,000 refugees and asylum-seekers from countries other than Syria (mainly from Iraq)⁴; a statelessness population presence estimated in the order of tens of thousands for which no comprehensive data exists.
8. The protection needs of refugees in Lebanon remain high, due to limited access to documentation and legal residency, inadequate living conditions, deteriorating socio-economic conditions and rising fatigue and anti-refugee sentiments among the host population. According to the 2018 Vulnerability Assessment of Syrian Refugees (VASyR), and reflected in the Lebanon Crisis Response Plan (LCRP) 2017-2020 (2018 update), 76 percent of Syrian refugees in Lebanon are living below the poverty line, and 58 percent below the extreme poverty line. Women, children and persons with specific needs, including persons with disabilities, older persons and LGBTI, are particularly affected as the difficult living conditions heighten their susceptibility to abuse and exploitation, and puts them at risk of irreversible and lasting harm.
9. SGBV, exploitation, child labour and abuse against children in the home, community and schools remain some of the main protection concerns affecting the refugee population in Lebanon.

¹ International Rescue Committee (IRC) (2014) Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict. <https://reliefweb.int/report/syrian-arab-republic/are-we-listening-acting-our-commitments-women-and-girls> ; Women Refugee Commission (WRC) Call to Action on Protection from Gender-based Violence in Emergencies – Field-level implementation report (December 2016) <https://www.womensrefugeecommission.org/gbv/resources/1479-call-to-action-gbv-protection-in-emergencies>

² Inter-Agency evaluation of Implementation of 2005 IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings in the Syria Crisis Response (2015). <http://www.unhcr.org/57a4a85f7.pdf>

³ Link to the evaluation report: <http://www.unhcr.org/afr/research/evalreports/5551f5c59/independent-programme-evaluation-ipe-unhcrs-response-refugee-influx-lebanon.html#>.

⁴ UNHCR's prioritisation and subsequent programme for this population group is predominantly informed a Vulnerability Assessment for Refugees of Other Nationalities (VARON) which took place in 2016.

10. UNHCR anticipates that the vulnerabilities of the refugees to such protection risks are likely to further rise due to cumulative factors, as the situation becomes increasingly protracted and refugees have limited possibilities to become self-reliant and remain largely dependent on humanitarian assistance to meet their basic needs and stay resilient against exploitation, and other protection risks such as coerced return.

Protection environment and Government Policy

11. Although Lebanon has not signed the 1951 Refugee Convention⁵, the Government of Lebanon has consistently affirmed its commitment to the principle of *non-refoulement* and is a party to most other human rights treaties relevant to the protection of refugees.⁶ Reference to refugees is included in the **National Human Rights Action Plan** (NHRAP) launched in 2012⁷ and containing provisions relating to the rights of specific groups including: women's rights⁸, children's rights, the rights of persons with disabilities, the rights of migrant workers, the social and economic rights of Palestinian and non-Palestinian refugees.
12. A number of legislative measures introduced in Lebanon since the early 2000s are directly relevant to SGBV, notably:
- Law 422 of June 2002 on *Protection of Minors in Conflict with the Law or At Risk* which represents the first and most significant effort in Lebanon to create a legal framework for the delivery of protective services towards children.
 - Law 293 of April 2014 on the *Protection of Women and all Members of the Family from Family Violence*⁹ which highlights the need to focus on protective measures for women that can supplement the protection provided by the Criminal Code.
 - In 2017, the Parliament of Lebanon repealed Article 522 of the Penal Code, which allowed rapists to avoid prosecution if they married the victims.
13. The domestic policy towards the admission and stay of Syrian refugees continues to be significantly affected by the restrictive refugee policy adopted by the Government of Lebanon (GOL) in October 2014 and the subsequent measures implemented in 2015. Registration by UNHCR remains suspended since 2015, legal residency is still difficult to obtain for many, and municipal measures such as curfews and evictions are quite frequent occurrences, not least with the growing fatigue. In addition, the lack of legal status prevents refugees from seeking redress from the justice system in case of abuse. The GOL's concern over a longer-term stay of the Syrian refugees and a perceived ensuing risk of local integration, has led the central and local authorities to oppose interventions aimed at improving living conditions in refugees settlements. This in turn is perpetuating substandard living conditions for refugees, impacting the environment and fueling tensions with host communities.
14. Nonetheless, 2017 saw a breakthrough regarding legal residency, through a waiver of the stiff renewal fees for certain categories of Syrian refugees. This is expected to reduce some of the protection risks and increase refugees' freedom of movement.
15. Resettlement to third countries and voluntary, safe and dignified return remain the only **durable solution** available, including for non-Syrian refugees who are at risk of *refoulement*. While the majority of the Syrian refugees in Lebanon express a wish to ultimately return to Syria, the prevailing conditions are not yet conducive for large-scale returns; still, individual spontaneous returns have already started.

⁵ Lebanon is not a State Party to the 1951 Convention Relating to the Status of Refugees. Asylum-seekers and refugees are, in practice, subject to the same entry and stay requirements as other foreigners under the Law of 1962 Regulating the Entry of Foreigners into Lebanon, their Stay and their Exit.

⁶ OHCHR overview: http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=96&Lang=EN

⁷ Link to National Human Rights Action Plan: http://www.lb.undp.org/content/lebanon/en/home/library/democratic_governance/national-human-rights-action-plan--2014-2019--.html (last accessed, 28 May 2018).

⁸ Lebanon has committed to a number of international conventions and treaties related to gender issues and women's rights, most importantly the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1996.

⁹ Link to the full text of the bill <http://www.kafa.org.lb/FOAPDF/FAO-PDF-11-635120756422654393.pdf> (last accessed, 28 May 2018). Of note is that marital rape is not a crime under Lebanese law.)

Strategic planning and coordination

16. The **Regional Refugee and Resilience Plan (3RP)** remains the platform for UN agencies and partner organizations to address the protection and assistance needs of refugees in the neighbouring countries affected by the Syria crisis: Egypt, Iraq, Jordan, Lebanon, and Turkey.
17. The LCRP is the Lebanon-specific chapter of the 3RP. The LCRP 2017-2020 (update 2018) seeks to provide a framework for an integrated humanitarian-development response in which the needs of the refugees are – to the extent possible – met by strengthening the capacity of national institutions and civil society to deliver services, and the impact of the refugee presence is mitigated through support to host communities and vulnerable Lebanese. At the same time, it foresees the need to maintain a robust, complementary humanitarian response, given the Government's policy against any local integration and the consequent limitations on refugees' ability to work and fully access national institutions, as well as on humanitarians' ability to support sustainable shelter and WASH interventions.
18. Under the overall leadership of the Resident Coordinator and the Government of Lebanon, UNDP leads the stabilization segment, while UNHCR coordinates the humanitarian response and maintains its leadership on the refugee component in line with the Refugee Coordination Model.
19. Within the LCRP framework, UNCHR co-leads with relevant line ministries the Protection, SGBV, Shelter, Health and Basic Assistance sectors and co-leads with UNDP the Social Stability sector.
20. UNICEF, WFP, UNDP, WHO and FAO are co-leads in sectors in line with their respective mandates and priorities. As of mid-2018, some 90 NGOs continue their operational engagement along strategic and specific objectives of the LCRP.
21. UNHCR maintains its leadership role and coordination function in Inter-agency and Inter-sector working groups, and promotes the centrality of refugee protection issues in planning, strategy design, priority setting, and in responses.
22. UNHCR's strategy recognises the central role of the Government and largely relies on a continued engagement with the Ministry of Social Affairs (MOSA) – i.a. as the coordinator of the LCRP implementation- and of line ministries in charge of education, social services, rule of law, security, displacement, public health, water and energy for maintaining the asylum space, sustained access to the territory and services for refugees.
23. UNHCR works closely with: MOSA as the Ministry coordinating the refugee response under the LCRP and the main Ministry responsible for social protection including in the context of child protection and SGBV prevention and response; the Ministry of Justice (MOJ); the Ministry of Displaced Affairs (MOSDA), which was established in early 2017 to coordinate refugee policy issues; and the Ministry of Interior and Municipalities, which is the main Ministry responsible for the protection and reception of refugees in the local communities.

3. SGBV concerns and key strategic actions

24. Seven years into the Syria crisis, the risks of SGBV, including domestic violence, sexual violence and child marriage, among the Syrian refugee population remain high.
25. Due to legal and physical protection problems such as lack of legal residency, arrests and evictions, compounded by a growing fatigue within the host community towards the large Syrian refugee population, and coupled with insufficient assistance to meet the basic needs of the refugee population, refugees are becoming increasingly vulnerable to protection risks including exploitation, and many feel compelled to resort to harmful coping mechanisms such as child labour and early marriage.
26. In this context, UNHCR's and the SGBV sector's priorities include:
 - Ensure access to multi-sectoral and survivor-centered services for survivors and persons at risk, encompassing case management, psychosocial, legal and medical support;
 - Capacity development for specialized and non-specialized actors to adequately respond to the needs of SGBV survivors;

- Increased focus on the safe identification of children at risk and ensuring their access to services, while using targeted programmes for adolescents and youth;
- Sustained and focused institutional support to deliver child, adolescent-friendly, and gender-sensitive services for persons at risk and SGBV survivors; and
- Building communities' capacity to identify and refer protection needs to appropriate partners and actively engage with children, caregivers, community members and key stakeholders (municipalities, religious leaders, *shawish*, employers, and SDC (Social Development Centers) social workers) against violence against women and girls, men and boys.

4. Purpose, objectives and expected use of the evaluation

27. The evaluation results are primarily expected to be used to:

- Document challenges, risks, programme practices applied, coordination and lessons learned from the SGBV prevention and response in Lebanon;
- Inform and influence strategies, priorities, approaches, decisions and actions needed to strengthen SGBV programming in Lebanon in the years to come, especially in anticipation of an increasingly challenging protection environment that will increase refugees' susceptibility to SGBV;
- Generate lessons for considerations by the Lebanon and other UNHCR operations that may face comparable situation/operational context with scaling up and sustaining an effective SGBV response following an emergency/large-scale influx and moving into a stabilization phase. In particular, the results will inform UNHCR's understanding of the extent to which SGBV prevention and response activities can be gradually assumed by the relevant national institutions and actors, within the framework of a developing national social protection system, and to what extent a complementary humanitarian response will need to continue providing refugees with the required SGBV prevention and response services and activities.

28. The evaluation will serve a dual and mutually reinforcing learning and accountability purpose as it provides an opportunity to **(i)** consolidate learning from what worked and what could be done differently in improving SGBV prevention and response following an emergency and **(ii)** offer evidence-informed recommendations geared towards building on the strengths and address the weaknesses identified.

29. The **primary audience** targeted by this evaluation is UNHCR Lebanon (at capital and regional / sub-office level) and its partners, including relevant ministries and authorities. **Secondary audience** includes other humanitarian and development actors in-country. Secondary audience also includes donor offices and – specific to UNHCR – the Regional Bureau for Middle East and Northern Africa (MENA), the Division of International Protection (DIP) and the Division of Programme Support and Management (DPSM).

5. Key Evaluation Questions and scope

30. The evaluation will address the following Key Evaluation Questions (KEQs). The analysis needed to answer them is likely to touch on other possible sub-questions. Some for consideration are suggested in Annex 1 and will be further refined during the evaluation inception phase¹⁰.

Key Evaluation Question (KEQ) 1: Through which key activities and how have UNHCR and partners been seeking to improve SGBV prevention, mitigation and response in the refugee population in Lebanon during 2016 -2018? What systems and mechanisms are in place to deal specifically with (a) SGBV prevention and mitigation, and (b) SGBV response including from a multi-sectoral perspective? Were key activities carried out at a sufficient scale and adjusted in a way that that made a difference, and in a timely manner?

¹⁰ The Key Evaluation Questions usually remain unchanged (i.e. as included in the ToR). The Inception Report will indicate how the sub-questions have been re-focused and adjusted (as needed) to provide a better fit with the KEQs.

KEQ 2: How does SGBV prevention, mitigation and response (including multi-sectoral) situate within the broader protection management efforts by UNHCR and partners? To what extent is the SGBV strategy, its related objectives and programming appropriate, informed by quality analysis, responsive to the context and to the needs of refugees, and linking to broader protection and solution strategies for the operation?

KEQ 3: To what extent were intended objectives achieved in the period under consideration (2016-2018)? How adequate have quality and coverage been? How adequately has SGBV been programmed across sectors including in staffing and resourcing terms?

KEQ 4: What main contextual and programmatic factors – within and outside UNHCR’s control and influence – have affected how objectives were achieved, and contributed to the observed changes (intended and unintended)?

Lessons learned question: What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Lebanon? Which lessons relating to SGBV mainstreaming could be distilled for their broader relevance to other UNHCR operations confronting comparable challenges and opportunities?

31. The **main scoping decisions** for this evaluation are as follows:

- The evaluation will cover SGBV prevention and response for Syrian refugees in Lebanon as well as prevention and response for refugees and asylum-seekers from countries other than Syria.
- With regards to timeframe, the evaluation will cover the period from January 2016 to June 2018.
- Considering the scale and the regional context of the Syrian refugee response as well as the specific coordination framework established under the LCRP, the evaluation will focus predominantly on the design and implementation of the SGBV prevention and response, coordination and leadership under the LCRP. In respect of the refugees and asylum-seekers of other nationalities, the evaluation will be scoped and focused on their access to prevention and response services.

32. The rationale for the choice has been articulated as follows:

- In 2015 a new planning process was initiated at regional and national level encompassing an integrated humanitarian and stabilization response to the Syria Crisis. 2016 was the second year of the Lebanon Crisis Response Plan and served as a transitional phase into a longer term strategic framework for 2017-2020. The strengthened M&E framework and the enhanced Inter-Agency needs assessment introduced as of 2016, create a solid baseline to assess and measure the response.
- As of January 2015, the Government of Lebanon, following up on the implementation of the Government’s October 2014 policy, requested UNHCR to suspend the registration of Syrians approaching UNHCR’s offices for the first time, and introduced other restrictive measures, such as narrow criteria for entry into the territory and increased requirements for obtaining legal residence. These measures were gradually implemented during the course of 2015. Given the intention to use the findings of the evaluation to inform UNHCR’s approach towards the gradual integration of SGBV prevention and response activities into the national social protection system, it seems appropriate to set January 2016 as the start date of the evaluation – as the stabilisation-phase only really started in 2016 after a year that saw many destabilising changes.
- The revised IASC GBV Guidelines, a key tool in SGBV risk mitigation used in Lebanon, were issued in 2015, as was the Independent Programme Evaluation of UNHCR’s response to the refugee influx in Lebanon and Jordan, which included a component on the SGBV response. Thus, setting 2016 as the starting point for the evaluation in 2016 allows us to generate important learning

from how these key reference documents have been reflected and integrated in the operation's response.

Proposed Approach

33. The evaluation is expected to combine elements of (i) a **process evaluation** to analyse implementation of SGBV prevention and response including from a multi-sectoral perspective, and (ii) a **formative evaluation** focusing on results and changes. Specifically, the evaluation team is expected to:
- Clarify and explain how the SGBV prevention and response evolved in the period under consideration taking into account contextual factors, risks, assumptions and constraints.
 - Examine and explain results and changes using, to the extent possible, an outcome-based methodology (examples may include Outcome Mapping; RAPID Outcome Assessment) suited to answer questions around contribution to results and influence on changes.
 - Develop a proposed methodology and approach (presented in the Evaluation Matrix) to clarify, consult with the Operation, and make explicit on which basis the evaluative judgment around 'timeliness', 'coverage', 'scale', 'quality of response' etc. will be formed.
 - Ensure that the tools and methodology developed during the inception phase take into account how the operations has followed relevant SGBV frameworks and programming standards¹¹ – with the understanding that specific measurement may have been adjusted.
34. To address the questions relating to performance and effectiveness of implementation, the evaluation will build on interviews with key informants, and on the analysis of strategy and programme documents from UNHCR and partners. To address the evaluation questions around results and changes, the evaluation is expected to triangulate different types and sources of primary and secondary data¹².
35. The evaluation team is responsible to gather, analyse and triangulate data (across types, sources and analysis modality) to demonstrate impartiality of the analysis, minimise bias, and ensure credibility of findings and conclusions. With regards to data collection and analysis, the following activities are envisaged:
- **Primary data collection** including community consultations, and focus group discussions with UNHCR teams, with partners (operation and funded partners, as well as strategic partners), with Government interlocutors and donors. Interviews with SGBV survivors should be avoided unless do-no-harm and ethical requirements are fully met. Informed consent, confidentiality and data protection requirements should be discussed with the Lebanon Office and outlined in a specific protocol to be used throughout evaluation.
 - If relevant and feasible a **survey** targeting case workers and community volunteers could be designed and administered to support the analysis of issues around access, quality of services, broader community dynamics and perception of changes.
 - **Secondary data review** including analysis planning and programming documents, UNHCR and partners' periodic statistical reports and other information and reporting products.
 - **Interviews and stakeholder workshops** (including with UNHCR staff, partners, and Government interlocutors at capital and regional level) will be included to understand contextual and programmatic factors affecting the response. Workshops with relevant inter-agency working groups and task force (such as the SGBV Task Force) will be considered as well.

¹¹ These may include: (i) [IASC GBV Guidelines](#) (IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action); (ii) the analytical framework and instruments developed by the [Real-Time Accountability Partnership](#) on GBV in Emergencies (RTAP); (iii) the monitoring and evaluation framework used as part of the Safe from the Start initiative.

¹² Possible sources of data include: (a) **Programme data** generated through monitoring activities, and other reporting products and analysis – such as those following Safe from the Start deployments; (b) **Primary data** from UNHCR partners, government counterparts, and service providers; (c) **GBVIMS data**, and other data available from Health Information Systems, safety audits, and other types of assessments and routine monitoring and reporting activities; and (d) **Secondary data** including administrative data (where available) for example from police records, and records from district authorities and health facilities.

- To support analysis, **two feedback and validation workshops** are envisaged: **(1)** immediately following data collection, an exit debrief and discussion with UNHCR teams to help steer the direction of the analysis and emerging findings; and **(2)** after the findings have been more clearly identified and substantiated, a stakeholder workshop will help improving the accuracy of the analysis and shape the proposed recommendations to ensure greater ownership of the evaluation results in-country.
36. UNHCR encourages the use of participatory evaluation methods. The methodology will be finalised by the evaluation team during the inception phase, and it is expected to:
- Be explicitly designed to address the key questions asked – taking into account evaluability, access to resources, and timing constraints – and combine the use of qualitative and quantitative data collection and analysis approaches.
 - Reflect Age, Gender and Diversity (AGD)¹³ considerations in all data collection activities.
 - Make use of **(i)** relevant SGBV analytical frameworks and relevant guidance on SGBV mainstreaming in different sectors¹⁴; and **(ii)** relevant internationally agreed evaluation criteria¹⁵.

Evaluation Quality Assurance (EQA)

37. The evaluation is required to adhere to the UNHCR Code of Conduct, complete UNHCR's introductory protection training module, and respect UNHCR's confidentiality and non-disclosure requirements.
38. In line with established standards for evaluation in the UN system, and the UN Ethical Guidelines for evaluations¹⁶, evaluation in UNHCR is founded on the inter-connected principles of independence, impartiality, credibility and utility, which in practice i.a. call for: protecting sources and data; systematically seeking informed consent; respecting dignity and diversity; minimising risk, harm and burden upon those who are the subject of, or participating in the evaluation, while at the same time ensuring the integrity of the evaluation process is not compromised.
39. The evaluation is expected to adhere to the UNHCR pilot Evaluation Quality Assurance which clarifies the requirements expected for UNHCR evaluation processes and products. The Evaluation Manager will share and provide an orientation to the EQA at the start of the evaluation. Adherence to the EQA will be overseen by the Evaluation Manager with support from the UNHCR Evaluation Service as needed.

6. Organisation, management and conduct of the evaluation

40. The evaluation will be undertaken by a team of qualified external consultants supported by a UNHCR Staff with protection profile (from a different operation) in an advisory role.
41. The overall **evaluation management role** is shared between the Evaluation Officers in ES and the evaluation focal point in-country. The Evaluation Managers are responsible for: **(i)** the day to day aspects of the evaluation process; **(ii)** acting as the main interlocutor with the evaluation team; **(iii)** providing the evaluators with required data – with the support of the evaluation focal points in the concerned Bureau, Divisions, and different teams in the Operation; **(iv)** facilitating communication with stakeholders; **(v)** reviewing all interim deliverables and final reports to ensure accuracy and quality.
42. The **external Evaluation Team** will be selected by a panel comprising the Lebanon Office, UNHCR ES, and DIP. The team of external consultants will comprise a senior team leader and a team member who will be contracted as individual consultants. The Evaluation Team is expected to produce analytical and written products of high standards (i.e. informed by evidence and triangulated data and analysis). The evaluation team is expected to consult with the Country Office on the most suitable options to ensure translation support to the evaluation – in case no evaluation team member can work in Arabic. A specific budget for translation support is allocated as part of the overall evaluation budget.

¹³ UNHCR (2018) Policy on Age Gender and Diversity. <http://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html>

¹⁴ See footnote 11.

¹⁵ Such as the OECD-DAC criteria adapted by [ALNAP for use in humanitarian evaluations](#).

