

# **INTERNATIONAL RESCUE COMMITTEE**

## **Support for Social Recovery Needs of Vulnerable Groups Phase II (SRP 2) Project**

### **Stakeholder Engagement Plan**

**June 2025**

## ABBREVIATIONS AND ACRONYMS

3RF	Reform, Recovery and Reconstruction Framework
AFD	Agence Française de Développement
CAS	Country Assistance Strategy
CCSAS	Clinical Care of Sexual Assault Survivors
CMR	Clinical Management of Rape
COVID-19	Coronavirus Disease of 2019
CPF	Country Partnership Framework
CPI	Consumer Price Index
CSOs	Civil Society Organizations
ESRS	Environmental and Social Review Summary
ERD	Economic Recovery and Development
EU	European Union
FCV	Fragility Conflict and Violence
FGD	Focus Group Discussions
FHH	Female-Headed Households
FM	Financial Management
FPI	Food Price Index
GBV	Gender-Based Violence
GBVIMS	Gender Based Violence Information Management System
GOL	Government of Lebanon
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Services
IIA	Interim Implementation Agency
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
IRC	International Rescue Committee
KII	Key Informant Interviews
LBP	Lebanese Pound
LCCE	Lebanese Center for Civic Education
LCRP	Lebanon Crisis Response Plan
LECORVAW	The Lebanese Council To Resist Violence Against Woman
LFF	Lebanon Financing Facility
LUPD	Lebanese Union for People with Physical Disabilities
M&E	Monitoring and Evaluation
MAPS	Methodology for Assessing Procurement Systems
MEAL	Monitoring Evaluation Accountability and Learning
MH	Mental Health
MHPSS	Mental Health and Psycho-Social Support
MMU	Mobile Medical Units
MoPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
MWMP	Medical Waste Management Plan
NCLW	National Commission for Lebanese Women
NGOs	Non-Governmental Organizations
NMHP	National Mental Health Program

PDO	Project Development Objective
PEERS	Partnership Excellence for Equality and Results System
PHC	Primary Healthcare Centers
PMT	Program Management Team
POB	Port of Beirut
POM	Project Operations Manual
PwD	Person with Disability
RDNA	Rapid Damage and Needs Assessment
SbS	Step-by-step
SEP	Stakeholder Engagement Plan
SH+	Self Help Plus
SIDC	Society for Inclusion and Development in Communities and Care for All SIDC
SOP	Standard Operating Procedures
SRP	Social Recovery Project
TPMA	Third Party Management Agent
UN	United Nations
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WBG	World Bank Group
WHO	World Health Organization

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## 1. INTRODUCTION

Lebanon's economic, political, and social contexts have been significantly impacted by multiple, concurrent crises since 2019. Already experiencing a financial crisis, a massive explosion in the Port of Beirut (POB) in August 2020 caused considerable loss of life and injury, displacement, physical damage to infrastructure, and further affected the country's economic standings. The COVID-19 pandemic and political deadlock worked to further deepen this crisis. Consequently, Lebanon's overall socio-economic welfare has significantly deteriorated, impacting various segments of the population including, but not limited to, the host community, internally displaced persons, forcibly displaced individuals, and migrant workers. Within this context, the NGO sector has been an essential lifeline for vulnerable groups, providing them with critical social services and supporting their immediate- and longer-range social recovery needs while national systems remain unable to fill these gaps. More recently, the 2024 hostilities have triggered large-scale displacement in southern Lebanon and border areas, compounding existing vulnerabilities and further straining humanitarian and social service capacities. The escalation has also raised protection risks, disrupted livelihoods, and severely impacted the agricultural sector—exacerbating poverty in already fragile communities.

Expanding Support for Social Recovery Needs of Vulnerable Groups Phase II in Lebanon: The project will focus on reducing vulnerabilities prevalent amongst three groups affected by the socioeconomic crisis across the country: (i) survivors of Gender-Based Violence (SGBV); (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and/or those facing limitations related to being a person with disabilities and older persons. SRP2 interventions will entail providing grant financing directly to a selected number of NGOs, to enable them to provide social services to reduce vulnerabilities in these groups.

This will be achieved by supporting non-government stakeholders that are engaged and have a track record in delivering social recovery services and working with target groups by improving their capacity to participate in the broader social recovery and reconstruction processes.

The World Bank has selected the International Rescue Committee (IRC) to act as the Implementing Agency (IA) to implement the Support for Social Recovery Needs of Vulnerable Groups Phase II project. The IRC will take on project management, grant provision and/or procurement of services from NGOs and will be responsible for the fiduciary supervision of the selected NGO partners.

### 1.1 Project Background

Since 2019, Lebanon has endured compounding crises, including a deteriorating economy, the Port of Beirut explosion, the global COVID-19 pandemic, a political vacuum, and, most recently, the ongoing hostilities at the southern borders.

