



INTERNATIONAL
RESCUE
COMMITTEE

SUPPORTING BEIRUT'S IMMEDIATE SOCIAL RECOVERY SERVICES

SEA.SH action plan

July, 2022

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Name of project: Supporting Beirut's Immediate Social Recovery Services

Client Name: International Rescue Committee

Level of Risk Identified through Risk Assessment: Moderate

1. Introduction

The August 4, 2020, Port of Beirut explosion (POB) compounded Lebanon's existing economic and social challenges and disproportionately affected Beirut's vulnerable populations. Since the explosion, the efforts of civil society have been crucial for recovery and rehabilitation efforts. Several obstacles remain that challenge the effectiveness, inclusivity, and sustainability of the broader recovery and rehabilitation process, which include coordination challenges between ongoing efforts and the ad hoc or temporary nature of interventions. The situation of Beirut's population remains precarious, and the need for support for recovery and reconstruction efforts is urgent. Several assessments conducted after the POB explosion highlight the priority areas for recovery and reconstruction, as well as the main weaknesses in the social safety net system in Lebanon. Consultations carried out by the World Bank with local Civil Society Organizations (CSOs) and NGOs in December 2020 revealed heightened vulnerabilities amongst the following three population groups affected by the blast in Beirut: (i) survivors and those at risk of Gender-Based Violence (GBV), (ii) individuals suffering from deteriorated psycho-social wellbeing, and (iii) the elderly and persons with disabilities. The project aims to support non-government stakeholders that are engaged and have a track record in social recovery services by improving their capacity to participate in the broader social recovery and reconstruction processes.

2. Contextual SEA and SH Risks

There are many factors that can contribute to or increase the risks of GBV in the community, particularly during times of crisis. These include:

- The nature of the emergency (war, refugee, pandemic, explosion, etc.)
- Actions and behaviors of state and non-state actors
- Disruption of social and legal protection mechanisms
- Displacement and dependency on others for basic survival needs

The above GBV risk factors might increase vulnerabilities among women and girls, raising the risks of being exposed to GBV and SEA/SH. Their vulnerability and need for basic services might lead women and girls to negative coping mechanisms, such as transactional sex in exchange for access to basic needs and services, including, with community members or from humanitarian aid organizations.

3. Project SEA and SH risks

- Societal: (1) Higher level of GBV than the regional average; (2) Low educational levels of national labor force; (3) Limited services, low capacity for service provision for survivors, particularly limited to, no judicial or police services to facilitate redress for survivors; (4) Lack of specific legislation addressing the incidence of GBV.
- Community: (1) Geographic span of projects and communities that the project affects (e.g., larger projects intersect with more communities and are harder to monitor); (2) Duration –longer-term projects increase risk; (3) Small host community, unable to absorb large influx of workers; (4) Rural host community lacking access to services and institutions, low capacity for absorption; (5) Unequal participation of community members in community consultations.
- Male perpetrator: (1) Not local; (2) Lack of sanctions for inappropriate behavior from the employer; (3) Increase in income of workers distorts power balance between workers and communities; (4) Increase in income enables transactional sex and exploitative relationships.
- Family: Working with only men or women in a household
- Individual: Lack of information on how to report project-induced grievances

4. Risk Management Systems (status/proposed interventions)

The IRC affirms and enforces human rights consistent with the UN Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the UN Secretary General’s Bulletin on the Protection from Sexual Exploitation and Abuse of beneficiaries. The IRC is committed to its clients to protect them from all forms of abuse, including sexual exploitation and human trafficking. This type of commitment is reflected through IRC’s policies on SEA/SH, code of conduct, safe and confidential staff, reporting mechanisms, and its accountability and response framework. Sexual harassment and other forms of sexual violence include, but are not limited to, intended or unintended sexual advances, requests for sexual favors, and other verbal, non-verbal or physical conduct of a sexual nature, which are non-consensual or unwelcomed by the receiver.

This also includes actions where:

- Such conduct has the purpose or effect of unreasonably interfering with an employee’s work performance or otherwise creating an intimidating, hostile, or offensive working environment.
- An employee’s submission to such conduct either explicitly or implicitly make a term or condition of that employee’s employment.
- An employee’s submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual.