¹⁶ United Nation Evaluation Group (UNEG) Ethical Guidelines, 2008. <http://www.unevaluation.org/document/detail/102>

43. All deliverables should be copy-edited in English to publication standards, and free from errors.

EXPECTED DELIVERABLES AND EVALUATION TIMELINE

44. The evaluation should be completed within four months from the date of signature of the contract. The evaluation will be managed following the timeline tabled below and key deliverables are:

- Inception report.
- Data collection toolkit (including questionnaires, interview guides, focus group discussion guides) and details on the analytical framework developed for / used in the evaluation.
- Final evaluation report including recommendations (max 40 pages excluding annexes).
- Executive summary (drafted as stand-alone document).¹⁷

Activity	Deliverables and payment schedule	Indicative timeline
Evaluation ToR finalised – selection and recruitment of evaluation team completed	ToR issued; evaluation contract issued	June -July 2018
Inception phase including: Initial desk review, inception visits and interviews. Round of EQA review and comments on the draft Inception Report followed by round of stakeholders comments.	Final inception report – including methodology, data collection tools, refined evaluation questions (as needed) and evaluation matrix. PAYMENT 20%	July 2018
In-country data collection and preliminary analysis phase	<u>Exit debrief presentation and discussion</u> with the Operation including management PAYMENT 30%	August 2018
Data analysis and reporting phase including: Stakeholder workshop in-country to discuss the evaluation findings and conclusions, and refine the proposed evaluation recommendations.	<u>Stakeholders workshop</u> in-country to present and discuss the draft evaluation findings, conclusions and proposed recommendations at PAYMENT 30%	August 2018
Comment rounds on final report Round of EQA review and comments on the final draft report followed by round of stakeholders comments.	Consolidated comments	Sept. 2018
Finalisation of Evaluation Report and executive summary for submission for the management response.	Final Evaluation Report (including recommendations and executive summary) PAYMENT 20%	Sept. 2018

7. Evaluation team qualifications

45. **Functional requirements** for the individual consultants are as follows:

Evaluation Team Leader

- University degree (in areas relating to humanities, social science, behavioral science, gender) plus 10 - 12 years of relevant professional experience in humanitarian contexts, or a post-graduate degree and a min. of 8 - 10 years of professional experience in SGBV programming, SGBV mainstreaming, monitoring and evaluation of SGBV or other protection-related areas.
- Minimum of 5 years of evaluation experience in topics relating to analysis of SGBV and proven track record of leading (preferable) or participating as senior Team member in an evaluation.
- Advanced knowledge of SGBV literature, relevant analytical frameworks, programming approaches and standards.
- Institutional knowledge of UNHCR's mandate.

¹⁷ The evaluation ToR, final report with annexes, and formal management response will be made public and posted on the [evaluation section of the UNHCR website](#). All other evaluation products (including the Inception Report) will be kept internal.

- In depth knowledge of and proven experience with various data collection and analytical methods and techniques used in evaluation and operational research.
- Extensive experience in conveying complex evaluative analysis in plain English, in a clear and compelling way, including through using graphics and schematic visualisations as relevant.
- Knowledge of Arabic – an asset.
- Extensive experience of working with translators for primary data collection activities for an evaluation.

Evaluation Team Member

- University degree (in areas relating to humanitarian action, social science, public health, behavioral science, gender) plus 5- 7 years of relevant professional experience, or a post-graduate degree and a minimum of 3-5 years of relevant professional experience relating to humanitarian action.
- Proven experience (min. 5 years) in supporting data collection and analysis for evaluation activities (preferable) or operational research in humanitarian contexts including on SGBV.
- Advanced knowledge of various data collection and analytical methods and techniques used in evaluation and operational research and proven expertise in facilitating participatory workshops involving different groups and participants.
- Knowledge of Arabic – an asset.

Annexes

Possible evaluation sub-questions

- How consistent and adequate is the awareness, understanding and advocacy around key SGBV policies and approaches (including survivor-based approaches) at leadership level in UNHCR (and partners); among UNHCR staff and (funded) partner staff; Outreach Volunteers; as well as among key operational and strategic partners?
- What **advocacy** work was undertaken and with whom to complement SGBV prevention and response actions?
- What has been the evolution of the coordination, leadership, partnership, resourcing and other operational arrangements (including data collection, analysis, monitoring and reporting) of the SGBV prevention and response under the LCRP in the period under consideration (2016 – 2018)?
- How was SGBV mainstreaming reflected in sector strategies and programmes?
- To what extent were survivors (women, men, girls, and boys) of SGBV able to access and receive appropriate protection and assistance? How were gaps identified and acted on? What could have been done differently?
- To what extent has UNHCR been identifying, employing and adjusting over time **relevant strategies** (including advocacy, partnership, resourcing, coordination) to tackle root causes and contributing factors to SGBV and ensure survivors are provided with appropriate services and protection?

Submission of proposals and contracting

46. UNHCR strives for gender balance and diversity in its Evaluation Teams, therefore the Evaluation Service encourages submissions from female applicants and geographically diverse teams.
47. Individuals can submit applications for either position or jointly as a team (the Team Leader and Team Member(-s) together). Even in case of joint applications, the contracting modality will be individual contracting.
48. In the application, the candidates must specify if they are applying as the Team Leader or Team Member; and in case of joint applications the Team Leader and Team Member roles must be clearly specified.

49. Applicants for the Evaluation Team Leader position must submit:

- CV in P11 format including three professional references with contact information;
- Two examples of recent relevant (evaluative) work completed in the last 24 months;
- Cover message highlighting how the profile, skillset and professional expertise in leading evaluations, fits with the requirements of the present evaluation.

50. Applicants for the Evaluation Team Member position must submit:

- CV in P11 format including three professional references with contact information;
- Cover letter highlighting the required qualifications and experience;
- Samples of work relevant to the current evaluation.

51. Following agreement on fees and charges, the independent consultants will enter into a standard contract with the Evaluation Service stipulating terms and conditions regarding payment and travel.

52. The evaluative review is to be completed in 5 months from the date of signature of the contract. UNHCR will pay agreed lump-sum amounts, after benchmark deliverables (as specified in section 6) have been submitted by the consultants.

Contact information and deadline

The email application, specifying in the subject line the candidate's name (LAST NAME First name), evaluation title and position (Teal leader or team member) should be sent to hgevaser@unhcr.org. The deadline for submission is Thursday 28 June 2018 (12.00 AM Geneva time).

Annex 2 Evaluation matrix and tools

2.1 Evaluation Matrix

Evaluation questions and sub-questions	Indicators/Judgement criteria
1. RELEVANCE / APPROPRIATENESS – How relevant have been the UNHCR SGBV approaches to ensure preventions (including mitigation) of and response to SGBV in the context of Lebanon 2016-18?	
1.1 <i>How well have key contextual issues been addressed by UNHCR's main response/mitigation/prevention strategies?</i>	<p>1.1.1 Evidence that UNHCR maps trends and changes in the SGBV context at national and local levels.</p> <p>1.1.2 Evidence that mapping of trends involves partners and People of Concern (PoCs) both in its development and use.</p> <p>1.1.3 Evidence that interventions and approaches take into account how to deal with key contextual issues of:</p> <ul style="list-style-type: none"> a) dispersed nature of affected population; b) lack of legal documentation/status c) the scale and needs of pre-existing national capacities and structures and commitment to SGBV d) protracted but uncertain context <p>1.1.4 Evidence to which known barriers (e.g., stigma, fear to travel, lack of documentation, distance to access SGBV services, disability constraints, sexual orientation and gender identity (SOGI) status) have been addressed and plans have taken account of known constraints.</p>
1.2 <i>To what extent is the SGBV approach its related objectives and programming informed by quality analysis about the needs of refugees?</i>	1.2.1 Evidence of use of analysis (assessments -vulnerability, participatory, community, other) in UNHCR design of strategy, programme and activities.
1.3 <i>To what extent has a learning approach been employed i.e. has UNHCR been identifying, employing and adjusting ways of working overtime in response to changing conditions and/or learning about appropriate approaches?</i>	<p>1.3.1 Evidence that approaches and activities adjusted in a timely manner in response to feedback on existing services</p> <p>1.3.2 Evidence of timely UNHCR response (in operational approach and coordination) to new and emerging issues</p> <p>1.3.3 Evidence of timely UNHCR response (in operational approach and coordination) to data of emerging gaps and increases in documented scale of risk and/or related trends</p>

2. EFFECTIVENESS – How effectively have planned SGBV strategies and approaches been implemented and with what effect?

2.1 *To what extent were intended objectives achieved in the period under consideration (2016-2018)?*

2.1.1 Extent to which results match objectives/targets including impact indicators

2.1.2 Evidence of specific interventions' effectiveness at individual, community, national level in response, mitigation and prevention. In particular:

RESPONSE (some overlap)

→ Individual intervention effectiveness including:

- Well-functioning of case management system in all 4 regions Robustness referral service/pathway (Use levels of hotline/information/communication/help desk)- Satisfaction levels with services
- Documented/reported benefits of safe spaces - knowledge, peer networks]

→ Community intervention effectiveness including:

- Levels of reach/awareness of SGBV services through CWC;- CDC/SDC – measure whether SGBV response activities were included in all CDC/SDC support (against standard curricula); whether selection of activities was participatory; methodology of implementation)
- Outreach Volunteers (specialized and general): how well they supported identification of survivors, information sharing on available services and identifying trends

→ National/ systems intervention effectiveness including:

- Satisfaction levels with training and support by national organisations participating in SGBV response capacity building activities e.g. case management
- Evidence of government partners using skills/knowledge/ tools e.g.(SOP -coaching) provided by UNHCR coordinated training
- Evidence of capacity built AND applied by government (skills, facilities, knowledge) by local government for benefit of refugees.
- Evidence that technical assistance matches partner/govt needs and ability to use- (partner satisfaction

MITIGATION – including individual/community/national intervention effectiveness including:

- Extent of sector activities against IASC GBV guidelines
- Extent of community based risk assessments and follow up actions.
- Scale of support to legal stay and civil documentation with SGBV relevance/impact(marriage, birth, other)
- Evidence of reach and understanding of communication methods and messages which relate to risk reduction

PREVENTION – individual/community/national intervention effectiveness including:

- CDC/SDC – measure whether SGBV prevention activities were included in CDC/SDC support (against standard curricula);
- Evidence of law enforcement training results
- Evidence of SGBV advocacy relating to prevention e.g. legal framework making steps towards change (see 5 key advocacy messages 2016 and 2018 re continuity of funding, rape case management, zero tolerance, other)
- Evidence of results of prevention interventions at individual and community levels e.g. behaviour change, empowerment, other

<p>2.2 <i>How well has quality of implementation been assured? e.g. adherence to standards of good practice</i></p>	<p>2.2.1 Evidence that SoPs adhere to standards of good practice</p> <p>2.2.2 Extent to which Lebanon SGBV strategy reflects global and regional SGBV policy and priorities including that 6 priority areas under-served identified by global guidance addressed</p> <p>2.2.3 Extent of communication of SoP and other resources and their uptake by implementing partners</p> <p>2.2.4 Robustness of monitoring of interventions for quality including accountability, complaints and feedback mechanisms (consider quality, communication and use of M&E Toolkit)</p> <p>2.2.5 Scale of feedback gathered on SGBV; evidence of individual case feedback responded to, support provided to complaints/accountability processes</p>
<p>2.3 <i>How well has UNHCR applied it approaches and interventions to maximise both short term and long term benefits for POC and national capacity development?</i></p>	<p>2.3.1 Evidence that interventions with potential benefit across response, mitigation and prevention implemented in ways to enable maximum benefit. E.g. OV's, Safe spaces, communication opportunities</p> <p>2.3.2 Evidence that existing structures and capacities assessed, known and built on in the SGBV approach implemented by UNHCR and partners notably in MoSA and in relation to SDCs and CDCs.</p> <p>2.3.3 Government and civil society satisfaction that their long-term SGBV response capacity needs and responsibilities considered in intervention design</p>
<p>3. COVERAGE – How extensive is UNHCR's coverage of SGBV issues?</p>	
<p>3.1 <i>How comprehensive is the reach and accessibility of SGBV response and prevention activities?</i></p>	<p>3.1.1 Evidence that geographical coverage matches need in relation to areas with highest numbers of refugees and vulnerability (People of Concern; hard to reach)</p> <p>3.1.2 Evidence that communication of SGBV services and awareness are heard and understood by the affected population (and that this is being monitored)</p> <p>3.1.3 Evidence that UNHCR and partners monitor affected people's confidence to approach services and satisfaction with response</p> <p>3.1.4 Evidence that all groups are considered in the plan including men and boys, LGBTI, people with disability, other with high vulnerability factors.</p>
<p>3.2 <i>How well have SGBV interventions been resourced and how have shortfalls been managed?</i></p>	<p>3.2.1 Extent to which SGBV plans are resourced 2016-18</p> <p>3.2.2 Evidence of continuity in SGBV positions (UNHCR positions filled)</p> <p>3.2.3 Evidence that SGBV service geographical coverage and gaps (vis a vis plans) are considered when allocating resources</p> <p>3.2.4 Evidence of a systematic process in Protection/Operations to prioritise SGBV areas of work and to deal with resource shortfalls</p>

4. COHERENCE: How well does SGBV prevention, mitigation and response (including multi-sectoral) link with the broader protection and operational efforts by UNHCR and partners? ¹⁸	
4.1 <i>How well are SGBV concerns integrated with other protection approaches particularly in relation to child protection and legal protection?</i>	<p>4.1.1 Evidence of shared and common response to shared issues of concern e.g. early marriage; case management of child survivors of sexual abuse; addressing SGBV issues of women without residency in Lebanon and/or marriage, clinical management of rape</p> <p>4.1.2 Evidence of linkage between SGBV strategy and wider protection approach by UNHCR and partners</p> <p>4.1.3 Evidence of joint planning with other sub-sectors and appropriate technical support provided to operationalise SGBV interventions in each sector.</p> <p>4.1.4 Evidence of effective coordination and working together with other protection lead agencies including UNFPA and UNICEF.</p>
4.2 <i>How well are SGBV concerns mainstreamed across UNHCR other protection and solutions programming i.e. other sectors?</i>	<p>4.2.1 Evidence of a comprehensive approach across UNHCR i.e. SGBV issues in line with IASC guidelines known and being considered in sector plans/ Evidence that SGBV considered in sector strategies, plans and is implemented and resourced.</p> <p>4.2.2 Evidence of resourcing to address SGBV being made available</p> <p>4.2.3 Evidence that technical support needs identified and provided by sectors and SGBV specialists</p> <p>4.2.4 Evidence of joint planning with other sectors and appropriate technical support provided to operationalise SGBV interventions in each sector.</p>
4.3 <i>How well has UNHCR used its whole range of resources to further SGBV objectives (e.g. networks, comparative advantage, roles as sector leader, coordinator, partner and implementer)?</i>	<p>4.3.1 Relevance of UNHCR key advocacy for SGBV issues</p> <p>4.3.2 Evidence that UNHCR advocacy efforts and leadership role for refugees and SGBV used to benefit of addressing SGBV issues i.e. in relation to 5 key messages of advocacy in 2016 (continuity of funding, national capacity, CMR).</p> <p>4.3.3 Evidence of use of GBVIMS data in advocacy by partners/ IAG</p> <p>4.3.4 Evidence that coordination role achieves some results in relation to relevance, coverage, quality of interventions and is complementary to operational role</p>
4.4 <i>What are the key enablers and constraints on greater integration of SGBV across operations and overall response?</i>	<p>4.4.1 Identification of other factors influencing extent of a multi-sector approach to SGBV (integration of SGBV response and prevention approach across sectors). Case studies of assistance, health, mainstreaming working with men and boys.</p>

¹⁸ Slightly adapted Key Evaluation Question 2 from ToR.

5. LESSONS – Lessons learned question: What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Lebanon?

<p>5.1 Which lessons relating to SGBV prevention, mitigation and response could be distilled for their broader relevance to other UNHCR operations confronting comparable challenges and opportunities?</p> <p>5.2 What lessons are there for UNHCR's understanding of the extent to which SGBV prevention and response can be gradually assumed by the relevant national institutions and actors, within the framework of a developing national social protection system? And to what extent a complementary humanitarian response will need to continue providing refugees with the required SGBV prevention and response services and activities?</p>	<p>Consider lessons including:</p> <ul style="list-style-type: none"> • Lessons relevant to working with and alongside national institutions • Good practice/innovation in Lebanon which can be applied a) only in protracted crises) other. Identify factors to consider if seeking to apply. • Mainstreaming SGBV across humanitarian sectors • UNHCR 6 areas for increased emphasis from Global Strategy
<p>Data Sources</p>	<ul style="list-style-type: none"> • Key Informant Interviews (KIIs) with key stakeholders - 105 (annex 3 with list) • Focus Group discussions with community, frontline staff, sector leads, inter-sector staff (13- annex 3 with list). • Financial data - budgets provided by UNHCR programme management 2016, 2017, 2018 • Programme data - Activity Info, RBM, FOCUS data, LCRP monitoring, reports, VASyR, Partnership Programme Agreements (Annex 12 with full list) • UNHCR SGBV strategy and planning documentation (annex 12 with full list) • Participatory assessments 2016, 17 • Minutes of Task Force and other relevant meetings (full list annex 12) • Programme support tools (full list annex 12) • UNHCR and other agency research and assessments (full list annex 12).

2.2 Evaluation Tools

2.2.1 Interview and discussion checklists

Topic guides for interviews

NB the topic list is a guide and it is not anticipated that all interviews follow this as a questionnaire but rather that topic areas be pursued according to interviewees' knowledge as well as evaluation data needs as the evaluation progresses. However, all five areas of the evaluation should be approached in all interviews if possible.

Introduction to all

- The evaluation on SGBV¹⁹ aims to assess the performance of UNHCR work to prevent and respond to SGBV in Lebanon since 2016.
- It is a learning exercise and particularly aims to produce lessons about how approaches to SGBV can be effective and relevant to this context of a protracted crisis, dispersed refugee population.
- We are an independent team
- All interviews are confidential and nobody will be directly quoted by name.
- The final product is a report which will share lessons about what has gone well and what were the challenges as well as with recommendations for the future SGBV approach.
- We expect discussion to take approximately 1 hour [or adjust as appropriate]
- Are you in agreement with us using a recorder for the interview? This is only for our own note taking and will not be shared. When the evaluation is over all recordings will be destroyed. [not for community level interviews]

For use with protection team managers, SGBV and protection focal points (regional and national), implementing partners (regional and national)

Interviewers will need to select questions most relevant to each interviewee and according to data needs and priorities of the evaluation as it progresses.

Topics and questions

General

1. Please outline your role and how, if at all, it relates to SGBV (what responsibilities it has). How long have you been in the UNHCR/partner response- (potentially pick 2 issues and spread issues across interviewees as appropriate).

Relevance

2. We are looking at how the response here has been shaped to effectively respond to the particular characteristics/ needs of the refugee crisis in Lebanon. In what ways are SGBV activities (in this region) designed to deal with the :
 - a) dispersed nature of affected population;
 - b) lack of legal documentation/status

¹⁹ Perpetration of harmful acts (physical, mental, sexual harm, suffering, threats, coercion and deprivation of liberty) due to their gender or sexual identity.

- c) the scale and needs of pre-existing national capacities and structures and commitment to SGBV
- d) protracted but uncertain context ie the potential for longer term interventions but also the need to be flexible; the evolution of needs e.g. multiple vulnerabilities presenting in people; changing relations with host community

Can you give me an example of how the SGBV interventions in Lebanon/region here have been adapted to respond to this factor? Were there any challenges to make this adaptation and how have they been addressed?

3. We know there are barriers to people accessing SGBV services due to stigma, fear, disability and distance. How have the interventions/ responses addressed these issues? Is there any new learning from the efforts to address these barriers here?
4. National monitoring has shown that there are groups that are particularly hard to reach eg adolescent girls, LGBTI, people with disabilities. How have you adapted interventions to reach these? Is there evidence yet that they are being better reached?
5. Can you tell me how you monitor if people have access to SGBV services (response and communication/awareness raising)? How could this monitoring be improved? How could access be improved?
6. Can you give an example of how you have used the findings of assessments in designing or adapting interventions? eg the (national?) AGD Participatory assessment or other surveys and feedback in designing your intervention? Which type of assessments have you found most useful? Why? How can these assessment be improved? Are beneficiaries systematic given feedback on extent to which their views are included in the design of programmes and resource allocation? Are there important groups not involved in the PA? What efforts are you aware of to include hard to reach groups?
7. What are the systems used here to receive feedback from beneficiaries about SGBV activities? How have services been adjusted when there has been negative feedback eg. Dissatisfaction with hotlines, difficulties for people with disabilities and other vulnerable groups to reach them? Negative cultural barriers? Other? Examples.
8. There are new risks and issues emerging that affect SGBV. These include cyber violence, increasing social tension and more recently pressure to return. Has the programme/intervention responded to these issues yet? What would be needed to deal with them? Are there any particular interventions for cyber-violence experience by men and boys or LGBTI.
9. Monitoring also shows trends of rising rates of early marriage, intimate partner violence, clients presenting multiple SGBV needs (needing multiple agencies to be involved in response) – how has the approach addressed these? In particular what if anything has changed in SGBV interventions/how you work to deal with these? What are the key challenges? What can be done to address them?

Effectiveness

10. What parts of the case management system, including the referral pathway work best in this region and what areas are most challenging? What efforts have there been to improve it? What are the challenges?

- What case management tools are being used?
- Have staff been trained on the new global case management tool kits?
- What is the general qualification of case worker and manager?
- What is the case worker/caseload ratio at a given time? How many qualified case workers does the organisation/institution have
- Do case workers have regular debrief sessions with case supervisors / managers (every two weeks or monthly basis) and external actors?
- Are there case conference meetings to discuss complex cases?
- Are there filing systems (physical and electronic) and data protection policies in place and staff trained on them?
- Is there a beneficiary CM feedback system in place and regularly used?

