UNHCR Lebanon

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United Nations High Commissioner for Refugees
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Evaluation of UNHCR prevention and response to SGBV in the refugee population in Lebanon (2016–2018)

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Evaluation Report

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Evaluation information at a glance	
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List of Abbreviations

AGD	Age, Gender and Diversity
AGDM	Age, Gender and Diversity Mainstreaming
BML	Beirut and Mount Lebanon
CDC	Community Development Centre
CMR	Clinical Management of Rape
COP	Country Operations Plan
CWC	Communicating With Communities
DIP	Division of International Protection
DPSM	Division of Programme Support and Management
ECHO	European Civil Protection and Humanitarian Aid Operations
EQ	Evaluation Question
FO	Field Office
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Information Management System
GoL	Government of Lebanon
GLC	Global Learning Centre
HIS	Health Information System
IASC	Inter-Agency Standing Committee
IP	Implementing Partner
IPV	Intimate Partner Violence
IRC	International Rescue Committee
ITS	Informal Tented Settlement
KAP	Knowledge Attitudes and Practice study (cross-sectoral formative research)
LCRP	Lebanon Country Response Plan
MENA	Middle East and North Africa
MCAP	Multi-purpose Cash Programme
MICS	Multiple Indicator Cluster Surveys
MoSA	Ministry of Social Affairs
MRM	Monitoring and Reporting Mechanism
OL	Operating Level
OP	Operation Plan
OV	Outreach Volunteer
PA	Participatory Assessment
PoC	Persons of Concern
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psycho-Social Support
PWD	Persons With Disabilities
RBM	Results Based Management
RSD	Refugee Status Determiniation
SDC	Social Development Centre
SGBV	Sexual and Gender Based Violence
SOGI	Sexual Orientation and Gender Identity
SOPs	Standard Operating Procedures
TF	Task Force
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VASYR	Vulnerability Assessment of Syrian Refugees
WHO	World Health Organization

Executive summary

Overview and approach

2018 marks the eighth year of the Syria crisis and Lebanon remains host to approximately 1.5 million Syrian refugees and asylum seekers – in addition to nearly 20,000 from other countries, e.g. Iraq and Sudan.[1] The evaluation of UNHCR's interventions to respond to, mitigate and prevent SGBV affecting the refugee population in Lebanon during 2016–18 aims to document results, lessons, challenges and practices in UNHCR SGBV approaches. This will inform future strategies and decision-making in Lebanon and generate lessons for other comparable contexts. The evaluation addresses five key questions of relevance, coverage, coherence, effectiveness and lessons of the UNHCR SGBV approach in Lebanon.

The evaluation process, carried over July-October 2018 was undertaken by a three person team who gathered data for two weeks in Lebanon in August 2018 and carried out further desk analysis. The key methods used included: document review; quantitative analysis of secondary data; 105 key informant interviews – including with UNHCR staff, members of the Ministry of Social Affairs (MoSA) and UNHCR partners; 33 focus group discussions with community members and other key stakeholder groups; two surveys of SGBV task force members and of UNHCR staff with SGBV responsibilities; mapping process on distribution of services; and analysis of financial, human resource and programme data. The evaluation directly involved 285 participants. Assessments of performance were made in relation to judgement criteria for each evaluation question developed as part of the evaluation matrix. Recommendations and lessons were developed inconsultation with UNHCR through an in-country workshop to discuss emerging findings with UNHCR staff and and meeting with senior management team.

Findings and conclusions

Relevance

UNHCR Lebanon Country Office has adapted its SGBV response interventions appropriately to the Lebanon context. Lebanon presents a number of distinct characteristics which are unusual for UNHCR operational contexts. These include the predominantly urban or peri-urban, non-camp and dispersed distribution of refugees across the country, the national legal framework and associated restrictions it places on refugees, the protracted nature of the crisis and response, and the limited availability of SGBV response capacity before the Syria response. The evaluation found that UNHCR Lebanon has excellent processes to monitor the context and SGBV trends and UNHCR uses monitoring data well in programme planning, notably the annual Participatory Assessment, but also commissioned research and processes at field office level to explore local trends.

There is strong evidence of adaptations being made to UNHCR interventions to support the appropriateness and accessibility of SGBV services in this context. Examples include: the development of mobile services and safe spaces to increase access to services for the dispersed population; employing multiple communication channels to promote awareness of SGBV and response services, building on analysis of refugee communication channel preferences in Lebanon; extending the outreach volunteer (OV) structured approach for general and specialised volunteers to reach refugees; and seeking opportunities to build on local capacity in acommunity development centres including social development centres affiliated with MoSAs well as work with national NGOs. In addition, UNHCR Lebanon has adapted activities to respond to some emerging SGBV trends identified by monitoring data e.g. through new activities that respond to data showing an increase in intimate partner violence (IPV) and child/early marriage, as well as data that shows adolescent girls, people with disability, men and boys, and members of the LGBTI community, have more limited access to services.

However, there are some sustained barriers to access which have not changed significantly with the strategies employed so far – frontline staff cite cultural factors, stigma to disclose SGBV and reluctance to approach official services all impact on the take-up levels of SGBV response services. Factors that constrain the relevance of the SGBV response design include the limited scale and reach of local capacity, including in civil society, and the need for a greater understanding of the drivers behind some of the sustained barriers to access for refugee groups in Lebnon, and for specialised services.

[1] Source: Terms of Reference. NB figures for Palestinian refugees are not included because they are supported through UNRWA in Lebanon.

The relevance of UNHCR Lebanon's SGBV has been supported by factors including: the early recognition in the operation of the importance of SGBV risks and specific characteristics of the context which require a a customised – and in places innovative – response design; the strong commitment of the UNHCR Lebanonleadership to SGBV response; and the delegation of decision-making to the relevant country and field offices, enabling customisation of programmes to the particular local context.

Coherence

The evaluation found strong evidence of progress towards a coherent or mainstreamed approach to SGBV response, and increasingly in mitigation and prevention too. There are examples of SGBV mainstreaming in many of the UNHCR operations in health, shelter, basic assistance and WASH. UNHCR Lebanon is implementing a key initiative to promote a mainstreamed approach to SGBV response and there have been key initiatives at sector level too, e.g. to evaluate the implementation of IASC guidelines and the subsequent promotion of the sectors' plans for putting these into action. Mainstreaming builds on the multi-sector SGBV response model, but also extends it both in terms of the diversity of the sectors involved – e.g. involving the livelihoods sector – and the extent of the role of sectors working towards mitigation and prevention. The scale of sector contributions and results are difficult to quantify, particularly in relation to mitigation and prevention, but the available data suggests it is potentially significant.

Progress towards a coherent, cross-sector approach to SGBV response, mitigation and prevention has been aided by the presence of dedicated and proactive SGBV personnel within UNHCR, and a distinct sub-sector at inter-agency level which has supported its development. Also, it has been aided by the willingness of other sectors to address SGBV risks and by joint work between the SGBV-focused staff and other sectors. For example, UNHCR SGBV and assistance teams are working together on research on the SGBV-related outcomes of assistance, and there has been cooperation across the protection sector involving child protection, legal and SGBV actors in the development of guidance on child/early marriage.

However, the vision, strategy and practical steps to take the mainstreaming approach further are not yet articulated clearly in UHCR – though work is now underway on it. A key challenge is that sectors are not held to account within UNHCR or inter-agency mechanisms. In addition, the visibility of sector inputs and results of mainstreamed SGBV interventions in UNHCR and the sector is low, particularly in relation to mitigation and prevention.

Coverage

UNHCR Lebanon has achieved good coverage of some key SGBV response services in Lebanon. This is illustrated by the levels of coverage namely that 95% of refugees are within five kilometers of a safe space, and these spaces meet minimum standards adopted by the sector in Lebanon. Effective strategies to achieve good coverage levels have been UNHCR's prioritisation for access points to SGBV response services by establishing safe spaces and expanding access through the development of mobile services. UNHCR's budget allocated to SGBV programmes has been held at relatively constant levels despite the challenging wider funding environment. Staffing levels have also been maintained but positions are overstretched, covering multiple responsibilities.

Coverage levels achieved have beenaided by excellent cooperation in the sector and strong coordination co-led by UNHCR. The responsiveness of the sector has been aided by UNHCR’s use of inter-agency mechanisms to promote awareness of gaps in the sector and encourage take-up of opportunities to expand coverage. Also important has been UNHCR’s own commitment to maintain its levels of resource allocation for SGBV response programmes.

A key concern is maintaining the access for refugees to SGBV response services in Lebanon as long as they are in-country as resources now come under strain in the protracted crisis. Also, despite the positive coverage trends, challenges remain with access, including to specialised services, e.g. for safe shelter, mental health care or for certain groups such as people with special needs. Furthermore, the range of services available to refugees varies significantly depending on where they live.

Effectiveness

UNHCR has made significant contributions to the provision of SGBV response services for refugees in Lebanon through a focus of resources on case management and provision of community-based activities. These include psycho-social support services (PSS), specialised outreach volunteers on SGBV and child protection, also a structured promotion of specific neglected issues – notably attention to men and boys – in SGBV response mitigation and prevention by UNHCR and in the sector. Also, effective capacity building approaches using mentoring and UNHCR's peer-to-peer support, accessible to all SGBV actors in Lebanon, not only UNHCR partners has been effective. In addition, and of particular note, is the UNHCR investment in inter-agency coordination which has supported the development of a consistent sector approach to SGBV that works towards shared standards and the use of common tools, developed both jointly and by individual members of the sector.

The effectiveness of UNHCR SGBV interventions has been aided by sustained investment that takes advantage of the protracted nature of the response to evolve and adapt responses to the changing context, as well as its effective coordination and collaboration in the sector, and innovation, e.g. in the development of services for men and boys.

Solutions with lasting effect for refugees are challenged by funding limitations across the sector's Lebanon Country Response Plan and also diminishing external opportunities e.g. for resettlement. Approaches to prevention of SGBV are less well developed in UNHCR Lebanon and across the sector, and there is a lack of evidence on what strategies are effective, and indeed what short-term results or changes (within 2–5 years) might be feasible to identify after effective preventive interventions. Prevention is a strategic aim of UNHCR Lebanon's current SGBV strategy and work is underway to develop the approach in UNHCR – and also at sector level where there is a new focus on communication for social change. Prevention strategies for refugees in Lebanon is a key space where UNHCR Lebanon, and potentially globally, can contribute learning.

Furthermore, more developed global standards, and/or a theory of change, for UNHCR SGBV interventions could support UNHCR decision-making regarding operations, and support in a protracted crisis context. In addition, maintaining monitoring processes which focus on UNHCR's contribution to results and impact, as well as more opportunities for learning across UNHCR field offices, that began in the development of SGBV strategy, will support the effectiveness of interventions and lesson learning.

Lessons

The evaluation draws together ten lessons from the Lebanon experience to date that are relevant to other comparable contexts – in particular to negotiating the humanitarian-development nexus in a protracted crisis. These relate to timing of planning for long-term aims; using the opportunities of protracted crises to deepen understanding of community dynamics and SGBV risks and working on multiple fronts to further the development of SGBV response and prevention for refugees.

a) Engaging with government structures at multiple administrative levels enables cooperation to be sustained throughout times of change but needs to be based on an assessment of capacity and needs.

b) Balancing the scale up of rapid SGBV response services with building connectivity with the national system can begin early in the response.

c) A highly effective approach to building national capacity is through more hands-on and practice-based coaching.

d) Cross-organisational cooperation in the humanitarian-development nexus can start early to bring together humanitarian assistance programmes for refugees with social protection programmes for the vulnerable host population, and also for building national capacity for SGBV response.

e) Promoting neglected issues through a structured, incremental approach shows promising results and is possible and effective strategy in a protracted crisis e.g. in promotion of attention to men and boys in responses.

f) Despite the existence of restrictive legal frameworks, e.g. for service provision to LGBTI refugees, it is possible for UNHCR to promote access to services and rights for all – for example, through partnerships with local NGOs and inter-agency initiatives.

g) Moving rhetoric of mainstreaming SGBV in UNHCR to shared understanding and action across the organistion benefits from visibility of inputs and results, leadership and more involvement of male staff in UNHCR's discussions on SGBV.

h) The protracted crisis context allows for a deeper understanding of the dynamics of refugee lives and the communities they are living in, as well as for their greater involvement in the design of UNHCR programmes. This can be capitalised on to a greater extent.

i) The significant benefits of UNHCR decentralised decision-making to and within Lebanon need to be complemented by strengthened national strategy, monitoring and learning processes to ensure cross organisational learning and to ensure equitable access to SGBV services for all refugees.

j) Innovations from Lebanon potentially relevant for other contexts with some similar characteristics such as a dispersed, urban-based refugee population include mobile approaches; communication methods with communities; structured approach to long-term engagement of general and specialised OVs; working in urban environments in terms of identification and communication; supporting refugees in middle-income countries with associated high cost of living. These can be converted to learning and support products and processes within UNHCR.

Overview on recommendations

The evaluation makes recommendations on 12 areas to UNHCR.The full report details suggested responsible teams in UNHCR in Lebanon and globally to take these forward, provides more detail on next steps and recommended time period. These address issues of strategy, programme effectiveness and organisational development to support SGBV response, mitigation and prevention in Lebanon and potentially globally.

Strategy development

1. Work with the SGBV sub-sector to develop a strategy to ensure continuity of the current response capacity and level as long as refugees needs remain in Lebanon. This may be part of the Lebanon Country Response Plan process.
2. Be explicit about the UNHCR support to the government in its role of leading refugee SGBV response and prevention, and jointly develop a plan with MoSA to support national leadership and develop national capacity to meet refugee needs at different levels involving government, local NGOs and local civil society organisations.
3. Consider explicitly in planning how UNHCR's unique role in SGBV in Lebanon can be maximised to benefit of refugee SGBV response and prevention e.g. through its multiple communication channels with refugees and also influencing capacity in the sector.

Programme Effectiveness

4. Develop a focused UNHCR prevention strategy for Lebanon which lays out SMART objectives for the short, medium and long-term based on a theory of change; includes a menu of approaches and factors to consider when choosing interventions in the refugee context.

5. Develop the economic component for UNHCR SGBV interventions in Lebanon involving cooperation with UNDP, the livelihoods and basic assistance sectors to address economic aspects of SGBV risks and solutions for survivors. Share learning from current research e.g. on cash-based assistance approaches..

6. Through community-based consultation and research processes develop a deeper understanding of causes and potential community-based solutions to overcome recurrent barriers to take-up of services including stigma of disclosure, reluctance to approach officials and some groups access to SGBV response services.

7. Strengthen methods to ensure that SGBV programmes incorporate the views, concerns and capacities of persons of concern through connected engagement with communities across sectors to inform SGBV response, mitigation and prevention programming.

8. Convert learning from Lebanon into global practice in relation to negotiating the humanitarian-development nexus. Develop globally promoted products and processes to share innovations from Lebanon and also embed lessons regarding the integration of standards and long-term aims into UNHCR humanitarian responses in protracted crises eg through triggers for long-term planning, standards and minimum package of services in response and learning products on innovations.

Organisational development to support effective SGBV approaches

9. Continue investment in Lebanon SGBV coordination with dedicated coordination personnel at inter-agency level to sustain focus on refugee related issues in SGBV strategy, and globally build UNHCR coordination capacity in SGBV.

10. Put in place mechanisms to ensure UNHCR resource allocation for SGBV response, mitigation and prevention across the country supports equitable access to all refugees between and across regions.

11. Develop methods to make visible and track UNHCR sectors' contributions to and effectiveness in SGBV response, mitigation and prevention.

12. Build systems to make UNHCR progress towards SGBV intervention aims more visible and review these regularly at a senior management level.

1 Introduction

1. 2018 marks the eighth year of the Syria crisis and Lebanon remains host to 1.5 million refugees and asylum seekers from Syria, in addition to nearly 20,000 from other countries e.g. Iraq and Sudan.2 The response has evolved and 2016–18 has been a period of relative stability in terms of refugee numbers, presence of humanitarian actors and humanitarian funding levels. In 2017 the comprehensive, multi-sector Lebanon Country Response Plan 2017–20 (LCRP) was developed – a longer-term planning framework and new structure of co-leadership of the response by the Government of Lebanon (GoL) with international agencies. As the response is now well into a stage of protracted crisis, it is timely to reflect on progress and draw lessons.

1.1 Aims of the evaluation

2. The subject of this evaluation is UNHCR's interventions to respond to, mitigate and prevent SGBV affecting the refugee population in Lebanon during 2016–18. It aims to document results, lessons, challenges and practices in UNHCR SGBV approaches in Lebanon, as well as to make recommendations. This will inform future strategies and decision-making in Lebanon and generate lessons for other comparable contexts. The evaluation addresses five key questions of relevance, coverage, coherence, effectiveness and lessons of the UNHCR SGBV approach in Lebanon.

3. **The primary audience is UNHCR Lebanon Country Office and its partners.** Secondary audiences include other humanitarian and development actors in-country, and also donor offices and the UNHCR Regional Bureau for Middle East and Northern Africa (MENA), the Division of International Protection (DIP) and the Division of Programme Support and Management (DPSM). The evaluation was been commissioned by UNHCR Evaluation Service and UNHCR Lebanon Office.

1.2 The current context and UNHCR approach

4. **UNHCR recognised sexual and gender-based violence (SGBV) as a key concern from a relatively early stage in the response.[3]** The most commonly reported types of violence involve intimate partner violence (IPV) occurring within homes, emotional violence and child/early marriage.[4] SGBV affects men and boys as well as women and girls.[5] UNHCR both operates SGBV programmes directly with its partners and plays a leading role in inter-agency coordination.

5. UNHCR Lebanon operates under a decentralised model with four sub/field offices in the North, Bekaa, South and Mount Lebanon, and a branch office in Beirut. The operation has protection staff based in Beirut and each field office. SGBV focal points in each field office support inter-agency SGBV working groups, manages local partnerships and coordinate UNHCR's internal SGBV prevention, mitigation and response programming.

6. **UNHCR co-leads the inter-sector working group with the Ministry of Social Affairs (MoSA) and UNDP**. UNHCR also co-leads with the relevant government ministries, sectors and sub-sector task forces and groups in basic assistance, health (with WHO), protection (with UNFPA and UNICEF), shelter (with UN-Habitat) and the SGBV task force (TF) (with UNFPA and UNICEF until 2017, and then with UNFPA in 2018). At the inter-agency level in 2013 a SGBV TF, co-led by UNHCR, was established as the sole entity for coordination of SGBV prevention, mitigation and response related activities across the country. The operation has a dedicated protection officer (SGBV) to lead and coordinate SGBV prevention, mitigation and response interventions at inter-agency level. They work closely with the UNHCR SGBV focal points at field office level. This is a unique position supported by UNHCR Lebanon, and is not the case in many UNHCR refugee operations across the world. At the field office level, SGBV working groups were set up

[2] Source: Evaluation Terms of Reference (ToR). NB figures for Palestinian refugees are not included because they are supported through UNRWA in Lebanon.

3 UNHCR (2013). 'Comprehensive Assessment and Action Plans for SGBV in the Syrian Refugee Crisis'.

[4] GBVIMS (2017a). 'Access to services for survivors of Gender Based Violence: Overview of GBVIMS data January–March 2017'.

[5] 8% of reported cases to inter-agency SGBV service providers are male; 14% of all reported rapes are of men. It is known that there is extensive under-reporting of male experiences of SGBV. See GBVIMS (2017a) and Chynoweth (2017) 'We keep it in our heart: sexual violence against men and boys in the Syria crisis'.

between 2012 and 2013. The field level working groups are chaired by the UNHCR field office SGGV focal points.

7. The UNHCR SGBV approach has three strands which are:[6]

   - **Response interventions** – response refers to immediate interventions that address physical safety, health concerns and psycho-social support.
   - **Mitigation of risk** – mitigation refers to actions that are taken in each humanitarian sector to reduce risks and exposure to SGBV.
   - **Prevention** – prevention refers to actions that block SGBV from ever occurring and typically address the root causes of SGBV, namely gender inequality and unequal power relations.

8. The UNHCR SGBV approach in Lebanon works on three levels. These are:

   - **Individual** – interventions accessible to and targeting individual people who are SGBV survivors or at high risk of SGBV.
   - **Community** – interventions target and involve groups, and can include gender segregated activities but also community-wide activities.
   - **National** – interventions to build the national infrastructure and capacity for SGBV response, mitigation and prevention.

9. UNHCR's SGBV interventions are based on the multi-sectoral model including legal, health, protection, education, safety and security (including shelter), and psycho-social responses. UNHCR implements its SGBV programming through partners and has six main partners including both INGOs and national NGOs as well as cooperation with MoSA.

10. **A summarised overview of UNHCR SGBV interventions is below.** While, for analytical purposes, this categorises interventions into individual aims and levels of intervention, it is recognised in the evaluation that some SGBV interventions can address both response and mitigation or prevention aims, e.g. general and specialised outreach volunteers (OVs) can both identify and refer survivors to specialised services (response), as well as promote communication that builds awareness of how to mitigate risks or even increase gender equity (prevention).

[6] "There is a distinction made between 'prevention' and 'mitigation' of GBV. Prevention generally refers to taking action to stop GBV from first occurring (e.g. scaling up activities that promote gender equality; working with communities, particularly men and boys, to address practices that contribute to GBV; etc.). Mitigation refers to reducing the risk of exposure to GBV (e.g. ensuring that reports of 'hot spots' are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.)". Source: IASC GBV Guidelines (2015, revised edition) 'Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action'.

Table 1. UNHCR interventions categorised according to level of intervention and aim

Source: Evaluation team discussions with UNHCR SGBV staff

Level/ Intervention	UNHCR Response Interventions	UNHCR Mitigation Interventions	UNHCR Prevention Interventions
Individual	• Establishment of case management system • Identification and referral systems for specialised services – health, legal, protection, PSS, shelter • Safe spaces, including in community centers • Hotlines • Sensitization on SGBV and availability of services	• Support to development of personal safety plans • Shelter, assistance and livelihood programmes which reduce individual risks	• Safe space and various group work e.g. life skills • Activities focusing on empowerment e.g. for adolescent girls • Promotion of understanding of masculinities • In specific instances, provision of cash for protection (PCAP) to prevent SGBV incidents
Community (combines household and community)	• Awareness raising of SGBV and availability of services via community communication channels e.g. OVs	• Sector interventions to reduce community level risks • Awareness raising through community channels on risks e.g. of child/early marriage • Safety audits and follow up on needed actions • Monitoring and consultations of community concerns and priorities • Protection monitoring • Building community groups and peer networks such as those for women, LGBTI and older persons	• Community outreach • Outreach to community leaders including religious leaders • Training of community members on SGBV core concepts and guiding principles as an early step to build gender equity • Awareness campaigns through community groups
National	• Capacity-building of national service providers • Promotion of attention to specific issues and neglected groups • Sector coordination and development of tools to promote good practice	• Provision of civil documentation – birth, marriage, divorce and custody (which can help enable access to rights)	• Advocacy and policy inputs to strengthen legal framework to protect people from SGBV

1.3 The evaluation report

11. **The report is organised around the five key evaluation questions (EQs) finalised in the inception phase.** Following a chapter on the methodology each following chapter addresses one evaluation question.

- **Chapter 2: Methodology**- main evaluation approaches and methods used along with methodological limitations.
- **Chapter 3: Relevance** – focuses primarily on SGBV response interventions and how they have been adapted to the Lebanon context. More detailed analysis of the Lebanon context is in this section.
- **Chapter 4: Coverage** – focuses on the geographical distribution of SGBV interventions, the financial coverage of SGBV plans and UNHCR human resource investment into SGBV programming.
- **Chapter 5: Coherence** – considers the relationship between direct SGBV response and other sectors' initiatives which contribute to response, mitigation and prevention.
- **Chapter 6: Lessons** – distils some of the key lessons from Lebanon to inform both its future planning and SGBV interventions in other similar contexts.
- **Chapter 7: Recommendations** – makes recommendations to UNHCR Lebanon and globally to take forward some of the implications from the findings of this evaluation.

2 Methodology

This chapter details the key elements of the evaluation methodology including its framework, key methods used, the evaluation team, and constraints and how they were addressed. Further details on methodology including the evaluation matrix and tools are attached in Annex 2.

2.1 Evaluation framework and key approaches

12. The evaluation is framed around five key evaluations questions (EQ). These are below along with the sub-questions developed during the inception phase.