The spectrum of sexual harassment and other forms of sexual violence includes but is not limited to:

1. Unwelcomed remarks of a sexual nature, including those made as a part of any purported humorous conduct (such as off-color jokes).

2. Offensive remarks, including unwelcome graphic or suggestive comments about an individual's body, appearance, dress, sexual prowess, or deficiencies.
3. Other intended or unintended, unwelcome, and unwanted verbal conduct of a sexual nature, such as leering, whistling, staring, name calling and sexual innuendo.
4. Unwelcome physical touching of any kind, on any part of an individual's body, even if fleeting or brief.
5. Demands for sexual favors in exchange of favorable treatment or continued employment.
6. Persistent and unwanted sexual flirtations (including excessive text messaging, emails, and social invitations), propositions or requests for sexual favors, including stalking.
7. Open displays or unsolicited showings of nude or sexually explicit photographs, derogatory or demeaning e-mails, screen savers, posters, cartoons, cards, or graffiti.
8. Recording of videos or other forms of images of a sexual or intimate nature of another person's body without their permission, and the sharing of such images, regardless of whether the image was obtained with consent.
9. Attempted or actual sexual touching of another person without consent, or in cases of power imbalances where consent would not be possible, including touching, groping, or kissing.
10. Attempted or actual penetration of another person's body orifices, including mouth, vagina, and anus, without consent, or in cases of power imbalances where consent would not be possible, with another body part or a foreign object. This includes the use of medication or debilitating drugs, including alcohol or recreational drugs, to incapacitate an individual to attempt or actually penetrate their body, or taking advantage of a person who has already become incapacitated to the point of being unable to consent.
11. Any other act is not explicitly noted here that falls within the broader definition and intentions set out in the policy.

IRC's Global Reporting Guidelines require all workers to report direct knowledge and reasonable suspicions or concerns of conduct inconsistent with the IRC Way or breaches of the policy or the law by IRC staff or external parties. This includes instances of discrimination, harassment, or retaliation, regardless of the offender's identity or position, so that an effective and thorough investigation can be conducted, and effective remedial actions can be taken when appropriate. The only exception to the IRC Global Reporting Guidelines is in cases of alleged safeguarding misconduct against adults, which includes sexual harassment. The IRC takes a survivor-centered approach to report adult safeguarding misconduct and the adult survivor's ability and right to consent are considered. This means that survivors can decide whether or not to make a report or participate in an investigation. The reporting of alleged safeguarding misconduct against adults is requested, not mandated.

Every employee of the IRC shares in the responsibility for the success of this Policy and is encouraged to report concerns regarding conduct that may be contrary to it. Our survivor-centered approach means that where appropriate, the consent of the person who has experienced the conduct should be sought before filing or escalating a report. This does not prevent employees from raising concerns about the behavior of colleagues where getting such consent would not be appropriate or possible.

Individuals who believe they have experienced conduct that is contrary to this policy may report through the channel with which they are most comfortable. This can be their supervisor, their supervisor's supervisor, the Human Resources Department, Legal, the Ethics and Compliance Unit (as detailed in the IRC's Global Reporting Guidelines), IRC's Ethics Hotline available on IRC's intranet, or any other trusted leader. Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of the Ethics and Compliance Unit (ECU) or the Human Resources Department. Complaints will be accepted orally or in writing. Further information regarding reporting a violation of this Policy is available in the IRC's Global Reporting Guidelines.

Complaints are reviewed and a decision is made whether to conduct a full investigation or not. IRC employees and other affiliated parties should know that not every complaint results in a full investigation.

The IRC encourages employees to:

- 1- Report unwanted, inappropriate, or disrespectful sexual advances or harassment.
- 2- Report hostility to individuals due to race, religion, gender, gender identity, sexual orientation, disability, veteran status, or other characteristics protected by law.