11. Robustness of referral pathway/ systems

- Is there a referral system/ mechanism in place and displayed in strategic public areas?
- Are communities aware of these referral pathways/ mechanisms? Check if there are copies available or even displayed in strategic areas
- Are there other non-formal referral systems/mechanisms used by the communities?
- Have communities, staff, partners been trained/ sensitised on existing referral pathways/mechanisms?
- On average, how many referrals does your organisation receive and handle (weekly and monthly)?
- To what extent do partners, frontline workers and communities know about existing referral pathway/system?
- Has the existing referral pathway/ system been translated into local languages and disseminated to communities?
- Are existing referral pathways/systems child friendly?

If possible take samples of referral pathways used in each location

12. What methods do you use to understand whether people taking part in SGBV activities or using services including referral services are satisfied with their engagement? How could this system be strengthened?

13. What is your relationship to processes to build capacity in case management e.g. coaching in complex case management, development and promotion of SoPs. What has been positive about your experience and where could it be better? Any specific examples of new skills/understanding being applied?

What type of training and support do you receive in your role as it relates to SGBV? What is good about this support? What more would you like (different subjects, method of support, other).

14. What is your role in monitoring SGBV interventions? How do you monitor that services and activities are delivered at high quality?

- What monitoring systems and mechanisms exist? Have staff been trained? Does the institution / organisation have an expert M&E officer?

- Reporting and monitoring templates developed and in use?
 - Are there regular monitoring visits and meeting undertaken by UNHCR and partners
 - Any performance evaluation systems for staff dealing with SGBV prevention, mitigation and response programmes
 - Extent analysis of feedback inform review and design of prevention, mitigation and response programmes?
 - Any key lessons learned from current monitoring
- 15.** What are refugee views of the value and weaknesses of the safe spaces (mobile/static), OV activities/communication processes on SGBV (Pick one?)? How do you know this? What are your views about their strengths and weakness? Is there more that can be done to fulfil both response and prevention aims?
- 16.** What opportunities are there to build government and local civil society capacity to address SGBV including for refugees? Have these been taken?
- 17.** How has the GBV IMS Plus improved case management including interagency referrals (if at all)? Any comments on its roll out?
- 18.** How has the introduction of the Global interagency Case Management toolkit facilitated and improved case management including interagency referrals (if at all)? Any comments on its roll out?

Coverage

- 19.** Have you had experience of budgets not covering all the areas that are prioritised /needed/requested in plans and proposals? What has been left unfunded? How was the decision reached about what to prioritise? How has the (new?) resource mobilisation and budget structure impacted local fund-raising and ability to raise funds for activities/projects falling outside of priorities and comprehensive needs and budget?
- 20.** What are some of the main gaps in terms of SGBV intervention (geographical, groups, type of activity)? Has UNHCR managed to close any gaps either through direct implementation or coordination /encouraging/advocating others to address? What are the challenges to make this happen with a) partners b) others e.g. government.

Coherence

- 21.** What links do you have with other sectors e.g. assistance, livelihoods, WASH, MHPSS, health, education, other? To what extent do you think they take SGBV into account in the development and design of plans? What more could they do?
- 22.** Are you involved in SGBV-related advocacy to decision-makers in any way? What have been some of the key messages of the past 2 years? Have you had any successes?
- 23.** What have been the benefits/achievements of coordination of SGBV in this area? What have been the challenges? a) UNHCR internal coordination? b) Sectoral level coordination? c) Inter-sector coordination?

24. Have you been involved in work to develop a) criteria for basic assistance including cash and how it considers SGBV factors b) clinical management of rape or c) capacity building on working with men and boys? What was your role? What results have you seen in these processes (not necessarily of your own efforts)? What have been the challenges in these processes? What influenced them (internal or external to UNHCR)? What lessons are there for integrating SGBV thinking into other sectors?

Lessons and Recommendations and Final

25. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Lebanon?
26. What 2-3 lessons would you highlight for other similar operations to be aware of?
27. Any other final comments?

Thank you and close the interview

Heads of office

Relevance

1. Can you tell me about the annual planning process and in particular how it maps trends and takes into SGBV concerns?
2. What are the key contextual issues in this region and how does the plan respond to this?
3. What assessment processes/products have you found most useful to track whether there need to be changes to programmes and SGBV issues in particular? Could you provide an example?

Effectiveness

4. What are the strengths and key achievements of SGBV approach in this region?
5. What are the key challenges to implementation? How have these been addressed?
6. What is your perspective on the balance between resourcing of response and prevention activities? Is there evidence of any results from prevention activities?
7. Have there been resourcing challenges? How have these impact on SGBV interventions? Can you talk me through the process for deciding how to prioritise certain activities/areas of work (within SGBV but possibly also between SGBV and other activities).
8. What is the process for getting feedback from the government about its satisfaction with SGBV work here? Have you any evidence that their capacity is being built to deal with that?
9. How do you manage the difficult balance between wanting to work through national structures but needing interventions which can respond to refugees needs now? What lessons are there from this for the a) future b) other places?

Coverage

10. What are some of the most difficult geographical areas to reach in this region?
11. To what extent do UNHCR (and partners) activities cover these?

Coherence

12. Is advocacy to decision-makers a feature of the regional office work? What are the key messages? Are any SGBV related?

13. To what extent is the office involved in SGBV advocacy to government? What have been the results to date? What has been a successful strategy and what are the key challenges?
14. What if any are the key challenges to ensuring SGBV is considered across sectors?

Lessons and Recommendations and Final

15. Do you have any recommendations you would like to make for how UNHCR approach to SGBV can be strengthened in the next year or so in Lebanon?
16. What 2-3 lessons would you highlight for other similar operations to be aware of e.g. other protracted crises, middle income country, urban population, other similarities in context?
17. Any other final comments?

Community meeting discussion guide

1. What has been your contact with UNHCR/partner activities?
2. What have been the benefits /value for you of participating in x activity? (if only talk about support ask if it might help prevent SGBV in the future)
3. What could be improved?
4. Are there other people in the community hear who you think would benefit from participating? What are challenges they face to participate? What can be done to support them?
5. Do you think it is appropriate to run this type of activity for refugees in Lebanon now? Why?
6. How did you hear about these activities?
7. What other messages have there been in your community about SGBV?
8. How well known is it in your community that there are xxx [hotline, safe space, medical services, other....need detail] that they can access?
9. Has anyone asked you if you have heard SGBV messages?
10. Did anyone take part in a community risk assessment/safety audit? Please describe the process? What have been the value of this process? What has happened since? Do you have recommendations on how to do this better?
11. Do you think people who have had experience of violence because of being a woman/man/ know where they can go for help (e.g. health centre, police, UNHCR, law, OV)? If so, how do they hear about it? What is the best way to make sure people know about this? What are the risks?
12. Are there people who might not access services e.g. medical care, justice, policy even if they know they are supposed to help when there have been incidences of violence? What can be done so they can access this help?
13. If you have a complaint to make about UNHCR/partner what can you do? Do you know of people who have complained? Any who have taken in these activities for women/men/SGBV [how to describe?]. Do you know what was the result/ response?
14. Are there other services that would help women/men/boys/girls/PWD/other group affected by violence that are needed? What do you recommend?

Outreach volunteers

1. Please describe how you became involved in the xxx activities?
2. What do you do?

3. What training did you receive? What new training or other support do you get each month?
4. What have been some of the most important achievements of the OVs in this community? How do you know they have had this effect? Do you have examples?
5. What is the most difficult part of your role? What would help you overcome this challenge?
6. We know that some people can be reluctant to contact services about their experience of violence because of the stigma attached to it/fear of other people finding out/their disability/fear of the authorities. Do you think that xxx work has helped to change that fear? What more could be done?
7. What is the most effective way do you think of sharing information with people about SGBV issues and services? Can you tell me an example of where that has worked well?
8. What do you do if someone complains to you about XXX organisation? Has this ever happened?
9. When someone discloses their experience to you or you identify someone at risk, what do you do? Can you describe an example when this has gone well? Can you describe an example of when it has not? What is the lesson for the future?
10. How much time each week do you spend on this activity? Can you estimate how much of the time is dealing with people with direct experience of violence? How much is working more prevent future incidents either for an individual at risk or in the community?
11. Please tell me how you go about monitoring trends relating to SGBV?
12. Do you think that XXX/UNHCR could work in a different way to be more appropriate for this community /refugees/Lebanon?
13. What recommendations would you like to make to the UNHCR office here for how it can better support refugees affected by violence in the next year?
14. Other?
15. Please describe your experience and how you identify a) survivors and people at risk b)share information c) identify trends
 - Availability of trained OVs (incl. on topics such as SGBV basic concepts, psychological first aid and safe identification and referral pathways/systems) and gender/sex breakdown
 - Identification mechanisms (are they known by the community), how many per community/locality?
 - Identification and referral templates used – take samples if any is available
 - Common cases OVs deal handled by OVs.

SDCs/CDC/Health centres

1. What is your role?
2. What contact have you had with UNHCR/XXX org about SGBV? (e.g. training, received materials, support)
3. What is the scale of activity/how many people come to the centre every week? How many are new clients?
4. What proportion of people coming to the centre do you estimate are refugees (this year)? Is this going up/coming down?
5. What does the centre do in relation to SGBV? What has changed over the past 2 years in what is done and how it is done?

6. In what ways has the SDC benefitted, if at all, from the support of UNHCR/XXX? Specific example.
7. Have there been challenges in working together? Could you give an example?
8. What is changing in xxx and for refugees in particular that needs to be taken into account in future plans?
9. What recommendation would you like to make for how UNHCR/XX works with you over the next year? [If it is about more money then ask for another].
10. What works well in relation people affected by SGBV when your refer them on to another service? What is difficult? Do you get feedback from them of it goes well? Have you had to change who you refer people to at any point? What was the reason?
11. Who else do you have to work with in relation to SGBV?

Checklist to use for health centres (KO)

- Is the facility using the national CMR protocol?
- Have staff including Doctors and nurses been trained on CMR protocol and its application. Check if there is any available list of staff trained and their contact details
- Does the facility have CMR supplies and kits including PEP kits and examination equipment? How regular are the kits/supplies/ commodities supplied? Check for expiry dates
- Do survivors have to pay for CMR services? If yes, how much?
- Are most survivors referred by humanitarian actors or there exists cases of self-referrals?
- Are there any filing systems (physical and electronic) available within the facility to ensure proper documentation and confidentiality
- Do you have feedback mechanisms on quality of services?

SOPS - Checklist

- Check availability of SOPs and when they were developed and operationalised
- SOPs translated, printed and widely disseminated incl. existence of user friendly versions
- Staff and partners trained on SOPs
- Key sections of the SOPs – does it follow the interagency standard template
- Accessibility to SOP documents by staff – do all protection staff and non-protection staff have copies of the SOPs – have they been trained
- Mechanisms to review effective implementation of the SOPs? How often they are reviewed, expiry dates of the existing SOPs

Protection team -Beirut

Aim: To explore how protection issues of concern across protection sub sectors are managed for a consistent approach.

1. How has SGBV been mainstreamed (across protection: legal, registration, RSD, resettlement, cash) between 2016 – 2018, and what were the challenges, lessons and solutions? [Map evolution over time]

2. How has the government position on registration impacted on provision of services to unregistered refugees? What is UNHCR doing in response? How have UNHCR adjusted services to reach out to these populations?
3. Given that SGBV will continue to be a concern to refugees in Lebanon, what is UNHCR's distinct contribution to the collective efforts to respond to and prevent SGBV for refugees? (UNICEF, for example, is developing expertise in social behavioural change in relation to SGBV).
4. What improvements could be made to PCAP to ensure that it links to more practical, sustainable solutions for SGBV survivors and those at risk of SGBV? What are the associated challenges?
5. In the context of return, what are some of the new interventions, or guidance needed for offices and partners to effectively address SGBV concerns?
6. What do you think are some of the strategic areas that UNHCR could explore in its engagement on SGBV, moving forward:
 - a. The Government
 - b. Civil Society organisations
 - c. UN agencies
 - d. NGOs (national and international)
7. Practically, what recommendations would you put to your Senior Management to ensure that there is a comprehensive and robust SGBV prevention and response programme in Lebanon that is aligned to both the protracted context and the likelihood of returns?
8. How does the funding reality limit the activities you are able to do? What are the priorities for the future if that reality does not change?
9. Given the impact on staffing as a result of funding realities, what has that meant for the scale and quality of UNHCR's SGBV approach? Are there alternative ways of working with the resources that you have?
10. Given that so much of addressing SGBV is multi-sectoral, how can UNHCR improve its visibility, within UNHCR and outside?

Protection sector -Beirut

- Evolution of sector's protection approach and SGBV within that-timeline? External- political, refugee; Key sector developments; Achievements. Constraints - Map together.
- **Dealing with lack of residency permits** - How did suspension of registration/right to reside affect approach to protection and SGBV in particular?
- **Working cross sector** - Early marriage as example- how has the sector worked together on this theme? What stimulated attention to it? What has been done (national level – legal, Government), sector tools, community activities. What evidence of effectiveness. Lessons to date.
- **CMR** - same
- **SGBV in Protection** - How does the protection sector SGBV consider as a priority in terms of overall protection budget? What proportion/percentage. Basis for this.
- **Advocacy** – how have you contributed to SGBV advocacy? To what extent. Including to HCT.
- **Future priorities for SGBV (protection)** given likely a) return pressure b) opportunities and challenges of protracted crisis in Lebanon e.g. social tensions, other
- **UNHCR** - What UNHCR distinct contribution to SGBV given its wider role in protection etc., to what extent maximised so far, future priorities and recommendations

Inter-Agency Sector heads- Beirut

Aim: To explore a) how well SGBV concerns have been mainstreamed across sectors b) to learn what processes of mainstreaming are effective and c) constraints to mainstreaming

- a) How is your sector relevant to respond to/mitigate risk of SGBV?
- b) How does your strategy and programming currently address SGBV i) support to SGBV survivors ii) mitigation of risks and prevention
- c) With what results?
- d) What support has been helpful from SGBV specialists?
- e) What more/different support would help?
- f) What resourcing to address SGBV do you have?
- g) What technical support is needed in your sector e.g. with team and partners?
- h) What recommendations for other operations/Lebanon on accelerating mainstreaming process

UNHCR Sector heads- Beirut

Aim: To explore a) how well SGBV concerns have been mainstreamed across sectors b) to learn what processes of mainstreaming are effective and c) constraints to mainstreaming

Detail on post-its (a) How is your sector relevant to respond to/mitigate risk of SGBV? (b) Current activities that provide support/respond to SGBV survivors (c) help to mitigate risks or prevent SGBV?

Discussion

- a) How does your strategy and programming currently address these risks/potential? With what results?
- b) What support has been helpful from SGBV specialists?
- c) What more/different support would help?
- d) What resourcing to address SGBV do you have?
- e) What technical support is needed in your sector e.g. with team and partners?
- f) What recommendations for other operations/Lebanon on accelerating mainstreaming process

2.2.2 Human Resources Survey - questions

1. Please select your position at the time of your appointment in Lebanon [present options]
2. Were you an SGBV focal point at the time of your appointment in Lebanon
3. Please select your duty station [present options]
4. What percentage of your workload is allocated to work on SGBV implementation (planning and monitoring, PPA management, partner support, SGBV training, support to referral process etc.) [Present options %]
5. What percentage of your workload is allocated to SGBV coordination? [present options %]
6. Were you SGBV implementation and coordination functions explicitly reflected in you e-Pad objectives or workplan?
7. What were/are your SGBV objectives as set in your e-Pad or workplan? Please list.
8. Do you think you were to adequately priorities SGBV as opposed to other functions? If not why not?
9. What do you think are the main challenges around SGBV staffing?

Annex 3 List of evaluation participants and Focus Group Discussions (community and frontline staff)

Annex 3.1 Detail on Community and Frontline staff Focus Group Discussions

3.1.1 Community groups- participants in UNHCR supported activities

Location	Group – type	Men	Women	Total
Arsal, Bekaa region	Community - Adolescent Girls participating in the Adolescent Girls' Project implemented by ABAAD age 12-18 All Syrian		14	14
Mount Lebanon	Women (4) and female youth (4) group- project partners Intersos (youth) and Makhzoumi (women) 3 Syrian and 5 Iraqi		8	8
Bekaa	Women at mid way house -7 Syrian, 2 non (Palestinian)		9	9
Mount Lebanon	Women's Group- mixed Syrian and Iraqi		12	12
Bekaa	Men in ABAAD activities	14		14
Bekaa	Women in Intersos activities		6	6
Mount Lebanon	LGBTI group 3 Iraqi, 7 Syrian	7	3 self identifying as women	10
Tyre- Bint Jabril	Girls group		2	2
Tyre-Bint Jabril	Women		7	7
North, Qubayat	Boys attending DRC Activities at the Community Development Center in at Hadatha Wadi Jamous, Akaar-	10		10
North, Akkar	Women's group, Hadatha CDC		7	7
TOTAL	10	31	68	99

3.1.2 Outreach volunteers

Location	Participants	Men	Women	Total
Mount Lebanon	One Sudanese; 9 from Syria; 2 from Iraq 1 – disabled in wheelchair 12 total	7	5	12
Bekaa	9	6	3	9
Bint Jabril, Tyri	8	1	7	8
Tripoli	7 including 1 disabled person	3	4	7
Total	28	17	19	36

Total community – OV's and participants		48	87	135
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3.1.3 Partners- regional frontline staff

Location	Partner and participants	Male	Female	Total
Tripoli*	DRC-2 Akar, 2 Tripoli and Coordinator:		5	5
Bekaa, Labwe*	Attendees: 1 supervisor, 1 case worker, 2 PSS workers, and 2 child care staff.		6	6
Zahle	Marj SDC, social workers		2	2
Zahle	Health centre –	2	2	4

	Dr/CEO),CMR FP;ER staff and Pharmacist			
Bekaa*	Intersos - 4 staff (2 case workers, snr. Case worker and National Protection Officer)		4	4
Mount Lebanon*	Makkhzoumi: National Project Coordinator and Snr. Case Worker		2	2
Bekaa	Social workers on peer to peer training		7	7
Bekaa	Working group – 16 from 15 organisations	2	14	16
Bekaa*	Abaad-mid way house/shelter Direct of house and team with SGV case worker, child care attendant, psychologist, social worker.		5	5
Bekaa*	Marj SDC – Acting director and 2 more staff (social workers)		3	3
Tyre*	Bint Jabril – Director and Shields project worker		2	2
Tyre*	Intersos 3		3	3
North, Quobayat	Notre Dame Hospital, Qobayat – Akkar (CMR Facility)	1	4	5
North, Quobayat	Peer to peer programme participants		11	11
North, Quobayat*	Inter-agency working group	2	9	11
Total partner-frontline		7	69	83
	Total not included on KII list	5	29	34

Annex 3.2 Key Informant Interviewees

Organisation	Location (Beirut i.e. national or name the region)	Role
ABAAD	Beirut	Director
ABAAD	Qobayat and Akkar	PSS worker
ABAAD	Bekaa	Director of Safe Shelter-Bekaa
AND	Qobayat and Akkar	Case management officer
Concern Worldwide	Qobayat and Akkar	Case management Manager
Concern Worldwide	Qobayat and Akkar	Protection program manager
Consultant	Beirut	Consultant, Assessment Legal Aid
DRC	Qobayat and Akkar	Protection Manager
DRC	Beirut	Protection specialist
DRC	Qobayat and Akkar	GBV Case Worker
DRC	Qobayat and Akkar	GBV Protection Officer
DRC	Qobayat and Akkar	GBV protection officer
DRC	Qobayat and Akkar	Protection Manager
DRC	Qobayat and Akkar	Case Worker
DRC	Qobayat and Akkar	GBV protection officer
Food Security Cluster	Beirut	Food security sector coordinator
IMC	Qobayat and Akkar	Senior GBV officer
Inter-Agency coordination unit		Information Management Unit
Inter-Agency Coordination Unit		Senior Inter-agency Coordinator
Intersos	Bekaa	National Protection Officer (SGBV)
Intersos	Tyre	
Intersos	Tyre	
Intersos	Tyre	

IRC	Bekaa	Senior case management worker coaching officer
IRC	Beirut	
KAFA	Beirut	Head of anti-trafficking
KAFA	Beirut	Head of anti Trafficking Unit
LECORVAW	Qobayat and Akkar	Project Manager
LECROVAW	Qobayat and Akkar	GBV officer
MoSA	Beirut	Director General
MoSA, SDC	Marj SDC - Zahle	Acting Director
MoSA, SDC	Tyre	Director of SDC, Bint Jbeil
Notre Dame Hospital	Qobayat - Akkar	Snr. Administrator
OCHA	Beirut	Pooled Fund Manager
OCHA	Beirut	Humanitarian Affairs Officer
Shield	Tyre	
UN	Beirut	Special Representative and Humanitarian Coordinator/UNDP Country representative
UNDP	Beirut	Livelihoods sector coordinator
UNDP	Beirut	
UNDP	Beirut	Social Stability Sector Coordinator
UNDP	Beirut	Inter-sector Monitoring and evaluation specialist
UNFPA	Beirut	SGBV Specialist
UNFPA (former)		SGBV specialist/co-lead of SGBV TF
UNFPA/UNICEF	Beirut / UNFPA	GBV IMS Coordinator
UNHCR	Bekaa	Protection Officer
UNHCR	Beirut	Shelter Coordinator
UNHCR		Inter agency health coordinator
UNHCR	Beirut	Programme Management
UNHCR	Beirut	Health
UNHCR	Beirut	Legal Officer
UNHCR	Beirut	Health
UNHCR	Beirut	Assistant Representative (Programme)
UNHCR	Mount Lebanon	Head of office
UNHCR	Beirut/skype	Community services-coordination
UNHCR	Tripoli	Ass. Protection Officer (CBP)
UNHCR	Amman	Regional SGBV focal point
UNHCR	Beirut	Dep Representative, Protection
UNHCR	Beirut	Protection sector coordinator
UNHCR	Beirut	HR Officer
UNHCR	Tripoli	Protection officer
UNHCR	Beirut	Basic assistance
UNHCR	Beirut	Head of Education
UNHCR	Beirut	Basic assistance sector coordinator
UNHCR	Beirut	Assistant Public Health officer
UNHCR	Quobayat	Head of Office
UNHCR	Tyre	SGBV Case management officer
UNHCR	Beirut	Protection Associate (PCAP)
UNHCR	Beirut	Protection Associate (PCAP)

UNHCR	Beirut	Community Based protection
UNHCR	Beirut	Representative, Operations
UNHCR	Beirut	Representative
UNHCR	Beirut	Programme Officer
UNHCR	Tripoli	Protection Officer
UNHCR	Quobayat	Head of field office
UNHCR	Beirut	Shelter
UNHCR	Beirut	Protection
UNHCR	Mount Lebanon	Protection officer
UNHCR	Beirut	SGBV Focal point/CBP
UNHCR	Beirut	Senior Protection Officer (RSD, Resettlement and Registration)
UNHCR	Beirut	Inter-agency Coordination officer
UNHCR	Beirut	Protection officer (PCAP)
UNHCR	Beirut	Wash
UNHCR	Tyre	Head of field office
UNHCR	Bekaa	SGBV focal point/Child protection
UNHCR	Beirut	RSD
UNHCR	Beirut	RSD
UNHCR	Beirut	Community based programming, Education
UNHCR	Beirut	Community Based protection
UNHCR	Mount Lebanon	Protection
UNHCR	Tripoli	Head of sub office
UNHCR		Head of mass communication/CWC
UNHCR	Beirut	Assistant rep (protection)
UNHCR	Beirut	Senior Protection Officer
UNHCR	Beirut	Inter-agency Coordination officer
UNHCR	Beirut	Basic assistance
UNHCR	Tyre	SGBV focal point/Child protection
UNHCR	Bekaa	Head of sub office
UNHCR	Amman	Regional Child Protection focal point
UNHCR	Mount Lebanon	LGBTI project lead
UNHCR	Mount Lebanon	Community Based protection
UNICEF	UNICEF- Beirut	National SGBV/CP Programme Officer
UNICEF	Beirut	CRM WG National Coordinator
UNICEF	UNICEF- Beirut	CP Officer - MRM
UNICEF (former)		Co-lead of SGBV Task force to 2015/SGBV specialist

Annex 4 SGBV Mainstreaming Contributions -data and calculation detail

Data source: UNHCR Lebanon Programme Management. With thanks to Programme management and protection teams in developing this analysis together with the evaluation team.