Evaluation questions and sub-questions
1. RELEVANCE: 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 How well have key contextual issues been addressed by UNHCR's main response/mitigation/prevention strategies? **1.2** To what extent is the SGBV approach, its related objectives and programming, informed by quality analysis about the needs of refugees? **1.3** To what extent has a learning approach been employed i.e. has UNHCR been identifying, employing and adjusting ways of working over time in response to changing conditions and/or learning about appropriate approaches?
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 (2016–18)? **2.2** How well has quality of implementation been assured? E.g. adherence to standards of good practice **2.3** How well has UNHCR applied it approaches and interventions to maximise both short and long-term benefits for PoC and national capacity development?
3. COVERAGE: How extensive is UNHCR's coverage of SGBV issues?
3.1 How comprehensive is the reach and accessibility of SGBV response and prevention activities? **3.2** How well have SGBV interventions been resourced and how have shortfalls been managed?
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?
4.1 How well are SGBV concerns integrated with other protection approaches particularly in relation to child/early protection and legal protection? **4.2** How well are SGBV concerns mainstreamed across UNHCR other protection and solutions programming, i.e. other sectors? **4.3** 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)? **4.4** What are the key enablers and constraints on greater integration of SGBV across operations and overall response?
5. LESSONS: What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Lebanon?
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? **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?

13. **The evaluation team worked with UNHCR to develop an evaluation matrix.** This details more specific indicators, data sources and methods used for data collection and analysis. The key methods used in response to each evaluation question are listed below. Progress and results against these indicators have been used in the evaluation to inform the evaluative judgements presented.

Table 2. Evaluation methods and evaluation question focus

Method	EQ focus	Focus and detail
Document review	1, 2, 3, 4, 5	Documents included UNHCR internal SGBV strategy and LCRP, organisational and programme plans, UNHCR internal SGBV budget analyses, reports, assessments, evaluations and research SGBV TF SoPs and documentation.
Secondary quantitative analysis of data	1, 4	Analysis of available UNHCR and inter-agency documentation and data including GBVIMS reports and data from Activity Info, RBM/ FOCUS data, LCRP monitoring, reports, VASyR, participatory assessments, minutes of TF and other relevant meetings, programme support tools.
Mapping	3	Mapping of most vulnerable areas (cadastres or smaller geographical unit if possible),[7] refugee numbers; SGBV sector provision of services (focus on safe spaces, CMR services and awareness raising), range and consistency of services available per district, proximity of services to refugees.
Key Informant Interviews (KII)	1, 2, 3, 4, 5	105 key informant interviews with key stakeholders (see below). Interviews were semi-structured guided by an interview checklist based on the evaluation matrix and adapted for individuals' areas of experience. (See Annex 2 for list of interviewees and Annex 3 for the interview guide used).
Focus Group Discussions/ workshops	2	Two national level workshops with a) UNHCR Protection team and b) inter-agency protection leads to collect data on how issues of shared concern are addressed. Two national level workshops with c) UNHCR sector leads and d) inter-agency sector leads/coordinators to collect data on how sectors contribute to SGBV approaches.
Surveys	3, 4	SGBV TF for feedback on UNHCR's coordination of SGBV; the process, quality and use of tools produced by the sector lead by UNHCR (20 responses from approximately 50 members but reportedly 25 active participants). UNHCR personnel with SGBV responsibilities - a rapid human resource survey to explore time allocated to SGBV, SGBV objectives (responses from 10 staff).
Regional visits	4	Interviews with UNCHR field office staff-including head of office, protection, SGBV focal point. Discussions with partners' front line staff. Visit to points on referral pathway and UNHCR supported activities – safe spaces, shelter, mid-way house, SDCs, community centres, health centres. Group discussion with operational partners, OVs (general and specialised). A total of 19 focus group discussions were held with 119 frontline staff (some also involved in KII). Community meetings with people participating in UNHCR supported activities (safe spaces, awareness raising, safety audits, empowerment, emotional support groups, life skills). A total of 11 focus group discussions were held with community members involving 99 participants including persons with disabilities, LGBTI refugees, Syrian and non-Syrians.
Financial analysis	3	Analysis considered annual allocations by: i) field office ii) target beneficiaries i.e. Syrian/non-Syrian 2016–18 by year iii) scale of sought funds (operation plan budget) that were covered (operating level budget); iv) trends in SGBV budget over time v) relation to the UNHCR overall operational budget and vi) aim (response/mitigation /prevention).
Validation and lessons workshop	5	A half-day workshop in Beirut to discuss the evaluation's emerging findings, recommendations and lessons for future Lebanon plans and other contexts. The workshop gathered UNHCR staff across sectors and field offices. Meeting with UNHCR SMT to share findings and discuss recommendations.

14. **The inception phase identified key stakeholders for the evaluation.** With the exception of donors (who are a target audience for the report), all were involved in key interviews, focus group discussions or workshops during data collection. Key stakeholders are:

[7] The 251 most vulnerable localities (cadasters) in Lebanon were calculated based on the following datasets: The Multi-Deprivation Index; Lebanese population dataset; and Syrian and Palestinian Refugee Population Figures (based on UNHCR refugee registration database as of November 2014 and UNRWA/AUB data on Palestinian refugee figures as of 2014). See VASYR (2015) and map 2 in Annex 5.

- **Persons of Concern (PoC) –** Syrian and other refugees in Lebanon with experience of SGBV and/or UNHCR supported interventions
- **Partners** – government at national and local level including Ministries of Social Affairs (MoSA), Health and Displacement, UNHCR Implementing partners i.e. DRC, IRC, INTERSOS, KAFA, ABAAD, MAKZHOUMI
- **UNHCR** – UNHCR management in Lebanon including senior management at central level (Beirut) and heads of the four field offices; protection team, sector coordinators; SGBV focal points
- **International Community** – UN agency co-leads on protection, sector co-leads, OCHA, UN resident/humanitarian coordinator

2.2 Strength of the evidence

15. The evaluation team – with considerable support from UNHCR Protection, programme management and inter-agency coordination, IM and SGBV personnel – gathered and analysed data aiming to triangulate as far as possible data for robust findings. The quality of the data varied in terms of its comprehensiveness, match to evaluation questions, scale and consistency, and so we have assessed the robustness of the evidence supporting our findings in relation to each evaluation question. We found all EQs findings have a strong or medium evidence base so with this assessment we are confident the findings are robust. The evaluation report notes where findings are based on data that could not be triangulated and are able only to suggest a trend or outcome.

Table 3. Strength of the evidence supporting findings by evaluation question

Evaluation Question 1 on RELEVANCE. Evidence: Strong – all indicators findings are based on substantial data and could be triangulated
Evaluation Question 2 on COHERENCE. Evidence: Medium – all indicators were addressed but some questions were based on limited secondary data sources and FGD with sector leads rather than primary data. Innovative methods were piloted by the evaluation to calculate sector contributions to SGBV approaches but are estimates only at this point
Evaluation Question 3 on COVERAGE. Evidence: Strong – all indicators were supported by robust primary data and could be triangulated
Evaluation Question 4 on EFFECTIVENESS. Evidence: Medium – all findings are based on data from multiple sources of data and could be triangulated. There were some concerns regarding consistency and comprehensiveness of some secondary data sources.
Evaluation Question 5 on LESSONS. Evidence: Strong – lessons all draw on evidence analysed in the four preceding questions and were tested through a half-day workshop with UNHCR protection team and an extended meeting with UNHCR senior management team

2.3 Evaluation team and schedule

16. A three person team undertook the evaluation. The team was made up of:

- Teresa Hanley – team leader and evaluation specialist; independent consultant. Role included overall responsibility for quality of evaluation data collection, analysis and final products.
- Katie Ogwang – SGBV specialist, staff member of UNHCR with knowledge of UNHCR systems processes and terminology. Responsibilities included lead in data gathering and initial analysis for geographical areas of North, Mount Lebanon and co-lead for Bekaa.
- Caitlin Procter – data analyst; independent consultant. A lead role in mapping, aggregation of data and initial analysis of secondary data including quantitative analysis. Lead on data visualisation products including graphs, maps, graphics, other.

Evaluation analysis, conclusions and recommendations were developed jointly.

17. The evaluation comprised:

- July 2018 – an inception phase including a four-working day inception visit to Lebanon, initial documentation review and telecoms with relevant staff members

- August 2018 – data collection with all team members in-country for two weeks
- September 2018 – data analysis by the team and validation workshop with UNHCR
- September 2018 – drafting of the report for review
- October/ November 2018 – review and finalisation of the evaluation report
- UNHCR then leads the communication of the report findings and provides a management response to recommendations.

2.4 Ethical approach

18. The evaluation was guided by an ethical approach which adhered to principles of:

- a commitment to producing an evaluation of practical value
- a commitment to avoid harm to participants and also the operational environment for UNHCR
- a respect for cultural norms
- a commitment to an inclusive approach ensuring access and participation of women, men, girls and boys, and socially excluded groups guided by UNHCR's Age, Gender and Diversity Policy[8]
- a commitment to ensure participation in the evaluation is voluntary and free from external pressure
- a commitment to confidentiality and anonymity of participants.[9]

2.5 Constraints and limitations of the methodology and how they were addressed

19. The evaluation methodology faced three constraints. These were:

a) The scale of primary data collection at community level was limited. In addition, all community level meetings were with people who have had some contact with UNHCR and their activities, not those without. This was addressed to some extent by drawing on other assessment and research data e.g. UNICEF KAP survey which has a broader reach.[10] The evaluation report notes where findings are based on data that could not be triangulated, and are able only to suggest a trend or outcome. However, given that through triangulation of findings and assessment of the evidence base, the team found that all EQs findings have a strong or medium evidence base, we are confident the findings are robust.

b) The reliance on secondary data – particularly to address questions of effectiveness in terms of outcomes for PoC and capacity building. Existing data did not always match with the evaluation questions of interest and was of variable quality e.g. in terms of its consistency and comprehensiveness.

c) The focus of the evaluation is on UNHCR's operational response but it also co-leads the SGBV sub-sector through which many results were achieved with the contribution of UNHCR, as both participant and co-lead, but also with the very active contributions of other agencies. At times it was difficult to distinguish between the UNHCR contribution and others. The evaluation report notes where this is an issue.

[8] UNHCR (2011a) 'Age, Gender and Diversity Policy: Working with people and communities for equality and protection'.

[9] (Adapted from) DFID (2011). 'DFID Ethics and Principles for Research and Evaluation' [available via https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf]. Consent will be essential in any interviewee and all interviewees will be anonymised. Affected people will be included in community consultations but survivors will not be a target group of the evaluation. The approach will also be guided by sector standards of good practice such as WHO (2007) 'Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies' [available via http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf]

[10] UNICEF (2017) 'Cross sectoral formative research: Knowledge, Attitude and Practice study' (KAP).

3 Relevance: How relevant have been the UNHCR SGBV approaches to ensure SGBV response, mitigation and prevention in the context of Lebanon 2016–18?

Key findings

Lebanon presents a number of distinct characteristics unusual for UNHCR operational contexts. UNHCR has employed excellent processes to monitor the Lebanon context and SGBV trends and uses relevant data well in programme planning. There is strong evidence of adaptations being made to UNHCR interventions to support the appropriateness and accessibility of SGBV services. However, there are some sustained barriers to access to SGBV services which the strategies employed so far by UNHCR have not changed significantly. Response interventions have on the whole been adapted well to the context. However, while UNHCR Lebanon supports some prevention activities and has made a stronger prevention approach a key objective of its SGBV strategy, it's at an early stage, and needs more focus on the Lebanon refugee context which has specific opportunities and constraints for SGBV prevention.

20. This chapter considers how the UNHCR-supported SGBV approach has been adapted to the Lebanon context 2016–18. It considers how UNHCR has tracked the evolving context and used this analysis to shape SGBV interventions. The evaluation focuses on SGBV response. Mitigation and prevention intervention are discussed under the coherence chapter – and the effectiveness of the strategies adopted discussed in more detail in the chapter on effectiveness.

3.1 Monitoring the context

21. **UNHCR has good systems in place to monitor SGBV trends relevant to refugees.** UNHCR undertakes a Participatory Assessment (PA) each year to consult with refugees regarding their needs, priorities and trends. There are focused themes each year and in 2016–17 one of these was abuse and exploitation – including sexual exploitation. The process aims to be inclusive with provision to ensure the involvement of populations considered hard to reach, including persons with disabilities (PWD), LGBTI refugees, survivors of torture, persons in detention, out of school and working children and minorities (religious, ethnic and nationality). Between 2016 and 2018, women and girls at risk have been consulted, including SGBV survivors, child spouses and women headed-households. The evaluation noted that the PA in 2016 and 2017 has not explicitly addressed questions relating to men and boys as SGBV survivors but a separate study was undertaken at the same time commissioned by UNHCR.[11] In addition, the 2016–17 PA cross-cutting theme of abuse and exploitation involved all groups including youth, boys and girls. Sensitive research methods are used in the PA (including creative methods e.g. use of drawing with young people) to enable participants to explore topics like SGBV that may be difficult to discuss verbally. There is also a five-year PA trends analysis (2012–2017) on various themes, including on SGBV, exploitation and abuse. A second key process supported by UNHCR is the Gender Based Violence Information Management System (GBVIMS) which facilitates monitoring and analysis of SGBV trends based on reported incidents captured in the system; currently eight organisations will contribute to it – which together represent the largest SGBV case management service providers. Another relevant monitoring exercise, undertaken by UNHCR jointly with UNDP, is on community perceptions and social tensions which provides information on sexual assault and different types of harassment.[12] Other sources of data are drawn on such as registration numbers and trends.

22. **Field offices have mechanisms to track trends at the field level.** Important processes are monthly meetings with partners on a one-to-one basis and working group meetings involving the wider range of organisations involved in SGBV. Field offices also make good use of the PA data for their region. UNHCR general protection monitoring also feeds into monitoring of trends, noting relevant developments such as trends in eviction rates, and is often the mechanism to alert to changes of relevance. For example, the mass eviction of households in Bekaa in early 2018 included women and girls in the case management process who then required the transfer to another partner as well as assessment of SGBV risks in people's

[11] Chynoweth, S (2017) 'We keep it in our heart: sexual violence against men and boys in the Syria crisis'.

[12] https://data2.unhcr.org/en/documents/details/63446 e.g. Ark & UNDP: 'Regular Perception Monitoring Survey of Social Tensions Throughout Lebanon: Wave III Findings, February 2018'.

new residence. Also, in Bekaa, the opening up of Arsaal district, previously closed to UNHCR, enabled access for UNHCR and partners to develop SGBV response in 2017. UNHCR was swift to respond to these opportunities. Other interesting processes include a baseline study initiatied by UNHCR in Bekaa in 2018 which will be used to inform the SGBV Working Group strategy. Other trends that monitoring identifies are around the location of services (discussed later in coverage).

23. **UNHCR makes good use of data collected in trends monitoring**. Some key issues highlighted by these mechanisms during 2016-18 and relevant to SGBV response include: a high level of refugee fear in approaching formal officials, which is influenced by the lack of valid residency permits; higher rates of eviction; increased child/early marriage rates; and growing numbers of sexual exploitation of women and girls by landlords. Evaluation interviews and analysis of UNHCR country and operational plans found that these key factors are considered in the development of plans and interventions. In addition, national and locally produced data is effectively used in UNHCR's own planning and programme design e.g. in the country operational plan, field office plans and, to varying degrees, in partner PPA planning.[13] Further details on use of trends monitoring is in the *coverage* section.

24. Some collated data is less useful at field level when staff do not have access to more detailed analysis particularly on numbers of cases. The information sharing protocol (ISP) agreed with agencies that contribute to GBVIMS agreed there are limits to the extent to which data is shared; it only accepts sharing of data in percentage form. This limits the ability of UNHCR branch and field office, field based working groups and partners to effectively use data to inform programming, resource mobilisation and advocacy. Some contributing agencies are reluctant to share data due to concerns that the reported incidents may be misused and equated with prevalence of SGBV, and this concern is reflected in the ISP.

3.2 Adaptation of SGBV response to key contextual issues

25. The evaluation inception phase identified a number of key contextual issues and considered how the design of interventions took these into account. Key factors included the:

- dispersed and urban or peri-urban nature of the PoC
- protracted nature of the crisis with the response now in its eighth year
- limited capacity in SGBV response and prevention services pre-existing in Lebanon in both government and civil society
- suspension of registration of refugees by announcement of Government of Lebanon in March 2015

26. Other relevant contextual factors noted by the evaluation include: restrictions imposed by the national legal framework; the high cost of living associated with Lebanon being a Middle Income Country; the extent of the private sector provision of essential services e.g. education and health; increased attention and debate on return of Syrian refugees to Syria in 2018 during the election period; and rises in social tension between host and refugees communities. GBVIMS reports noted that groups who face greater challenges to access SGBV services include PWD, adolescent girls and members of the LGBTI community. They also note the increased reports of SGBV incidents in the categories of IPV and early marriage.[14] The evaluation also considered how previously known barriers – such as stigma – in reporting SGBV were addressed by the interventions and how UNHCR responded to newly emerging trends such as cyber-violence.

27. A key strength of the UNHCR response is how it has adapted many of its core response interventions to take account of these contextual factors. UNHCR has also provided space for innovation relevant to SGBV response e.g. increased investment in a team focusing on communication with communities. Some examples of adaptations made by UNHCR to key contextual factors were reviewed and are summarised in Table 4 below. The listing is not exhaustive.

[13] See UNHCR Lebanon COP (2016, 2017, 2018); UNHCR Lebanon EOY Report (2016, 2017) and bibliography section 'Additional Documents Reviewed'.

[14] Source: GBVIMS (2016b) 'Domestic violence and intimate partner violence: GBVIMS data Quarter 3 2016'; GBVIMS (2017a). 'Access to services for survivors of Gender Based Violence: Overview of GBVIMS data January-March 2017'.

Table 4. Contextual factors and selected examples of UNHCR adaption to them in response interventions

Contextual feature	Adaptations made in UNHCR SGBV interventions
Urban-based (non-camp) and widely displaced Persons of Concern	• Developed a range of mobile approaches including mobile safe spaces as well as outreach services. • Development of communication systems through multiple channels including social media and use of an information and WhatsApp information and contact/communication tree. • Structured general and specialised OVs approach with systematic training and differentiated roles to increase community understanding of what is SGBV, awareness of availability of services, identification and referrals, to build a relationship with communities and to monitor trends. • Decentralised the organisational structure delegating authority to the four field offices in Tyre, Zahle, Tripoli and Mount Lebanon to customise the response to local context.
Protracted crisis	• Developed and systematised approaches over time e.g. in relation to case management and OVs (general and specialised). • Undertaken a gradual and systematic approach to introduce some new approaches to address gaps and issues raised e.g. promotion of men and boys as potentially SGBV survivors, and at risk, and capacity-building programmes in this regard enhanced. • Expanded cooperation with sectors such as livelihoods which broadens the multi-sector response to SGBV.
Limited pre-existing SGBV capacity in-country	• Initial responses aimed to be in existing facilities of Socal Development Centres (SDCs) and Community Development Centres (CDCs). But also separate services were set up for a rapid response. These have been sustained through the response. • Capacity building for government services and partners through training and peer to peer support. • Recent cooperation with UNICEF to co-fund and undertake a planned assessment and develop a shared plan of action due in late 2018.
Lack of legal registration/residency	• Advocacy for registration to be reinstated, the waiver of residency renewal fees, the facilitation of marriage and birth registration. • Mobile services which reduce the distance vulnerable refugees have to travel.
Known barriers including disability, SOGI, stigma	• Sensitisation of communities on SGBV and face-to-face outreach via OV. • Participation in PWD inclusion work led by UNICEF/WRC. • Training in PWD for all OVs and case workers. • Support for disability-friendly centres such as the mid-way house in Bekaa. Many SDCS and 80% of community development centres supported by UNHCR are disability friendly.[15] • Inclusion of PWD in the annual participatory assessment (target 10%). • Recruitment of disabled OVs (currently 20 people against a target of 15%, i.e. approximately 100 individuals). • Partnership with relevant, focused local NGOs, e.g. LGBTI specialized partners.
Monitoring data shows some groups have less access	• Development of initiatives to support adolescent girls, LGBTI refugees, men and boys to have access to servicers. • Participation in sector initiatives to increase access for PWD.
Monitoring data showed changes in the levels of reporting of certain types of SGBV e.g. increased levels of IPV, child/early marriage	• Participation in sector responses to IPV and child/early marriage which have included training of police, increasing community awareness of these issues and advocacy for a stronger legal framework. • Sector-led work on cyber violence with SGBV TF discussions on issues, research and development of materials (video) underway to promote awareness among groups at risk.

[15] UNHCR (2018h) 'Disability Inclusion in the Syrian Refugee Response'.

28. **Table 4 shows clearly that UNHCR has made significant efforts to adapt the SGBV response to a Lebanon context.** Some notable initiatives include the focus on mobile approaches which enable services to reach more people in more places. This is important both for proximity and ease of access but also to support those reluctant of travelling due to their lack of legal status or residency documentation, and a fear of fines or deportation. The OVs (general and specialised) also play a crucial role providing a link to people who are hesitant to approach formal official service providers. This is a concern also highlighted by research in the UNICEF Knowledge Attitudes and Practice (KAP) survey.[16] The provision of safe spaces is crucial because of the activities such as emotional support groups and life skills training. These provide spaces where people at risk can build trust in service providers and potentially disclose SGBV to be offered case management support. The communication innovations in UNHCR have also been important in promoting awareness of SGBV and the availability of services through multiple channels at community level.

29. However, the evaluation also noted that some challenging trends are not showing signs of improvement, suggesting new strategies are needed. Research and GBVIMS data shows low and declining rates in uptake of referral to specialised services such as health care and legal services.[17] It also shows sustained low rates of SGBV service access by PWD and significant numbers that do not know where to report SGBV incidents.[18] While UNHCR has tried some measures to address these issues – such as sensitisation and production of materials for female prisoners in Zahle's women prison for dignified treatment – there have not been speedy developments to create new ways to address these sustained obstacles to access (this is discussed further in the *effectiveness* section).

3.3 Factors enabling and constraining UNHCR's responsiveness to context

30. There were a number of factors which enabled UNHCR to adapt its approach to fit well in the Lebanon context. These include:

- An early recognition of the difference in the context which was prompted in part by two key pieces of work by UNHCR, and also other agencies including IRC and Save the Children, which highlighted the scale of SGBV incidents.19
- Delegation of decision-making authority from Geneva to the region and country level and then again within Lebanon the decentralisation of the structure. This enabled the field offices to tailor their SGBV response to the specific contexts of their region: e.g. in Bekaa over 35% refugees live in informal tent settlements (ITS) compared to 18% of the refugee population nationally, which allows a different approach. In contrast, in the South, more of the population is dispersed in rural areas so the office can make greater use of mobile approaches including safe spaces, outreach and mobile legal services.
- Pride in being a “hotbed of innovation”. There is a noticeable culture of openness to try new ways of working in the UNHCR team, for example in communication mechanisms and flexible response provision (e.g. mobile approaches).
- Commitment of senior management coupled with trust in the SGBV teams.

31. There are a number of factors which have presented constraints to the relevance of UNHCR SGBV interventions. Factors include:

- There have been gaps in political and technical counterparts at national level at times.
- Those which impact on access to SGBV services for specific groups that require long term change in both the community and in the sector e.g. in relation to providing services for male survivors. This has implications for the SGBV sector actors' skills and attitudes, how services are provided and community attitudes, which make it difficult to adapt the response in the short term. It requires sectoral change which UNHCR is supporting but this takes time.
- The limited number and range of national NGOs working on SGBV – and their initial focus at the outset of the Syria crisis on service-provision in Beirut – made taking an approach to build on and increase

16 UNICEF (2017).
17 GBVIMS (2017a).
18 UNICEF (2017) and SGBV TF Lebanon (2018) internal documentation of community consultations on SEA risks, potential perpetrators and preferred reporting channels.
19 IRC (2012) ‘Syrian women and girls – fleeing death, facing ongoing threats and humiliation. A GBV rapid assessment Syrian refugee populations (Lebanon)’; Save the Children (2013) ‘Syrian refugees’ emergency needs assessment report (Cairo)’; UNHCR (October 2013) ‘Comprehensive Assessment and Action Plans for SGBV in the Syrian Refugee Crisis’.

local capacity difficult early on in the response. This also presents challenges for transfer of responsibility of SGBV response services.