The IRC is committed to a survivor-centered approach in our response to instances or allegations of safeguarding misconduct. A survivor-centered approach seeks to create a supportive environment in which the survivor's rights and wishes are respected and in which s/he is treated with dignity and respect. It ensures that the IRC considers power differentials, the importance of consent, and the developmental stages of children and adults as it relates to IRC's reporting process. This approach helps to promote the survivor's healing, recovery, and ability to identify and express their needs and wishes. This will enable survivors who are the ones often with the best knowledge of their safety issues and risks to make the necessary decision for any service response. The survivor-centered approach is grounded in the following principles:

- 1) Survivors have a right to be treated with dignity and respect, and not exposed to victim-blaming attitudes or behaviors.
- 2) Survivors have a right to privacy and confidentiality.
- 3) The safety, welfare, and rights of the survivor come before all other considerations.

In addition to the above, all beneficiaries especially women and girls at risk or survivors of GBV receive information sessions on PSEA and reporting mechanisms during the case management sessions and at the women and girls' safe spaces. A clear referral pathway is designed, with an updated service mapping to be able to refer beneficiaries based on their needs. For a SEA/SH incident, GBV response is immediate through the GBV sector. If any CMR or clinical intervention is needed, referral pathways are already determined, and service mapping is updated on a regular basis.

Throughout the project, the SEA/SH plan will be implemented with all selected partners and all partners' beneficiaries will be receiving information sessions on PSEA. However, some partners might need support and capacity building before the implementation of such sessions.

SEA/SH Prevention and Response Action Plan

Workplan

	Activity to Address SEA/SH risk	Steps to be taken	Timeline	Responsible	Monitoring (Who will monitor)	Output indicators	Estimated Budgets
1	Sensitize Borrower (and, where relevant, Supervising Engineer and Contractor) on the importance of addressing SEA/SH on the project, and the mechanisms that will be implemented						
a.	<p>Train on SEA and SH to include:</p> <ol style="list-style-type: none"> Accountability and response framework Responsibilities and reporting Confidentiality and whistleblower protection clauses 	<p><u>With Partners:</u></p> <ul style="list-style-type: none"> During the Partner Project Capacity Review (PPCR), check: <ul style="list-style-type: none"> - If partner employment and service agreement contracts include a clause where staff must abide by the code of conduct, PSEA - If Partners conduct a training (and information sessions) on code of conduct and PSEA. Based on the results, and through the Partner Project Support plan (PPSP), ensure that PSEA pieces of training and information sessions are updated and tailored based on the partners' needs and capacities. 	<p>During the due diligence process, prior to agreement signature with every partner.</p>	HR Focal point	GBV Specialist	<ul style="list-style-type: none"> An accountability framework is developed with partners. Confidential investigations are in place. 	<p>NA – Budget can be allocated as part of the sub-award amount provided to partners, if needed.</p>

		<p><u>Internally:</u></p> <ul style="list-style-type: none"> • Provide refresher training on SEA and SH for IRC staff, directly and indirectly, engaged in the WB's project. • Ensure SEA and SH pieces of training are part of the onboarding of new staff. • Ensure safeguarding expectations are shared with visitors during security briefings with a signed agreement obtained and retained for all guests visiting the centers. 	Once every 6 months	<ul style="list-style-type: none"> • Safeguarding leads to providing the training • Admin and Safety & Security departments to follow up with visitors 	GBV Specialist	All staff, new joiners, and visitors are trained on/aware of SEA and SH: Definitions, policies, procedures, responsibilities, and reporting mechanism	Online pieces of training – no budget needed.
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2 Conduct SEA and SH assessment at project sites