Not all sectors who contribute to SGBV prevention and response were included in these calculations. The following RBM Objectives were chosen as a starting point, based on the availability and accessibility of data that could be extracted from field office beneficiary lists. While the figures differ per field office, when taken over the overall budget for each field office, the % amount was found to be roughly the same. This was averaged out across field offices to come up with a % that is then applied to all field offices, for the ease of calculation. While the figures per field office towards these contributions vary year on year (2016,17,18), the % has remained the same for ease of calculation. The calculation is not perfect, but builds on relevant correlations leading to an initial step in highlighting the extensive contributions to the SGBV budget that can be found in other sectors, reporting under different RBM Objectives. These calculations may exclude other interventions having a SGBV-related component which could not be quantified or tracked in the current timeframe.

Overview of figures (eg 2018) - All figures US\$

2018 Objectives(OL)	Beirut (Centrally managed)	Mount Lebanon	Tripoli	Tyre	Zahle	TOTAL
Access to legal assistance and legal remedies improved	12,522.00	60,607.17	63,435.35	34,307.32	55,550.72	226,422.56
Civil registration and civil status documentation strengthened	46,725.00	1,890.40	11,288.51	20,915.86	34,076.85	114,896.62
Health status of the population improved	2,034,271.94	40,404.92	59,402.13	19,900.64	18,397.53	2,172,377.16
Population has sufficient basic and domestic items	10,328,781.45	39,668.40	78,164.40	15,787.65	82,831.35	10,545,233.25
Services for persons with specific needs strengthened	2,346,268.87	344,782.90	69,504.31	66,728.93	152,946.31	2,980,231.33
Shelter and infrastructure established, improved and maintained	758,934.60	215,783.56	266,798.81	104,293.71	567,581.11	1,913,391.79
Grand Total \$	15,527,503.86	703,137.35	548,593.51	261,934.11	911,383.87	17,952,552.70

Access to legal assistance and legal remedies improved and Civil registration and civil status documentation strengthened: 15%

For the purposes of this exercise, legal assistance and civil registration were reviewed together, as the budget between these two objectives is interlinked (since assistance and documentation are often provided to beneficiaries at the same time or by the same lawyer and the support provided on civil documentation is part of the broader legal aid programme). The following definitions were agreed on by the Legal Sector and Field Offices:

Legal assistance provided to cases of divorce, custody, alimony, sexual harassment (including child support, assault and battery), and all cases related to early marriage or LGBTI refugees. While there are a very small number of directly reported SGBV cases falling under each of these categories, they were taken as a whole for the purposes of this calculation on the assumption that a majority of the above cases could include an SGBV component.

Civil registration/documentation counted for this exercise included all documentation (eg religious court decisions and related certificates) in relation to acquisition of retroactive proof of marriage, as UNHCR prioritise this assistance in cases of early marriages and Single Female Head of Households (SFHHs).

A small budgetary allocation was made to reflect the estimated amount of counselling and legal assistance on birth registration that targets SFHHs, survivors of SGBV and child spouses.

In addition, a small budgetary allocation was made under this objective in reference to OV time spent supporting/referring cases to legal assistance and civil registration/documentation.

15% = Total number of cases (as defined above) per field office * cost of each service = Total amount spent per field office. Roughly equates to 15% across all field offices.

Health status of the population improved: 5%

This calculation was done only by the sector, and not with Field Offices.

At the Field Office level, 5% was calculated based on the budget allocation to prevention and advocacy activities undertaken by partners aiming at inducing SGBV prevention or mitigation.

In Beirut, the 5% refers to direct healthcare response interventions for SGBV cases.

Population has sufficient basic and domestic items: 15%

This calculation was based on the desk formula for MCAP and winter assistance. Beneficiaries were disaggregated by numbers of child spouses, child heads of households, females with disabilities, older women, LGBTI refugees and the small number of known SGBV cases. Added together, these figures amount to 15% of the budget for this objective.

Services for persons with specific needs strengthened: 31%

This calculation draws from the PCAP budget, of which 31% (nationally) has been allocated for SGBV specific cases.

Further calculations should be necessary to track the amounts allocated to survivors through the Emergency Cash Programme (ECA).

Shelter and infrastructure established, improved and maintained: 30%

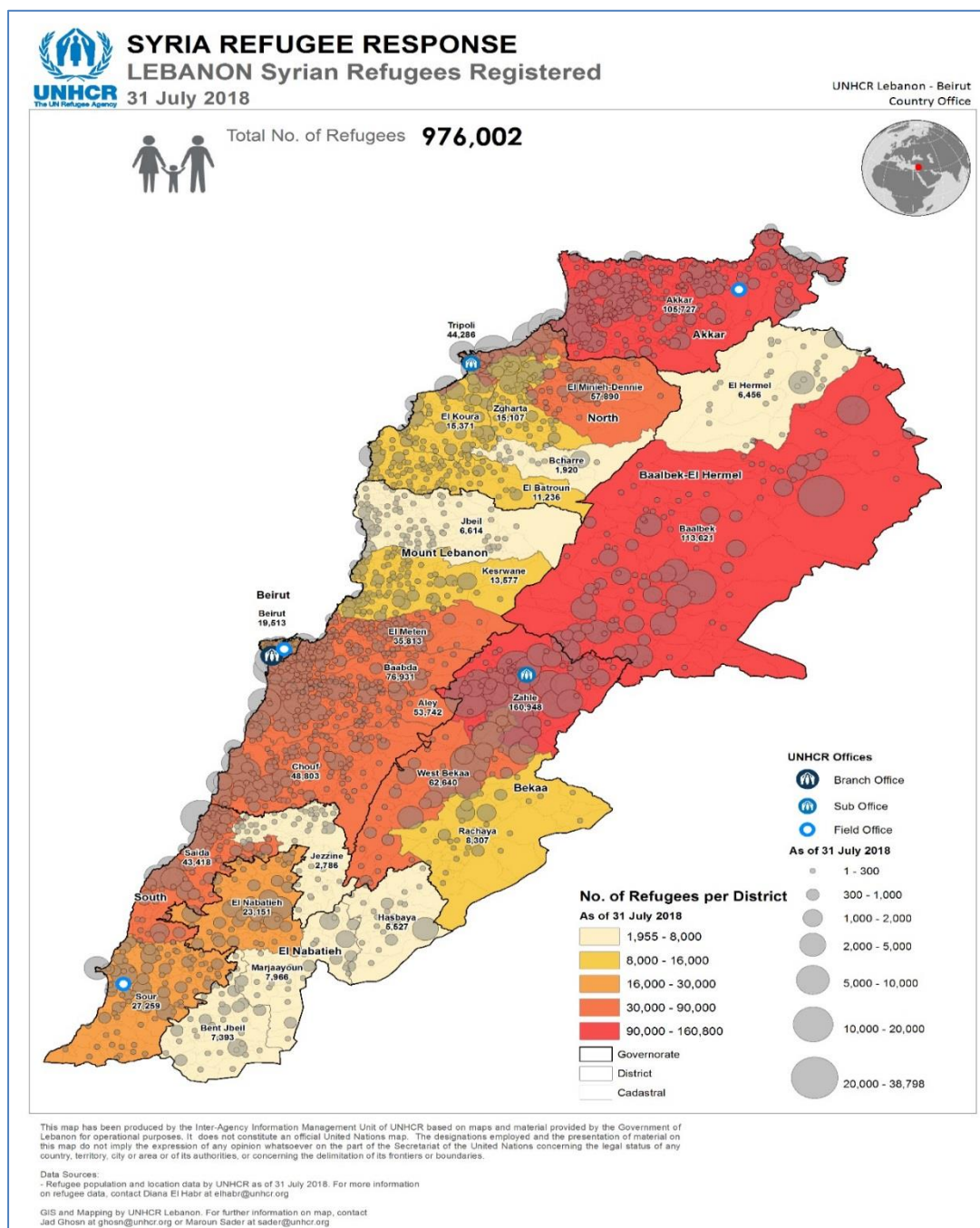
30% is based on % of female headed households benefitting from shelter interventions (especially prioritization to access small scale units (SSUs) and rehabilitation), and is not specific to SGBV cases, or any other categories (such as women at risk).

Annex 5 Mapping of SGBV interventions

Data source: LCRP Inter-agency coordination unit- with thanks to the Information Management Unit for support to the evaluation team to develop this analysis and graphics jointly.

Map 1. Map of Lebanon with Syrian refugee population

Source: UNHCR (2018)



Map 2. Most vulnerable cadasters

Source: VASYR (2015)

MOST VULNERABLE LOCALITIES IN LEBANON

March 2015



Inter-Agency
Coordination
Lebanon

Calculation of the Most Vulnerable Localities is based on the following datasets:

1 - Multi-Deprivation Index (MDI)

The MDI is a composite index, based on deprivation level scoring of households in five critical dimensions:

i - Access to Health services;

ii - Income levels;

iii - Access to Education services;

iv - Access to Water and Sanitation services;

v - Housing conditions;

MDI is from CAS, UNDP and MoSA Living Conditions and Household Budget Survey conducted in 2004.

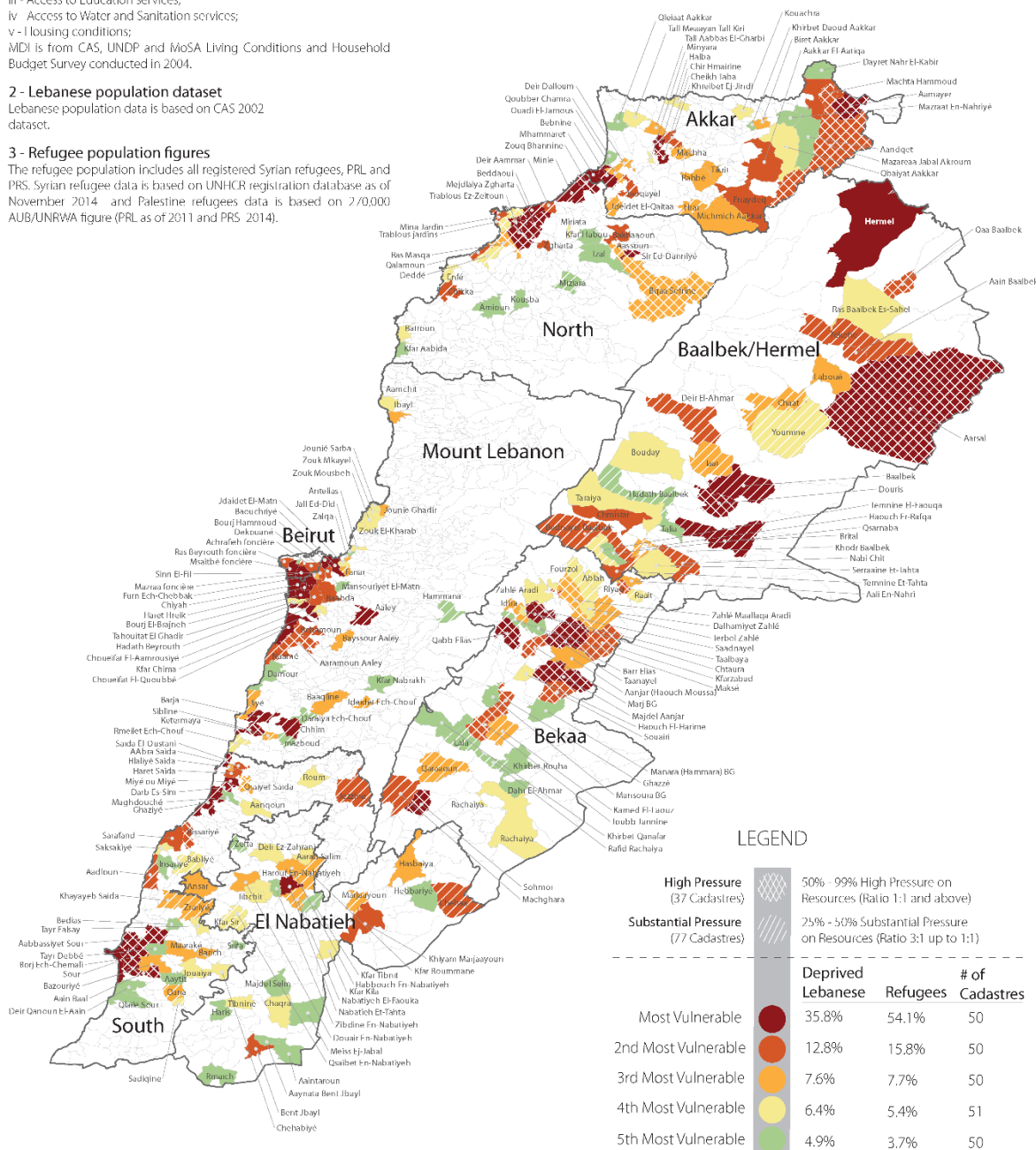
2 - Lebanese population dataset

Lebanese population data is based on CAS 2002 dataset.

3 - Refugee population figures

The refugee population includes all registered Syrian refugees, PRL and PRS. Syrian refugee data is based on UNHCR registration database as of November 2014 and Palestine refugees data is based on 2/0,000 AUB/UNRWA figure (PRL as of 2011 and PRS 2014).

The 251 Most Vulnerable Cadastres hosts
87% Refugees &
67% Deprived Lebanese

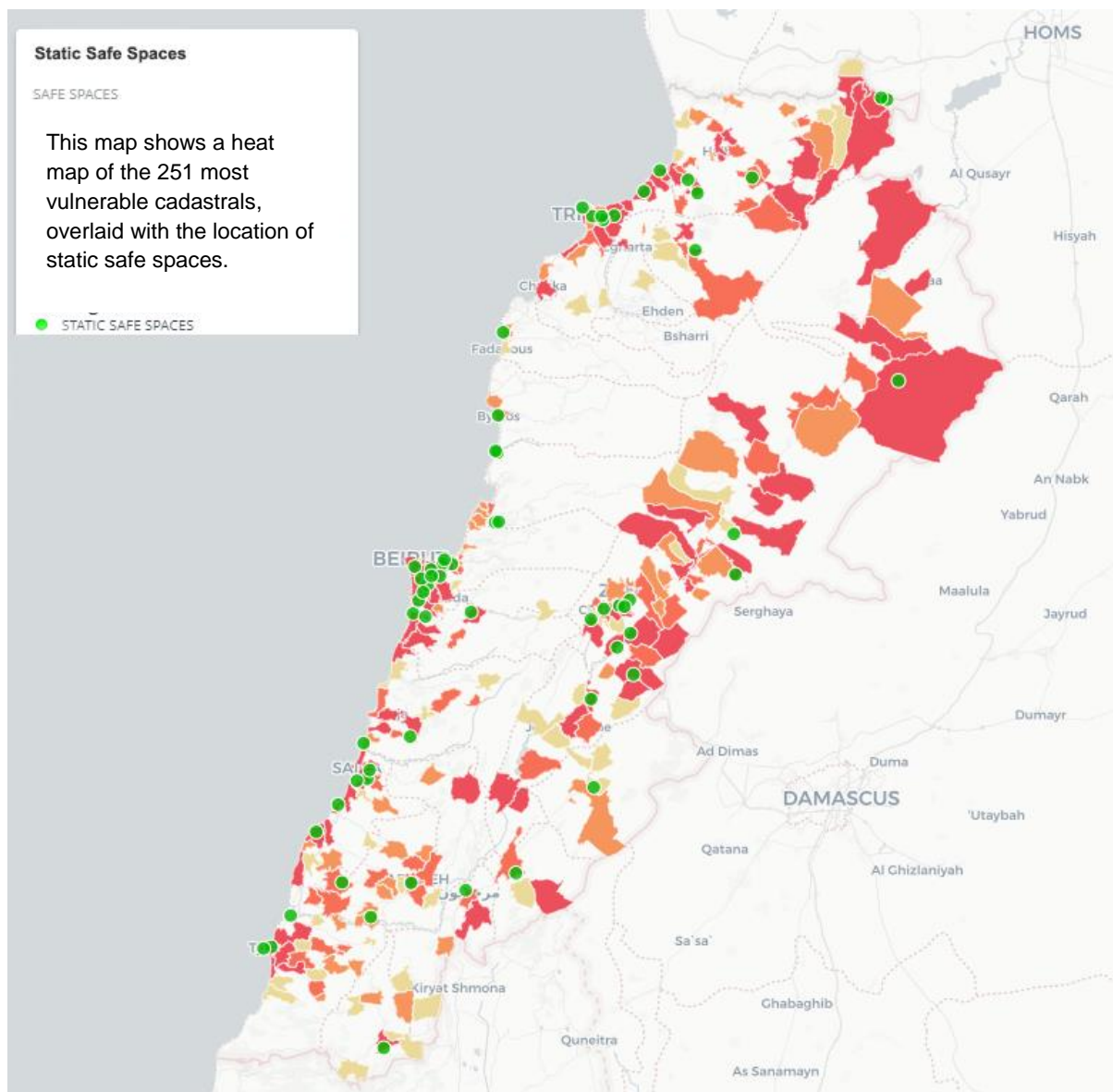


The ratio of refugees to Lebanese, by cadaster, is included to highlight the potential degree of population pressure on services and resources.