3.4 Conclusions

32. **UNHCR has taken significant measures to adapt its SGBV response interventions to fit in the Lebanon context.** Innovation, flexibility and structured approaches introduced over time have all helped to develop appropriate and relevant intervention designs. However, some key challenges are deeply rooted in the context – such as refugee reluctance to approach official services and legal framework constraints which require long-term advocacy and policy development. As the crisis and response extends, the possibility increases to address these deep-seated issues. Some work has begun, particularly over the past year, on longer-term approaches e.g. through the development of a two-year UNHCR SGBV strategy, and in work with UNICEF for long-term capacity building of SDCs and through a five-year plan. A challenge to this lies in the external funding environment where humanitarian funding remains largely short-term. These challenges of negotiating the humanitarian-development nexus are discussed further in chapter seven on *lessons*. We turn now to the coherence of the full range of UNHCR's approaches to SGBV response, mitigation and prevention.

4 Coherence: How well does SGBV prevention, mitigation and response link with broader protection and operational efforts by UNHCR and partners?

Key Findings

UNHCR Lebanon has implemented key initiatives to promote a coherent or mainstreamed approach to SGBV response both at sector level and within UNHCR's own operations. These build on the multi-sector SGBV response model but also extend it both in terms of diversity of sectors involved and extent of the role of sectors towards mitigation and prevention. The scale of sector contributions and results are difficult to quantify particularly in relation to mitigation and prevention, but is potentially significant. There is support across sectors to play a role in SGBV approaches but the vision, strategy and practical steps to take this further are not yet articulated clearly. Sectors are not held to account within UNHCR or inter-agency mechanisms, though current work on mainstreaming shows promise.

33. This chapter discusses how SGBV is considered across protection with a focus on areas of common concern. It looks at how other sectors and themes contribute to SGBV response, mitigation and prevention. It also explores the enablers and constraints to an integrated approach to SGBV. Mainstreaming of SGBV is dealt with separately for protection from other sectors, given that SGBV is a sub-sector of protection and has some distinct relationships and links within UNHCR and at inter-agency level.

4.1 Initiatives to support sectors' roles in SGBV response, mitigation and prevention

34. There are a number of positive processes underway at both UNHCR and sector level to increase and systematise the contributions of all sectors and thematic areas to SGBV response, mitigation and prevention. UNHCR recognises that all sectors and thematic areas can and should contribute to SGBV response and prevention. In response to its application of 2017, Lebanon was selected as one of the six countries to benefit from the global level work on SGBV mainstreaming to be implemented in 2018. Lebanon will be hosting the national level workshop to support the mainstreaming of SGBV internally across UNHCR units, corporate tools and procedures. This initiative is supported by UNHCR's Global Learning Centre (GLC) and DIP SGBV Unit as part of the Safe from the Start multi-year project working towards effective mainstreaming across all UNHCR operations and sectors.[20]

35. At the inter-agency level a process began in 2015 with an evaluation of the 2005 IASC guidelines for gender based violence interventions in humanitarian settings in the Syria crisis response – supported by UNFPA, UNHCR and UNICEF together with IRC and IMC.[21] The evaluation responded to an IRC report which highlighted significant gaps between policy and practice in the implementation of the guidelines.[22] The 2015 evaluation focused on shelter, health and WASH. While the evaluation found a number of good practice examples (e.g. in community assessments by Shelter and WASH sectors involving SGBV actors in Lebanon and relatively good levels of awareness of GBV among the sectors), the evaluation found that the IASC standards are not consistently known, used or incorporated into sector plans. Furthermore, the 2015 evaluation found there is no system to hold sectors to account for their SGBV responsibilities and an expectation that SGBV working groups will assume responsibility for the guidelines implementation. To address these shortcomings, the SGBV TF initiated a process to roll out the guidelines across prioritised sectors of education, food security, health, protection and child protection, as well as shelter and WASH. This included a series of 19 trainings for these sectors, reaching a total of 334 participants across all field locations. The SGBV TF then provided support to sectors based on their plans to integrate SGBV approaches better in their work. Child protection, protection, food security and health have all developed monitoring and evaluation plans to track their progress in this area but the process to hold them to account against these is not clear, nor for sectors without such plans. In addition, roles and responsibilities are not detailed so stronger follow-up may be required.

[20] UNHCR Lebanon (2018e; 2018f; 2018g).
[21] IASC (2015).
[22] IRC (2014) 'Are we listening? Acting on our commitments to women and girls affected by the Syrian conflict'

4.2 Identifying mainstreamed contributions to SGBV response, mitigation and prevention

4.2.1 Protection

36. The evaluation's review of UNHCR regional and global SGBV strategies showed that the UNHCR Lebanon approach is in line with these wider strategies. The Lebanon approach is in line with the UNHCR multi-sectoral, multi-level approach which also favours partnership and coordination. Furthermore, Lebanon has focused attention on some of the specific areas of concern for SGBV in MENA which include IPV, child/early marriage, negative coping mechanisms and sexual exploitation and trafficking.[23] Some of the issues identified in the global strategy of 2011 for increased emphasis have also been a focus in UNHCR's Lebanon recent approach particularly the two areas of working with men and boys and protecting LGBTI persons of concern.[24]

37. **In UNHCR Lebanon Country Office, SGBV sits under the protection unit.** There is a SGBV/CP/PwSN unit and a community mobilisation unit within the protection unit. Priority activities for protection in 2017 included registration/renewal, resettlement, refugee status determination (RSD), community mobilisation, border observation activities, protection monitoring, legal residency, civil documentation, legal aid, return monitoring, cash for protection, detention, child protection and SGBV. Each of these activities provides opportunities for SGBV response and prevention. Some of the key synergies and how these are addressed across protection sub-sectors are considered below.

38. The evaluation found the operation has taken advantage of the connections between SGBV and other protection thematic areas to raise awareness of SGBV, of available services, and to identify survivors and people at risk. UNHCR Lebanon office has sought to integrate SGBV related protection risks and concerns into its sectoral response in the areas of registration, legal and civil documentation, resettlement, protection monitoring, cash assistance for protection, and community based protection and refugee status determination. Key steps include that:

- There are established protection desks in UNHCR registration centres as well as supported community development centres and outreach volunteers to facilitate confidential interviews and referral to specialised services providers across the region. Protection monitors are trained to identify and refer SGBV survivors.
- The operation has developed standard operating procedures (SOPs) and guidelines on fast-track registration and resettlement of high risk SGBV cases, those at risk of SGBV and LGBTI and other vulnerable individuals.
- Registration, RSD and resettlement staff have been trained on SGBV basic concepts, safe identification, referral and confidentiality and also on dealing with survivors of trauma.
- Women at risk including SGBV survivors are considered for resettlement to third resettlement countries. In 2017, the office processed approximately 691 individuals (representing 5% of the total number of resettlement cases processed under women at risk resettlement criteria).
- In relation to legal services UNHCR has undertaken initiatives over the past year to increase cooperation with the SGBV unit, their understanding of each other and also the soft skills of legal case workers in interviewing of SGBV survivors. Refugees with specific vulnerabilities including profiles of SGBV incident are prioritised for legal assistance, residency, civil registration and family law. UNHCR is developing an internal legal aid strategy which includes SGBV-related issues. In addition, legal services and the SGBV unit cooperated in the production of the 'Early Marriage Guidelines' for legal actors. There are some examples of good practice such as in the North where UNHCR's partner in SGBV case management and legal provider is the same agency.
- UNHCR proGres database, a system used for registration captures information on SGBV trends. Although this information is not shared externally for personal data protection reasons, UNHCR Lebanon uses it to design and inform its SGBV programmes.

[23] UNHCR (2015) 'Regional approach to address SGBV in the Syria and Iraq refugee populations'.
[24] UNHCR (2011b) 'Action against sexual and gender based violence: an updated strategy'.

- UNHCR provide people choice at registration or arrival for a male or female interviewer and has increased systems monitoring e.g. using CCTV.[25]
- SOPs have been developed in the legal sector.
- Regular field office meetings are held on SGBV involving the whole protection team. Field office protection monitoring often picks up on issues of concern.
- Involvement of other UNHCR sectors in the validation and mid-year review process of the UNHCR SGBV strategy.

39. **Data on the effectiveness of some of these measures is limited.** For instance, the evaluation found no available data on the confidence levels of PoC at the point of registration to share SGBV concerns or the extent to which communication on SGBV and service availability is shared effectively. Challenges faced include the need to ask SGBV survivors to share information multiple times due to confidentiality of data.

40. SGBV and child protection both sit under Protection in UNHCR and have a number of areas of common concern e.g. child survivors of SGBV and child/early marriage. There have been significant steps taken at inter-agency level with UNHCR participation to have a harmonised approach, but there are challenges to this process which impact on the pace of progress.

Box 1. Cooperation across protection to address early/child marriage

- **The issue:** SGBV monitoring highlighted high levels and rising rates of child/early marriage. Lebanon has no minimum age for marriage or any civil code regulating personal status matters (since these are handled by religious courts which set the age based on personal status laws).
- **Steps taken:** The SGBV TF together with the child protection TF and the protection sector developed a guidance note on child/early marriage.[26] This has enabled the operation to build alignment around supporting victims of child/early marriage. The guidelines focus on young people at immediate risk of marriage, registration of births of new born babies, obtaining divorce, custody or alimony documents, and provision of legal support in cases of domestic violence. The guideline also has provisions on key messages for parents and young people, specifically those deemed to be at risk of, but not yet, early marriage. All these efforts contribute towards the ongoing regional Campaign on Ending Child Marriage by UNFPA and UNICEF. OVs have been instrumental in conducting sensitization sessions on child/early marriage. Early marriage has also been addressed through UNHCR internal programming such as the “Amani campaign” (prevention toolkit for the community on child labour and child/early marriage), awareness raising sessions, including those given by OVs, and the “programme to empower adolescent girls” that is currently conducted in the North of Lebanon.
- **Challenges:** Challenges to a shared approach include the different approaches and focus from the different sectors e.g. legal actors highlight child/early marriage as being against global standards and challenge its registration as giving it legitimacy, child protection actors approaching cases through a family based approach while SGBV actors engage with the individual and only involve family members with the full consent of the young person. These different emphases of sub-sectors (international law, family or individual approach) present challenges to producing a shared approach. This has had some impact on the pace of development and extent of the guidance. The current focus os on working out to apply the guidance that has so far been developed.[27]

41. At the national level, evaluation KIIs found that other agencies are positive about how UNHCR has worked with other agencies that might have a different (non-refugee or humanitarian) focus to develop harmonised approaches to SGBV risks. Examples include UNHCR SGBV focal point coordination with UNICEF and UNFPA to harmonise each agency's priorities, UNHCR's participation in the UN Gender Working Group on submissions to the GoL on relevant draft laws and strategies[28]. Also important, is UNHCR's work with the World Bank to develop harmonised approaches to its provision of assistance through multi-purpose cash to refugees with the World Bank’s work to develop social safety nets for vulnerable Lebanese. This has the

[25] CCTV is both audio and visual – however the audio can only be made available upon endorsement of the representative in the event of an investigation.

[26] Inter-Agency Coordination Lebanon (2016) ‘Early Marriage Guidelines’.

[27] Source: evaluation workshops and KII.

[28] UN Gender Working Group (2018a) ‘Key messages addressing the parliament on child marriage’; (2018b) ‘Key messages on women’s equal rights to confer their nationality to spouses and children’; (2018c) ‘Advocacy messages for the adaptation and implementation of UNSCR 1325 on women, peace and security’; (2018d) ‘Advocacy messages for the adoption and implementation of national strategy on preventing and responding to violence against women’.

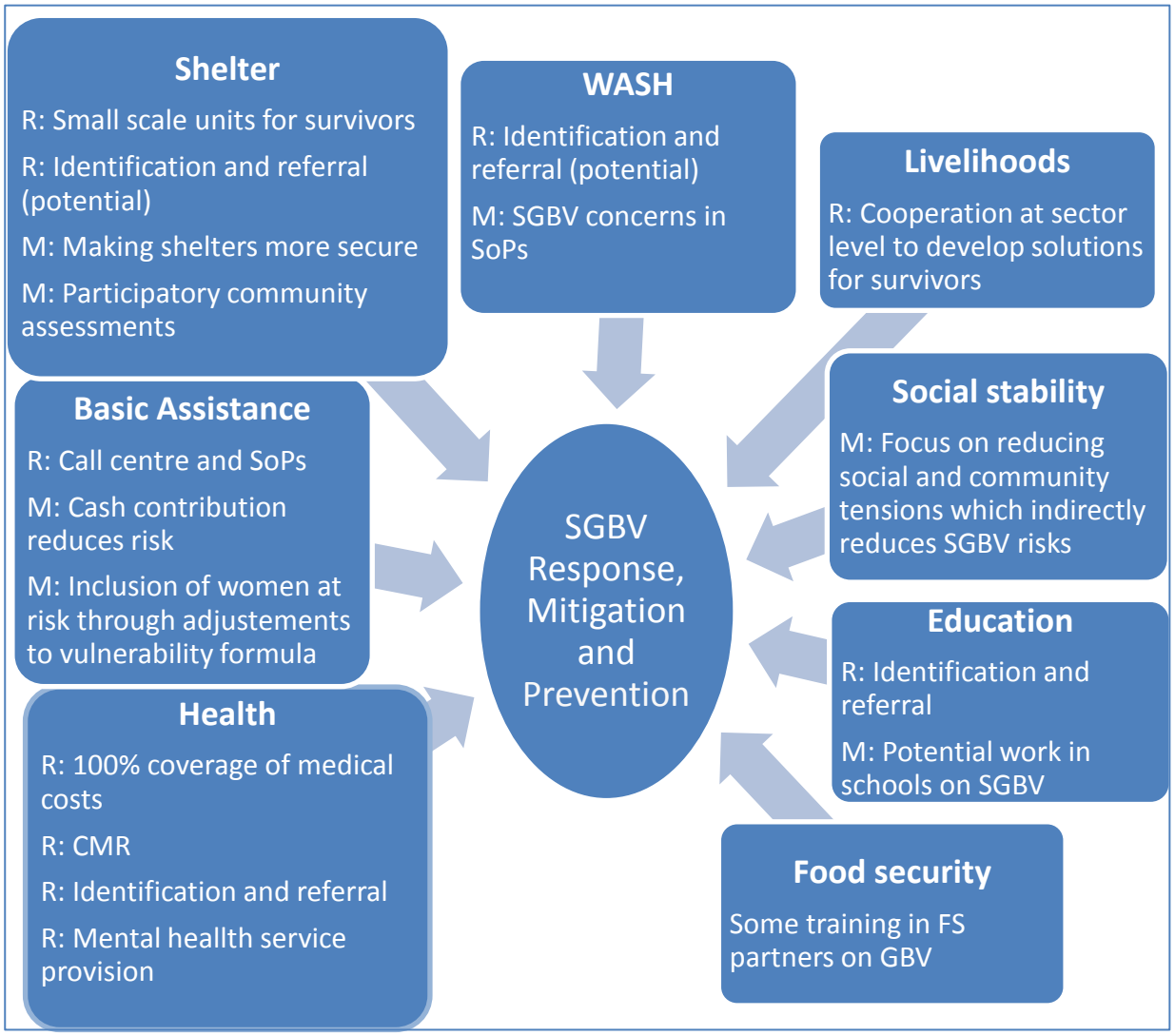
potential dual benefits relevant to SGBV of ensuring the provision of cash support (which has been shown to have protective and risk reduction benefits for SGBV) as well as to reduce tensions between host and refugee communities which contributes to risks of SGBV in the community. UNHCR Lebanon is also working with UNDP on a rule of law project focusing on the provision of legal aid services and access to justice (including for SGBV survivors). This initiative aims at building synergies between both agencies while taking advantage of agency specific mandates.

4.2.2 Other sector contributions

42. Interviews and workshops found good levels of awareness of SGBV with a commitment to address it and was able to identify a number of specific activities undertaken by each sector which contribute to SGBV response and mitigation. Sector interventions relevant to address SGBV are summarised in the diagram below. They show the significant cooperation with health in SGBV response and successful integration of SGBV into shelter and WASH particularly via their SOPs and community-based practice.

Figure 1. Sector contributions to SGBV response and mitigation.

Source: Evaluation interviews and workshops (R refers to contribution to SGBV response; M refers to contribution to risk mitigation).



43. The importance of cooperation across sectors to respond to SGBV is highlighted by the work undertaken in Lebanon on Clinical Management of Rape (CMR). The evaluation found good practice in UNHCR's contribution to the CMR initiative through the contributions of the health department as well as to the SGBV sector. In particular, UNHCR a) contributes 100% of the medical costs of SGBV survivors and a guideline on this exists; b) supports SGBV TF advocacy for the expansion and leadership by government of CMR

services; c) promotes that CMR be integrated into health personnel training in Lebanon; and d) supports community engagement to increase uptake of CMR services. Some of UNHCR's contribution to the CMR work (e.g. covering medical costs) resulted from recognition of the challenges in Lebanon where most health care is private and expensive and subsequent internal lobbying by UNHCR SGBV staff for this measure to increase accessibility of services. The range of measures and groups involved in them in UNHCR – as well as cross-organisationally and cross-sector – illustrate the importance of collective approaches to issues.

44. The evaluation also found successful cooperation underway and/or in development between assistance and livelihoods with SGBV sub-sector. This development is interesting given that these are not usually presented as part of the UNHCR multi-sector response approach. In terms of assistance, the UNHCR SGBV and assistance teams have worked together to a) consider how to address the formula used to identify beneficiaries of UNHCR multi-purpose case distribution; and b) research to understand better the SGBV outcomes of assistance. The adaptations made to the formula are not specific to SGBV vulnerability, but interviewees reported that 60% of beneficiaries of MCAP are female headed households, a group prioritised as vulnerable to SGBV by the SGBV sector. Furthermore, research being undertaken by UNHCR Lebanon on its cash-assistance approaches[29] has suggested it has an important role in SGBV prevention which is being explored in more depth in phase two of the research. This research finding matches the evaluation's findings from community FGDs where women and men emphasised the importance of cash assistance to relieve stress and reduce the use of negative coping mechanisms. Similarly, livelihood options were emphasised by community members and frontline staff as a priority to provide solutions for SGBV survivors and also in prevention. Recent developments have increased cooperation between these two sectors (livelihoods and assistance) with SGBV at the inter-agency level to find solutions in this important area.

45. Both these developments in assistance and livelihoods highlight the importance of economic factors that affect levels of risk in SGBV e.g. in relation to take up of negative coping mechanisms such as survival sex. UNHCR leads the assistance sector so this has supported good cooperation with the UNHCR SGBV sub-sector and own team. The evaluation noted livelihoods was not included as priority in the SGBV TF initiative to promote implementation of the IASC GBV guidelines reportedly due to its low funding level. It is also an area of work in which UNHCR has limited activities. But the findings of this evaluation suggest that both these areas of assistance and livleihoods, which influence the economic status of refugees, warrant significant attention inside and outside of UNHCR in direct implementation, partnerships or joint work.[30]

4.2.3 Visibility of sector contributions to SGBV response, mitigation and response

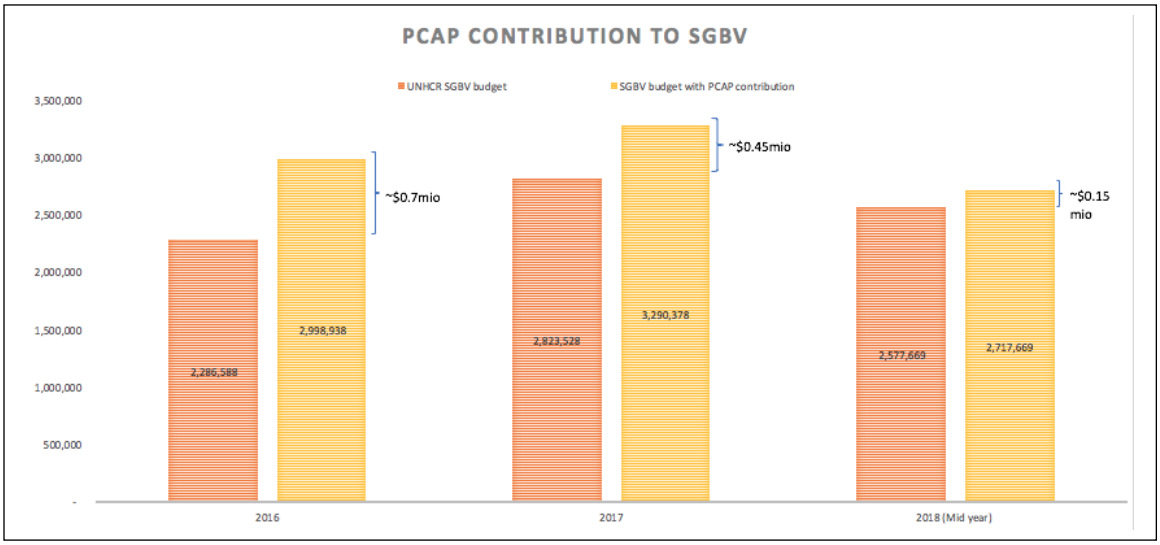
46. While it was relatively straightforward to identify policies, practice and intentions to support SGBV response, mitigation and prevention across sectors, it was difficult to secure data to calculate the scale of the inputs from UNHCR sectors. The evaluation was able to secure accurate data on contributions made by the protection sector to SGBV through the Protection Cash Assistance Programme. These show the significant contribution in financial terms, made to the response to SGBV survivors, increasing the SGBV budget by over 0.5 million dollars, or almost 20%, in 2016 and 2017, as illustrated in Box 2 below.

[29] These include multi-purpose cash assistance programme (MCAP), protection cash assistance programme (PCAP) and emergency cash assistance programme (ECA).

[30] See also Buscher (2017) 'Formidable Intersections: Forced migration, gender and livelihoods'. In Buckley-Zistel and Ulrike Krause (eds) 'Gender, Violence, Refugees: An Introduction'. (Oxford: Berghan Books).

Box 2. Protection Cash Assistance Programme (PCAP) contributions to SGBV

Source: Protection Team, UNHCR Lebanon



47. Other sectors' contribution were more difficult to calculate but estimated figures indicate the substantial contribution of sectors to SGBV response and prevention. The evaluation had sought, as a minimum, to gather the budget or actual expenditure figures for key response interventions from other sectors, such as medical costs covered by UNHCR for SGBV survivors, or numbers of SGBV survivors supported with emergency shelter and rental cover provided by UNHCR. It was not possible to access these figures. However, UNHCR programmes, in discussion with sectors and field offices, piloted methods to estimate the contribution of other sectors to SGBV. Not all sectors that contribute to SGBV prevention and response were included in these calculations. RBM/FOCUS objectives were chosen as a starting point, based on the availability and accessibility of data that could be extracted from field office PoC lists and estimates were made of the contribution made to SGBV response, mitigation and prevention. The calculation is not perfect- it is an initial step to calculate the contributions of 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. For instance, UNHCR provides financial support to MoSA which includes a position to support SGBV-related activities within MoSA[31]; there are also SGBV benefits in community based protection programmes and in child protection initiatives.[32]

48. Table 5 below shows some of the estimated – and significant – contributions made by shelter, health, assistance and protection to SGBV response, mitigation and prevention. The figure for basic assistance is the largest financial figure in the table and includes a proportion of the multi-purpose cash and winterisation budgets as contributions to SGBV prevention and mitigation. But even this limited calculation estimates that 11% of the UNHCR operational budget potentially contributes to SGBV response, mitigation and prevention. Calculations tend to be based on contributions to groups viewed as high risk. A detailed breakdown of the calculations and assumptions behind them below can be found in Annex 4.

[31] The strategic position is created to support with a) SGBV programming within MOSA, b) ensure propoer coordination between MOSA and IA SGBV TF, c) support the inclusion of refugees in the National Strategy to support women and children.

[32] UNHCR Lebanon (2014) 'Overview of UNHCR and MoSA Partnership'; UNHCR Lebanon (2018b) 'Ministry of Social Affairs: towards a 5-year institutional capacity building plan for Social Development Centers (SDCs); UNHCR Lebanon (2018c) 'Supporting MoSA and SDCs (PPA)'.