a.	Conduct a SEA and SH risk assessment in the project area to inform risk mitigation strategies, including an analysis of GBV issues, services, and gaps in services.	<ul style="list-style-type: none"> • Check available data on GBV (SEA/SH) risks in Beirut and Mount Lebanon. • Conduct actors mapping to identify existing actors and gaps in services. • Define the level of risk in each area to determine the level of intervention or support required. • Include stakeholders, clients, community members, and previous SEA/SH focal points in the assessment. 	Throughout project implementation	Environmental and social specialist, program, and partnership focal points	Project Lead and Program Leads	<ul style="list-style-type: none"> • Clear risk mitigation outputs are covered through all areas of implementation • Prioritizing the areas of intervention is established based on the level of risk. 	N/A
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3 Map out GBV prevention and response service providers able to provide care to SEA and SH survivors							
a.	Deliver GBV/SEA/SH interventions by a qualified service provider	<ul style="list-style-type: none"> Select partners following the IRC PEERS process and World Bank Requirements (open competitive request for application, selection of partner, PPCR, Vetting, Partnership Agreement signature, implementation of project). Continuous monitoring 	1 training per partner (GBV and Health partners)	GBV Specialist and Partnership Focal point	GBV Technical Manager and Project Lead	High-quality support to SEA/SH survivors is provided.	N/A (trainer will be from IRC and the training will be conducted in each organization)
b.	Map out and review capacity and quality of GBV service providers in the project area able to provide care and support to SEA and SH survivors	<ul style="list-style-type: none"> Have a clear and updated mapping of GBV service providers. Based on the mapping results, identify the key GBV service providers able to support SEA/SH survivors. 	Throughout the implementation - continuous service mapping	Partnership and GBV specialist	GBV technical manager	Clear Stakeholders Mapping available	N/A
c.	Stakeholder consultations (GBV/PSEA Actors in the area)	<ul style="list-style-type: none"> Assess actors needs in terms of referrals pathway and PSEA plan 	Throughout the implementation, after conducting the service mapping	GBV specialist	GBV technical manager and partnership manager	The clear action plan is developed based on the assessed needs.	N/A
d.	Develop and or/update a multi-sectoral GBV/SEA/SH referral pathway(s) for all project sites	<ul style="list-style-type: none"> Check and update (if needed) the existing referral pathways and SEA/SH referral pathway with all actors benefitting from the above-mentioned plan 	After conducting the stakeholder consultations	GBV specialist	GBV technical manager and advisor	Referral pathways updated for BML.	N/A

		<p>Link the actors to the focal points of the BML GBV working group to maintain access to updated service mapping.</p> <ul style="list-style-type: none"> • Implement PSEA/SH session with all partners. 					
4 Strengthen Institutional capacity for SEA and SH risk mitigation and response							
a.	Engage/hire a GBV/SEA/SH Specialist to supervise and provide technical support for the implementation of the SEA/SH Action Plan	<ul style="list-style-type: none"> • Develop a ToR for the GBV standards specialist position. • Launch the recruitment process following the Bank's procedures. 	Prior project implementation (Complete)	GBV technical advisor	Project Lead	Technical support is provided by IRC's GBV specialist.	34,750\$
b.	<p>Support capacity of local systems to respond to SEA and SH (e.g., police, health, legal, CDOs, CBOs)</p> <p>i) Strengthen the reporting mechanisms & procedures of local systems</p> <p>ii) Strengthen a survivor-centered referral and response.</p> <p>iii) Strengthen coordination for better services with local/national GBV/SEA service providers</p>	<ul style="list-style-type: none"> • Develop a capacity-building plan with the different actors providing services in BML and authorities to respond to the needs identified (identification, reporting...) for each actor. • PSEA/SH awareness for parties that might have coordination with different project sites and service providers. The awareness can include a better understanding of SEA/SH, reporting system and referral system. 	Through the implementation	GBV focal point and FARM	Project Lead	Safeguarding SOP is developed for IRC Lebanon and can be shared with partners along with the Investigation Guidelines, Antiretaliation, and Whistleblower policies from HQ.	N/A, unless a budget is needed to set the partners' Grievance mechanism.