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
GIS & Mapping by UNOCHA

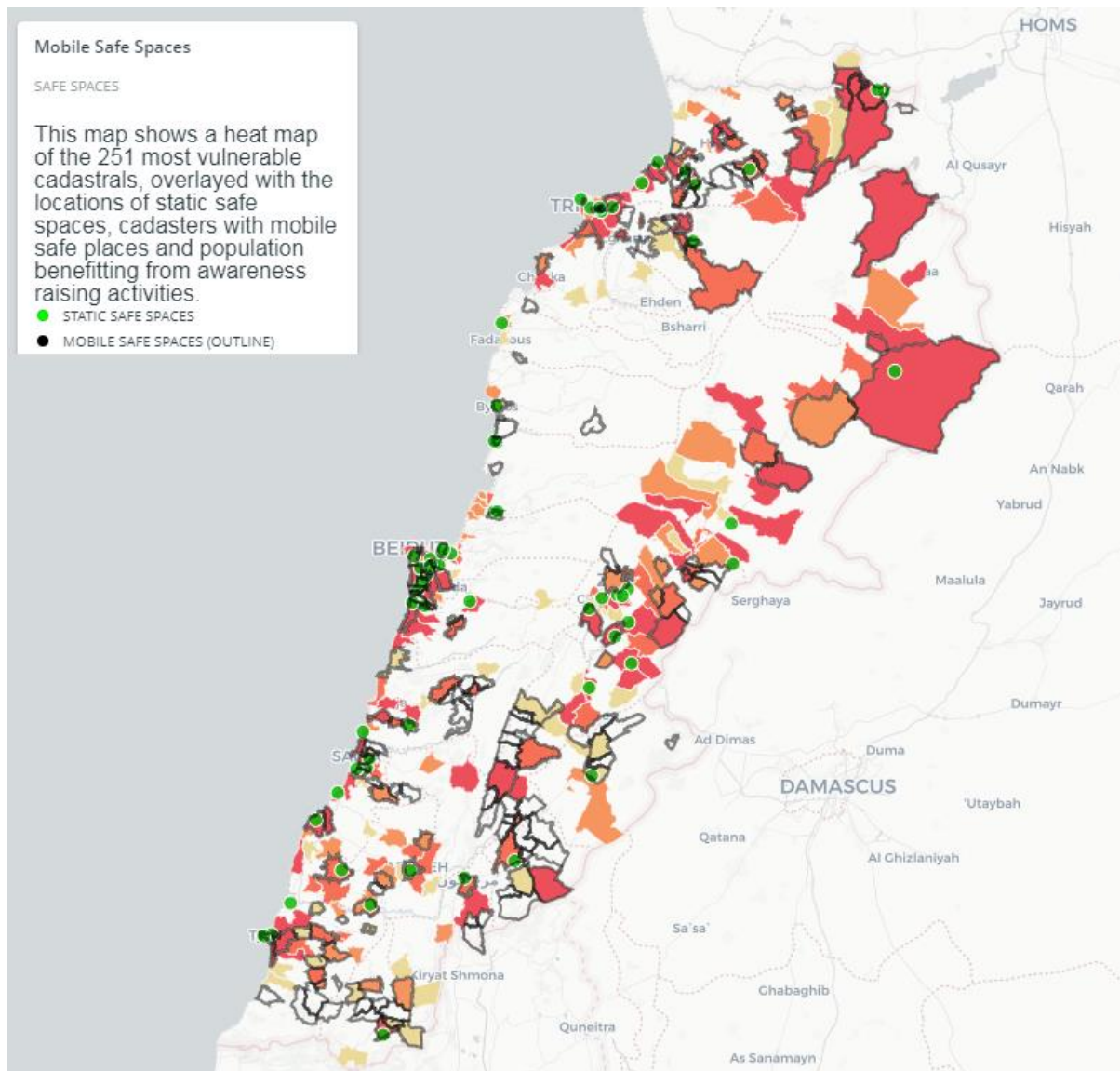
Map 3. Location of static safe spaces

Source: VASYR (2015) and Activity Info Partner Reports (2018)



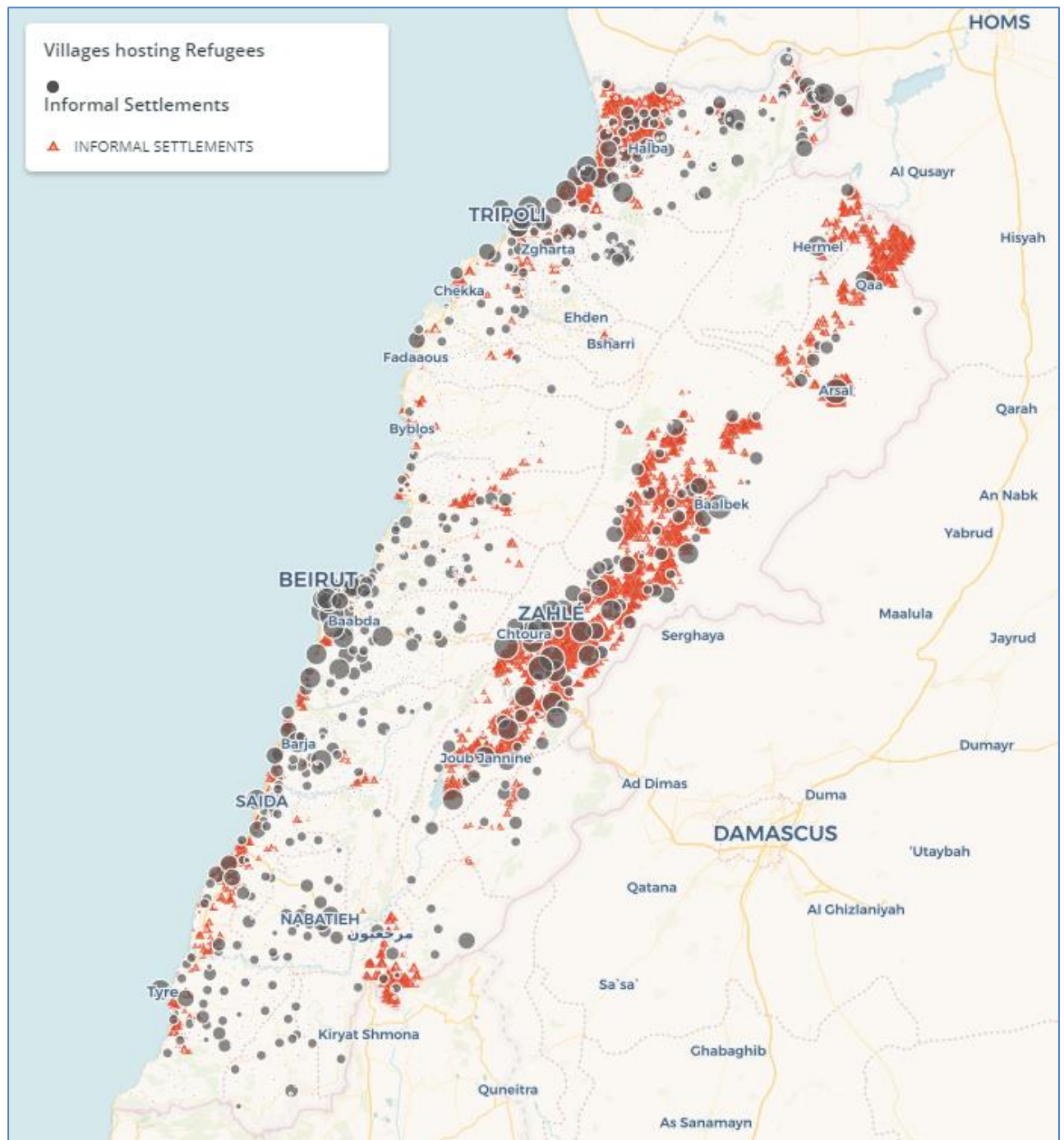
Source: VASYR (2015) and Activity Info Partner Reports (2018)

Source: VASYR (2015) and Activity Info Partner Reports (2018)



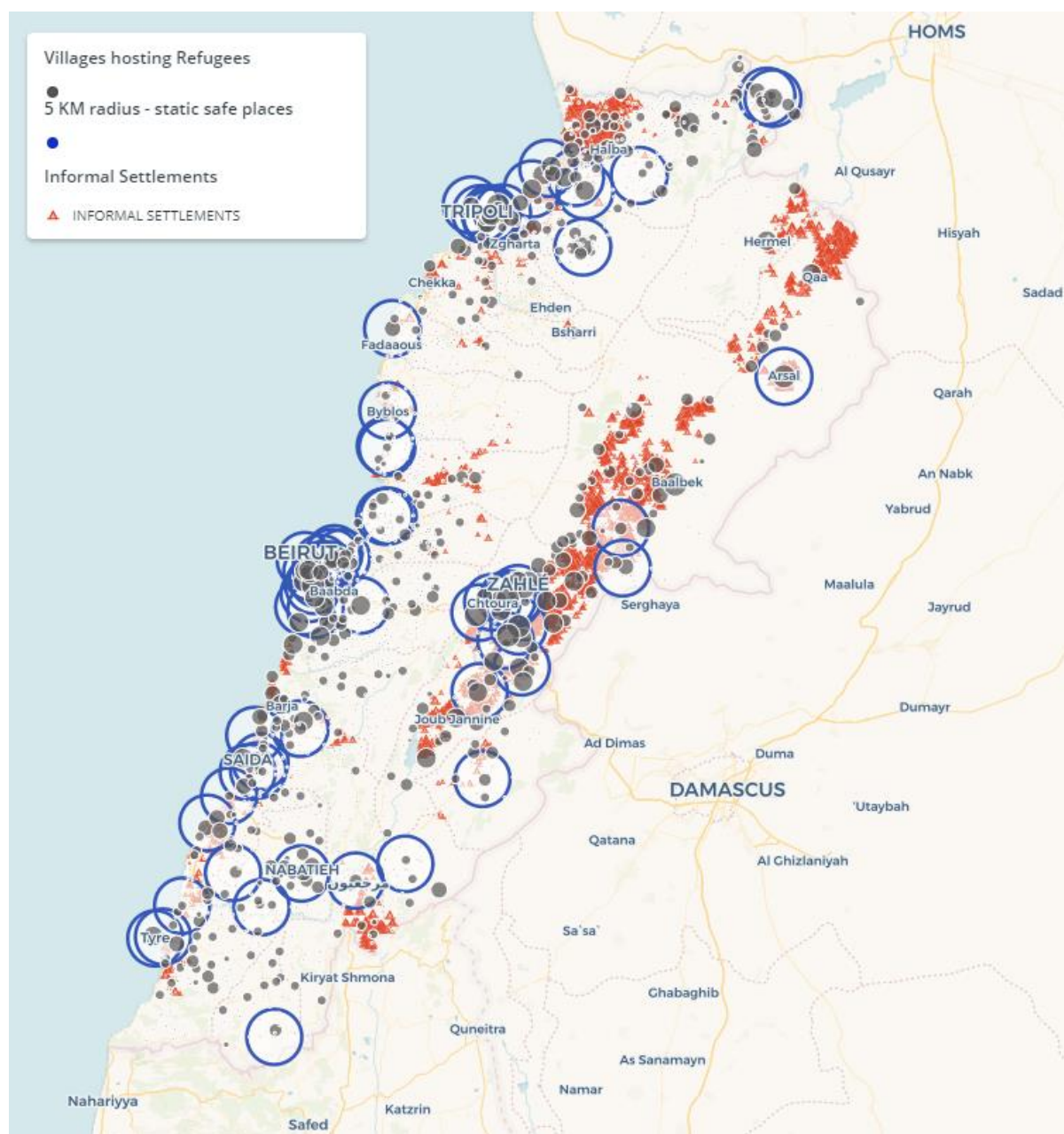
Map 5. Villages hosting Syrian refugees in Informal Tented Settlements (ITS)

Source: Refugee location and population data by UNHCR as of 31/07/18, and Inter-Agency Mapping Platform data on ITS.



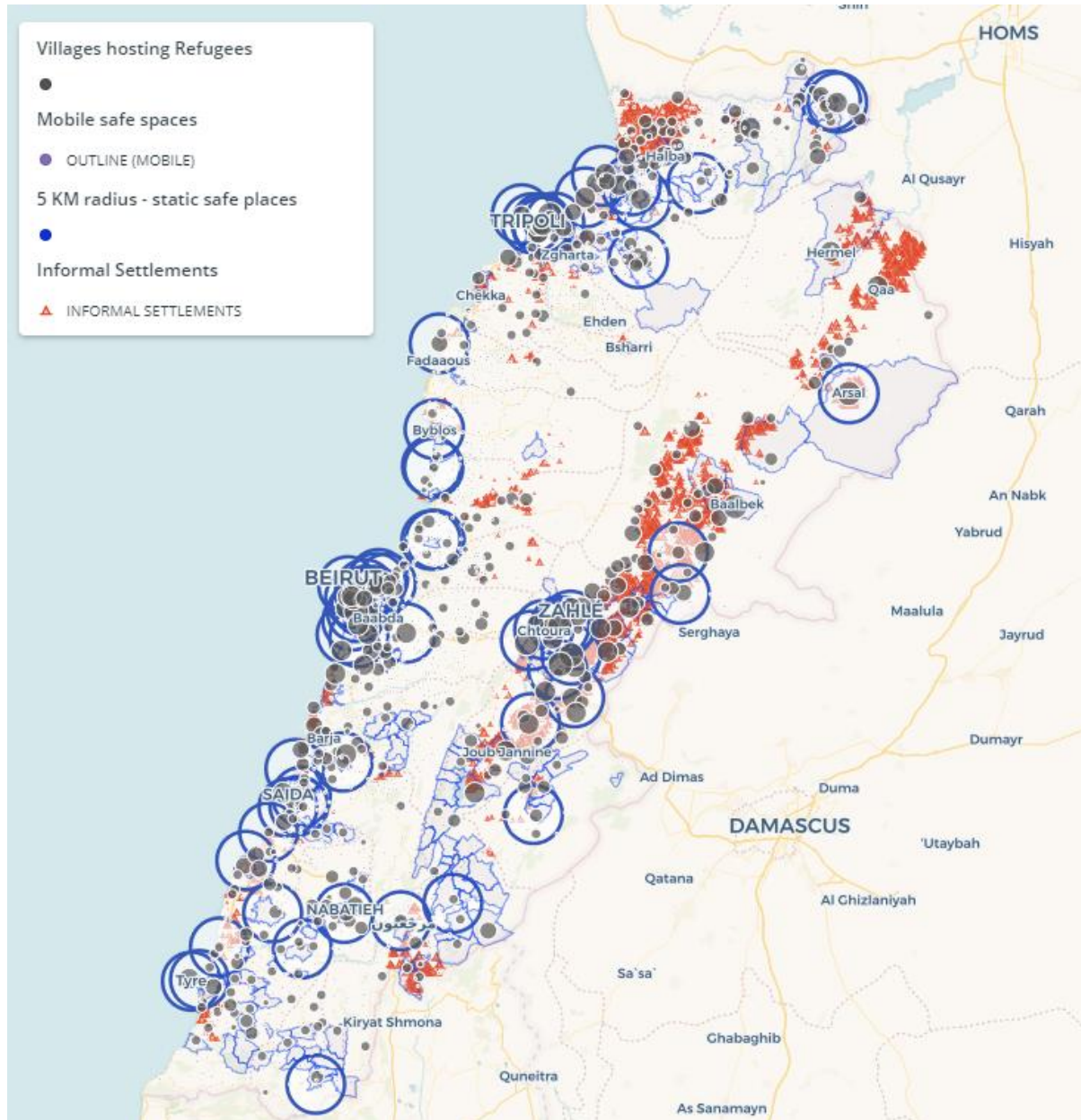
Map 6. Marking 5km radius around static safe spaces.

Source: Refugee location and population data by UNHCR as of 31/07/18, and Inter-Agency Mapping Platform data on ITS. Safe spaces data from Activity Info Partner reports (2018).



Map 7. Marking 5km radius around static spaces, combined with mobile safe spaces.

Source: Refugee location and population data by UNHCR as of 31/07/18, and Inter-Agency Mapping Platform data on ITS. Safe spaces data from Activity Info Partner reports (2018).



Annex 6 Analysis by district- range and reach of SGBV services available per district

- 6.1 Overall ranking of districts
- 6.2 Ranking of districts by number of Syrian women, girls, men and boys sensitised on SGBV
- 6.3 Ranking of districts by number of non-Syrian women, girls, men and boys sensitised on SGBV
- 6.4 Ranking of districts by number of Syrian women, girls, men and boys accessing SGBV prevention and response services
- 6.5 Ranking of districts by overall rating for diversity/number of activities taking place in mobile safe spaces
- 6.6 Ranking of districts by overall rating for diversity/number of activities taking place in static safe spaces
- 6.7 Ranking of districts by % living within 5km of static safe space of a cadastre with a mobile safe space
- 6.8 Ranking of districts by % living with 5km of CMR facility

Data source: LCRP Inter-agency coordination unit - with thanks to the information management for their support to the evaluation team in the development of this analysis and graphics.

Districts were ranked based on access, reach and range of SGBV services offered. Criteria used are:

1. % of Syrian women, girls, men and boys sensitized on SGBV out of total Syrian population
2. % of non-Syrian women, girls, men and boys sensitized on SGBV out of total non-Syrian population
3. % of Syrian women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces out of total Syrian population
4. % of non-Syrian women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces out of total non-Syrian population
5. Overall rating for mobile safe spaces
 - Creates a normalized ranking of safe spaces offering each activity based on the max and min across all districts;
 - Multiplies this by a normalized ranking of # of safe spaces per 100,000 individuals
6. Overall rating for static safe spaces
 - As above.
7. % living within 5km from either a static safe space or a cadaster with a mobile safe space
 - NB: this uses the registered Syrian population, as we only have locations for this group.
8. % living within 5km from a CMR facility.
 - As above.

6.1 Overall ranking of districts

This table shows districts ranked by accessibility, reach and variety of SGBV services offered.

					Population figures		251 Most Vulnerable Cadasters
Field Area	Governorate	District	Overall rating (higher = better)	Overall rating	Syrian	Total	# most vulnerbale cadasters per district
North	North	Bcharre	10% low		3,129	24,353	-
North	North	El Koura	14% low		23,482	71,708	5
South	South	Jezzine	15% low		4,502	24,765	2
North	North	El Batroun	17% low		19,131	65,211	3
BML	Mount Lebanon	Keswane	18% low		24,625	185,785	4
Bekaa	Baalbek-El Hermel	El Hermel	20% low		9,979	48,199	1
North	North	Zgharta	22% medium		22,591	77,731	4
BML	Mount Lebanon	Chouf	24% medium		74,167	242,940	13
BML	Mount Lebanon	Aley	24% medium		90,662	255,618	6
Bekaa	Bekaa	West Bekaa	26% medium		90,449	158,370	13
BML	Mount Lebanon	El Meten	26% medium		65,976	495,499	11
South	El Nabatieh	Bent Jbeil	26% medium		13,848	80,390	7
Bekaa	Baalbek-El Hermel	Baalbek	28% medium		158,828	402,799	25
Bekaa	Baalbek-El Hermel	Marjaayoun	28% medium		13,785	66,873	5
South	El Nabatieh	El Nabatieh	29% medium		71,551	197,409	15
Bekaa	Baalbek-El Hermel	Hasbaya	30% high		7,358	38,704	3
South	South	Saida	30% high		63,603	403,589	19
BML	Mount Lebanon	Baabda	32% high		152,914	699,091	10
BML	Beirut	Beirut	32% high		38,172	450,823	6
North	North	El Minieh-Dennie	34% high		79,967	247,879	10
South	South	Sour	34% high		43,530	318,037	18
Bekaa	Baalbek-El Hermel	Zahle	34% high		232,320	420,363	22
Bekaa	Baalbek-El Hermel	Rachaya	35% high		11,568	44,918	4
BML	Mount Lebanon	Jbeil	35% high		11,310	91,971	2
North	North	Tripoli	38% high		64,171	338,368	11
North	Akkar	Akkar	40% high		143,376	428,128	32

6.2 Ranking of districts by number of Syrian WGMB sensitised on SGBV

Field Area	Governorate	District	# of women, girls, men and boys sensitized on SGBV (OUTPUT 4.3)					
			Syrians (UNHCR funded)	Syrians (non-UNHCR funded)	% Syrians reached out of total Syrian population	Non-Syrians (UNHCR funded)	Non-Syrians (non-UNHCR funded)	% non-Syrians reached out of total non-Syrian population
BML	Mount Lebanon	Keswane		254	1%	-	1,137	1%
BML	Mount Lebanon	Baabda	224	3,167	2%	120	3,435	1%
BML	Mount Lebanon	Aley	102	3,581	4%	-	2,221	1%
BML	Mount Lebanon	Jbeil	129	441	5%	-	716	1%
Bekaa	Baalbek-EI Hermel	Hasbaya	242	242	7%	51	51	0%
North	North	El Koura	537	1,326	8%	140	347	1%
South	El Nabatieh	El Nabatieh	238	5,674	8%	15	6,602	5%
South	South	Jezzine		378	8%	-	60	0%
North	North	Zgharta	381	1,556	9%	163	533	1%
South	El Nabatieh	Bent Jbeil	116	1,156	9%	6	1,007	2%
Bekaa	Baalbek-EI Hermel	Baalbek		16,443	10%	-	3,473	1%
BML	Mount Lebanon	El Meten	425	7,279	12%	13	5,132	1%
North	North	Bcharre	105	262	12%	94	232	2%
Bekaa	Baalbek-EI Hermel	Zahle	934	29,188	13%	-	4,182	2%
BML	Mount Lebanon	Chouf	17	9,634	13%	-	5,103	3%
North	North	El Minieh-Dennie	1,320	9,497	14%	483	2,228	2%
North	North	El Batroun	771	1,932	14%	177	438	1%
South	South	Saida	597	10,634	18%	15	10,150	3%
North	North	Tripoli		12,191	19%	-	10,452	4%
Bekaa	Baalbek-EI Hermel	Rachaya		2,296	20%	-	1,188	4%
BML	Beirut	Beirut	809	6,803	20%	27	4,297	1%
North	Akkar	Akkar	207	34,860	24%	178	14,830	5%
Bekaa	Bekaa	West Bekaa	1,034	22,350	26%	-	1,048	2%
South	South	Sour	220	14,055	33%	59	12,835	5%
Bekaa	Baalbek-EI Hermel	El Hermel	205	3,446	37%	28	671	2%
Bekaa	Baalbek-EI Hermel	Marjaayoun	810	5,316	44%	53	84	0%

6.3 Ranking of districts by number of non-Syrian WGMB sensitised on SGBV

Field Area	Governorate	District	# of women, girls, men and boys sensitized on SGBV (OUTPUT 4.3)					
			Syrians (UNHCR funded)	Syrians (non-UNHCR funded)	% Syrians reached out of total Syrian population	Non-Syrians (UNHCR funded)	Non-Syrians (non-UNHCR funded)	% non-Syrians reached out of total non-Syrian population
Bekaa	Baalbek-EI Hermel	Marjaayoun	810	5,316	44%	53	84	0%
South	South	Jezzine		378	8%	-	60	0%
Bekaa	Baalbek-EI Hermel	Hasbaya	242	242	7%	51	51	0%
BML	Mount Lebanon	Baabda	224	3,167	2%	120	3,435	1%
BML	Mount Lebanon	Keswane		254	1%	-	1,137	1%
BML	Mount Lebanon	Jbeil	129	441	5%	-	716	1%
North	North	El Koura	537	1,326	8%	140	347	1%
BML	Beirut	Beirut	809	6,803	20%	27	4,297	1%
BML	Mount Lebanon	El Meten	425	7,279	12%	13	5,132	1%
North	North	Zgharta	381	1,556	9%	163	533	1%
North	North	El Batroun	771	1,932	14%	177	438	1%
BML	Mount Lebanon	Aley	102	3,581	4%	-	2,221	1%
Bekaa	Baalbek-EI Hermel	Baalbek		16,443	10%	-	3,473	1%
South	El Nabatieh	Bent Jbeil	116	1,156	9%	6	1,007	2%
North	North	Bcharre	105	262	12%	94	232	2%
Bekaa	Bekaa	West Bekaa	1,034	22,350	26%	-	1,048	2%
North	North	El Minieh-Dennie	1,320	9,497	14%	483	2,228	2%
Bekaa	Baalbek-EI Hermel	El Hermel	205	3,446	37%	28	671	2%
Bekaa	Baalbek-EI Hermel	Zahle	934	29,188	13%	-	4,182	2%
South	South	Saida	597	10,634	18%	15	10,150	3%
BML	Mount Lebanon	Chouf	17	9,634	13%	-	5,103	3%
Bekaa	Baalbek-EI Hermel	Rachaya		2,296	20%	-	1,188	4%
North	North	Tripoli		12,191	19%	-	10,452	4%
South	South	Sour	220	14,055	33%	59	12,835	5%
South	El Nabatieh	El Nabatieh	238	5,674	8%	15	6,602	5%
North	Akkar	Akkar	207	34,860	24%	178	14,830	5%