Table 5. SGBV sector contribution estimate (not exhaustive)

Source: UNHCR Lebanon programmes[33] – full details of methodology and definitions in Annex 4

Syrian refugees 2017	RBM objective	National OL (OPS) budget 2017 US$	% on SGBV	Rationale behind %	OL (OPS) on SGBV 2017 US$
Legal assistance	Access to legal assistance and legal remedies improved	1,641,557	15	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	246,233
Legal assistance	Civil registration and civil documentation strengthened	587,287	15	All documentation (e.g. religious court decisions and related certificates) related to acquisition of retroactive proof of marriage	88,093
Health	Health status of the population improved	64,140,333	5	FO budget allocation to prevention and advocacy activities aiming at inducing SGBV prevention or mitigation; Beirut budget to direct healthcare response interventions for SGBV cases	3,207,016
Basic Assistance	Population has sufficient basic and domestic items	117,009,431	15	MCAP and winter assistance for child spouses, child heads of households, females with disabilities, older women, LGBTI refugees and the small number of known SGBV cases	17,551,414
Shelter	Shelter and infrastructure established, improved and maintained	10,719,152	30	Shelter allocation to female headed households	3,215,745

4.3 Factors enabling and constraining coherence

49. The evaluation identified a number of factors which have enabled a coherent approach to SGBV across sectors with SGBV mainstreamed approaches. These include:

- Presence of an SGBV focused team within UNHCR, and as a separate sub-sector at inter-agency level, to promote and support mainstreaming. Without the prompting of the SGBV focal points to drive some of the mainstreaming processes, other demands take precedence in the sectors.
- Accessibility, responsiveness and proactivity of UNHCR SGBV staff (internal and TF) to other inter-agency and UNHCR sectors to take up opportunities for cooperation e.g. in review of the assistance MCAP formula.
- Explicit processes which evaluate the effectiveness of mainstreaming on ways of working at inter-agency level i.e. the evaluation of the 2005 IASC guidelines and good follow-up process to this.
- UNHCR flexibility to work with other agencies with other focus populations (e.g. non-refugee) for a coherent Lebanon response.
- Internal advocacy by UNHCR SGBV teams to promote awareness of relevant SGBV issue e.g.to establish the health sector's coverage through UNHCR of medical costs of SGBV survivors.
- Joint work e.g. between UNHCR basic assistance and SGBV teams on SGBV outcomes of multi-purpose cash which builds shared understanding of issues, ways of working and opportunities to find solutions jointly.

[33] Prepared by UNHCR Lebanon programmes team in partnership with sectors and field offices. With particular thanks to Yunesti Handayani, Programme Officer, UNHCR Lebanon.

50. The evaluation also identified a number of factors which challenge a fully mainstreamed SGBV response. These include:

- Financial and human resourcing constraints of sectors e.g. to respond to referrals for shelter (for SGBV response) and to strengthen existing shelter (for SGBV mitigation).
- Heavy demand for sector services from different high risk groups of which SGBV survivors are only one group e.g. for livelihood support.
- Limited flexibility interventions e.g. beneficiaries for MCAP support during an annual cycle, though known survivors, can now be added to assistance lists through PCAP during the annual cycle.
- Confidentiality of SGBV data making referral a challenge.
- Different approaches to understanding and addressing vulnerability, i.e. assistance and livelihood sectors consider vulnerability from an economic perspective, child protection approaches solutions through a family focus, social stability works at the community level, and SGBV has an individual and social focus. Having respect for different ways of understanding and addressing vulnerability can then contribute to solutions e.g. through cash assistance and the formula to identify beneficiaries but building this shared understanding of different approaches of each sector takes time.
- The lack of visibility in UNHCR as well as at inter-agency level of inputs to SGBV response by other sectors as well as the challenge to make visible the results of risk mitigation.
- Weak accountability systems for sectors' role in SGBV means that awareness of SGBV does not necessarily convert to action without follow-up and being held to account.

4.4 Conclusions

51. The evaluation found strong evidence of positive initiatives to build a coherent or mainstreamed approach to SGBV response and increasingly in mitigation and prevention too. Findings suggest the scale and financial value of sectors' contribution to SGBV response, mitigation and prevention is potentially substantial. While these contributions from other sectors to SGBV response and prevention do not preclude the need for SGBV direction interventions, the evaluation findings do demonstrate both the necessity of cross-sector collaboration to address SGBV as well as its complexity. There is support to address SGBV across sectors but the vision, strategy and practical steps to taking this further are not yet articulated clearly. Furthermore the contributions and results of mainstreamed approaches are not easily visible nor are sectors held to account within UNHCR or inter-agency mechanisms, though some early work on mainstreaming in both levels is encouraging. The evaluation team understands that forthcoming work later in 2018 will be undertaken by the UNHCR Lebanon office to better disaggregate sector contributions to overall SGBV mainstreaming. A further step will be necessary and important, and that is to asses more closely their effectiveness and impact. This is further discussed in the *recommendations* section of the report.

5 Coverage: How extensive is UNHCR's coverage of SGBV issues in Lebanon?

Key findings

UNHCR has achieved good coverage of SGBV response services through its prioritisation of: setting up access points through safe spaces; expanding access through the development of mobile services; excellent coordination and; responsiveness to opportunities to address gaps. UNHCR SGBV funding has been held at relatively constant levels despite the challenging wider funding environment. Staffing levels have also been maintained but positions are stretched with multiple responsibilities. A key concern is now maintaining the sector's level of SGBV response services and current coverage levels for refugees as long as they are needed.

52. This chapter considers the geographical coverage of SGBV interventions. Geographical coverage or proximity of services is a key component of accessibility of SGBV services. Some other elements such as confidence in services and how needs of groups with special needs are considered in other sections of the report.[34] This chapter also considers the resourcing of SGBV including the extent to which UNHCR SGBV budgets are covered and the distribution of financial allocations. The evaluation's analysis focuses primarily on SGBV response services and SGBV operational budgets (excluding staffing) rather than mitigation and prevention activities which are discussed in the *coherence* and *effectiveness* sections. Investment into HR for SGBV interventions is also analysed.

5.1 Geographical coverage of services

53. The evaluation considered the distribution of the sector's SGBV services by focusing on the location of safe spaces, a key entry point and site for many SGBV response services (see Annex 5 for map of Syrian refugee population in Lebanon).**[35]** Mapping was done using service data from 2017 and VASYR data taken from 2015 – as this was the data used by the SGBV TF as the basis for planning. Services were mapped in relation to a) the 251 most vulnerable cadastres[36] (map 1); b) distribution of static safe spaces i.e. which are in a fixed physical location (map 2); c) distribution of mobile safe spaces (map 3); and d) refugees' distance from safe spaces (map 4).

54. Mapping of static safe spaces only (map 2) shows an uneven distribution of safe spaces across Lebanon but the evaluation identified some reasons behind this pattern. There is a clustering of safe spaces in the Beirut and Mount Lebanon area and a more sparse distribution in some other areas, notably north Bekaa. Evaluation interviews found solid reasons behind some of these gaps with constraints due to security challenges and the presence of certain political actors limiting activity and presenting challenges to the sector's establishment of SGBV services – which are compounded in certain areas by physical characteristics of the terrain e.g. mountainous areas.

[34] Three indicators in the evaluation matrix for coverage which are better addressed in the relevance/effectiveness sections are:

– 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).

– 3.1.3 Evidence that UNHCR and partners monitor affected people's confidence to approach services and satisfaction with response.

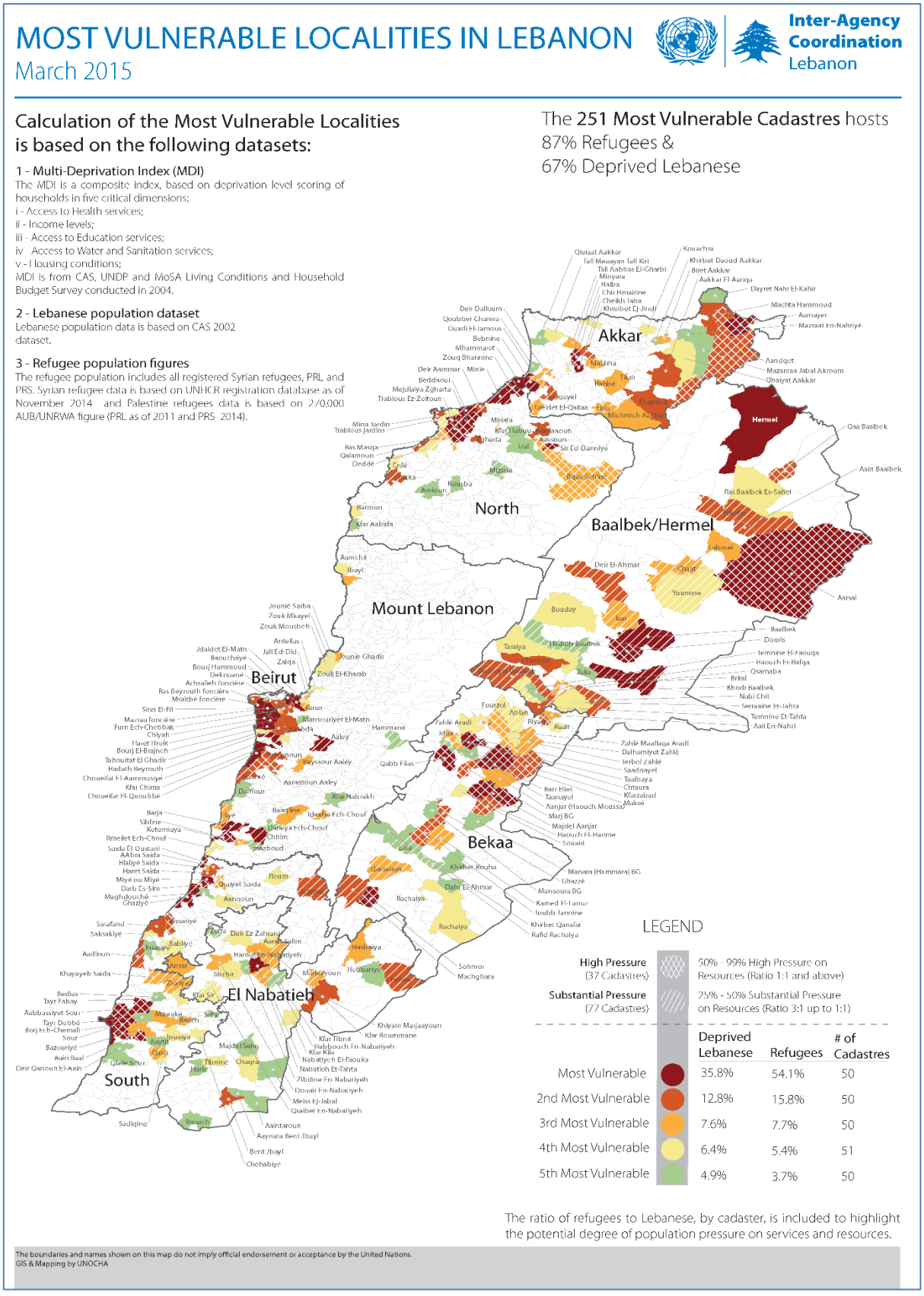
– 3.1.4 Evidence that all groups are considered in the plan including men and boys, LGBTI, people with disability, others with high vulnerability factors.

[35] Sector level distribution of services was used because UNHCR has responsibility for coordination of SGBV and a key role is to ensure good coverage.

[36] A *cadaster* is a geographical area between the village and district level. 251 out of a total of 1,653 *cadasters* in Lebanon are considered most vulnerable in the LCRP analysis which considers socio-economic factors and scale of refugee population in a given area (see VASYR 2015).

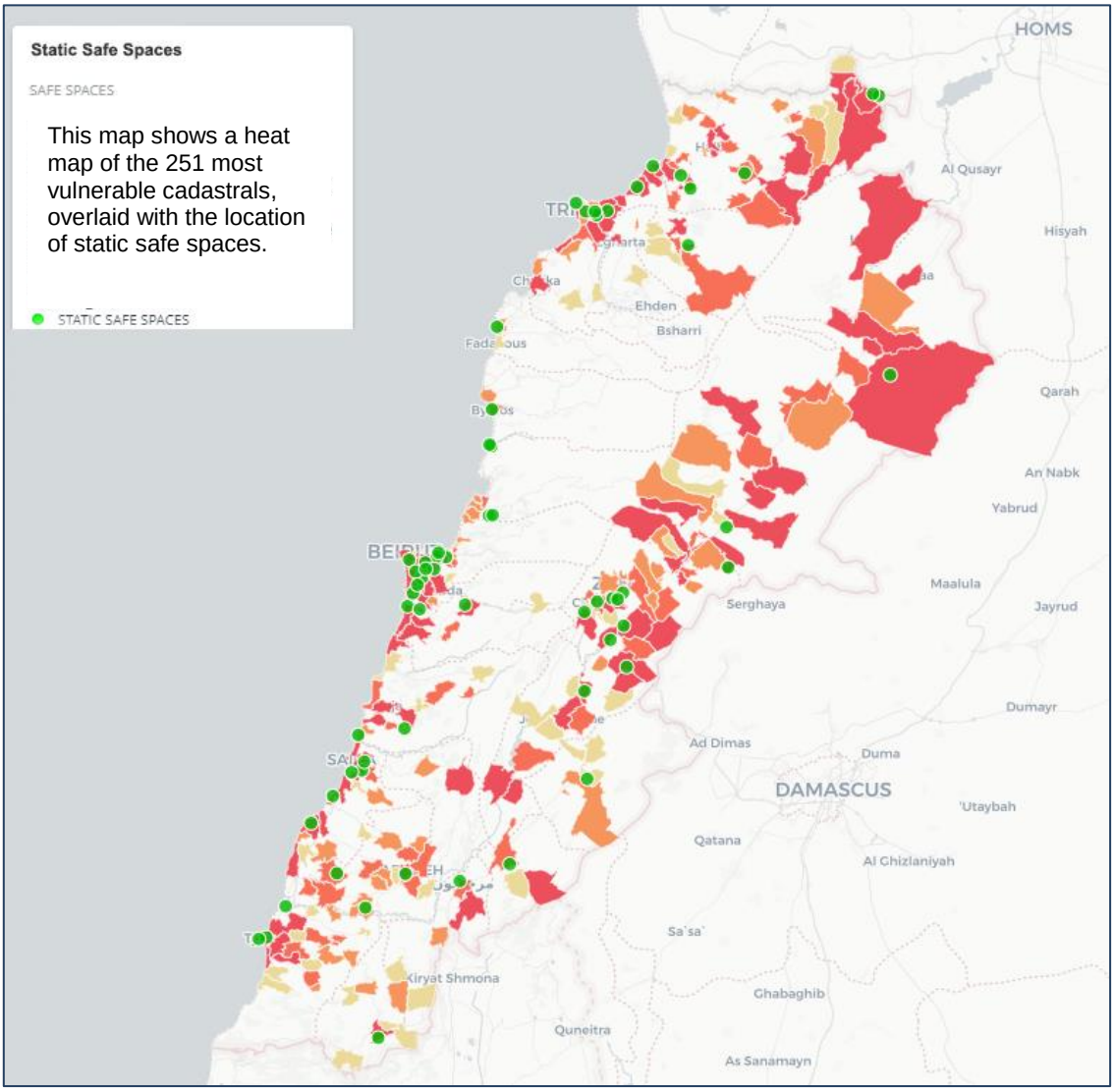
Map 1. Most vulnerable localities in Lebanon

Source: Refugee population and location data by UNHCR as of 31/07/18 and Inter-Agency Mapping Platform (IAMP)



Map 2. Static safe spaces

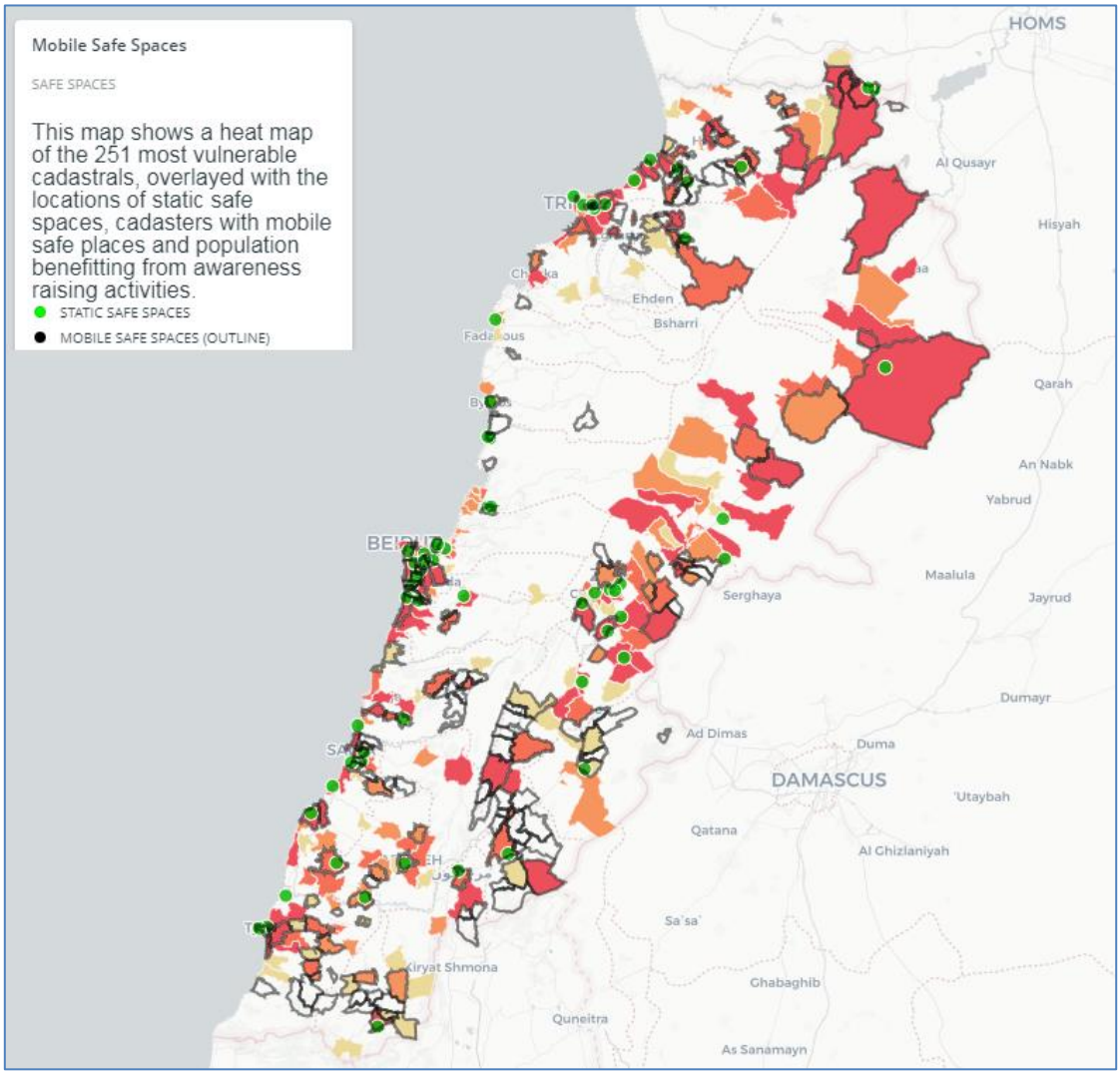
Source: VASYR (2015) and Activity Info Partner Reports (UNHCR 2018)[37]



[37] VASYR data taken from 2015 as this was the data used by the SGBV TF as the basis for planning.

Map 3. Static and mobile safe spaces

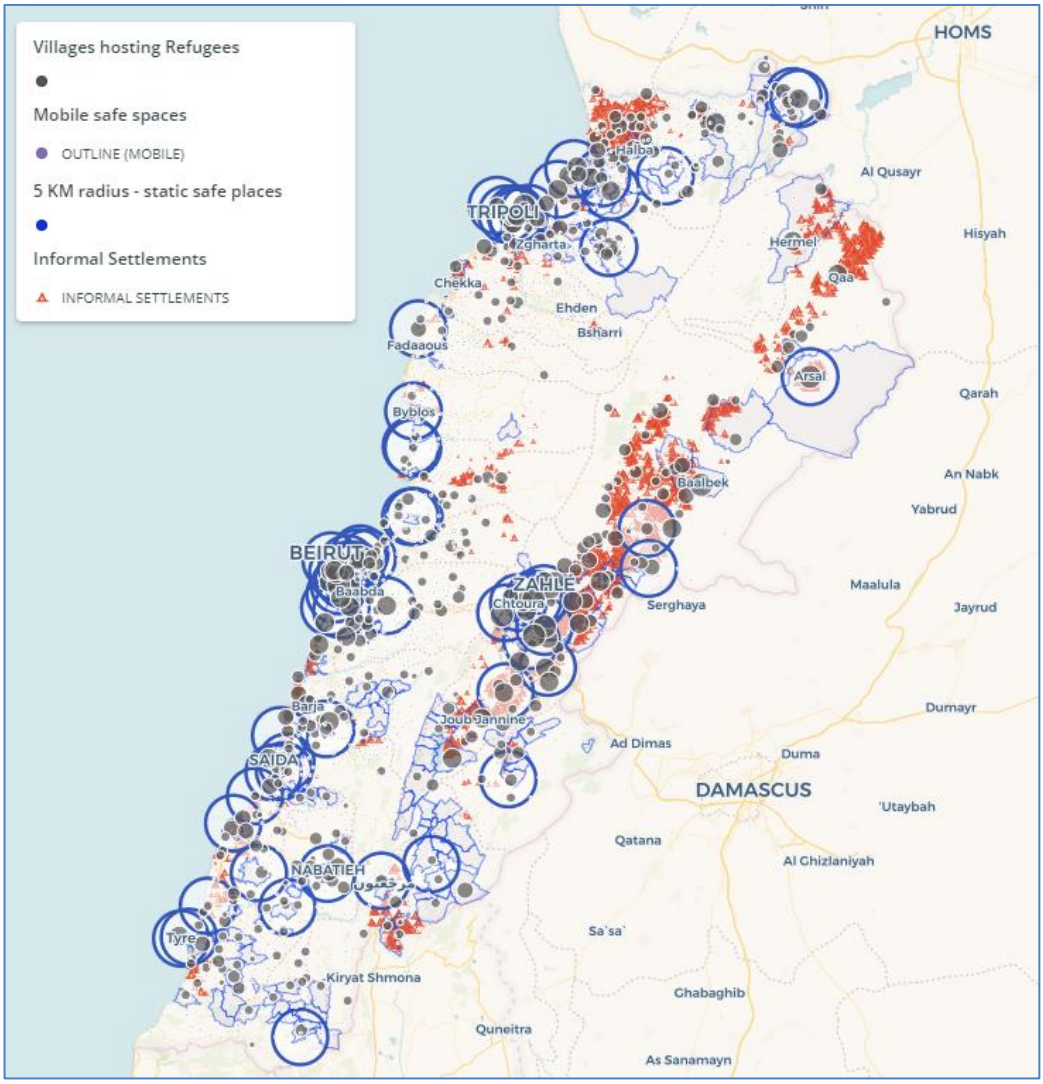
Source: VASYR (2015) and Activity Info Partner Reports (UNHCR 2018)



55. The development of mobile safe spaces has considerably increased the availability and proximity of SGBV services to the refugee population. Map 3 above shows the much greater number of services available to refugees by the expansion of safe spaces through the mobile safe space model. When the distribution of the refugee population is considered in more detail by drawing a five kilometer radius around safe spaces we found that relatively a low number of refugees are more than five kilometers from a safe space. Over 95% of the population are within the five kilometer radius from available services (map 4).

Map 4. 5km radius from static spaces

Source: Inter-Agency Mapping Platform (2018), Activity Info Partner reports (UNHCR 2018)



56. Analysis of the range of SGBV services by district shows there are significant differences in the reach and variety of SGBV services available to refugees depending on where they live. The evaluation analysed SGBV services by district using criteria of the proportion of refugees sensitised on SGBV, percentages accessing safe spaces, range of activities provided by safe spaces,[38] distance from a safe space, and distance from a facility fully equipped with trained personnel in clinical management of rape. Analysis of these criteria enabled a ranking of districts and comparison by criteria. The analysis showed that there is a wide variation in what we have termed the quality of access for refugees in different districts. For instance, the number of safe spaces per 100,000 refugee varies widely ranging from under two safe spaces per 100,000 population (El Meten in Mount Lebanon) to more than 120 spaces per 100,000 (Hasbaya in Nabatieh). For further details please refer to Annex 6 – *Distribution, access and range of SGBV services by district*. This variety in services available also matches the pattern of OV (general and specialised) coverage when considered in relation to refugee population which range from the lowest population per OV in Tyre at 1,151 refugees per OV, to a high of 4,356 in Qobayat – followed by a ratio of 2,426 refugee per OV in Mount Lebanon.[39]

[38] SGBV partners vary in the range of services provided. While all meet the minimum standards of a safe space (see SGBV TF Lebanon [2015] 'Checklist for mobile and static safe spaces'), some also provide a wider range of activities focused on life skills, emotional support to groups, recreation and technical skills.

