SGBV Task Force
Stocktaking Event and Retreat

3rd February 2021

Agenda

• 9:00-10:45: Panel Discussions
• 10:45-11:00 Break
• 11:00-11:15 Review of 2020 programming
• 11:15-12:00 Group Work
• 12:00-13:00 Plenary to discuss Priorities for 2021
Panel Discussions

A. First Panel: 30 minutes

1. Presentation GBVIMS Year Key Trends + VaSyR relevant indicators (GBVIMS Coordinator and SGBV TF Chair) - 8/10 minutes
2. The impact of Covid-19 on women and girls and main findings of the GBV and Livelihood Study (UN Women) 8/10 minutes
3. Presentation of adolescent girl’s access to SRH (UNICEF) – 8/10 minutes

• Plenary - Quick round of comments: Max 15 minutes

B. Second Panel: 30 minutes

4. The current situation of Palestinian Women (UNRWA) – 8/10 minutes
5. Sexual exploitation and trafficking and the situation of migrant women (KAFA) – 8/10 minutes
6. The situation of members of LGBTIQ community (UN Women and HELEM) 8/10 minutes

• Plenary - Quick round of comments: Max 15 minutes
2020 Achievements – LCRP

- Guidance Note for service provision in remote modality
- Analysis and Brief on impact of Covid-19 on risk of SGBV
- Regular GBVIMS Report – Thematic
- Hotlines Leaflet dissemination
- Awareness and training of staff in isolation centers
- Survey Impact of Covid-19 on SGBV programming
- PSEA system strengthening

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<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achievement</th>
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<tbody>
<tr>
<td>Number of women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces</td>
<td>140,000</td>
<td>52,409 (42%)</td>
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<tr>
<td>Number of women, girls, men and boys sensitized on SGBV</td>
<td>286,750</td>
<td>79,093 (28%)</td>
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<td># of training participants from institutional actors with increased knowledge of GBV</td>
<td>1000</td>
<td>385 (38.5%) (75% of the overall people trained)</td>
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<td># of local institutions supported to provide quality services</td>
<td>50</td>
<td>20= 7 +13 SDCs (40%)</td>
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<tr>
<td>% of survivors accessing safe spaces feeling empowered</td>
<td>85%</td>
<td>70% (TBC)</td>
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Access to SGBV prevention and response services in safe spaces

![Graph showing access to SGBV prevention and response services in safe spaces. The x-axis represents months from January to December, and the y-axis represents the number of people accessing services. The graph compares data from 2019 and 2020.]
Impact of COVID-19 on SGBV Programming

- The number of people reached with SGBV services was affected by the pandemics
- 50% of the respondents not able to reach the same number of people in need reached in 2019. 84% of the respondents were able to provide support to urgent and high-risk cases.
- The specialized services that were more challenging to be accessed for survivors in 2020 were safe houses, legal assistance, and clinical management of rape.
- The COVID-19 pandemic also impacted the way SGBV actors monitor their programs
- 44% of the participants in the survey confirmed that why would continue some activities in remote modality even when the situation will improve (awareness raising and capacity building activities).
- GBV actors were able to reach some groups that usually are more difficult to reach, including people with disabilities
- The pandemic also influenced frontliners’ wellbeing because of the limitations of capacity building opportunities, self-care options and direct coaching and supervision
Impact of COVID-19 on GBV Programming

People reached in 2020
- Between 10 and 25% less persons than in 2019 (34%)
- Between 25% and 50% less persons than in 2019 (13%)
- Approximately the same number of persons reached in 2019 (50%)
- 50% less persons than in 2019 (3%)

Categories Most Affected
- All categories have been affected (68%)
- Adult women (8%)
- Adolescents girls (12%)
- Members of the LGBTIQ community (2%)
- People with disability (10%)
Impact of COVID-19 on GBV Programming

GBV services most challenging to be accessed

- Clinical Management of Rape: 44%
- Legal Assistance: 25%
- Safe shelters / Safe Houses: 15%
- Others: 12%

Capacity to Maintain Services for High Risk Cases

- Yes: 84%
- No: 12%
- Not sure: 4%

Inter-Agency Coordination Lebanon
SGBV
Effects on Capacity to Monitoring GBV Programs

- Not possible to collect regular feedback from clients: 55%
- Not possible to held regular meetings with staff: 19%
- Field Visits were limited: 26%

Effects on GBV Data Management (Collection, Storage, Analysis and Sharing of Data)

- Yes: 20%
- Partially: 36%
- No: 44%

Impact of COVID-19 on GBV Programming

Effects on Staff Wellbeing

- Limited possibility for training/capacity building
- Limited options for self-care
- Limited opportunity for direct monitoring and supervision
Impact of COVID-19 on GBV Programming

Activities that Could Continue in Remote Modality

- Awareness Raising: 10
- Capacity building: 10
- Case management: 8
- Group PSS: 7
Recommendations

1) Continue to advocate to ensure in-person support and services to high-risk cases even during lockdowns.

2) Develop guidelines to promote online safety and initiatives to mitigate GBV risk while on-line

3) Further research the challenges to access remote activities for women, girls and marginalized groups and develop a plan to further improve inclusiveness of remote activities.

4) Collect and disseminate experiences/good practices on staff wellbeing during periods of lockdown and increase access to psychosocial support and self-care sessions

5) Review the SGBV M&E Toolkit to include recommendations on monitoring the quality of remote activities and support the collection of beneficiaries’ feedbacks in remote modality
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<th>Groups</th>
<th>Issues to discuss</th>
<th>Facilitators</th>
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<tr>
<td>1. GBV Service Provision</td>
<td>Case Management (Roll out Guidelines), Legal Counselling, Safe Spaces, Safe Shelters, Referral to CMR Role of SGBV TF (standard setting?)</td>
<td>Field Coordinator (North), KAFA, ABAAD</td>
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<td>2. GBV Risk Mitigation/Mmainstreaming</td>
<td>Sectors to prioritize for GBV risk mitigation (Basic Assistance? Health?), strategies?</td>
<td>UNICEF, UNHCR</td>
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<td>4. GBV Prevention: Behavioral Change, support to communities, outreach</td>
<td>Community engagement (Guidelines for remote or new forms of community engagement? Community feedback? BCC initiatives?)</td>
<td>UNRWA - Field coordinator (BML)</td>
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<td>5. GBV Coordination, Advocacy, IM, Evidence Generation, M&amp;E</td>
<td>M&amp;E Toolkit Revision? Coordination Field-National Evidence generation/safe data collection, expansion of GBVIMS</td>
<td>SGBV TF Chairs, GBVIMS Coordinator – Field Coordinators</td>
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Questions to be discussed in the group

1) Where do we stand?
2) What did we do well/wrong?
3) What should we change?
4) What can we do better as SGBV TF: Recommendations/Suggestions - What should be added in the Sector Work Plan?
Group Work

- Reflect on 2020 challenges, gaps and good practices
- Provide inputs for sector workplan

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<th>LCRP Outputs</th>
<th>Key Priorities</th>
<th>Activities</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Responsible</th>
<th>Main Partners</th>
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Next Steps
- Draft Sector Plan
- Validation within Core Group
- Dissemination