6.4 Ranking of districts by number of Syrian WGMB accessing SGBV prevention and response services

			# women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces (OUTPUT 4.2)							
Field Area	Governorate	District	# of Syrians accessing safe spaces	% Syrians accessing safe space out of total Syrian population	# of non-Syrians accessing safe spaces	% non-Syrians accessing safe space out of total non-Syrian population	# of females accessing safe spaces	# of male accessing safe space safe spac	# of > 18 yrs accessing safe space safe spac	# of < 18 yrs accessing safe space safe spac
South	South	Jezzine		0%		0%				
BML	Mount Lebanon	Kesrwane	29	0%	131	0%	130	30	148	12
BML	Mount Lebanon	Baabda	2,366	2%	1,039	0%	2,885	521	2,103	1,301
BML	Mount Lebanon	Aley	1,775	2%	392	0%	1,797	371	1,120	918
North	North	Zgharta	466	2%	344	1%	810		547	263
BML	Mount Lebanon	El Meten	1,955	3%	709	0%	1,913	750	1,745	919
BML	Mount Lebanon	Chouf	2,704	4%	1,570	1%	3,875	399	3,219	1,055
North	North	Bcharre	116	4%	45	0%	161		129	32
South	El Nabatieh	El Nabatieh	2,771	4%	1,107	1%	3,755	123	3,218	660
North	North	El Koura	946	4%	192	0%	1,138		976	162
North	North	El Batroun	847	4%	108	0%	955		783	172
South	South	Saida	2,938	5%	480	0%	3,231	187	1,883	1,535
Bekaa	Baalbek-El Hermel	Zahle	10,931	5%	869	0%	8,910	3,139	6,456	5,433
North	Akkar	Akkar	6,915	5%	4,650	2%	11,034	528	7,931	3,642
Bekaa	Baalbek-El Hermel	Baalbek	7,979	5%	1,499	1%	7,266	900	6,564	2,919
BML	Beirut	Beirut	1,951	5%	1,956	0%	3,220	567	2,909	1,000
North	North	El Minieh-Dennie	4,904	6%	947	1%	5,176	675	3,552	2,299
South	South	Sour	3,001	7%	820	0%	3,537	284	3,058	763
North	North	Tripoli	5,433	8%	2,942	1%	7,959	396	6,720	1,655
BML	Mount Lebanon	Jbeil	983	9%	362	0%	1,120	225	893	452
Bekaa	Baalbek-El Hermel	Marjaayoun	1,416	10%	51	0%	824	643	1,264	203
Bekaa	Bekaa	West Bekaa	9,869	11%	520	1%	7,165	3,223	6,377	4,012
Bekaa	Baalbek-El Hermel	El Hermel	1,328	13%	170	0%	1,498	-	1,184	314
South	El Nabatieh	Bent Jbeil	1,846	13%	750	1%	2,210	386	2,092	504
Bekaa	Baalbek-El Hermel	Rachaya	2,094	18%	517	2%	2,389	222	2,219	392
Bekaa	Baalbek-El Hermel	Hasbaya	1,521	21%	785	3%	1,892	414	2,086	220

6.5 Ranking of districts by overall rating for diversity/number of activities taking place in mobile safe spaces

			Mobile safe spaces							
			Total # partners operating mobile safe spaces	Safe spaces per 100,000 Syrian individuals	# partners conducting individual PSS	# partners conducting group (emotional support)	# partners conducting group (recreational activities)	# partners conducting group (life skills)	# partners conducting group (technical skills)	Overall rating for mobile safe spaces
Field Area	Governorate	District								
North	North	Bcharre	-	0.00	-	-	-	-	-	0%
South	South	Jezzine	-	0.00	-	-	-	-	-	0%
BML	Mount Lebanon	El Meten	1	1.52	1	1	1	1	1	5%
BML	Mount Lebanon	Kesrwane	2	8.12	1	1	1	1	1	6%
Bekaa	Baalbek-EI Hermel	EI Hermel	1	10.02	0	1	1	1	1	7%
BML	Beirut	Beirut	3	7.86	0	3	3	3	3	8%
South	EI Nabatieh	EI Nabatieh	6	8.39	5	6	0	0	0	10%
North	North	EI Koura	2	8.52	0	2	2	2	2	10%
North	North	EI Batroun	2	10.45	0	2	2	2	2	11%
BML	Mount Lebanon	Aley	5	5.52	1	5	5	5	5	13%
North	North	Tripoli	5	7.79	2	5	3	5	5	15%
Bekaa	Baalbek-EI Hermel	Marjaayoun	4	29.02	0	0	4	3	0	16%
BML	Mount Lebanon	Baabda	7	4.58	1	7	6	7	2	17%
North	North	Zgharta	4	17.71	0	4	4	4	3	19%
Bekaa	Baalbek-EI Hermel	Baalbek	5	3.15	3	5	5	4	5	20%
South	South	Saida	14	22.01	5	12	0	3	0	20%
BML	Mount Lebanon	Chouf	11	14.83	8	11	4	4	1	24%
Bekaa	Bekaa	West Bekaa	15	16.58	13	14	2	2	1	27%
Bekaa	Baalbek-EI Hermel	Zahle	14	6.03	0	14	14	14	1	28%
Bekaa	Baalbek-EI Hermel	Rachaya	6	51.87	6	6	0	0	0	28%
BML	Mount Lebanon	Jbeil	5	44.21	1	5	5	5	1	29%
North	North	EI Minieh-Dennie	9	11.25	6	9	7	9	6	34%
South	South	Sour	15	34.46	10	14	4	7	1	37%
South	EI Nabatieh	Bent Jbeil	11	79.43	1	11	11	11	0	52%
North	Akkar	Akkar	24	16.74	13	23	16	15	4	54%
Bekaa	Baalbek-EI Hermel	Hasbaya	9	122.31	1	9	8	8	0	65%

6.6 Ranking of districts by overall rating for diversity/number of activities taking place in static safe spaces

Static safe spaces										
Field Area	Governorate	District	Total # partners operating static safe spaces	Safe spaces per 100,000 Syrian individuals	# partners conducting individual PSS	# partners conducting group (emotional support)	# partners conducting group (recreational activities)	# partners conducting group (life skills)	# partners conducting group (technical skill)	Overall rating for mobile safe spaces
North	North	Bcharre	0	0.00	0	0	0	0	0	0%
South	South	Jezzine	0	0.00	0	0	0	0	0	0%
Bekaa	Baalbek-EI Hermel	EI Hermel	0	0.00	0	0	0	0	0	0%
North	North	EI Koura	0	0.00	0	0	0	0	0	0%
North	North	Zgharta	0	0.00	0	0	0	0	0	0%
BML	Beirut	Beirut	2	0.44	2	2	2	2	1	23%
Bekaa	Baalbek-EI Hermel	Marjaayoun	1	1.50	1	1	0	0	0	26%
BML	Mount Lebanon	Keswane	2	1.08	1	2	1	1	1	28%
South	EI Nabatieh	Bent Jbeil	1	1.24	1	1	1	1	1	29%
South	South	Sour	3	0.94	3	3	0	3	0	30%
BML	Mount Lebanon	Chouf	2	0.82	2	2	2	2	2	32%
North	North	EI Batroun	1	1.53	1	1	1	1	1	33%
South	EI Nabatieh	EI Nabatieh	3	1.52	3	3	0	0	0	34%
Bekaa	Baalbek-EI Hermel	Baalbek	3	0.74	2	3	3	2	3	37%
Bekaa	Bekaa	West Bekaa	2	1.26	2	2	2	2	2	39%
North	North	EI Minieh-Dennie	3	1.21	2	3	2	3	2	41%
South	South	Saida	5	1.24	3	5	1	3	1	42%
BML	Mount Lebanon	EI Meten	4	0.81	4	4	3	2	3	43%
Bekaa	Baalbek-EI Hermel	Hasbaya	1	2.58	1	1	0	0	0	43%
Bekaa	Baalbek-EI Hermel	Rachaya	1	2.23	1	1	1	1	1	44%
BML	Mount Lebanon	Aley	3	1.17	3	3	3	3	2	44%
BML	Mount Lebanon	Baabda	5	0.72	3	5	3	5	3	46%
North	Akkar	Akkar	6	1.40	3	6	4	6	3	62%
North	North	Tripoli	5	1.48	5	3	4	4	4	62%
Bekaa	Baalbek-EI Hermel	Zahle	7	1.67	5	7	5	5	2	69%
BML	Mount Lebanon	Jbeil	3	3.26	3	3	3	3	3	79%

6.7 Ranking of districts by % living within 5km of a static safe space or a cadaster with a mobile safe space

Field Area	Governorate	District	% living within 5km from...	
			Either a static safe space or a cadaster with a mobile safe space	CMR facility
North	North	Bcharre	60%	0%
North	North	El Koura	69%	18%
BML	Mount Lebanon	Kesrwane	70%	42%
North	North	El Batroun	71%	0%
Bekaa	Baalbek-El Hermel	Marjaayoun	81%	45%
BML	Mount Lebanon	El Meten	87%	54%
Bekaa	Baalbek-El Hermel	Baalbek	89%	58%
North	North	Zgharta	90%	57%
BML	Mount Lebanon	Jbeil	95%	65%
North	Akkar	Akkar	95%	75%
South	El Nabatieh	El Nabatieh	95%	72%
BML	Mount Lebanon	Baabda	95%	90%
BML	Mount Lebanon	Aley	96%	31%
South	South	Jezzine	96%	17%
Bekaa	Baalbek-El Hermel	El Hermel	98%	0%
South	South	Sour	99%	60%
BML	Mount Lebanon	Chouf	100%	16%
Bekaa	Baalbek-El Hermel	Rachaya	100%	64%
BML	Beirut	Beirut	100%	100%
South	El Nabatieh	Bent Jbeil	100%	0%
South	South	Saida	100%	55%
North	North	El Minieh-Dennie	100%	73%
Bekaa	Baalbek-El Hermel	Zahle	100%	58%
North	North	Tripoli	100%	93%
Bekaa	Bekaa	West Bekaa	100%	0%
Bekaa	Baalbek-El Hermel	Hasbaya	100%	4%

6.8 Ranking of districts by % living within 5km of a CMR facility

Field Area	Governorate	District	% living within 5km from...	
			Either a static safe space or a cadaster with a mobile safe space	CMR facility
North	North	Bcharre	60%	0%
North	North	El Batroun	71%	0%
Bekaa	Baalbek-El Hermel	El Hermel	98%	0%
South	El Nabatieh	Bent Jbeil	100%	0%
Bekaa	Bekaa	West Bekaa	100%	0%
Bekaa	Baalbek-El Hermel	Hasbaya	100%	4%
BML	Mount Lebanon	Chouf	100%	16%
South	South	Jezzine	96%	17%
North	North	El Koura	69%	18%
BML	Mount Lebanon	Aley	96%	31%
BML	Mount Lebanon	Kesrwane	70%	42%
Bekaa	Baalbek-El Hermel	Marjaayoun	81%	45%
BML	Mount Lebanon	El Meten	87%	54%
South	South	Saida	100%	55%
North	North	Zgharta	90%	57%
Bekaa	Baalbek-El Hermel	Baalbek	89%	58%
Bekaa	Baalbek-El Hermel	Zahle	100%	58%
South	South	Sour	99%	60%
Bekaa	Baalbek-El Hermel	Rachaya	100%	64%
BML	Mount Lebanon	Jbeil	95%	65%
South	El Nabatieh	El Nabatieh	95%	72%
North	North	El Minieh-Dennie	100%	73%
North	Akkar	Akkar	95%	75%
BML	Mount Lebanon	Baabda	95%	90%
North	North	Tripoli	100%	93%
BML	Beirut	Beirut	100%	100%

Annex 7 Distribution of outreach volunteers by district, sector with refugee population figures

Data source: UNHCR country office protection team

7.1 Number of Syrian refugees per OV, based on OV data from UNHCR Lebanon and refugee population figures from LCRP population figures (2018):

	No. OVs	Region (from LCRP)	Syrian refugees from LCRP data	Syrian Refugees per OV
UNHCR Mount Lebanon	173	ML	419,654	2426
UNHCR Qobayat	33	Akkar	143,736	4356
UNHCR Tripoli	150	North	212,470	1416
UNHCR Tyre	97	South	111,634	1151
UNHCR Zahle	210	Bekka	334,337	1592
Grand Total	663		1,221,831	1843

7.2 Distribution of OVs by region and sector

	General														Number of persons with disabilities	
	Female							Male								
	above 30				between 20 and 30		less than 20		above 30			between 20 and 30		less than 20		
	Iraqi	Lebanese	Sudanese	Syrian	Iraqi	Syrian	Lebanese	Syrian	Iraqi	Sudanese	Syrian	Iraqi	Lebanese	Syrian		Syrian
UNHCR Mount Lebanon	2	1	2	17	2	13	1		5	1	17	3	2	6		3
UNHCR Qobayat		1		9		3					15			2		3
UNHCR Tripoli				24		8		3			26			5	8	8
UNHCR Tyre	1			24		12					3			4		
UNHCR Zahle				42		33		1			40			28	2	6
Grand Total	3	2	2	116	2	69	1	4	5	1	101	3	2	45	10	20

	CP Ovs											Education										
	Female					Male					Number of persons with disabilities	Female					Male					Number of persons with disabilities
	above 30		between 20 and 30			above 30		between 20 and 30				above 30		between 20 and 30			above 30		between 20 and 30			
	Iraqi	Syrian	Iraqi	Lebanese	Syrian	Iraqi	Syrian	Iraqi	Lebanese	Syrian		Syrian	Iraqi	Lebanese	Syrian	Lebanese	Syrian	Iraqi	Syrian	Syrian	Syrian	
UNHCR Mount Lebanon	1	24	1	1	4	1	1	2	1	6	1	3	1	22	5	1	11	2	1			
UNHCR Qobayat															1		1	1				
UNHCR Tripoli		2			3		3			2			1	9	1	10		4	6			
UNHCR Tyre		5			8		2			2	1	1		9		5		1				
UNHCR Zahle							1						1	23		6		16	7			
Grand Total	1	31	1	1	15	1	7	2	1	10	1	2	3	3	63	1	27	1	33	16	1	

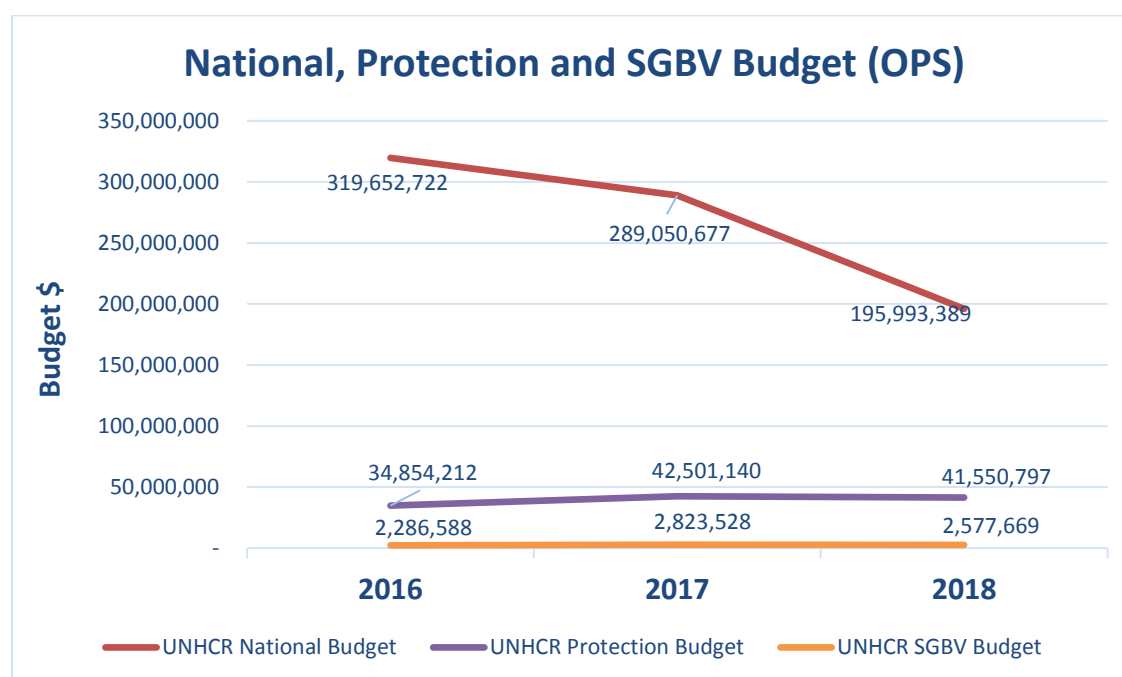
	Health						Paralegal						Grand Total		
	Female			Male			Number of persons with disabilities	Female			Male			Number of persons with disabilities	
	above 30		between 20 and 30	above 30		between 20 and 30		above 30		between 20 and 30	above 30				between 20 and 30
	Iraqi	Syrian	Syrian	Syrian	Syrian	Syrian		Syrian	Syrian	Syrian	Lebanese	Syrian			
	UNHCR Mount Lebanon	1	4	2		1		1		3	1				173
UNHCR Qobayat													33		
UNHCR Tripoli		10	2	6	1		5	3	5		3		150		
UNHCR Tyre		5	2				2	5	4		2		97		
UNHCR Zahle								2	7		1		210		
Grand Total	1	19	6	6	2		8	10	19	1	6		663		

Annex 8 Lebanon budget analysis

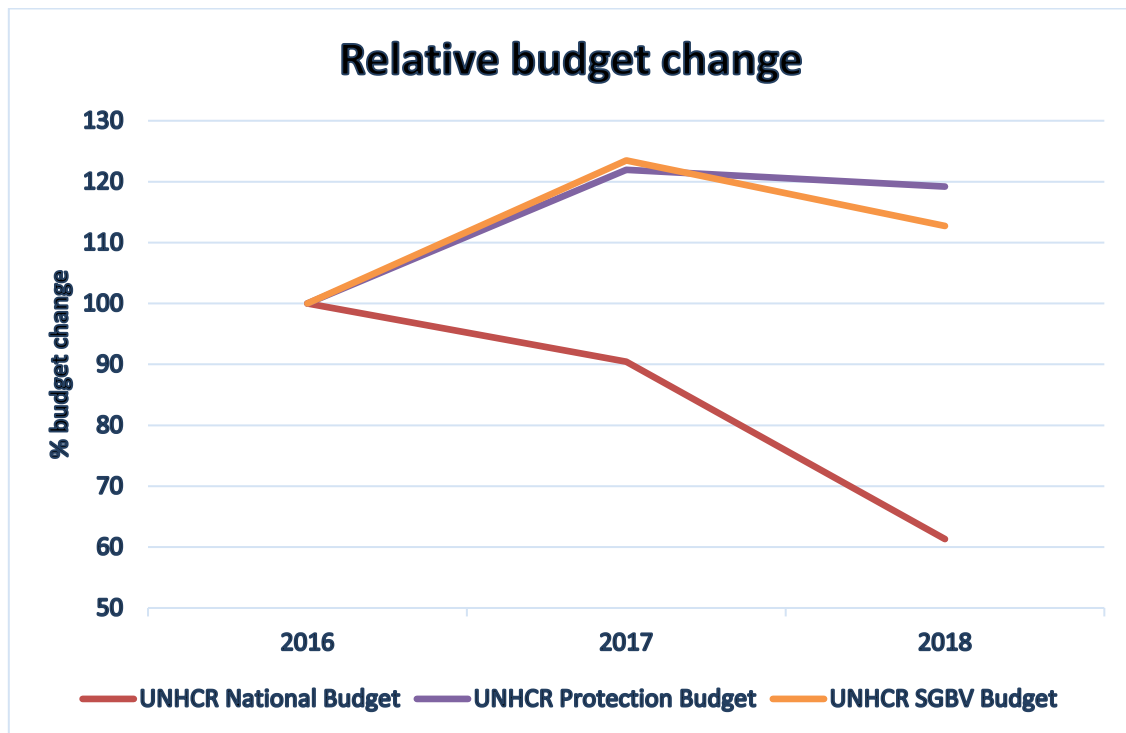
- 8.1 National budget - protection and SGBV budgets 2016-18
- 8.2 Relative budget change
- 8.3 SGBV budget - Operational Plan budget v Operating Level Budget
- with coverage %
- 8.4 SGBV budget by field office
- 8.5 SGBV budget per field office per year comparison
- 8.6 SGBV budget per refugee, 2018
- 8.7 Contributions to SGBV from other sectors - Protection Cash Assistance Programme (PCAP)