[39] See Annex 7 for breakdown of OV data- source UNHCR.

57. **The ranking of districts shows that better "quality of access" tends to be in places with a high concentration of refugees.** There is a loose correlation between those with the highest (best) ranking score and districts with high refugee population numbers. These districts tend also to have the highest number of most vulnerable cadastres. This pattern suggests there has been a focus by SGBV partners to provide services to the greatest number of people. This is an understandable criteria particularly when funds are stretched, but it also raises equity questions for refugees living in more isolated and difficult to reach areas.

5.2 Financial coverage of SGBV

58. The evaluation analysed the UNHCR SGBV budget in relation to the UNHCR country operation budget, its consistency over time, its distribution across regions and its coverage in relation to comprehensive needs assessment and plans.

59. Analysis of the UNHCR SGBV budget 2016–18 found that the SGBV budget allocation has been maintained at a relatively consistent level over the three years and is actually an increasing proportion of UNHCR total operations budget. Figure 2 below shows that the SGBV budget has maintained a relatively stable level of around US$2.5 million (rising to a high of US$2.8 million in 2017 but declining slightly in 2018 with figures to date). However, this stability reflects a consistently rising proportion of the total UNHCR budget rising from approximately 0.7% of total budget in 2016, to 0.97% in 2017 and 1.3% in 2018 (see Figure 3 for relative budget change), while population figures were relatively constant. Figures were not available to the evaluation for comparison with UNHCR budget practice elsewhere but this maintenance of the level of funding demonstrates a strong prioritisation of the SGBV budget by Lebanon's senior management team. It should be noted that the analysis in this section focuses on the SGBV budget for direct implementation and support to partners ; contributions from other sectors to SGBV response are detailed in the *coherence* section.

Figure 2. UNHCR Country Protection and SGBV budgets (operations only)

Source: UNHCR DPSM

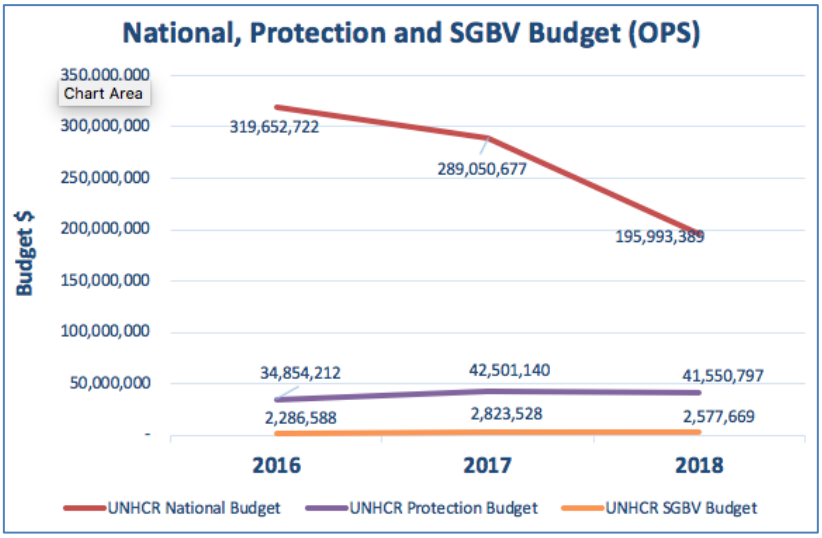
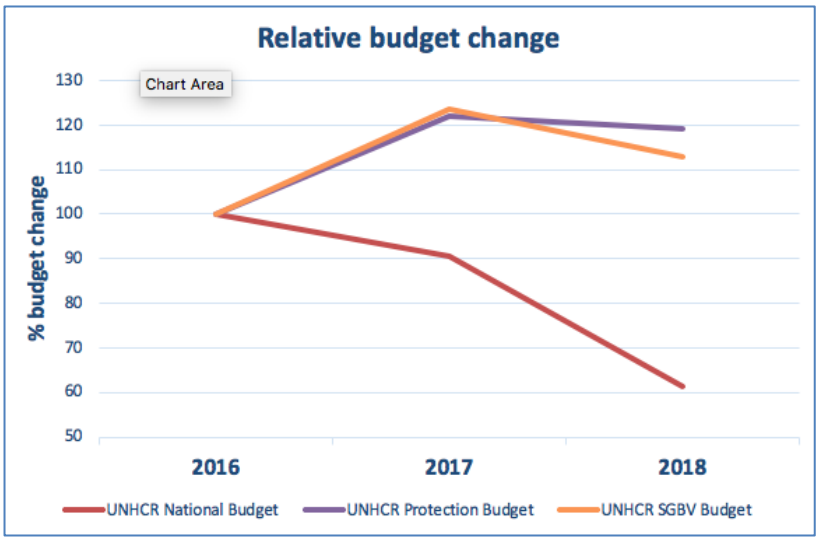


Figure 3. Relative budget change (operating level, operations only)

Source: UNHCR DPSM



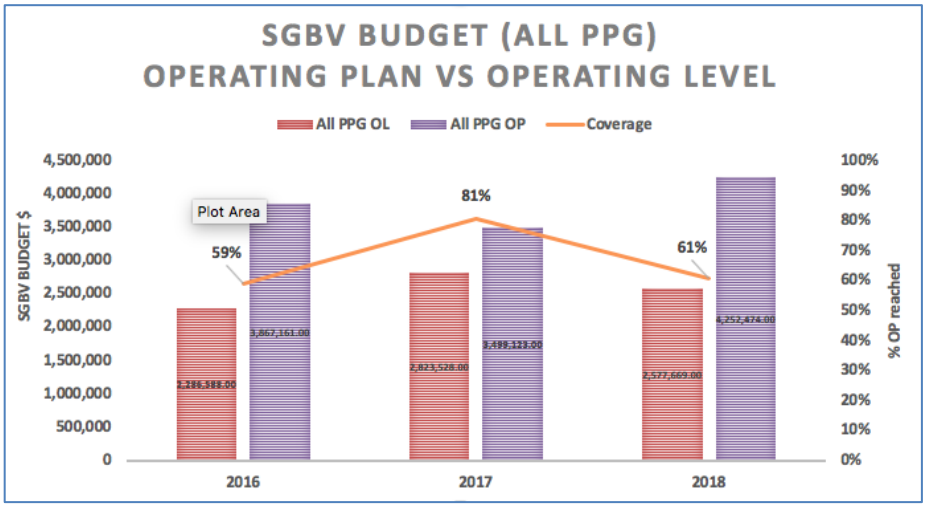
60. **The UNHCR consistency in its overall SGBV budget is a strength** particularly given that the operating level budget is more predictable whilst the LCRP SGBV budget depends on the success of agencies' resource mobilisation over the year. That said, the LCRP SGBV budget has consistently achieved over 50% coverage which compares well to other sectors which have had lower levels of coverage of their plans e.g. livelihoods, water, health and basic assistance all have shortfalls of over 50% against their annual plan (LCRP 2017). But many partners of the SGBV have uncertain budgets at the beginning of the year and some experienced funding shortfalls during the year. The UNHCR budget system provides some level of guarantee and continuity in funding at least for the course of the 12 month plan. However, UNHCR's own operational partners emphasise their need for a longer-term funding cycle and earlier notice each year for any changes for the following year because of the difficulty of winding down SGBV services. Continuity of funding is a SGBV sector priority advocacy message which so far has had limited success.[40]

61. The evaluation's analysis of UNHCR's SGBV budget shows a relatively constant allocation to SGBV but that gaps remain and are potentially growing. Figure 4 below shows that well over 50% of the Operation Plan budget for SGBV (based on UNHCR's analysis of needs and partners' capacity) has been funded, though the current 2018 figures show significantly lower coverage than 2017 (61% v 89%) at the time of evaluation data collection. The impact of this gap between operation plan and operating level is detailed in the UNHCR's own end of year report. This details that partners have to prioritise services including PSS and case management to severe cases. The increase in the operation plan budget in 2017 to US$4.2 million indicates greater needs, possibly linked to the cuts in other agencies' funding for direct services in late 2017 and the likely implications for greater pressure on UNHCR-supported services. This may continue to be an issue as the evaluation heard from agencies they are facing funding pressure and also some plan to shift more towards preventive work which, while valuable may reduce funding for response services.

[40] The wider LCRP faces similar challenges with interviewees sharing that less than 30% of the four-year plan receives multi-year funding.

Figure 4. Operations plan budget for SGBV for total refugee population

Source: UNHCR DPSM



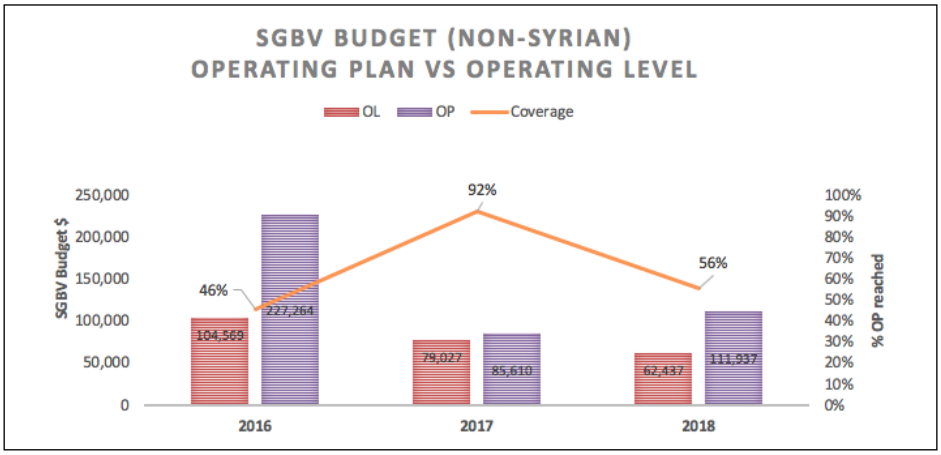
62. Funding gaps in SGBV service provision are compounded by funding gaps in other sectors given their important role in SGBV response and risk mitigation. Limitations in funding of related sectors impacts on SGBV. For example UNHCR reports in 2017 its challenges to providing safe shelter to SGBV survivors; that there were limitations on follow up at community level to community protection plans; insufficient coverage in geographical terms of child protection cases for case management; and shortfalls in reaching the target of 1,000 outreach volunteers (general and specialised) (still at around 660 by September 2018). In addition, Basic Assistance was severely underfunded, with the result that UNHCR reached only 25% of households falling under the poverty line through its multi-purpose cash support[41]. Across the sector nearly half of the most vulnerable families did not receive multi-purpose cash assistance. These trends which reflect funding of other sectors combine to reduce SGBV response levels and potential impact on risks and the effectiveness of mitigation interventions for survivors and PoC.

63. **The financial data available suggests that the impact of these funding gaps is not affecting all regions and groups equally**. Analysis of the Operation Plan for SGBV response for non-Syrian refugee shows a quite dramatic decrease from 2016 and a consistently decreasing operating level budget each year 2016-18. The Operation Plan budget for non-Syrian refugees decreased significantly from 2016 to 2017 (with a small increase in 2018) while the operating level has been held a relatively constant, though slightly decreasing level. Evaluation interviews indicated there is some decrease in the number of non-Syrian refugees in Lebanon which could account for some of the decrease in operating plan budgets. However, some interviewees suggested the figures also represent planning being adjusted to perceptions of the donor priorities which focused on Syrian refugees. It was beyond the scope of this evaluation to verify this but heard from a number of sources in KII that there is generally low donor interest in funding SGBV prevention, mitigation and response programmes for non-Syrians in Lebanon given their protracted stay in asylum coupled with more limited range of solutions for the group within Lebanon. This is the one area the evaluation found evidence of perceptions of donor priorities having a potential impact on level of service delivery. UNHCR's own analysis of its budget allocation shows a decreas in its allocation to non-Syrian refugees from 2017 to 2018 of 3% to 1.44% (UNHCR Lebanon 2017a and 2018a).

[41] UNHCR 2017 EoY report.

Figure 5. SGBV operations budget for non-Syrian refugees[42]

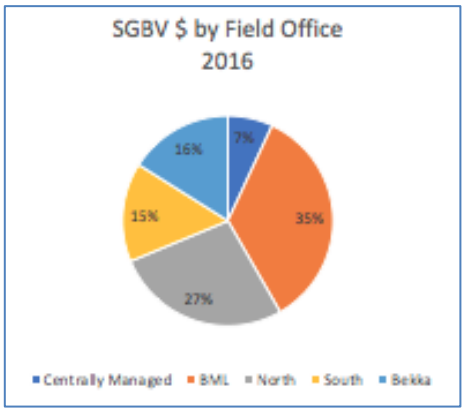
Source: UNHCR Lebanon programmes

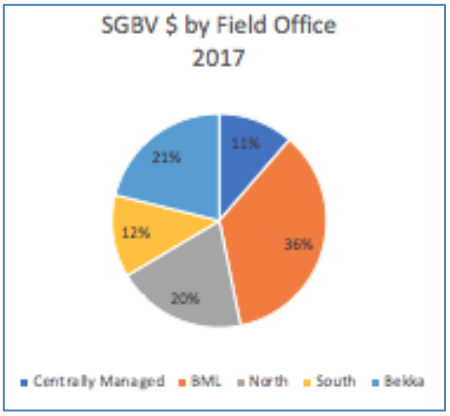


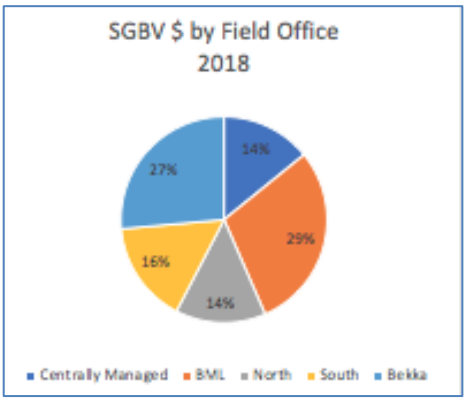
64. **The evaluation's analysis of field office SGBV budgets found some contrasting patterns in their financial allocations to SGBV.** Some field office SGBV budgets have reduced quite starkly in 2018 budget, as demonstrated in Figure 7 below. Most notably the Mount Lebanon SGBV budget (which had seen a significant rise from 2016 to 2017) and Tripoli SGBV budget consistently falls year on year while the centrally managed operational budget continues to rise, as do other offices. Consideration of the field office operating level budgets against their operation plans also show very different trends between offices with the Zahle, Tyre and Mount Lebanon 2018 budgets showing significant gaps between their operation plan budget and operating levels, indicating significant unmet needs in these regions (see Annex 8 for details).

Figure 6. SGBV budget allocation per Field Office 2016–18

Source: UNHCR 2018. Legend: Centrally Managed budget (dark blue); BML (orange); North (grey); South (orange); Bekka (light blue)



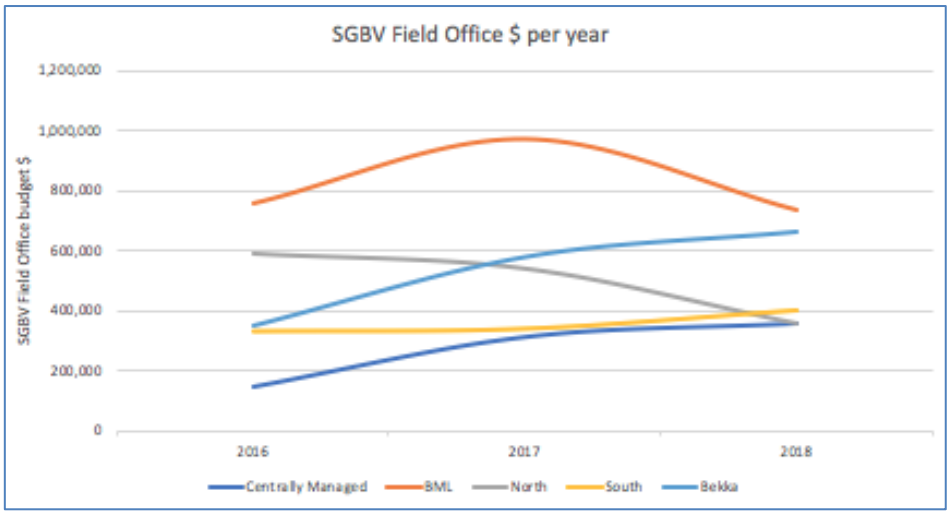




[42] See Annex 8 for data on Syrian SGBV operations budget (operating plan vs operating level)

Figure 7. SGBV field office operations budgets per year

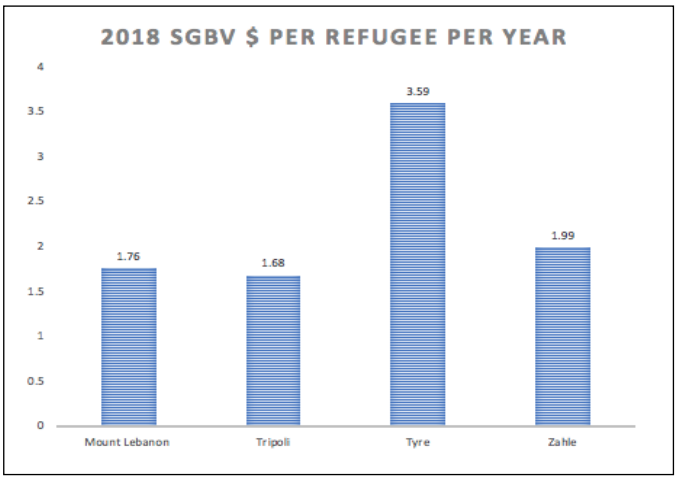
Source: UNHCR Lebanon programmes



65. At the same time, the analysis of SGBV budgets at field level in relation to population figures also show significant differences in allocation of resources per refugee between field offices. In 2018 the financial allocation per refugee ranged from a high in Tyre of US$3.59 to a low in Tripoli of US$1.68 (figure 8 below).

Figure 8. SGBV budget per refugee (based on LCRP refugee population figures) per year

Source: LCRP and UNHCR (2018)



66. Variables that might affect the differences in field office SGBV budgets in relation to population size include:

a) Scale, availability and accessibility of service being provided by other agencies and subsequent gap for UNHCR to fill

b) ear-marking of funds by donors

c) cost of services in different regions which in turn could vary according to different partner costs or different costs in implementation e.g. provision of services to more remote areas are likely to cost more than focussed on areas with dense concentrations of refugees

d) other sectors being prioritised over SGBV.

The evaluation was not able to establish the cause of the variation in budget but noted the lack of criteria guiding budget allocation at field office level and suggest more in-depth analysis – informed by field office

assumptions underlying budget allocations – would be helpful (see *recommendations*) to ensure equity across field offices.

67. The SGBV budget patterns suggest field SGBV budgets are under strain as they decline while numbers of refugees have not changed significantly. This decline in some budgets is worrying given that the scale of need – in terms of numbers of refugees – is not changing significantly. Indeed, some agencies are reducing their scale of service so demand on UNHCR supported services will increase. In light of this, the analysis of coverage carried out using 2017 data showing a relatively good coverage may well change.

5.3 Human resources in SGBV

68. The evaluation's analysis of UNHCR staffing numbers for roles with SGBV responsibilities showed relatively consistent numbers and coverage of positions in 2016–18. Data for positions showed very few gaps in position coverage. Consistency of numbers reflects senior management prioritisation of SGBV despite wider financial reductions, and builds on a foundation of the early establishment of dedicated positions for SGBV in UNHCR's operation in 2013. The expansion of the operation and its funding in 2013–14 provided the opportunity for this growth in SGBV technical capacity in terms of numbers of staff working on the issue.

69. **However, relatively stable numbers of SGBV positions from 2016 onwards does not tell the full story.** SGBV positions have been influenced by a broader trend of initial growth in staff capacity 2012–14 when the operation and funding grew, but there have been subsequent pressure on positions since 2015. SGBV is a service-oriented, people-heavy sector. Since donors are often unwilling to fund staffing, this has created funding pressures that have made it difficult to sustain financing for HR in SGBV (international positions). UNOPS/JPOs positions for SGBV increased, and a number of positions were taken up by lower grade staff (which sometimes coincided with the nationalisation of positions).

70. Responsibility for SGBV has increasingly been absorbed into positions with other protection responsibilities which supports integrated approaches but without increases in staffing dilutes the SGBV focus and time for SGBV issues. The evaluation found that while there are distinct focal points for SGBV in Beirut and in field offices there is no person (beyond the inter-agency coordinator) who has 100% of their time allocated to SGBV. Most have responsibilities in broader community-based protection and child protection. While this combination has advantages in building coherence, coordination and integration of approaches to protection, it also reduces time available for SGBV responsibilities if numbers of staff are not increased. Furthermore, at field level, SGBV focal points are "double-hatting" with a role in coordination as well as managing UNHCR SGBV partnerships and operations in their region. So, while numbers of staff with some responsibility for SGBV have been relatively consistent, their time available for SGBV has reduced and staff are generally overstretched.

71. Consultations with staff with HR and SGBV responsibilities revealed a wide variety in the level of detail in SGBV staff job descriptions and particularly their objectives, which weakens accountability systems for individual staff roles. Feedback collected in the evaluation HR survey and related interviews demonstrated that job descriptions have little detail on SGBV responsibilities and do not give any indication of the proportion of the time within a job allocated to SGBV, as opposed to other responsibilities which can be numerous. Objectives set through the UNHCR performance management system (e-PAD) is the principle accountability mechanism for UNHCR staff. Objectives related to SGBV as detailed in UNHCR e-PADs vary with some listing very detailed responsibilities and others comprising only a single line. The lack of detail and specificity in SGBV responsibilities of different roles weakens HR accountability systems.

5.4 Factors enabling and constraining the extent of UNHCR SGBV interventions' coverage

72. The evaluation found a number of factors which have enabled good coverage of SGBV. These include:

- *There are good coordination mechanisms at field and national levels.* UNHCR chairs field level in inter-agency SGBV Working Groups and co-chairs the national level SGBV TF which have key roles in guiding the location of SGBV services through mapping services and gaps (3W and 4W mapping),[43] convening meetings to share information, and being a source of information for organisations planning new or expanding activities. KII and FGD with partners confirmed that partners find UNHCR accessibility, and staff and support, very useful for programme planning.

[43] SGBV Task Force Lebanon (2016) 'Who does what where' maps [available via: https://data2.unhcr.org/en/documents/details/54113]

- *UNHCR has been responsive to new needs and opportunities.* The evaluation found excellent knowledge in each UNHCR office of the current distribution of services, reasons for gaps, and plans on how to address existing gaps, and also good examples of being swift to respond to new needs.
- *UNHCR,* as part of its co-leadership of the SGBV TF, *has played a key role in addressing gaps in funding and subsequent service provision gaps*. One example was the unexpected shortfall in UNICEF funding in 2017 resulting in closure of a number of services. Many of these were able to reopen following successful cooperation within the sector, with OCHA and the HCT securing Lebanese Humanitarian Fund grants to cover some gaps. The TF and working group were also able to encourage other agencies to consider filling gaps in these areas.
- *Prioritisation by Senior Management to maintain the SGBV budget and staffing levels has been crucial*. Maintaining the SGBV budget has to some extent been enabled by the SGBV budget being a relatively small proportion of the overall UNHCR operational budget but its maintenance – while other cuts are being made – is extremely positive.

73. The evaluation found several factors constraining the extent of SGBV interventions' coverage including:

- *The lack of a standardised criteria* to guide allocation of UNHCR SGBV budget across field offices. There are no clearly defined parameters for consideration when budgeting for SGBV activities.
- *Wider funding pressure with funding for the LCRP* levelling off or reducing in some case are now impacting on both SGBV response as well as wider sector contribution to response and prevention. The pressure is likely to be exacerbated by the deteriorating economic situation in Lebanon which in turn contributes to greater needs and tensions in the country.
- *The focus of services by the sector in areas with high concentrations of refugees* has resulted in accessible interventions in terms of proximity to large numbers of refugees but raises equity questions regarding access to services for refugees living in other locations.

5.5 Conclusions

74. UNHCR has prioritised the sustainability of its funding levels for SGBV which is reflected in the relatively good coverage of SGBV response service provision across Lebanon, maintenance of numbers of UNHCR staff with SGBV responsibilities and a steady budget for SGBV interventions. The good coverage of SGBV response services reflects well on the standard of coordination in the sector which is co-led by UNHCR at field and national level and the senior management commitment towards addressing SGBV as a key priority protection.