5 Integrate SEA and SH risk management in Borrower's and Contractors' Environment and Social Management Plan (ESMP)

a.	<p>Incorporate SEA and SH risk in the Borrower's and Contractor's Environment and Social Commitment Plan (ESCP)</p>	<ul style="list-style-type: none"> The Sub-grantee shall ensure that the Project is carried out in accordance with the World Bank Environmental and Social Framework (ESF) and the applicable Environmental and Social Standards (ESSs), in a manner acceptable to the Bank and agrees to adhere to the cleared and disclosed ESCP. 	<p>Upon signing the agreement with stakeholders and throughout the implementation</p>	<p>Partnership Managers</p>	<p>Project Lead</p>	<p>Incidents are being reported and dealt with following the Bank's requirements.</p>	
b.	<p>Develop and establish/review SEA and SH accountability framework to include Allegation Procedures to report SEA and SH incidents and internally for case accountability procedures which should clearly lay out confidentiality requirements for dealing with cases.</p>	<ul style="list-style-type: none"> Highlight the reporting mechanism of Harassment Free workplace policy and promote the confidentiality of the process through internal reporting and third-party reporting (Ethics points). <p>The sub-grantee will abide by the WB Anti-Corruption Guidelines, IRC safeguarding policies, and ESF, referenced in Partnership agreements.</p>	<p>By end of August 2022</p> <p>Upon signing the agreement with stakeholders and throughout the implementation</p>	<p>Safeguarding leads</p> <p>Safeguarding leads and partnerships managers</p>	<p>HR Focal Point</p> <p>HR Focal Point</p>	<p>IRC employees made clear notice of the confidentiality policy in the harassment-free workplace policy.</p>	<p>No budget needed</p>

6 Review the Borrower's and Contractor's capacity to prevent and respond to SEA and SH							
a.	<p>Review for attention to SEA and SH:</p> <p>a. Human resource manuals and staff capacity</p> <p>b. Existing SEA and SH Policies and procedure</p> <p>c. Project code of conduct</p>	<ul style="list-style-type: none"> • Job postings to include the responsibility to abide by the IRC Code of Conduct and Safeguarding Policy Suite. • Interview questions to be appropriate to the role are asked about safeguarding. • References and background checks are already in-line with HR policies. • Job descriptions, employment contracts, performance appraisal systems, etc. for managers to be revised to ensure adequate attention to their responsibility to prevent and respond to safeguarding violations. • All contracts with external implementing partners or service providers (including transporters, warehouse staff, and guards) incorporate the IRC Way and Safeguarding policies as part of the agreement. • IRC code of conduct is already in place. 	By end of August 2022	HR Focal Point	Safeguarding leads.	The recruitment process, job posting, interviews and descriptions are following HR policies and considering SEA. Policies are reflected in the staff and consultants' agreements.	No budget is needed

b.	Recruit/train an officer with GBV/SEA/SH- specific skills to support supervise issues related.	<ul style="list-style-type: none"> • Develop a full onboarding plan for the GBV standards specialist that includes: <ul style="list-style-type: none"> - Pieces of training on SEA/SH - Pieces of training on Code of conduct - Pieces of training on GBV risks assessment - Guidance on the GBV action plan. 	End of June 2022	WPE Team and HR focal point	Project Lead	An officer with GBV/SEA/SH- is recruited and trained	NA
c.	Develop M&E programme	<ul style="list-style-type: none"> • Work closely with the GBV specialist and stakeholders (if applicable) to develop the respective framework. • Identify the data source and means of verification related to SEA/SH indicators. • Design the needed tools • Set the frequency of reporting for each indicator including assigning responsibilities. • Monitor the quality of data received. • Collect lessons learned throughout the implementation. • Make sure that the grievance mechanism is implemented properly based on WB requirements. 	Upon signing the agreement with stakeholders and throughout the implementation.	MEAL supported by GBV specialist	GBV technical manager and Project lead	<ul style="list-style-type: none"> • Framework is developed including frequency of reporting, data source, means of verification and tools. • MEAL requirements are met throughout the implementation 	No budget needed

d.	Conduct SEA and SH orientation training for project staff.	<ul style="list-style-type: none"> Communicate a timetable for suggested training sessions on SEA and SH. Train all staff Send the policy to all staff to be acknowledged by signature and stored in the employee file. 	August 2022	Safeguarding leads	HR Focal point	Project staff in specific and all staff in general are aware of the policy on SEA.	No budget needed
7 Inform project-affected communities about SE risks							
a.	Establish partnerships with CBOs/CSO's and local government institutions	<ul style="list-style-type: none"> Enhanced support for survivors and those at risk of GBV in Beirut – through partnering with 17 local actors. Assess the capacity of the partners on grievance mechanism, PSEA, Code of conduct, safeguarding, etc. through PPCR. Draft customized PSP to cover specific risks identified on these levels 	By October 2022	Partnerships and program focal points	Project Lead	A minimum of 15 partnership agreements are signed.	N/A
b.	Identify, train, and establish community focal point for SEA activities	<ul style="list-style-type: none"> Partners will identify a community focal point for SEA activities. The community focal point will be trained by the partner and an action plan will be set. 	During the implementation	Partners	GBV Specialist, and Program focal points	The community focal points for SEA activities are identified and trained	N/A
c.	Develop Stakeholder Engagement Plan for SEA-related issues	<ul style="list-style-type: none"> Updating the stakeholder engagement plan to include a section related 	Throughout project implementation	GBV Specialist and Partnership Managers	Project Lead	The stakeholder engagement plan is updated	N/A