Data source: UNHCR Lebanon country office - with thanks to programme management for data breakdown

8.1 National budget – Protection budget – SGBV budget (based on Operations (OPS) budget only): 2016-2018

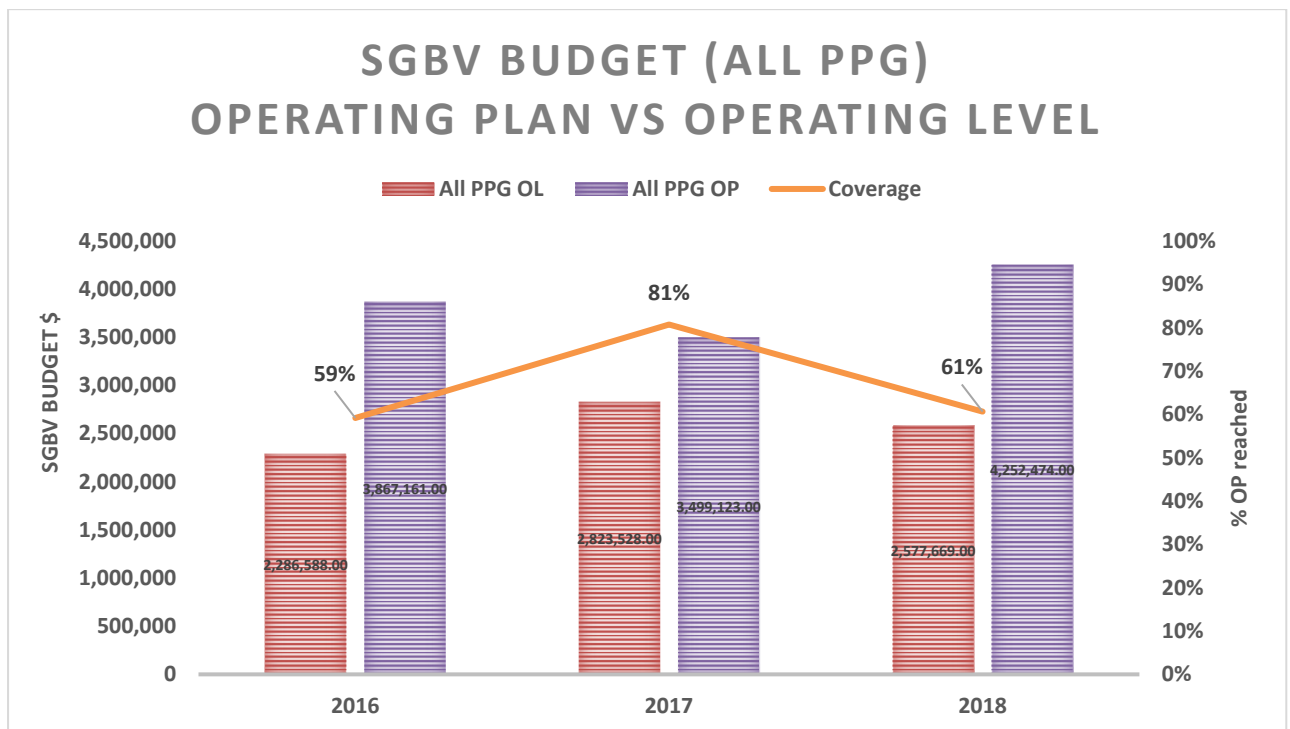


8.2 Relative budget change (National – Protection – SGBV): 2016-2018

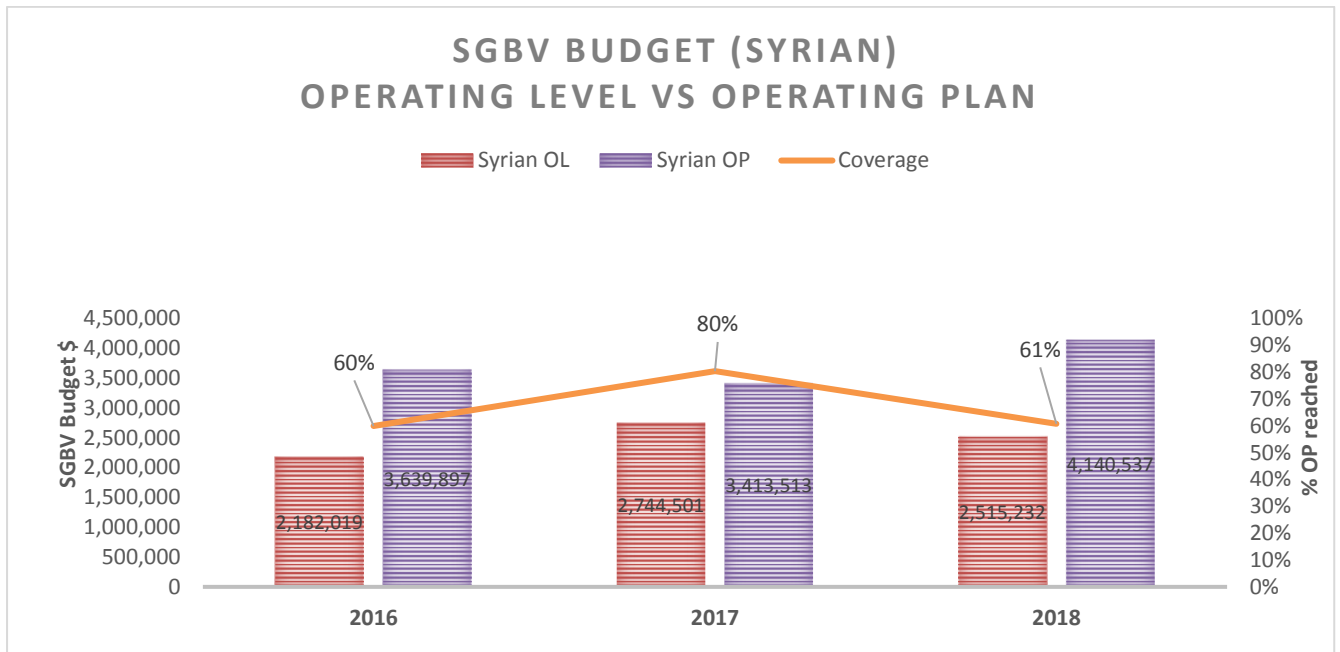


8.3 SGBV Budget (OL vs OP with coverage %)

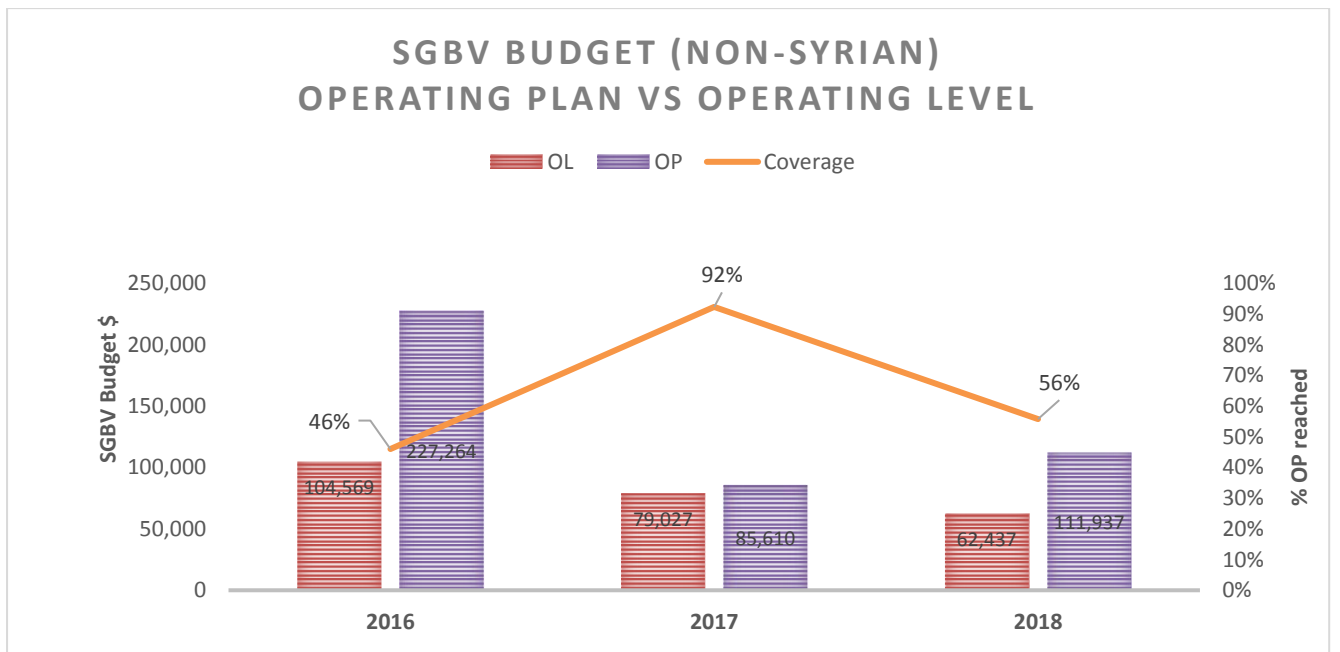
a. All PPG (Population Planning Groups)



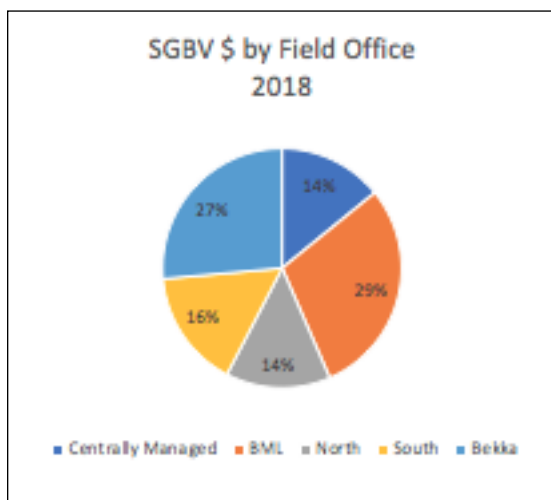
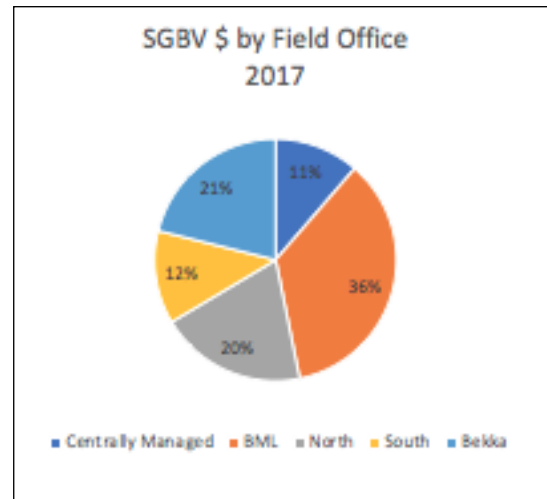
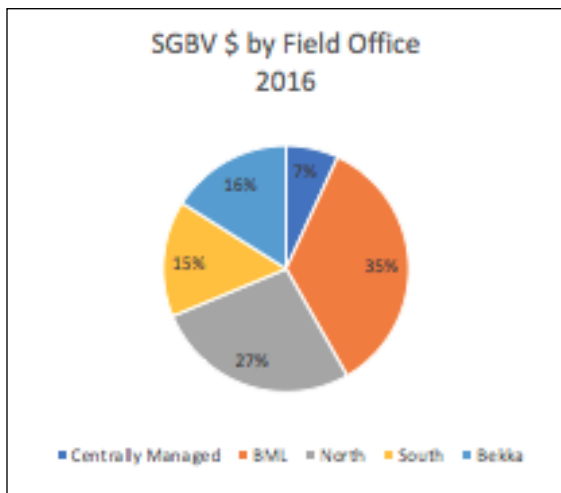
a. Syrian only



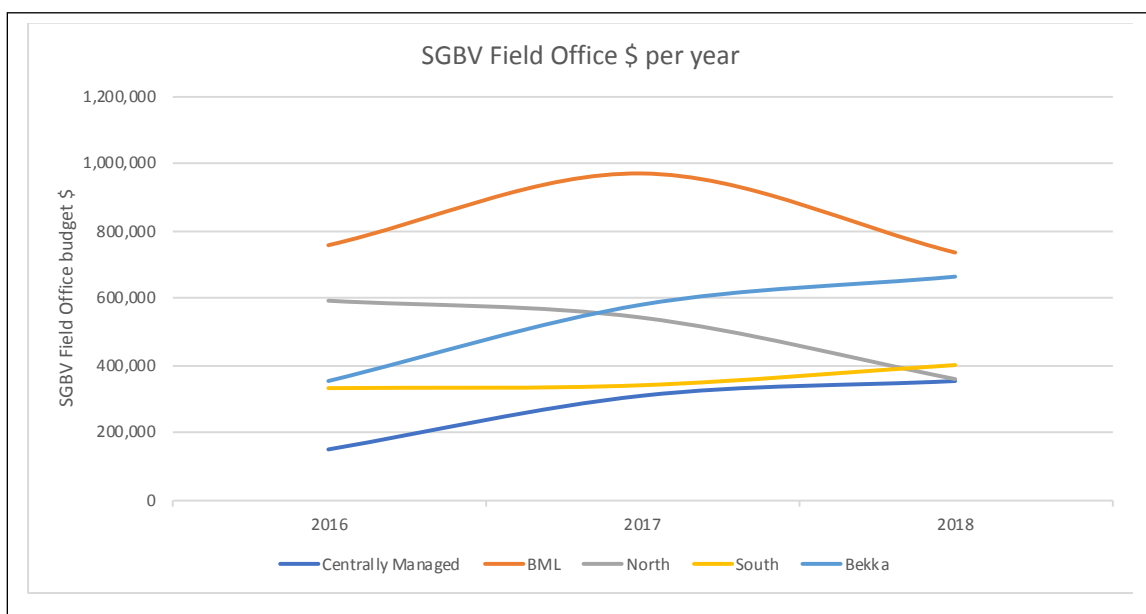
b. Non-Syrian only



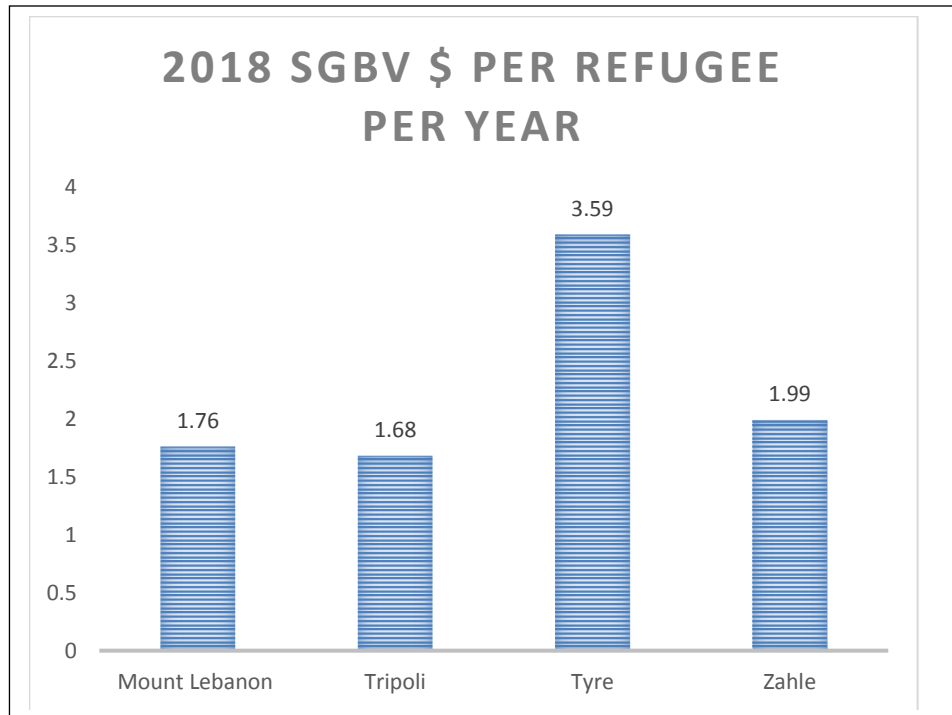
8.4 SGBV budget by Field Office



8.5 SGBV budget per field office per year

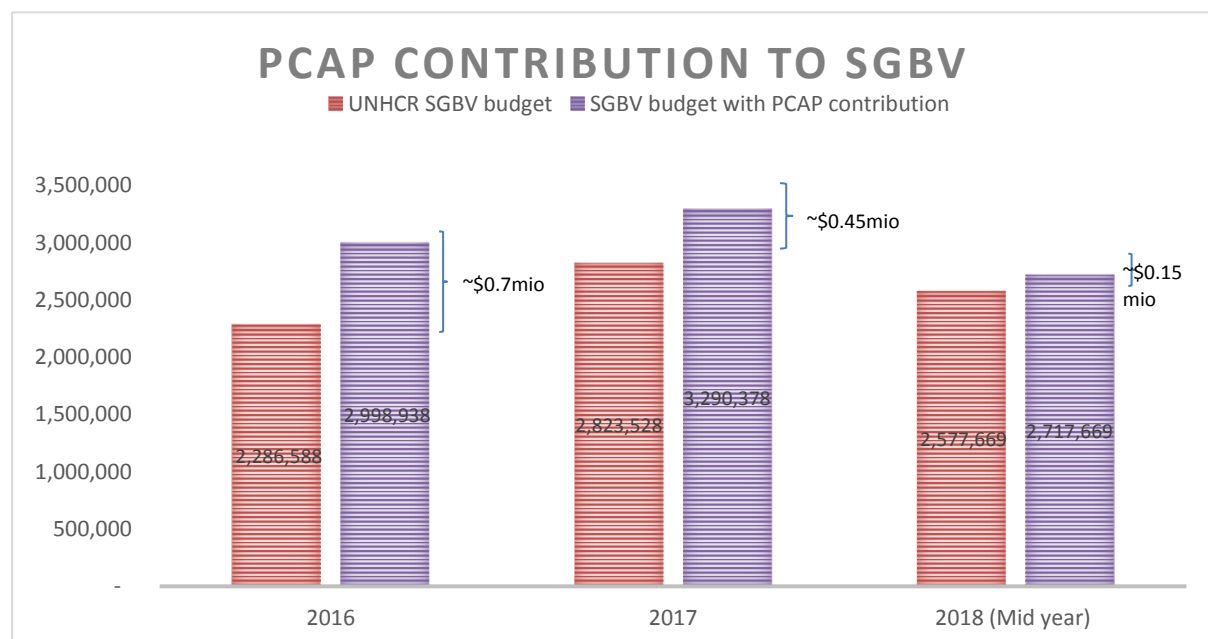


8.6 SGBV budget per refugee, 2018 (based on 2018 LCRP refugee population figures)



8.7 Contributions to SGBV from other sectors

8.7.1 PCAP



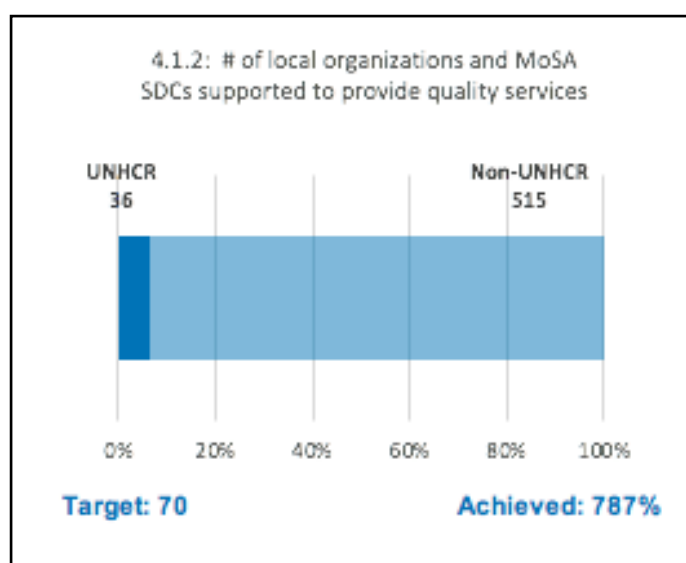
Annex 9 Data on LCRP and RBM targets and results including UNHCR contributions 2017

- 9.1 LCRP 2017 indicators and UNHCR contribution
- 9.2 Additional indicators measured not disaggregated for UNHCR contribution)
- 9.3 LCRP indicators measured via M&E toolkit
- 9.4 RBM 2017 indicators

9.1 LCRP 2017 Indicators.

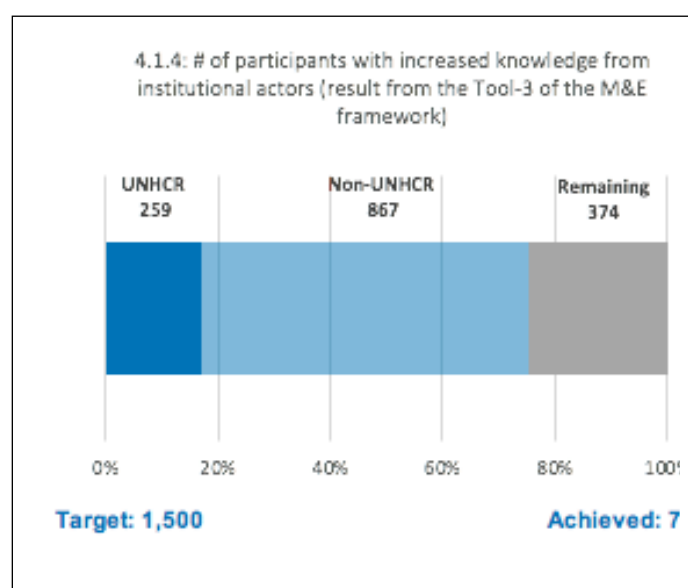
4.1.2 Number of local organisations and MoSA SDCs supported to provide quality services