75. While UNHCR maintenance of its levels of support to SGBV is to be credited in the challenging funding environment, the context for refugees in relation to SGBV risks is becoming more severe. The slight reduction in UNHCR total SGBV budget for 2018 compared to 2017 suggests that the relatively strong geographical coverage of SGBV service provision achieved in 2017 may prove difficult to sustain even while refugee numbers remain relatively constant.

76. UNHCR patterns of resource allocation and SGBV service patterns suggest differing levels of access to SGBV response services across the country. There is no criteria to guide decision-making on SGBV budget across field offices. Interpretation of field office variations is complex due to the range of variables that could be affecting allocations but warrants further discussion within UNHCR to ensure consistent levels of support in relation to need. These issues are further discussed in the *recommendations* section.

6 Effectiveness: How effectively have planned SGBV approaches and interventions been implemented – and with what effect?

Key findings

UNHCR has made significant contributions to the provision of SGBV response services for refugees in Lebanon through a focus on: contributing to the establishment of a case management system that aims for high quality standards and through the provision of PSS; promotion of specific neglected issues including attention to services for men and boys; effective capacity building approaches and; investment in inter-agency coordination. Approaches to prevent SGBV are less well developed; there is a lack of evidence on what strategies are effective and what short term results or changes (2–5 years) might be appropriate or feasible. This is a key space where UNHCR can contribute learning to build understanding of if, when and how to address prevention of SGBV in a refugee context and current work in the sector and also UNHCR Lebanon SGBV strategy development provide important opportunities.

77. This chapter presents findings on the effectiveness of the UNHCR multi-sector response at the individual, community and national levels by considering: the extent to which SGBV objectives were achieved; the evidence of results; and how effectively the quality of the overall response was supported, particularly through contributions to inter-agency work. This chapter also considers to a lesser extent the strengths and weaknesses of data that is routinely gathered to monitor effectiveness and support learning.

6.1 Multi-sector SGBV response

78. This section considers UNHCR interventions at the individual, community and national level in turn. It focuses mainly on SGBV response interventions.

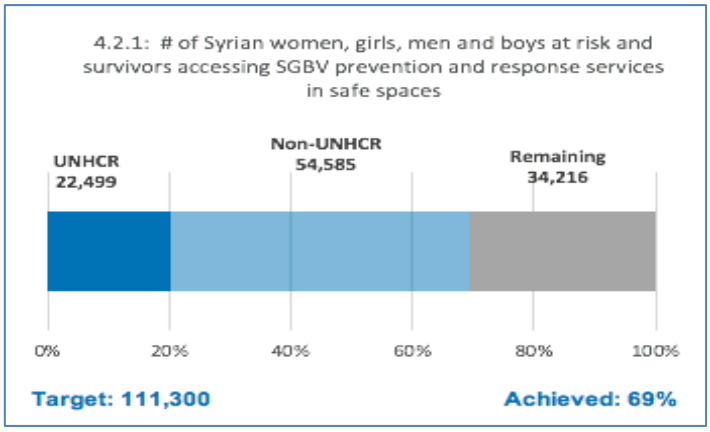
6.1.1 Interventions at individual level

79. UNHCR achieved good results in the provision of and access to SGBV response services in terms of reaching its target numbers. UNHCR made a significant contribution to the number of women, men, girls and boys accessing the sector's services. In 2017, the SGBV sector achieved nearly 70% of its target for numbers for people who access a range of services available in safe spaces in Lebanon (including awareness raising sessions, emotional support groups, life-skills training, legal support, psycho-social support and individual case management). UNHCR supported 28% of the sector's total beneficiaries (22,499 out of a total of 77,000 individuals) of safe spaces. The target number of reported incidents of SGBV to UNHCR and partners (2,250 Syrians; 100 non-Syrians) was slightly under-achieved by the sector for Syrians and slightly exceeded for non-Syrians. 88% of reported cases from Syrians subsequently received appropriate services (defined in UNHCR reporting as PSS) and 92% of non-Syrians.[44] These results are illustrated in Figure 9 below.

[44] GBVIMS collect data on: (1) incidents referred from other service providers (health/medical services; psychosocial/counselling service; police/other security actors; legal assistance services; livelihoods programme; teachers/school officials; community leaders; safe house/shelter; community volunteers or community committees; other humanitarian/development actors, or government services); (2) new incident referrals to other service providers (safe house/shelter; health/medical services; legal assistance services; security/protection services; livelihoods/vocational training; and education services).

Figure 9. 2017 targets for sector achievement in relation to access SGBV response and preventions services and UNHCR and its implementing partners' contribution to the sectors' achievements

Source: Activity Info LCRP Partner Reports



80. The evaluation found that there is a strong case management system in place with guidance which is followed well by UNHCR partners and so provides good support to establish a quality response to SGBV survivors. UNHCR partners are using the agreed inter-agency SOPs and related forms to guide case management processes including the processes for rapid assessment, intake, consent, safety planning, case planning, maintaining case notes and internal referral. Case managers have received good training and also benefit from refresher and peer support in the current coaching programme, supported by UNHCR and provided by IRC (more below in national level capacity building).

81. Some aspects of the case management system are under strain and some procedures would benefit from being standardised for more consistency in service provision across regions. The SOP for case management recommends there be 25 clients per case manager at a given time and this is generally the case – and is reported as such in the sector's case management process.[45] However, evaluation interviews found some case workers and managers coping with many more clients, reaching over 100 in some areas of Mount Lebanon, as well as a reported strain in parts of Bekaa and the North. At the same time some partners have reduced staff support due to budget cuts which leads to a double burden for case workers and managers of additional work with reduced support. This is not a consistent pattern across partners but the pressure on case management is clear.

82. **There is a good referral pathway established, though links and specialised services need to be strengthened.** The evaluation found that all regions have a clear, up-to-date referral pathway that is well disseminated and well-known by actors working the SGBV area, that it is translated. An app called RESPOND was launched through an inter-agency initiative, and managed by national NGO, ABAAD, to enable speedier updates of any changes in referral points – though evaluation KIIS and FGD found long-term staff and partners tend to use either the paper version of the referral pathway or their own knowledge. Use and promotion of the app may be useful to monitor.

83. There has been significant input by the sector to upgrade some specialised services including the CMR and legal services which has increased their availability, though gaps remain. As described in the coherence chapter, UNHCR has played a significant role in this through inputs such as coverage of medical costs, training and support to advocacy. Progress in CMR is illustrated by the change from the outset of the crisis when there were no specific protocols or standardised service providers who were trained on CMR. Since then, a clear referral system has been established among providers to facilitate access and also up to 47 health facilities have been trained to provide standardised CMR services. Moreover, a CMR TF has been created at national level to better coordinate the medical response needed for a sexual assault survivor. The TF, through its advocacy and close collaboration with national and international entities, has been able to increase the number of health facilities with CMR centres across the country through capacity

[45] SGBV Task Force Lebanon (2017) 'Mapping of case workers supervisors'.

building initiatives and provision of Post-Emergency Prophylaxis (PEP) kits – also known as the RH kit number three. The CMR protocol, reviewed by the evaluation is in line with WHO guidelines.[46, 47] The evaluation found staff well trained and aware of their roles and responsibilities. However, the CMR's TF own review of services found that significant gaps remain in quality and the geographical distribution of service provision.

84. There are limited rates of uptake in referrals to other specialised services for CMR and declining or low rate of uptake of referrals by refugees from case management to other specialised services.[48] For example, referral options presented to clients were declined at the rate of 47% for legal assistance (up from the previous year's rate of 40%) and 40% for security/protection i.e. contact with police or other security actors (up from 30% the previous year).[49] 19% of SGBV survivors accept referral to CMR facilities.[50] Referrals to mid-way houses, safe shelters or collective shelters were fairly constant but decline rates for referrals were still 41% in 2017.

85. **The available data suggest that low uptake of referrals is affected by factors other than their availability.** The evaluation sector's discussions on these trends considered them to be driven by: a reluctance to approach official services including legal services and police (often due to having no or out of date residency permits so fearing deportation); limitations on travel due to non-renewal of residency; a lack of confidence in services; or due to the cultural barriers of stigma that is associated with SGBV.[51] Also important is the limited scope of some sectors to provide responses to SGBV survivors due to their own budget constraints e.g. shelter and livelihoods which reduced confidence in the value of the referral. These trends highlight the importance of the PSS services as a response that individuals will access but also raise questions regarding the effectiveness of strategies to address the barriers to take-up of specialised services and the need for more in-depth understanding of what is driving these barriers (see *recommendations*).

86. Recurring challenges remain also in low access levels to SGBV services by persons with disabilities, older people and members of the LGBTI community and for men and boys despite some significant interventions by UNHCR. Research continues to demonstrate sustained challenges for certain groups to access SGBV services.[52] While UNHCR has introduced a number of measures to address some of these issues described earlier – e.g. enabling community and social development centres to be accessible, as well UNHCR reception centres – it is worrying that in the eight years of the response the research shows that there are sector sustained challenges to enabling equitable access to PwD.[53] Furthermore, in interviews, UNHCR staff noted that while community centres may be PwD-accessible (as least in terms of physical disabilities), this did not translate to a capacity – or in some instances a willingness – among staff to work with people with a variety of disabilities. There is no evidence that trends found at the sectoral level are different for UNHCR partners, suggesting that despite efforts already made, additional measures are needed.

87. In relation to LGBTI refugees, UNHCR has made significant developments in service provision in the Mount Lebanon area – where UNHCR data suggests the majority of LGBTI refugees in Lebanon live – and developed a plan to systematise LGBTI awareness across UNHCR. UNHCR has introduced LGBTI-specific support groups, promoted awareness and understanding of LGBTI among its staff across the Mount Lebanon centre and promoted a welcoming environment for the LGBTI community. LGBTI participants in the evaluation reported a noticeable difference over the past two to three years in UNHCR's openness to them. Measures such as training for all staff, including guards and receptionists, introducing a code word for LGBTI refugee rapid entrance to the centre and awareness raising for reception staff, have contributed to this positive change.

88. However, it is noticeable that most UNHCR LGBTI-focused services are accessed to a much greater extent by gay and transgender men rather than lesbian and trans-women, and other groups.Gay and transgender

[46] WHO (2004) 'Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons (revised edition)'.

[47] UNHCR Lebanon (2016) 'CMR field meeting summary'; UNFPA (2017) 'Report on review of practices for CMR strategies and guidelines'; UNHCR Lebanon (2018d) 'CMR action points 2018'.

[48] GBVIMS (2016a).

[49] GBVIMS (2017a).

[50] GBVIMS (2016a).

[51] GBVIMS (2017a).

[52] WRC and IRC (2015); UNICEF (2017); UNICEF and WRC (2018).

[53] UNICEF and WRC (2018).

men face severe constraints and dangers – due both to the extremely restrictive legislative framework and trends such as reports of evictions, job losses, harassment and violence – which contribute to high risks. However, there is much more limited participation of lesbian and trans-women in services and more limited knowledge of their experiences.

89. UNHCR has made significant contributions to an important change in the sector which is to increase recognition that men and boys can be SGBV survivors, at risk, and have particular SGBV response needs. This work is at an early stage making initial steps towards the longer term goal of having relevant, high quality SGBV response services accessed by men and also associated prevention strategies. However, there are a number of lessons to take from progress to date and strategies employed to achieve these results summarised in Box 3 below.

Box 3. Men and Boys as survivors and at risk of SGBV[54]

The change: increased awareness and focus on men and boys as survivors and at risk of SGBV in the sector

Key elements of UNHCR's contribution to the change

- Established an evidence base through MENA office-commissioned research in 2017, highlighting high levels of SGBV experienced by Syrian men and boys both in Syria and countries where they reside as refugees.
- Promotion by UNHCR of the issue and need through the promotion of research findings to the sector and internally.
- Four two-day training workshops for UNHCR implementing partners (27 participants in 2017 and 30 in 2018).
- Production of an information and guidance booklet for case workers on masculinities and dealing with cases of male survivors developed through UNHCR direct implementation funds.
- Inclusion of a component on men and boys/masculinities in UNHCR-supported peer-to-peer training for case management workers.
- Influencing language and images: UNHCR introduced more gender-neutral language into the 16 days of activism campaign in 2017 so the aim was "against SGBV" rather than "violence against women and girls". UNHCR aims to ensure men and boys are represented visually in training and awareness materials.
- Inclusion of work with men and boys in PPAs with partners.

What helped the change?

- UNHCR Lebanon senior management support: this was demonstrated through sign-off of the SGBV strategy which includes a focus on working with men and boys. Also, public support (photographs) with advocacy messages relating to SGBV and male survivors in the 2017 internal 16 day campaign to end SGBV.
- Global UNHCR support: working with men and boys is an area identified as neglected in the UNHCR SGBV strategy in 2011. UNHCR Lebanon participates in the global steering group took this forward and also benefitted from regional support e.g. in the research.
- Inter-agency support: SGBV TF and specific agencies' interest of some agencies (e.g. UNFPA and IRC) helped internal advocacy in UNHCR to overcome reservations.
- A structured, incremental approach: there has been a structured process which began by building evidence, then sector awareness, followed by increasing staff capacity in UNHCR and partners, and also supporting cooperation across the sector. Now UNHCR also provides financial support for interventions. These measures have built up gradually.
- SGBV focal points include both female and male colleagues.

What hindered the change?

- The legal environment in Lebanon which makes it impossible to report cases of male rape to officials.
- The change of attitudes and skills of staff in UNHCR and partners takes time.
- Promotion of a "new issue" requires focused attention which some staff see as detracting from the ongoing work with women and girls (including feeling that resources may be compromised).
- Limited resources to adapt or introduce new activities to focus on men and boys at local level, e.g. evening sessions and safe spaces to fit with working schedules, particularly at a time when services are under financial pressure as some agencies budgets decrease.

Conclusion: There is strong evidence that UNHCR has made a significant contribution to change in the sector's understanding and commitment to provide SGBV response and prevention services for men and boys.

[54] Source: KII, FGD and UNHCR (2018h).

90. **There are high levels of satisfaction among people participating in UNHCR SGBV activities**. In evaluation focus group discussions women, girls, boys, men including LGBTI group members consistently reported the value and benefits of their participation in UNHCR SGBV services. They reported that their participation has helped them to feel safe, learn new skills, build contacts and networks with their peers and appreciatate a place to share experiences and "vent" any frustrations. A potentially useful source of information is through the client satisfaction feedback process introduced by the SGBV TF and which is used by most UNHCR partners though not consistently (e.g. some undertake it with all clients, others with only a sample). However, the evaluation could not locate any analysis of aggregated satisfaction to date which would be useful to demonstrate patterns and trends and support the current limited qualitative data of impact and effectiveness.

91. As noted in the *coherence* section, an important development in SGBV response at individual level has been the increased range of sectors involved in the multi-sector responses provided by UNHCR to SGBV survivors. Two key responses include the provision of PCAP, a monthly grant for up to 12 months of up to US$300 provided to SGBV survivors or at risk to support them to address a specific SGBV protection concern. In 2017 alone this supported 423 SGBV cases and 462 cases in 2016. In addition, with support of the SGBV TF at sector level more links have been established with partners working on livelihood options to consider livelihood options for SGBV survivors. Both these types of intervention recognise the economic aspect for survivors and persons at risk of coping with and moving from a situation of risk of SGBV.

92. A limitation of the UNHCR response noted in the analysis of challenges and responses is a tendency to rely on training of service providers and awareness raising to deal with challenges.[55] The 2017 end of year report notes a number of issues – such as overstretched local capacities, survivors reluctance to disclose SGBV or seek support due to stigma and shame – in which the operational response is usually to have more training and awareness raising. These may well be useful components of a response but they have already been tried and the evidence is that the problem remains, suggesting the need for additional or alternative responses. Deeper analysis of the causes of some of the recurring issues such as decreasing levels of referral services may be needed and is discussed further in the *recommendations* chapter.

6.1.2 SGBV response interventions at community level

93. **UNHCR employs multiple channels for communication with communities (CwC) which reflects good practice.** Box 4 below summarises some of the key methods used by UNHCR for CwC across programme areas including to address SGBV. The UNHCR CwC unit has also supported the SGBV TF to develop leaflets on SGBV and a video to raise awareness of cyber violence (currently under finalisation), as well as some basic communication training for SGBV partners. This multi-pronged approach to communication is in line with good practice and assessment findings, such as the PA findings that the principle, and most trusted source of information for people was word of mouth by neighbours and OVs.[56] This multi-pronged approach also builds on WRC research in Lebanon on effective ways of working in urban areas.[57]

Box 4. Good practice in communication with communities

UNHCR uses multiple methods across its operations to engage with refugees. Tools include:

- Bulk SMS messaging.
- WhatsApp groups linked to a communication tree with 8,000 focal points who are mainly frontline workers; each pass on each message to 10 or more contacts with an estimated reach of 60,000 families.
- UNHCR website which had 30,000 unique viewers in 2017.
- A central call centre that was established for queries on basic assistance receives multiple types of query, including 28 SGBV related so far in 2018 (by end July). SOPs have now been established for referral of these queries.
- OV face-to-face communication.
- Support to local SGBV hotlines and communication led by partners.

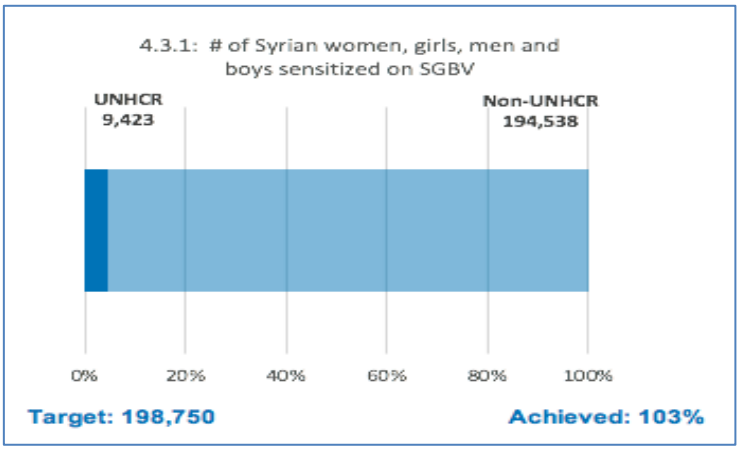
94. Available data on UNHCR SGBV awareness raising communication shows good levels of reach by communication methods, but limited evidence regarding its effectiveness in being well understood and

[55] UNHCR COP (2016;2017); UNHCR EOY Report (2016; 2017).
[56] UNHCR Lebanon (2017b) 'Participatory Assessment (PA)'.
[57] WRC (2016) 'Mean streets: Identifying and responding to urban refugees' risk of Gender Based Violence'.

acted on by PoC. Data available on community awareness of SGBV is largely held at sector level where there is good achievement of targets relating to numbers of people sensitised on SGBV (80% success based on LCRP definitions), though with a limited contribution by UNHCR to this result (5% of target reached in 2017).[58] More focus on the effectiveness of sensitisation to understand also how different methods eg local hotlines and OV roles can be most complementary would be useful.

Figure 10. LCRP indicator 4.3.1 '# of Syrian women, girls, men and boys sensitised on SGBV- achievement of results and UNHCR and implementing partners' contribution to the sectors' achievements [59]

Source: Activity Info LCRP Partner Reports



95. UNHCR-supported OVs shared with the evaluation team their assessment that the communities they work with have a good understanding of SGBV and availability of services. However, other research – such as the UNICEF KAP survey and UNHCR's own FGD findings on the distinct but related subject of PSEA – indicate low levels of awareness of where to go if a woman or girl experiences SGBV.[60] This suggests a gap between the result of messages reaching people (numbers sensitised) and the effectiveness of communication in building understanding of SGBV and knowledge of and confidence in services available. Given the preference of refugees expressed in PAs and other assessments for face-to-face communication, the numbers without knowledge of where to report an incident may reflect the coverage levels of OVs and other face-to-face communication. OV data shows that in some regions the ratio of OVs to population is as high as 4,356 refugees (Qobayat) to the lowest (but still significant) level of 1,151 Syrian refugees per OV in Tyre.[61]

96. OVs (general and specialised) form a key component of the UNHCR SGBV approach but there are signs of stretch and evolution of their role which requires new support from UNHCR, which are partially but not totally addressed in current plans. Many of the 624 OVs working with UNHCR have been active volunteers for four years or more. They form a core component of the SGBV response. The UNHCR OV system has strengthened since its beginning in Lebanon in 2008 during the Iraq response, and more structured guidance, training and support mechanisms are now in place. The evaluation found that OVs are well trained e.g. in terms of the areas that the training covers, its relevance to their role, their ability to describe situations when they use the training and their own assessment of it; and the four evaluation FGD with OVs

[58] UNHCR partners reported reaching 1,330 women, girls, men and boys in the Syrian refugee populations while other organisations reached 21,625. Source: Activity info reporting by partners. UNHCR partners reported reaching 9,423 women, girls, men and boys in the Syrian refugee population, while other contributing organisations collectively reached 194,538 individuals. Source: Activity info reporting by partners.

[59] Sensitisation is defined within the LCRP monitoring to include numbers of people where there has been some discussion or interaction with participants i.e. not mass information.

[60] UNICEF (2017); UNHCR SGBV TF Lebanon (2018).

[61] Source: See Annex 7 for detail of OVs by region provided by the UNHCR operation.

demonstrated their admirable commitment and technical competence. However, OVs also report a number of challenges which include:

- the given financial support costs of $200 is used on transport and communication e.g. airtime for SMS, WhatsApp[62]
- their own frustration and feelings that their credibility in communities is undermined due to lack of feedback on cases referred to partners implementing SGBV activities (lack of feedback often due to confidentiality reasons)
- a felt need for new strategies to address recurrent challenges summarised by them as 'stigma and cultural difficulties' to take forward SGBV work in the community.

97. As members of the community, the OVs are on alert 24/7 rather than their official four hours a day. Over time their role has increased to provide some basic PSS to people at risk as well as their communication, identification and referrals roles. However, support for OVs is not consistent across partners. UNHCR's own 2016 internal review of the OV process picked up on some of these challenges and has put strategies in place to address some of the identified challenges e.g. development of training curriculum, introduction of peer training for OVs and their supervisors. However, some challenges remain to ensure consistent duty of care of OVs, external acknowledgement of their role . Some examples:

- external accreditation of training;
- support for dealing with new challenges such as how best to respond when made aware in the community of planned spontaneous returns and
- support for financial costs (the financial support loses value as it remains static but costs – e.g. of travel and airtime – increase).

6.1.3 Interventions at national level

98. UNHCR activities at national level relevant to SGBV response include capacity building and support to government and civil society service providers and advocacy for provision of services by national bodies.

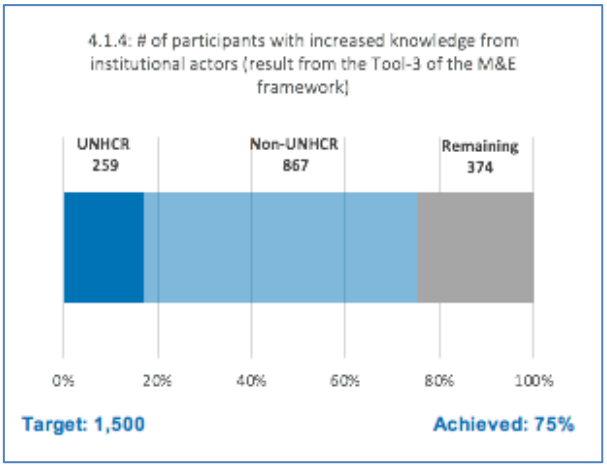
99. The evaluation found strong evidence that UNHCR-supported training, capacity building, support and coaching have been effective in building knowledge and skills that are applied. The overall LCRP monitoring data shows that participants in capacity building initiatives report increased knowledge (usually demonstrated through pre and post training testing) and that UNHCR makes a significant contribution to the sector's results, being responsible for nearly one third of these results (see figure 11 below). Of particular note is the peer-to-peer support, supported by UNHCR and implemented by IRC. A significant factor is that this training is provided to all actors involved in SGBV not only UNHCR operational partners. Evaluation interviews confirmed available reports that participants find the coaching particularly useful due to its focus on complex cases and subjects participants identify at its outset. Participants reported they are able to apply the new knowledge in practice, appreciate learning from each other and also benefit from the contacts made in the regular monthly training sessions with peers from other agencies. Another useful feature is the provision of coaching for supervisors so they can sustain support in their organisations. Other training and capacity building supported by UNHCR also demonstrates improvements in skills and knowledge e.g. for MoSA case workers and SDC staff on SGBV (a total of 68 staff in 2017); and on other training for police though evaluation informants highlight the need for this to be more widespread, predictable and to develop specialised content for police officers involved in work on trafficking.[63]

[62] It should be noted there are legal restrictions to increase the funding provided to cover OV costs which could constitute emplyment whcih is not allowed in Lebanon.