		to SE in terms of mapping actors and strengthening referral systems.					
d.	Develop an information dissemination strategy	<ul style="list-style-type: none"> After training all the partners (based on the assessment), a plan will be set for information dissemination to beneficiaries. Information will include guidance on how to report, and to ensure that entry points are accessible and safe for beneficiaries. Regular monitoring and follow-up. 	During the implementation	GBV Specialist	GBV Technical manager and Health technical advisor		N/A
e.	Develop relevant IEC materials for community engagements	<ul style="list-style-type: none"> Develop, print, and distribute IEC materials during information sessions. 	During the implementation	GBV specialist	GBV technical manager and advisor	Referrals from other programs and actors are received.	Printing cost
f.	Conduct community sensitization	<ul style="list-style-type: none"> Including SEA awareness in fieldwork plans. The sessions include information on reporting mechanisms, available GBV services, and the rights of beneficiaries. Engaging authorities (municipalities, leaders) 	During the implementation	Partners	WPE and health focal points	Cases and referrals from community members are received	N/A

8 Ensure SEA and SH- sensitive channels for reporting in GRM							
a.	Develop/Review GRM for specific SEA/SH procedures	<p>IRC already has a clear reporting mechanism and procedures along with detailed guidelines for a survivor-centered approach to reporting safeguarding misconduct.</p> <ul style="list-style-type: none"> • IRC to remind its employees about these policies during the onboarding/orientations sessions and during the safeguarding training to ensure that staff is aware of how to report any SEA incident safely and confidentially. 	By end of August 2022	HR Focal Point	Safeguarding leads	<p>Staff is aware of how to report any abuse they experience or see and how to seek help.</p> <p>Posters are available at all IRC offices, during IRC WAY training.</p>	4,000 USD for bulletin boards and printing across all of Lebanon
b.	Identify and train SEA/SH focal points within the GMC who will be responsible for SEA/SH cases and referrals	<ul style="list-style-type: none"> • To appoint one focal point from existing staff and a variable number of focal points in field locations for the implementation/follow-up of safeguarding activities. Gender representation is reflected among focal points to represent the gender distribution at the IRC. • HR to coordinate with FARM and WPE to train Safeguarding focal points in different fields. 	By end of September 2022	HR, WPE, MEAL	Safeguarding leads	Specific focal points are identified to follow up on the safeguarding activities in different regions and refer to cases as needed.	No budget needed

9 Define and reinforce SEA/SH requirements in procurement processes and contracts							
a.	Incorporate SEA/SH Requirements and expectations in the contractors' and consultants' contracts.	<ul style="list-style-type: none"> Add clauses, expectations, and activities related to SEA/SH in the proposal and within the agreements 	Before agreement signature	Partnership manager	Project Lead	Partners are abiding by the clauses included in the contract	N/A
b.	Allocation of funds for SEA/SH-related costs in procurement documents	<ul style="list-style-type: none"> Add clear budget lines for all SEA/SH-related activities, when needed. 	Before the implementation	Partnership and program focal points	Partnership manager	Partners are using allocated funds properly	N/A
10 Separate toilet and shower facilities for men and women and SEA and SH-free signage							
a.	Provide separate facilities for men and women and display signs, posters, and pamphlets around the project site that signal to workers and the community that the project site is an area where SH is prohibited.	Ensure the availability of separate facilities for men and women with all actors.	Identify at the assessment stage and execute throughout project implementation	IRC Program staff and HR + Partners' management	Partnership Managers	The number of complaints regarding the facilities has dropped after separating facilities (if applicable).	Depending on what is currently available



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