Indicator	Target	UNHCR	Non-UNHCR	Remaining	% achieved by UNHCR	% achieved non-UNHCR	% remaining
4.1.2: # of local organizations and MoSA SDCs supported to provide quality services	70	36	515	-481	736%	51%	-687%



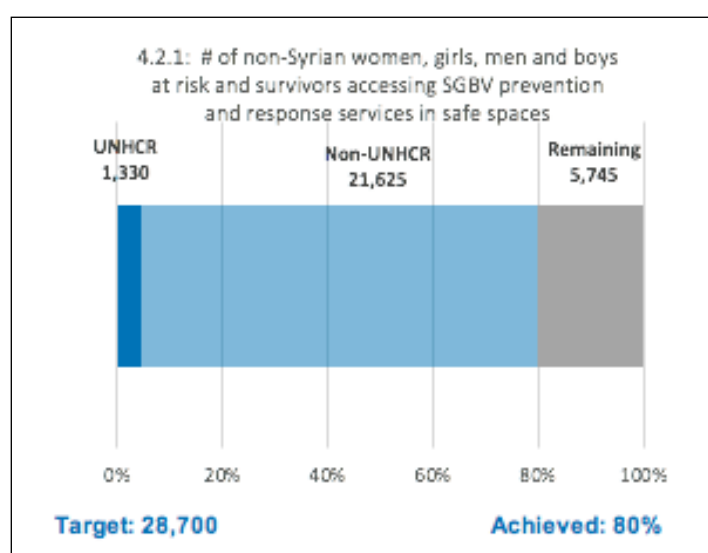
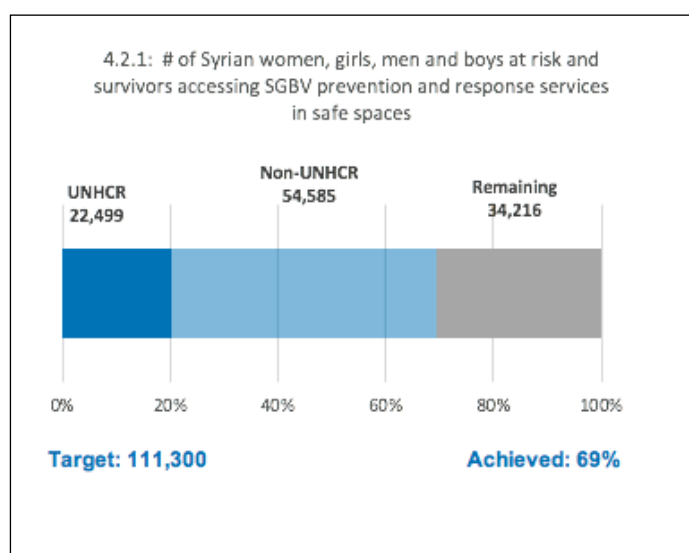
4.1.4 Number of participants with increased knowledge from institutional actors (result from Tool 3 of the M&E framework)

Indicator	Target	UNHCR	Non-UNHCR	Remaining	% achieved by UNHCR	% achieved non-UNHCR	% remaining
4.1.4: # of participants with increased knowledge from institutional actors (result from the Tool-3 of the M&E framework)	1,500	259	867	374	58%	17%	25%



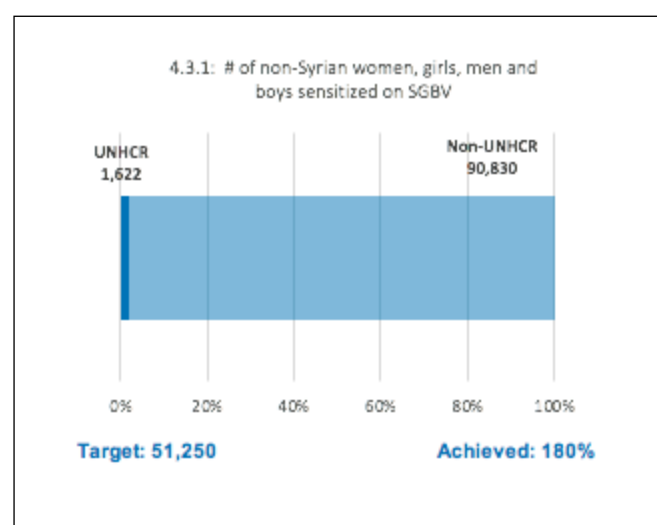
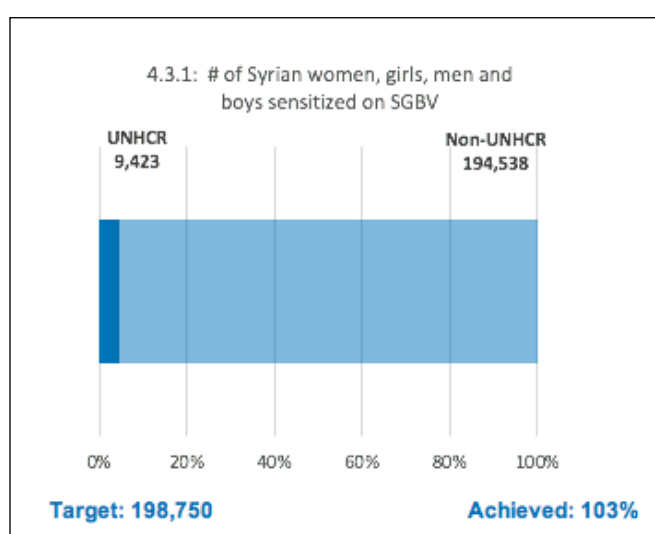
4.2.1 Number of women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces (Syrian and non-Syrian)

Indicator	Target	UNHCR	Non-UNHCR	Remaining	% achieved by UNHCR	% achieved non-UNHCR	% remaining
4.2.1: # of Syrian women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces	111,300	22,499	54,585	34,216	20%	49%	31%
4.2.1: # of non-Syrian women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces	28,700	1,330	21,625	5,745	5%	75%	20%



4.3.1 Number of women, girls, men and boys sensitised on SGBV (Syrian and non-Syrian)

Indicator	Target	UNHCR	Non-UNHCR	Remaining	% achieved by UNHCR	% achieved non-UNHCR	% remaining
4.3.1: # of Syrian women, girls, men and boys sensitized on SGBV	198,750	9,423	194,538	-5,211	5%	98%	-3%
4.3.1: # of non-Syrian women, girls, men and boys sensitized on SGBV	51,250	1,622	90,830	-41,202	3%	177%	-80%



*Additional indicators measured:

9.2 Additional indicators measured by % (not disaggregated by UNHCR contribution)

Indicator	Target	Extent achieved
4.1 SGBV related policies, strategies, plans, guidance revised, developed, endorsed and operationalised	3	3
4.2 % women and girls accessing safe spaces reporting feeling empowered: % women and girls	At least 75% out of the sample 10% of est. 111,300 individuals expecting accessing safe spaces	84%
4.2 % case management agencies reporting sufficient capacities to support survivors seeking services	Target 100% CM and MOSA agencies	NA
4.3 % of community members demonstrating improved knowledge and attitudes towards SGBV	At least 75% of 198,750 (might require adjustment after establishment of the baseline).	61%
4.3 % of women and girls who report actions taken in their communities in the past 6 months that made them feel safer	At least 60% out of the sample 10% of est. 111,300 individuals expecting accessing safe spaces (might require adjustment after establishment of the baseline).	89%

Annex 9.3 LCRP indicators measured via M&E toolkit

Indicator	Numerator	Denominator	Numerator	Denominator	%
% of community members demonstrating improved knowledge and attitudes towards SGBV	4.3.2: # of correct answers in the post test (result from the Tool-2 of the M&E framework)	4.3.2: Total # of Participants in the post test (result from the Tool-2 of the M&E framework)	10,691	1,254	61%
% of women and girls accessing safe spaces reporting feeling empowered	4.2.2: # of yes answers in the FGD (result from the Tool-1 of the M&E framework)	4.2.2: Total # of Participants in the FGD (result from the Tool-1 of the M&E framework)	12,765	1,894	84%
% of women and girls who report actions taken in their communities in the past 6 months that made them feel safer	4.3.3: # of these communities feeling safer (result from the Tool-4 of the M&E framework)	4.3.3: Total # of communities in which safety audits were conducted (result from the Tool-4 of the M&E framework)	144	162	89%
# of institutional actors trained who demonstrate increased knowledge of SGBV	4.1.4: # of participants with increased knowledge from institutional actors (result from the Tool-3 of the M&E framework)	4.1.4: Total # of training participants from institutional actors (result from the Tool-3 of the M&E framework)	1,126	1,377	82%

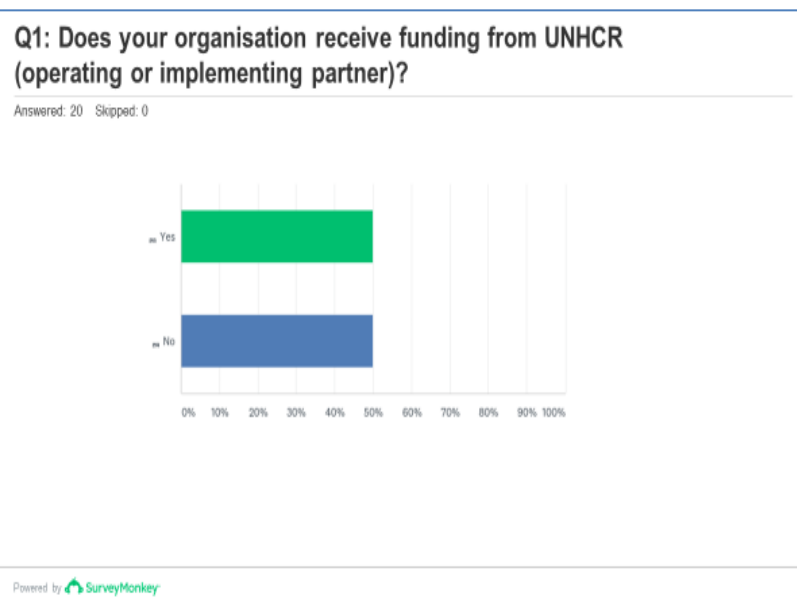
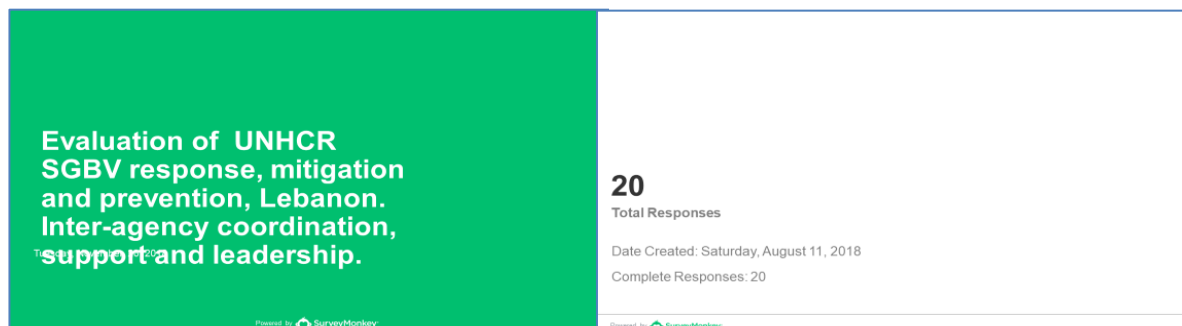
Annex 9.4 RBM 2017 Indicators

	Objective	Objective indicators	Baseline	Target Operating Level (Prioritised)	Target Operating Plan (Comprehensive)	Extent achieved
RBM Indicators 2017 (PPG Refugees and Asylum Seekers)	Risk of SGBV is reduced and quality of response improved	# of reported incidents of SGBV	230	100	109	109
		Extent known SGBV survivors receive appropriate support	92	100	100	92
	Output					

	Capacity development supported	# of partner, gvt and UNHCR staff trained on SGBV prevention and response	--	500	510	503
	Psychosocial counselling provided	# of reported SGBV incidents for which survivors receive psychosocial counselling	--	105	110	104
RBM Indicators 2017 (PPG Syrian refugees and Asylum Seekers)	Objective: Risk of SGBV is reduced and quality of response improved: refugees and asylum seekers	# of reported incidents of SGBV	2500	2250	2000	2247
		Extent known SGBV survivors receive appropriate services	85	90	100	88
	Output					
	Capacity development supported	# of partner, gvt and UNHCR staff trained on SGBV prevention and response	--	930.00	950.00	930

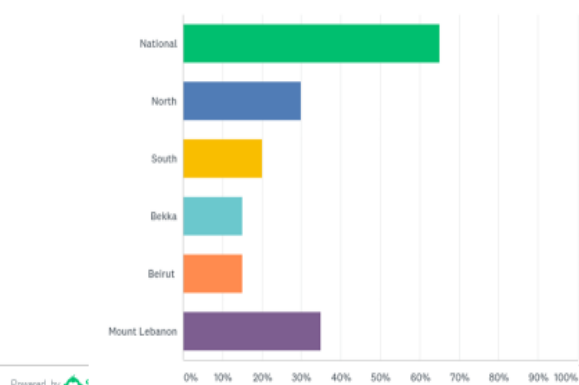
Annex 10 Summary of SGBV Task Force Survey results

Summary of responses to survey included below.



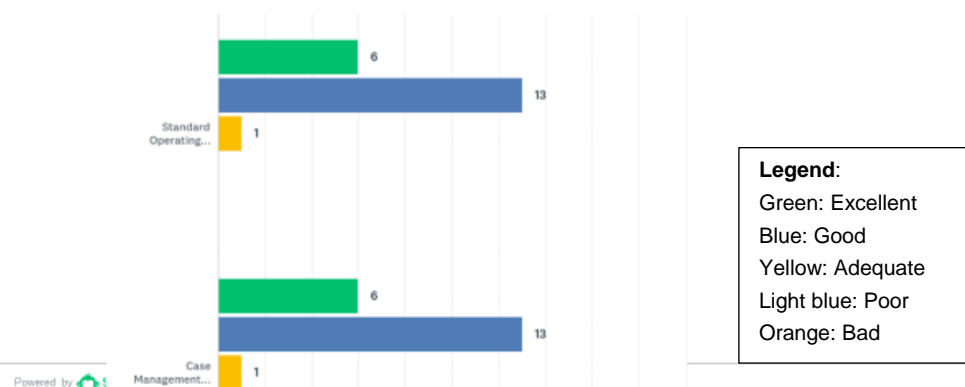
Q2: Do you work at national or regional level?

Answered: 20 Skipped: 0



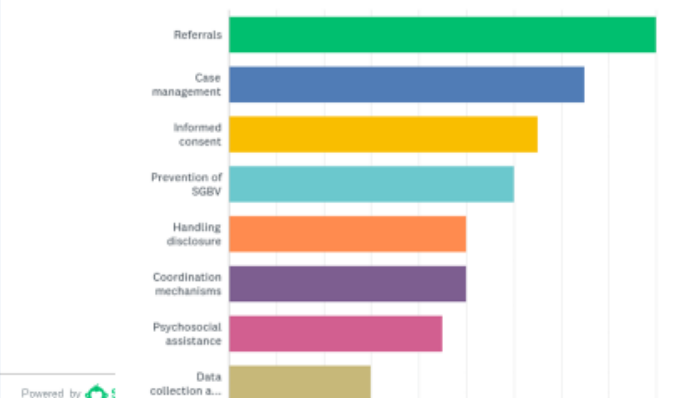
Q3: How do you rate the quality of tools developed by the sector to support SGBV interventions?

Answered: 20 Skipped: 0



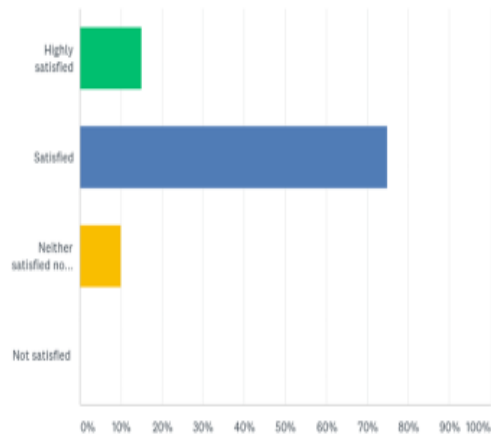
Q4: Which sections of the Standard Operating Procedures for response, mitigation and prevention do you find most useful? Please select up to 5.

Answered: 20 Skipped: 0



Q5: How satisfied are you with the process to develop sector tools led by UNHCR?

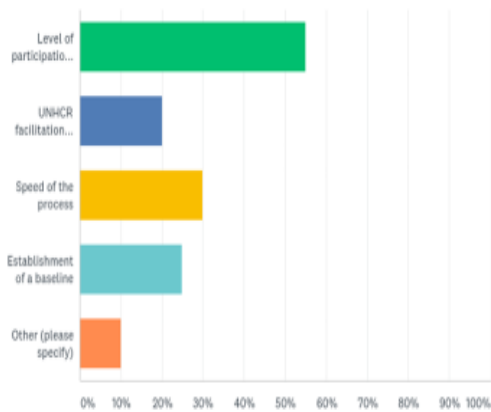
Answered: 20 Skipped: 0



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Q6: What could be improved in processes to develop sector-wide tools?

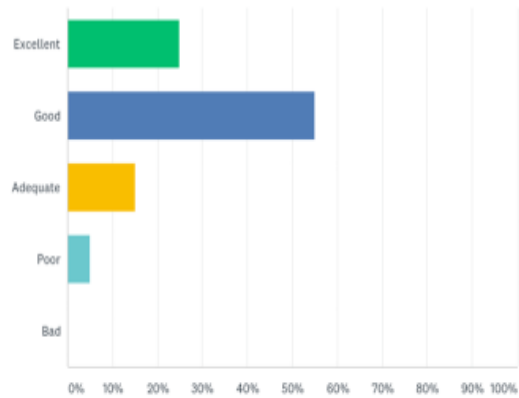
Answered: 20 Skipped: 0



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Q7: How do you rate the coordination of SGBV activities in Lebanon?

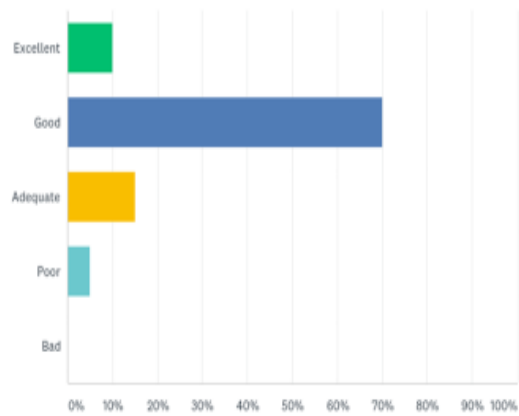
Answered: 20 Skipped: 0



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Q8: How do you rate how the sector identifies gaps and overlaps?

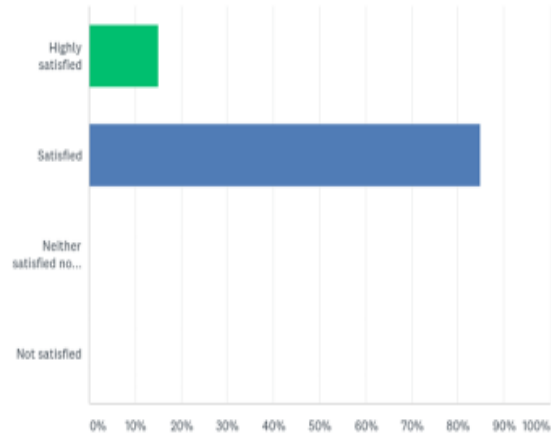
Answered: 20 Skipped: 0



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Q9: How would you rate your level of satisfaction with information sharing within the SGBV Task Force and Working Groups?

Answered: 20 Skipped: 0



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Additional Documents Reviewed

3W Maps

- SGBV Sector 3W 2016, Organisations per district
- SGBV Geographical hubs coverage (2018): Bekaa, BML, North, South

Advocacy

- IAC (UN Gender Working Group) Advocacy Messages (2016; 2018)
- SGBV Task Force Advocacy Messages (2017; 2018)

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- UNHCR Lebanon Communications survey (2017-2018)
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- South Field Office Consultation (2018-2019)
- Zahle Field Office Consultation (2018-2019)
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- SGBV Task Force M&E Toolkit.
- Checklists for static and mobile safe spaces.
- Guidance on safe relocation and accommodation.
- Examples of community leaflets.
- Case Management tools and Case Management supervision tools.
- Inter-Agency Early marriage guidelines.
- Early marriage registration procedures.
- SGBV Prevention and Response Standard Operating Procedures.
- Training tools on Standard Operating Procedures (understanding GBV; guiding principles; handling disclosure and referral; information sharing and management; informed consent; legal response; psychosocial support; coordination; prevention; response and health services; safety and security measures).
- Guideline for Frontline Workers.
- Referral Pathways.

- Training plans for Referral Pathways.
- Referral Pathways per Field Office.
- SGBV Task Force and Working Group ToRs.
- UNHCR Lebanon CMR documentation: checklists for CMR facility prioritisation; CMR SOPs; CMR strategy review; CMR key messages; PEP kit distribution per facility; list of prioritised facilities; compilation of CMR consultation meeting summaries; MoPH CMR circulars; ToRs for CMR consultant.
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SGBV Mainstreaming budget

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PCAP. The evaluation was provided with data on Protection Cash allocations that were specific to SGBV cases from 2016-2018.

Outreach Volunteers. The evaluation was provided with detailed data on the demographic breakdown of outreach volunteers by region.