[63] See additional documentation reviewed in Annex 11.

Figure 11. LCRP Indicator 4.1.4 '# of participants with increased knowledge from institutional actors (results from the tool-3 of the M&E framework) showing UNHCR and implementing partners' contribution to the sectors' achievements

Source: Activity Info Partner Reports



100. UNHCR has made contributions to the sector's work which have proved to be significant in improving the sector's consistency and effectiveness. Inputs have included a) investment in the co-leadership of the national inter-agency TF as well as chairing working groups at regional level; b) co-financing of key sector resources such as the GBVIMS which through its products and process has built sector collaboration and shared understanding of SGBV trends (data is discussed between participating partners to understand trends and their implications) and c) participation and support to the production of sector-wide tools to support the quality of SGBV response across agencies.

101. The SGBV TF co-led by UNHCR has produced high quality, well received tools to support agencies' service provision which are actively used in the sector. Key tools include: SOPs; case management tools; the monitoring and evaluation toolkit; guidance notes on early marriage; guidance on safe relocation and accommodation; and guidance on phase out and closure. The SOPs are endorsed by MoSA. 95% of respondents to the evaluation survey of SGBV TF members rated the SOPs and case management tools as either good or excellent and also rated highly the participatory process to develop the tools and their accessibility. Some respondents commented that dissemination and more participation from some agencies were areas that could be improved, even though these also had good results in the survey. The four sections of the SOP found by the highest number of respondents to be most useful were sections on case management, referrals, informed consent and prevention (full details of survey in Annex 10). The evaluation's assessment of the tools found them to be of high quality based on criteria of their accessibility including in terms of language (translated to Arabic), clarity and range of subjects covered. The SOPs include and go beyond those recommended as minimal by the IASC guidelines of 2005 (revised 2014) e.g. be taking steps to set minimum standards such as in relation to case worker and case load and also minimum standards for static and mobile safe spaces. The level of support for the tools, scale of reported use and evidence from UNHCR own partners gathered by the evaluation suggest these tools have been an effective contribution to building a consistent and high quality response.

102. UNHCR has supported MoSA with financial support for staff and technical support in 26 SDCs for a range of protection activities, including PSS and identification and referral of SGBV survivors. A limited number of static safe spaces (meeting the SGBV TF minimum standards in relation to the checklist) are run in SDCs with technical support from NGOs. UNHCR supported IRC to run two-day basic training for MoSA case workers and other related staff which included some basic SGBV concepts in the one hour component on identification and referral and an increasing number of MoSA case workers have been taking part in the peer-to-peer coaching conducted with IRC.

103. The development of a longer-term plan for UNHCR-MoSA cooperation and support to MoSA's leadership and capacity is being developed but quite late in the operation. Challenges to cooperation in the past years have included political change and gaps in technical counterparts in MoSA and legal framework restrictions. UNHCR has managed this to some extent by maintaining multiple relationships at different levels between UNHCR and MoSA at central Beirut level, and at governorate and individual SDC levels. A key opportunity upcoming is the joint SDC capacity-assessment being conducted in cooperation with MoSA and partners (including UNHCR). The assessment will identify the strengths and gaps within MOSA and

be the basis of a support plan for their development. It will include a five-year plan of support from UNHCR. This is a good initiative, but interviewees from both MoSA and UNHCR reflect that this is an initiative that would have been beneficial to have begun earlier. This comes within the framework of a humanitarian and development nexus.

104. Capacity building with civil society is a crucial part of building a robust system for SGBV response in Lebanon but is also challenging. At the outset of the Syria response there were only a handful of civil society organisations working on SGBV, and these were predominantly based in Beirut. Over time partnerships between UNHCR and a few other civil society organisations developed, and a number of local CSOs are now benefitting from the UNHCR-supported peer training programme and beginning to attend working group meetings. However, interviews pointed to the growing gap in capacity between these small CSOs and the large national NGOs, highlighting the need for greater support to local CSOs who bring key expertise, local networks and localised knowledge.

105. **UNHCR advocacy has some indirect benefit to SGBV survivors and people at risk.** UNHCR advocacy has focused on its core protection mandate. It has targeted a number of key issues which are relevant to people at risk of SGBV among other groups i.e. regarding safe return, waiver of cost of renewal of residency rights, registration of birth and marriage and for (potentially) the reinstatement of registration of refugees. These all directly or indirectly benefit SGBV response and prevention, facilitating for instance travel to SGBV response services due to the waiver of residency renewal fees, and enabling legal responses to SGBV survivors who had not had their marriage registered. UNHCR has also participated in advocacy for rights of women in different UN coordination for, such as, the UN rule of law group where UNHCR led the inclusion of advocacy on addressing gender inequality in the nationality law, and in the gender working group led by UN Women; the UN gender working group on national strategy to prevent violence against women; and on nationality of women and children, insisting rights of refugees be respected within each of these initiatives.[64]

106. However, there is some criticism of UNHCR not having a higher profile in public SGBV advocacy. UNHCR reports it needs to balance advocacy for long-term change with maintaining its immediate operational space, but has recently begun some welcomed more public initiatives to highlight the benefits of humanitarian assistance to Lebanon. A small number of KII from inside and external to UNHCR were critical of UNHCR for not taking a more active and public role in advocacy to address some key SGBV risks, arguing that UNHCR could contribute more to sector efforts – and would have considerable weight – rather than relying on civil society to do this. One example is the campaign against marital rape and related work to lobby for women's rights in the home which UNHCR did not put its name to, nor fund.[65] A second, is the work on LGBTI rights on which UNHCR does not undertake advocacy. UNHCR KII report it must focus on the more immediate requirement to sustain services for refugees and its relationships with key actors, including the government, rather than being explicitly outspoken on sensitive issues which need long-term change. Similarly, until recently UNHCR has been quiet in terms of public advocacy i.e. seeking to influence public attitudes towards refugees which itself has impact on the SGBV risks experienced by refugees in public places where women and girls have been reporting increasing incidents of harassment. There have seen some signs of change in this with UNHCR highlighting now the contribution the humanitarian sector is making to Lebanon and related benefits for Lebanese because of the refugee presence. This is welcome and appropriate at this stage. The evaluation noted there is not a written UNHCR advocacy strategy to address SGBV nor a process to track activities and progress towards any aims.

6.2 Mitigation and prevention[66]

107. Some UNHCR community-based activities have shown promising results in relation to prevention but they are, so far, on a relatively small scale and evidence of their effectiveness and impact is limited. UNHCR has invested limited financial resources into SGBV prevention. In Lebanon, UNHCR interventions which focus on prevention form less than 20% of the direct SGBV budget. But from the interventions focused on prevention there are some promising signs. For example, UNHCR monitoring data reports that 89% of the 162 communities where community safety audits were conducted in 2017, report feeling safer; but UNHCR

[64] UN gender working group (2018a; 2018b; 2018c; 2018d).

[65] In August 2017, GoL abolished Article 522 of Lebanese penal code that allowed men to avoid punishment for rape if he produced a valid marriage contract. This was a campaign launched by national NGO Abad in 2016.

[66] Definitions of prevention and mitigation and activities considered under these titles developed in cooperation with UNHCR Lebanon are in the introduction of the report.

2017 reporting shares that this level of follow-up is threatened by operation plans not being fully funded. 84% of women and adolescent girls taking part in activities report feeling a greater sense of empowerment after their participation, which is a step towards gender equity; but these initiatives are very localised and reach a limited number of girls. There are also encouraging approaches being taken in the sector and by some UNHCR partners to engage with religious and a wider range of community leaders as part of prevention strategies – often entering these discussions via child protection concerns, such as child labour, before moving into more sensitive areas relevant to child/early marriage and SGBV.[67] There is currently no systematic data on the effectiveness of these initiatives.

108. **A number of sectors undertake assessments at community level which help to identify risks including SGBV risks.** For instance, the community assessments by shelter and WASH partners were commended by the 2015 evaluation of IASC guidelines. They noted the inclusion of SGBV partners in these assessments and the good level of awareness of these sector' partners on SGBV issues. The shelter and WASH sectors note that their SOPs include provision for checking for SGBV issues in their community assessments. Furthermore, some other sector inputs contribute to the prevention of SGBV e.g. multi-purpose cash can reduce SGBV risks which UNHCR is researching for its SGBV outcomes.[68] But there was no further evidence available on the effectiveness in relation to SGBV mitigation and prevention. Other sector contributions are discussed in more detail in the *coherence* section and in *recommendations*.

109. There is growing interest and focus on prevention approaches to SGBV in UNHCR in Lebanon and across the SGBV TF membership but currently no shared strategy nor definition of activities across the sector and limited definition within UNHCR. Evaluation KII, SGBV TF minutes and the SGBV TF survey indicate that agencies from across the sector have growing interest in SGBV prevention. This reflects perhaps the relative stage of maturity of the SGBV response system, the stage of the protracted crisis and the opportunities this provides to address causes of SGBV including gender inequality. However, like UNHCR, there is also no shared prevention strategy at sector level. In UNHCR, prevention is a strategic objective of the SGBV strategy and some activities are being supported. Work is also developing at sector level and social behavioural change has been identified as a priority for the upcoming LCRP 2019. These are positive developments.

6.3 Monitoring effectiveness and learning from experience

110. **UNHCR monitors the effectiveness of the operations it supports through a range of methods**. These include reports from partners against their PPA and agreed targets, direct contact and monitoring visits to partners and also through data collected against nationally agreed indicators. UNHCR partners input data regularly into “Activity Info”, which is used to report to sector level monitoring within the Lebanon Country Response Plan. Combined with activity info, end of year partner reports are used to report against PPAs and to the UNHCR RBM system, and to produce the UNHCR end of year report. In addition, progress is monitored internally through the field office workplans produced within the framework of the SGBV strategy.

111. In the sector’s monitoring there was a significant reduction in the number of indicators tracked for the 2017–20 LCRP which lost some useful, more nuanced indicators which could help understand effectiveness trends better. It emerged in 2016 that the demands of reporting against all of the earlier LCRP indicators were too high, and the sector was perhaps too ambitious. In developing the 2017–20 LCRP a reduced number of indicators were agreed. However, some valuable indicators were dropped after 2016 that could be meaningful to re-instate given the emerging trends and priorities in the sector (e.g. child/early marriage). For example, in 2016 one LCRP indicator (1.2.1b) focused specifically on the number of community leaders/gatekeepers trained or engaged on GBV, in which the definition referred specifically to Shaweesh, Sheiks, religious leaders and influential members of the community (which in fact was a low-performing indicator with only 35% or the target number of individuals trained/engaged). In 2017, this was merged into “percentage of community members demonstrating improved knowledge and attitudes towards SGBV” (4.3a) which includes in the definition “women, men, leaders and other community members who have participated in a basic SGBV training on core concepts”. Interestingly, this remained the lowest performing indicator in 2017.

[67] For good practice, examples of the development of preventative frameworks against SGBV through theologically inspired programming, see Fiddian-Qasmiyeh, Lewis and Cole (2017), ‘Faithing gender and responses to violence in refugee communities: Insights from the Sahrawi refugee camps and the Democratic Republic of Congo’. (Oxford: Berghan).

[68] Bizzarri (2018) ‘UNHCR’s Lebanon cash interventions’ contribution to SGBV prevention and response’.

112. The sectors' monitoring system has evolved over time and has some key strengths. These include:

- The SGBV TF M&E toolkit is a crucial method of standardising the approach across the sector to monitoring through common indicators within the LCRP. It has also supported the TF in moving towards measuring the impact of SGBV prevention and response, rather than activities and outputs only. UNHCR partners are part of this.
- Definitions in activity info and the M&E toolkit help build a more consistent approach to data collection and understanding of indicators though there is still some way to go in terms of consistency of data input.
- UNHCR's close monitoring and relationship with partners at field level enable a good understanding of progress and challenge faced in implementation.

113. Key challenges in the monitoring system observed by the evaluation include:

- There remains significant room for (unintentional) double reporting of beneficiaries for LCRP objectives. For example, it is not clear when partners report on the number of refugees who attended a specific activity, if it is the same group of refugees who attended a further activity or a different group. This therefore makes it impossible to have a clear picture of the real number of refugees reached by activities that are reported in activity info. While indicator definitions within the LCRP, and to a greater extent in the M&E framework, have gone some way towards mitigating this, it is unclear how partners are held to account for the way they report against indicators (see Annex 9 for a full list of indicators).
- UNHCR's RBM objectives are tracked through a small number of indicators. For instance, under the objective "Risk of SGBV is reduced and quality of response is improved" the only indicators tracked are "Number of partner government, and UNHCR staff trained on SGBV prevention and response" and "Number of reported incidents for which survivors receive psychosocial counselling" which addresses a very limited number of aspects regarding risk reduction and quality of response. While the numbers against the RBM indicators suggest success, the performance indicators themselves are vague and allow no space to evidence the nuanced reporting that takes place. RBM indicators are under review at HQ level. Some practice from the LCRP may be useful to draw on. LCRP indicators offer more nuance and depth than RBM indicators.
- There is no compulsory reporting through activity info on non-Syrian refugees so UNHCR monitoring data on this population group is less robust.
- Currently in Lebanon, there is no formal way within UNHCR of monitoring and tracking across field offices the extent to which targets are or are not being met. 2018 will be the first time the work plan within the SGBV strategy is used to measure targets across different field offices, and this will be an important development to gain a better understanding of how partners are performing. The evaluation team understands a system is being developed now based on the new UNHCR SGBV strategy and will be in place shortly.
- Significant data that is collected, e.g. client satisfaction forms, are not collated and analysed to see trends by either UNHCR or the sector. This is a significant under-use of available data.
- KII at senior management level in UNHCR noted the difficulty in knowing the progress and effectiveness of SGBV, describing it as not visible in UNHCR. This suggests either the collected data and reporting is inadequate or that communication of results needs to be higher profile within UNHCR and more discussed.
- Available monitoring data present quite thin findings of numbers reached rather than in-depth learning on impact and effectiveness of different interventions eg regarding the effectiveness of communication and sensitisation interventions. Some valuable initiatives are underway to build more in-depth knowledge e.g. UNHCR's work on cash-based interventions and SGBV outcomes and partners review of some mobile responses. These can be developed further.

6.4 Factors enabling and constraining UNHCR effectiveness

114. Factors which have contributed to UNHCR SGBV intervention effectiveness include:

- UNHCR's continual investment into specific areas e.g. case management and gradual development of services over time or building sector approaches for men and boys.
- Direct work through partners combined with effective collaboration across the sector.
- Innovation in approaches to fit the context e.g. mobile approaches, tailoring of LGBTI services.

115. Factors which constrain UNHCR SGBV effectiveness include:

- The lack of a long-term strategy for capacity building of national service providers.
- A limited range of strategies to address ongoing challenges e.g. known barriers such as stigma, limited take up of specialised services.
- A lack of definition around what constitutes success e.g. a theory of change for SGBV response and prevention detailing changes in the short and long term at different levels – though new work underway relating to SGBV impacts of cash-based interventions shows promise.

6.5 Conclusions

116. UNHCR has made a significant contribution to further the establishment of a high quality system to respond to SGBV through its work directly with partners and also as a member and co-lead of the inter-agency TF. The focus on establishing accessible and high quality case management and PSS services has established a system that is being accessed by target numbers of refugees.

117. A limitation on the effectiveness of UNHCR SGBV response is the lack of mechanisms to address challenges to solutions for refugees which have lasting impact. The role of sectors in and outside of protection are clearly vital for solutions which have lasting effect for SGBV survivors e.g. through resettlement, shelter and livelihood solutions which complement the services provided by SGBV and as discussed in the coherence chapter there is support in these sectors to contribute. But finding such solutions are challenged by PoC reluctance to take up opportunities for resettlement without extended family members or due to difficulties that divorce and child custody can raise: limitations on available slots for resettlement; budgetary constraints on sectors' ability to contribute to shelter and livelihood solutions in Lebanon; and also PoC reluctance to take up specialised legal and other services. This situation is compounded for non-Syrians who do not have access even to the limited resettlement spaces available to some Syrian refugees. UNHCR lacks a strategy for solutions which will have lasting effect for non-Syrians residing in Lebanon.

118. **The strongest evidence regarding the effectiveness of UNHCR relates to the provision of response services and information,** rather than in its lasting effectiveness, or stimulation of uptake of specialised services, or addressing the more deep-rooted drivers obstacles to this. Approaches to prevent SGBV are less well developed; there is a lack of evidence on what strategies are effective and what short-term results or changes (2–5 years) might be appropriate or feasible. While some of these issues are often seen as "developmental" because they need long-term change,[69] they also affect refugees where opportunities and constraints may be different e.g. due to changing gender roles at least externally as some women work and move more freely. This is a key space where UNHCR can contribute learning to build understanding of *if, when and how* to address prevention of SGBV in a refugee context.

119. The overall finding from the current M&E system is that it provides good knowledge at the field office level of organisations' progress against objectives, coverage and trends in SGBV. But there is a fragmented picture at national level making it difficult for management at different levels to have a full picture of the SGBV trends, challenges to implementation, UNHCR's contribution, and the effectiveness of the system.

[69] See for example Turner (2017) 'Victims of Chaos and Subaltern Sexualities? Some reflections on common assumptions about displacement and the prevalence of sexual and gender based violence'. (Oxford: Berghan).

7 Lessons: what lessons can be learned from scaling up and maintaining adequate levels of SGBV response, mitigation and prevention in a context like Lebanon?

120. This chapter aims to draw out and distil the lessons from the UNHCR SGBV approach in Lebanon which could be relevant to other UNHCR operations confronting comparable challenges and opportunities. In particular it includes lessons around the extent to which SGBV response, mitigation and prevention 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. The selection of lessons is also guided in part by the UNHCR Global Strategy of 2011 on SGBV[70] as well as good practice and innovations that have been introduced in Lebanon. Ten key lessons are identified.

7.1 Lessons

LESSON ONE: Government structures need to be engaged at multiple levels to progress the SGBV agenda to build an effective SGBV response accessible to refugees.

121. UNHCR Lebanon has maintained contact with the government functions and services at different levels throughout the operation. This has enabled opportunities for service development to be progressed even when contact at one level stalled e.g. at senior level during elections or when there have been gaps in technical counterparts at national level. However, an explicit strategy for messages, vision and aims of this interaction would have helped create a consistent approach to building engagement, including one that works jointly with other agencies also involved in capacity building.

LESSON TWO: Linking new SGBV response services to a national SGBV response system and building its capacity can begin earlier but there may be some limits.

122. The UNHCR approach benefits from its partnerships with MoSA and also both international and national NGOs. National NGOs will form part of a long-term SGBV capacity for Lebanon and so capacity building efforts have longer-term impact. However, despite early efforts to build on national capacity (e.g. government co-leadership of SGBV TF and participation encouraged in regional working groups; some provision of humanitarian SGBV case management through SDCs and participation of MoSA case workers in training initiatives), it was evident early on that a more rapid scale up was necessary than was possible through only government and existing NGO services. The humanitarian community responded by setting up mobile and some static safe spaces accessible to refugees but also others including Lebanese beneficiaries but not all services are connected to the national system. While coordination mechanisms such as regional working groups is one way to build shared knowledge of the distribution of services, this is not enough to enable a robust system accessible to refugees and one connected to national systems. Already, some services are being scaled down or under threat as funding for the humanitarian response decreases. It would have been wise to consider earlier the balance between the number of temporary humanitarian responses such as mobile safe spaces and those which have the potential to become part of the national system (i.e. those based in SDCS) and also to build formal links between temporary humanitarian response services and the national system i.e. to have had a shared plan for longer-term needs from an earlier stage. The Lebanon situation highlights the likely need for some separate services for the medium term, in this case for the LGBTI refugees given the long-term nature of any potential change in the legal framework, and wider public attitudes towards groups currently denied their rights and thus with limited access to formal SGBV response services.

LESSON THREE: A highly effective approach to building national capacity is through more hands-on and practice-based coaching.

123. The model for capacity building based on peer to peer approaches and assessment of participants' priorities at the beginning of the year is showing results in increased knowledge, skills, and networks between organisations and individual case workers, as well as practical application of knowledge gained.

[70] UNHCR 2011. Identified areas are protecting children of concern against SGBV; addressing survival sex as a coping mechanism in situations of displacement; engaging men and boys; providing safe environments and safe access to domestic energy and natural resources; protecting LGBTI persons of concern against SGBV; and protecting persons of concern with disabilities against SGBV.

This approach (as opposed to running pre-established, formal training in workshops along pre-set curricula) could be considered more often, particularly for staff with experience. These initiatives provide opportunities to promote gender equality.

LESSON FOUR: Cross-organisational cooperation in the humanitarian-development nexus can start early.

124. There are examples of good practice in UNHCR engagement with development actors – e.g. the World Bank on harmonisation of safety nets for vulnerable Lebanese and refugee assistance (MCAP), as well as the upcoming shared SDC assessment involving MoSA, UNICEF, UNHCR and others. These initiatives enable the integration of refugee humanitarian needs and interests into longer-term developmental plans. These approaches can start earlier in the response.

LESSON FIVE: Promoting neglected issues through a structured, incremental approach shows promising results and is possible in a protracted crisis.

125. The experience of promoting a challenging, sensitive and complex issue, in this case developing SGBV response services for men and boys, shows the value in a multi-pronged, structured and gradual approach, which is possible in a prolonged crisis (though other approaches may be possible in the initial stages of responses). The combination of: building the evidence base; capacity building including training but not limited to that with peer to peer coaching, mentoring and other ways to build skills, knowledge, experience and facilities; joint work on developing training and advocacy material, as well as the provision of funds to develop interventions, is reaping some early rewards in terms of progress in the sector's SGBV approach.

LESSON SIX: Despite the existence of restrictive legal frameworks it is possible for UNHCR to promote access to services and rights for all.

126. Lebanon presents a challenging environment due to the legal framework compounding a wider harsh cultural and socio-economic environment for LGBTI refugees. However, Lebanon has shown there are alternative approaches to public advocacy e.g. through partnerships with specialised local NGOs. While UNHCR partners with a Lebanese LGBTI specialised NGO in the Mount Lebanon for LGBTI response interventions, advocacy is not a focus of UNHCR's current cooperation; this aspect could be incorporated into UNHCR's partnerships with specialised LGBTI NGOs in the future.

LESSON SEVEN: Moving rhetoric of mainstreaming SGBV response, mitigation and prevention to shared understanding and collective responsibility in UNHCR requires investment, visibility of SGBV, leadership and more involvement of men.

127. The evaluation found many examples of good practice in UNHCR's mainstreaming of SGBV risk mitigation across sectors, as well as their role in responding to SGBV survivors. However, it was clear from findings of the 2015 evaluation of IASC guidelines implementation and UNHCR internal experience that it is only with proactive promotion of SGBV concerns and cooperation between SGBV teams and sectors that a mainstreamed approach really moves forward into practical implementation.

128. At the same time, SGBV remains a subject discussed mainly by those with SGBV explicit responsibilities in their job descriptions, who are primarily women in UNHCR, though there are some male SGBV staff. KII in UNHCR highlighted that more men need to be brought into the debate about UNHCR's approaches to SGBV response and prevention. The good example set by UNHCR's current leadership to promote SGBV awareness and action across the organisation is a welcome start. Other opportunities are to dedicate time at SMT meetings for SGBV strategy discussion; efforts to make visible the contribution of different sectors to SGBV response and prevention in terms of budget and sector objectives; SMT appearing and speaking publicly on SGBV within the organisation and cooperation with sectors on developing approaches to implement their commitment to SGBV risk mitigation as part of mainstreaming initiatives.

LESSON EIGHT: The protracted crisis context allows for a deeper understanding of the dynamics of refugee lives within and outside of communities as well as for their greater involvement in the design of UNHCR SGBV approaches.

129. Many UNHCR sectors engage with communities for consultations and assessments e.g. for shelter, WASH, health programme design and awareness raising programmes. Understanding and addressing SGBV risks are often part of these assessments. UNHCR is developing its community-based approach to build on the strong foundation of consultation with communities. The approach is in a process of shifting

from one of consultation to increased community ownership of interventions designed through a new accountability to affected populations framework (forthcoming, 2018).

130. At the same time it is clear there is a wide range of types of community in Lebanon which includes relatively small informal tent settlements, refugees in collective centres, and refugees in urban and peri-urban areas as individual tenants and households in apartments. Each community has different and evolving internal dynamics e.g. some with a Sharwish (a community leader who acts as an intermediary), each influenced by their origins in Syria and various socio-economic as well as political factors. Communities also have a multi-faceted relationship to the Lebanese host community including trends in some places towards greater integration and in others facing hostility evidenced in increasing eviction and curfew rates as well as increased harassment reported by refugee women and children in public.

131. Alongside these trends, the evaluation found sustained barriers limiting the scale of take-up of SGBV services and thus the effectiveness of SGBV investment e.g. stigma associated with disclosure, fear of engaging with official services exacerbated by limited residency and registration, restrictive legal environment on some groups notable LGBTI community and known barriers such as disability.

132. Experience to date has shown the value of refugee-led initiatives and their potential in this environment e.g. UNHCR-support of the Mount Lebanon youth oriented group has resulted in new refugee-based small scale initiatives which show early promise of results in awareness raising of SGBV, services and addressing stigma as well other social media based initiatives. . UNHCR attempted a mapping of sector engagement with community centres early in 2018. This is a positive start. However, there is much more that can be done to benefit SGBV interventions effectiveness by increasing understanding of community dynamics and how the sectors can work together to contribute to SGBV response, mitigation and prevention in cooperation with partners and greater involvement of more local CSOs. Community-driven approaches may be able to support better understanding and innovation to address sustained challenges such as stigma of disclosure and reluctance to take up some referrals to specialised services.

LESSON NINE: The significant benefits of decentralised decision-making and programme design need to be complemented by strengthened national strategy, monitoring and learning processes to ensure equitable access to SGBV services for all refugees in Lebanon and learning across UNHCR.

133. While field office level monitoring is strong and national informal processes to monitor SGBV activities are good (and being strengthened this year with a monitoring system in development for the SGBV strategy), there has been limited national level monitoring that enables visibility of progress of SGBV aims at national level. This is changing with the introduction of the development of the SGBV strategy and associated review processes underway this year. There are however, limited opportunities to facilitate learning across the field offices. SGBV focal points welcome the bi-monthly community-based protection meetings as an opportunity to share experience but these tend to have a packed agenda covering all aspects of protection. The development of the UNHCR SGBV national strategy is a positive development and the participatory process for its development has helped develop a shared, cross organisational understanding of SGBV and the priorities but more opportunities for learning would be useful.

LESSON TEN: Innovations from Lebanon can be adapted for use elsewhere to build a body of knowledge on SGBV approaches in protracted crisis and urban contexts.

134. UNHCR has developed and been part of a number of innovative approaches which are adaptable to other protracted crises particularly those with at least some characteristics of dispersed populations of concern, urban environments and in middle income countries. UNHCR has promoted and shared some lessons through staff secondments to other operations and presentations at regional events. Learning can be further systematised and promoted in a number of areas. Areas of innovation identified by the evaluation that can be adapted in other comparable contexts include:

- The wide range of methods for two-way communication with communities on SGBV.
- The structured approach to long-term engagement of OVs – lessons on recruitment and challenges for a representative group; support as roles evolve and become more complex; security; motivation; accreditation; and potential linkage back to their home environments on return.
- Working in urban environments in terms of identification, communication and engagement.
- Support to SGBV survivors and people at high risk in middle income countries e.g. through support for medical costs, rental costs, protection and multi-purpose cash and customised livelihood options.

7.2 Conclusion

135. The lessons above have a number of themes which are also instructive; namely that long-term planning can begin earlier; that protracted crises provide opportunities for deeper understanding of complex issues and to address challenges that require the introduction of interventions that take time to develop and bear results and; that UNHCR has to work simultaneously on a number of fronts being both ready for sudden change, such as an increase in numbers returning to Syria, responding to immediate humanitarian needs and also preparing for many refugees to remain in Lebanon for at least the medium term. These lessons have been drawn out because of their relevance to other contexts which share some of the characteristics of Lebanon but of course will always need to be adapted to the specific characteristics of another context.

8 Overall conclusions and recommendations

136. This chapter draws together the conclusions of the evaluation and goes on to make recommendations for how to develop further the SGBV response, mitigation and prevention in Lebanon as well as comparable contexts.

8.1 Overall conclusions

137. **UNHCR has adapted its SGBV interventions well to the particular characteristics of the Lebanon context.** The refugee context involves working with a large refugee group who are dispersed across Lebanon often in urban environments. Lebanon's middle income country status, particular political-economy, history and legal framework present specific challenges to the roll-out of the SGBV multi-sector response. Strengths include UNHCR's strong monitoring of the dynamic context and innovations in SGBV interventions for instance through mobile responses, innovative communication methods and extensions of the OVs (general and specialised) system, together with a growing focus on some non-traditional elements of the multi-sector response, namely economic components. This approach, combined with significant investment by UNHCR into the establishment of a case management system, referral pathway and establishment of accessible entry points through safe spaces across the country have created a strong, relevant response.

138. UNHCR has made a significant contribution towards the aim for a high quality case management system through its work directly with partners and also as a member and co-lead of the inter-agency sub-sector TF. The evaluation could not observe case management directly but found positive trends and results in relation to standards being aimed for, the numbers of individuals accessing UNHCR safe spaces and community-level activities and beneficiary feedback on their participation and its benefits. The establishment of a harmonised, consistent approach to SGBV response across the sector is a significant achievement. UNHCR has also promoted attention to some challenging and neglected issues through a steady, structured approach internally and externally e.g. the UNHCR-led promotion of awareness that men and boys can also be SGBV survivors.

139. UNHCR's investment into SGBV response interventions and sector coordination of SGBV across Lebanon has borne considerable results but sustaining these as long as refugees remain in now under strain. These results include the good coverage of SGBV services in all regions, the harmonised approach to SGBV response and cooperation across the SGBV TF to build shared standards, learning, and ways of working. UNHCR commitment to SGBV including from senior management has been a strong contributing factor to create an organisational culture where innovation and a focus on SGBV is felt and encouraged. UNHCR's sustained investment into SGBV in terms of financial contributions and staff levels is very positive but currently under strain. Human resources are stretched often covering multiple responsibilities, SGBV cases are increasingly complex over time and the wider environment is becoming more challenging as other agencies shift their focus away from SGBV response towards prevention so risking the stability of current SGBV service coverage levels.

140. The evaluation highlights the necessity and complexity of a multi-sector response and mainstreamed approach to mitigation and prevention. There is a strong level of support across sectors in UNHCR and at inter-agency level to address SGBV and some positive practical actions are being undertaken that respond to SGBV survivors needs e.g. in terms of shelter, legal advice and medical care, and that can mitigate risks e.g. through community-based shelter and WASH interventions as well as cash-based responses. But sectors' contributions to and the results of mainstreamed approaches are not easily visible. Furthermore, sectors held to account within UNHCR or inter-agency mechanisms for their contribution to SGBV approaches though some early work on mainstreaming in both levels shows promise.

141. UNHCR investment in SGBV prevention has been at a lower level and there is currently a quite fragmented approach to prevention. Indeed there is lack of consensus across the sector too regarding what constitutes success in prevention in the short to medium term and how to achieve it. There is goodwill and support to address SGBV across sectors within and outside of UNHCR but the vision, strategy and practical steps to taking this further are not yet articulated clearly though some promising work is now underway in this direction.

8.2 Challenges and opportunities

142. There are a number of key challenges facing the future SGBV approach in Lebanon which are at the strategic, operational and organisational levels. These are detailed below:

8.2.1 Strategic challenges for Lebanon SGBV approach

(a) Ensuring refugee access to SGBV response services and its capacity to meet needs of refugees who are SGBV survivors and/or at high risk of SGBV – UNHCR and partners have established a strong system to enable access to some response services for SGBV survivors and PoC at high risk. However, some agencies have reduced their support to direct SGBV response service provision and are shifting their focus to prevention and national capacity building. At the same time UNHCR financial support for SGBV is under pressure and services supported by UNHCR will become increasingly pressurised.

(b) Strengthening support to the government in its leadership role for refugee SGBV – There is strong commitment in UNHCR to support government leadership of SGBV response, mitigation and prevention. Some elements of a SGBV response system are in place e.g. through safe spaces, national capacity in PSS and agreed SGBV TF SOPs which are being drawn on in the development of the government's own SOP but the process for future development is less clear. A structured assessment and plan for support is needed which the upcoming SDC assessment provides an opportunity to build on.

(c) Maximising the impact of UNHCR's unique role and mandate- UNHCR has a unique relationship, contact with and information on refugees due to registration processes and role in return and resettlement. UNHCR has access to government, the HCT, donors and capacity that some partners do not have. This is not always considered explicitly in UNHCR planning nor is data available to enable accurate assessment of the extent to which it is being maximised. It also presents challenges to UNHCR staff for instance in the current context when a small but increasing number of spontaneous returns are happening from Lebanon to Syria.

8.2.2 Operational challenges to SGBV interventions in Lebanon

(d) Prevention of SGBV – There are promising practices in prevention of SGBV (e.g. engagement of religious leaders, empowerment initiatives) but they tend to be small scale, resource intensive (in terms of time) and coverage is fragmented. In addition, there is limited evidence of impact. Prevention is a key strategic objective in the UNHCR SGBV strategy but currently lacks detail and specific/SMART objectives. Currently, there is no underlying theory of change at UNHCR or sector level to guide prevention interventions and identify what are feasible short and medium-term outcomes (changes) that can be worked towards. Furthermore, work underway in the sector in Lebanon does not have a focus on refugees for whom approaches may differ given the particular uncertainties, challenges and opportunities in their lives due to displacement.

(e) Addressing the economic component of SGBV solutions – UNHCR and partners have increased their attention to economic aspects of SGBV risks and solutions as the crisis has evolved demonstrating the need to understand economic contributing factors to SGBV risks and the need for solutions including livelihood solutions that are particular to SGBV survivors. There are real challenges to addressing economic components for instance due to: the need to understand and integrate different approaches to vulnerability by different sectors; the limited scale of funding available for livelihoods and assistance; external context with, for instance, its restrictions on work for refugees. Furthermore, UNHCR has limited activity in the livelihoods sector but a small number of interesting initiatives are underway e.g. a pilot of an artisan initiative. Also, other agencies do focus on livelihood solutions which provides space for cooperation.

(f) Addressing recurrent barriers and declining referral acceptance to take up some SGBV response services – Stigma, fear and culture continue to be cited regularly as barriers to uptake of SGBV services including specialised services. UNHCR has employed a limited range of strategies to address these issues but challenges remain and uptake levels of some services are decreasing. Greater understanding of the barriers and potential effective ways to address them are needed.

(g) Community based approaches to SGBV in this protracted crisis – Refugees are living in many different types of community in Lebanon e.g. Informal Tent Settlements, urban based- all are dynamic in

their own evolution and in refugees' relations with the host communities. Communities are changing. The OVs (general and specialised) are a key component of UNHCR SGBV approach at community level but they are stretched and only some challenges are addressed in the current plans. Multiple sectors have contact with the refugee communities in Lebanon and employ a range of tools to understand and assess community needs, assets and capacities and development programmes, including participatory assessments. More use can be made of these contacts and knowledge for SGBV interventions.

8.2.3 Organisational challenges to support SGBV interventions

(h) Investing in coordination – UNHCR leadership of the SGBV sector has achieved results in the sectors' response, its quality and effectiveness, all at relatively low cost to UNHCR. UNHCR's coordination role is highly valued at national and field level. Coordinators are supported by inter-agency staff and have done good jobs but with limited training on coordination roles, responsibilities and mechanisms, unlike the system in UNHCR to support protection cluster coordinators.

(i) Building human resource capacity for SGBV – UNHCR has a very positive organisational culture that is supportive of SGBV interventions. But internal systems could be further developed to ensure systematic and consistent application of the commitment across UNHCR operations for equitable access to SGBV responses for refugees. For instance, UNHCR has worked hard to maintain staffing levels focused on SGBV but the increase in staff's range of responsibilities dilutes the focus on SGBV and results in an accountability mechanism that is not robust e.g. vague e-PAD objectives.

(j) Ensuring decision making is equitable when allocated resources for SGBV across the country – Evaluation analysis of UNHCR's SGBV budget allocations across regions shows an uneven pattern of resource allocation. However, more in-depth analysis is needed to explore the influencing factors on these allocations e.g. relation to other service provision, consideration of the budget within the wider field office budgets for SGBV mainstreamed in other sectors, scale and needs of PoC and service development in that region. This will enable an assessment of any equity concerns for PoC. Resource allocation to SGBV mainstreamed in other sectors is difficult to make visible.

(k) Building M&E systems to support management overview of progress and sustain learning – There is good knowledge at field office level of UNHCR progress at project level and in terms of coverage and initiatives planned to increase community participation in monitoring. But the current UNHCR reporting, monitoring and learning system does not provide a comprehensive picture for management to enable tracking of progress in UNHCR interventions' SGBV effectivenessacross the country. The evaluation found a need for a more structured monitoring and learning system to enable a) management's tracking of UNHCR progress towards UNHCR's own aims in terms of outcomes or change (rather than outputs in terms of numbers reached); b) learning on the relative effectiveness of different types of intervention; and c) enable monitoring of UNHCR sectors' adherence (or not) to good practice such as IASC guidelines and their effectiveness.

143. Below are a number of opportunities upcoming which can be used to address some of the challenges outlined above. These include:

- New resources for monitoring and evaluation (assistance)
- Discussions on a refugee inclusion initiative to build participation and accountabilit
- Joint SDC assessment
- Mapping on informal social networks among the refugee community
- Participatory assessments
- Protection data analytical framework
- Ongoing collaboration with World Bank – assistance/social safety nets
- Lebanon participation in UNHCR global mainstreaming initiative
- SGBV strategy review process
- Annual planning and resource analysis as well as risk assessment
- Learning initiatives such as research on cash based responses and SGBV outcomes
- Development of national strategy for protection and safeguard for women and children
- Development of GoL SGBV SOPs, produced in collaboration with ABAAD.

8.3 Recommendations

144. Below we highlight 12 key areas for development of SGBV response, mitigation and prevention with notes on their prioritisation and responsible body to take them forward. The recommendations are intended to link as far as possible with opportunities upcoming in UNHCR's current plans.

Area for development and recommendation	Timescale Responsible
Developing strategy for complex challenges	
1. Area to develop: Ensuring refugee access to SGBV response services **Recommendation 1: Work with the sector to develop a strategy to ensure continuity of the current response capacity and level as long as refugees needs remain** • First steps include mapping sector plans, commitments for next 3 years. • Consider a range of scenarios for UNHCR planning with variables including a) level of refugee presence b) funding levels c) other agency presence and focus d) shifts in SGBV trends. • Identify UNHCR's core responsibilities as SGBV service provider of last resort and plan for their continuation as long as needed. • Plan for how to continue to build response to include groups often with less access e.g. men and boys, LGBTI, PWD, persons in detention, stateless person, sex trafficked, older persons, female head of households. • Link plans for refugee access to services to the national system capacity (civil society as well as government).	High priority UNHCR Lebanon Operation - SMT with SGBV focal points and SGBV TF coordinator
2. Area to develop: Shared plan for strengthening the government's leadership in refugee SGBV response and national capacity to meet refugee needs **Recommendation 2: Be explicit about the support to the government in its role of leading refugee SGBV response and prevention (next 2–5 years) and jointly develop a plan with MoSA to support national leadership and develop national capacity to meet refugee needs at different levels involving government, local NGOs and local civil society organisations.** • Use the SDC assessment process to map local level services available including mobile safe spaces and also very local CSOs and current connection to the SDCs and other permanent services. • Develop a plan to link mobile, temporary SGBV response services to national systems structures. • Strengthen local capacity for SGBV and contract national NGO to coach local CSOs in SGBV. • Ensure full ownership of the plan across UNHCR and any concerns regarding capacity and pace of transfer are addressed.	High priority UNHCR Lebanon Operation - UNHCR SMT with SGBV team
3. Area to develop: Maximising the impact of UNHCR's unique role and mandate **Recommendation 3: Consider explicitly, assess and build on UNHCR's unique role in SGBV in Lebanon to maximise its impact for the benefit of refugee SGBV response and prevention including through its multiple communication channels and influencing capacity.** • Develop monitoring to assess the effectiveness of the collective range of communication strategies for awareness and understanding of SGBV and available services. Strategies include contact in registration, centres, social media, OVs. • Develop an advocacy strategy for UNHCR on SGBV issues clarifying roles and responsibilities of senior management and sectors, intended change and means to track activities and progress towards change. • Spontaneous return – reflect on current practice and build on work underway to develop UNHCR SGBV response guidance for staff to include consideration on SGBV risks.	Medium priority UNHCR Lebanon Operation

Strengthening Operational Effectiveness

4.Area to develop: Prevention of SGBV **Recommendation 4: Develop a focused UNHCR prevention strategy for Lebanon which lays out SMART objectives for the short, medium and long term based on a theory of change; include a menu of approaches and factors to consider when choosing interventions in the refugee context.** Steps can include: • Mapping preventive interventions underway by UNHCR partners and in the sector. • Systematically assess some key interventions to understand a) observed short-term changes which may be steps towards gender equity and b) factors which contribute to and hinder these changes. • Research into other regions preventive work in refugee contexts. • Setting up action research alongside interventions. • Use participatory processes to develop a theory of change (ToC) towards gender equity in Lebanon bringing in wider legal framework as well as inter-personal relations and concepts of gender in Lebanon. Articulate anticipated changes for individual, communities and at the national level in the short-term (6 months–2 years), medium term (3–5 years) and long-term (6–10 years). • Keep the Theory of Change under review and adapt and amend it in line with experience and ongoing learning.	High Priority UNHCR Lebanon Operation in collaboration with HQ/DIP
5.Area to develop: Economic component of SGBV solutions **Recommendation 5: Develop an economic component for UNHCR SGBV response, mitigation and prevention approaches in Lebanon.** • Work closely with UNDP and the livelihood sector to develop approaches to livelihood options for SGBV survivors and those at high risk. • Build in action-learning from current initiatives to build livelihood options for SGBV survivors e.g. internships, artisans project, other. • Sustain attention and share learning externally from research on cash-based approaches to assistance and its SGBV linkage including lessons on a) SGBV outcomes and b) process lessons i.e. how the teams reconciled different approaches to vulnerability between SGBV and assistance to create solutions and also the practical steps taken to adjust cash-based solutions to maximise SGBV outcomes.	High priority UNHCR Lebanon in collaboration with HQ/ DPSM /Livelihoods
6. Area to develop: Addressing recurrent barriers to take up of SGBV response services **Recommendation 6: Develop a deeper understanding of and support new community-based strategies to complement existing initiatives to overcome recurrent barriers to take-up of services including stigma of disclosure, reluctance to approach officials and some groups access to response services.** • Deepen understanding of drivers of low uptake levels of specialised services through research and learning processes with community members and OVs e.g. what aspects of culture are inhibitors; what other factors such as quality of the service provider and its relationship with the community might be important; other. These should be specific to each specialised service that currently has low uptake. • Build on refugee-centred planning initiative to engage refugees in identifying solutions to barriers, in coordination with community-based protection. • Assess systematically and document success and lessons of community engagement strategies such as sensitisation as well as religious and community leader engagement.	High priority UNHCR Lebanon Operation in collaboration with HQ

7. Area to develop : Community based approaches to SGBV in the protracted crisis **Recommendation 7: Strengthen methods to ensure that SGBV programmes incorporate the views, concerns and capacities of persons of concern through connected engagement with communities across sectors to inform SGBV response, mitigation and prevention approaches.** • In mainstreaming work ensure that findings from sector assessments inform SGBV programmes and activities. • Build on existing community networks and structures to develop knowledge of dynamics affecting SGBV in the community, response and prevention opportunities. • Map the sectors' tools, approaches and opportunities for building community relations, knowledge of dynamics affecting SGBV in the community, response and prevention opportunities e.g. roles in identification, referral and awareness raising. • Support community engagement initiatives such as the OVs by regularly reviewing their financial support costs and providing non-financial support such as accredited training. • Ensure that all partners and the OV coordinators have support functions or roles in their PPAs.	Medium priority
8. Areas to develop: Convert learning from Lebanon into global practice in relation to negotiating the humanitarian-development nexus **Recommendation 8: Develop globally used products and processes to share innovations from Lebanon and also embed lessons regarding the integration of standards and long-term aims into UNHCR humanitarian responses in protracted crises.** • Establish a standard trigger as part of planning in operations beyond three years (or earlier) for the development of plans for longer term support to national capacity to ensure access for refugees. • Develop standards including a minimum package of services e.g. scale of services per population and when/how to incorporate prevention approaches to support operations in responding to and developing SGBV services in a protracted crisis. • Convert lesson documentation and staff expertise gained in the Lebanon response into learning products and processes in UNHCR including on a) communication with communities in urban environments b) extending the use and support for OV (general and specialised) systems in protracted crises c) supporting SGBV survivors and people at high risk in middle income countries d) working with other international organisations to integrate refugee concerns into social protection and long term development programmes.	UNHCR DIP

Organisational development to support effective SGBV approaches

9. Area to develop: Investment in coordination **Recommendation 9: Continue investment in Lebanon SGBV coordination to sustain focus on refugee related issues in IA response/SGBV strategy and build UNHCR global coordination capacity in SGBV.** • Continue to support the dedicated position in SGBV TF coordination. • Develop approaches in UNHCR globally to build expertise in inter-agency coordination in SGBV – build on the current practice on training of senior protection staff on Inter-agency Protection Cluster Coordination.	Medium priority UNHCR Lebanon Operation and HQ/DIP
10. Area to develop: Ensuring resource allocation is equitable when allocating resources for SGBV across the country **Recommendation 10: Put in place mechanisms to ensure UNHCR resource allocation is equitable when allocating resources for SGBV response, mitigation and prevention across the country.** • Set benchmarks and criteria for allocating resources e.g. SGBV budget and staffing (with level of seniority) in relation to population at risk and review regularly. • Make SGBV responsibilities and commitment (including apportionment of time where possible) explicit in JDs/e-PAD objectives.	Medium priority UNHCR Lebanon Operation and HQ/(DIP/DHRM)

• Hold an internal meeting to review resource allocation and access to SGBV resources across field offices involving senior management and SGBV focal points to understand better the drivers of the different patterns of resource allocation across field offices and explore further if coverage is equitable. • Establish criteria to guide annual allocation of resources according to factors such as population size, other agency coverage, cost and targets.	
<u>11. Area to develop</u>: Methods for monitoring the effectiveness of mainstreaming SGBV risk mitigation and prevention **Recommendation 11: Develop methods to make visible and track UNHCR sectors' contributions to and effectiveness in SGBV response, mitigation and prevention.** • Develop further the methods for calculating sector contributions to risk mitigation and prevention. Begin by calculating sectors direct contribution to SGBV response in material terms e.g. in assistance, shelter, medical support. • Establish mechanisms to make explicit and ensure sectors' maximise their contribution to SGBV response and prevention e.g. by inclusion of targets for assistance in field office and national annual objectives and targets; make explicit allocation to SGBV response, mitigation and prevention in sector annual budget. • Hold regular (annual) review of sectors' approaches to SGBV prevention in relation to IASC guidance to ensure quality of interventions. • Undertake occasional qualitative reviews or research into the results of SGBV risk mitigation and prevention for PoC using methods such as Most Significant Change and other beneficiary-centred approaches.	High priority UNHCR Lebanon Operation with support from HQ/DIP/SGBV unit
<u>12. Area to develop</u>: Visibilty of SGBV intervention progress across UNHCR Lebanon ing **Recommendation 12: Establish systems to make UNHCR progress towards SGBV intervention aims more visible and review these regularly at a senior management level.** • As part of the ongoing work to develop the monitoring of UNHCR programmes and SGBV strategy, develop indicators that assess progress towards SGBV response, mitigation and prevention outcomes (change) as well as outputs (e.g. target numbers for people accessing services, participating in activities). • Provide a quarterly report to UNHCR Lebanon SMT sharing UNHCR progress in implementation and at least six monthly progress towards results for discussion at the SMT meeting.	Medium priority UNHCR Lebanon Operation in collaboration with Protection/SGBV Inter-agency TF