After the start of the financial crisis in 2019, the closure of businesses for extended periods of time due to COVID-19 closure led to a further loss of livelihoods thus contributing to rising poverty across communities in Lebanon. In 2020, the COVID mandated lockdown caused a deterioration across all services.

Amidst dealing with the financial and economic crisis as well as the COVID-19 crisis, Beirut witnessed one of the biggest non-nuclear explosions in history in its port on August 4th, 2020. The massive explosion in the Port of Beirut (POB) resulted in over 200 deaths, wounded over 6,000 and displaced 300,000 people. Beyond the severe loss of life, due to the blast's scale and location, the impact on public infrastructure and on economic activity was and continues to be significant. The Rapid Damage and Needs Assessment (RDNA) estimated damages of US\$3.8–4.6 billion, economic losses of US\$2.9–3.5 billion, and a priority recovery and reconstruction need of

US\$1.8–2.0 billion.<sup>1</sup>

The explosion came at a time when Lebanon faced a multitude of compounding challenges that included economic and banking crises, a severe balance-of-payments deficit, and recurring social unrest, and the onset of COVID-19, which exposed and exacerbated pre-existing vulnerabilities.<sup>2</sup> In 2019-2020, a shortage of US dollars in the market resulted in parallel exchange rates, as well as capital controls – an unprecedented situation for Lebanon’s historically free capital account. In 2022, the unemployment was at a record high as 29.6% of full-time employees in key sectors lost their jobs.<sup>3</sup> Furthermore, global wheat prices skyrocketed due to the war in Ukraine and the conflict affected global fuel prices. Lebanon was significantly impacted as fuel prices increased, making it unaffordable for many households, especially after the removal of state subsidies on fuel in September 2021. Compounded by the exponential rise in fuel prices, access to services for vulnerable populations was deeply hindered. Due to the high cost of transportation, access to education, health and many other services were restricted.<sup>4</sup>

In April 2023, because of the record high currency depreciation, the World Bank reported that Lebanon attained the highest nominal food price inflation rate in the world at 350 percent (YoY).<sup>5</sup> The multiple crises’ effect on people was even higher than anticipated. The Consumer Price Index (CPI) registered Year on Year growth of 253.55% in June 2023<sup>6</sup> while the Food Price Index recorded the second highest food price inflation in the world with a nominal food price inflation rate of 280% in June 2023. According to the World Bank “Food Security Update” that was released in May 2023, Lebanon recorded the highest nominal food price inflation rate between the period of March 2022 – March 2023, which witnessed a 352 percent change in Food CPI.

Refugees and migrants are among the most acutely affected by the compounding crises. Syrian refugees have experienced economic hardship in 2020: there was a 44% increase in refugees under the Survival Minimum Expenditure Basket (SMEB), meaning that 89% now cannot meet their basic needs and are prone to a deprivation of a series of rights.<sup>7</sup> In addition, 83% of migrants surveyed in May 2020 reported that they struggled to make payments for food in the last 30 days.<sup>8</sup>

Compound crises have further exacerbated socioeconomic hardship, undermined trust in governmental institutions and increased existing pressures for emigration. Even before the explosion, the fallout of the economic crisis and the pandemic had led to a significant increase in poverty and a shrinking middle class. By March 2023, around 80% of Lebanese lived below the relative poverty line, including around 36% below the extreme poverty line.<sup>9</sup> In a survey conducted by the World Bank among victims of the blast, the overwhelming majority of respondent’s report having “no trust at all” in political parties, the Council for Development and Reconstruction, or municipalities.<sup>10</sup>

The escalation of hostilities in Lebanon’s southern border in October 2023 and into 2024 has further deepened

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<sup>1</sup> World Bank Group; European Union; United Nations. 2020. Beirut Rapid Damage and Needs Assessment. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/34401>

<sup>2</sup> World Bank Group; European Union; United Nations. 2020. Beirut Rapid Damage and Needs Assessment. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/34401>

<sup>3</sup> Lebanon’s Formal Private Sector: The Bitter Reality of 2020, ESCWA, 2021.

<sup>4</sup> WFP, Lebanon Situation Report - January 2023. <https://reliefweb.int/report/lebanon/wfp-lebanon-situation-report-january-2023>

<sup>5</sup> WFP, Lebanon Situation Report - July 2023. [https://reliefweb.int/report/lebanon/wfp-lebanon-situation-report-july-2023#:~:text=SITUATION%20UPDATE&text=The%20consumer%20price%20index%20\(CPI,food%20inflation%20reached%20280%20percent](https://reliefweb.int/report/lebanon/wfp-lebanon-situation-report-july-2023#:~:text=SITUATION%20UPDATE&text=The%20consumer%20price%20index%20(CPI,food%20inflation%20reached%20280%20percent)

<sup>6</sup> Trading Economics (2024). <https://tradingeconomics.com/lebanon/consumer-price-index-cpi>

<sup>7</sup> ReliefWeb (2020). <https://reliefweb.int/report/lebanon/vasyr-2020-key-findings-2020-vulnerability-assessment-syrian-refugees-lebanon>

<sup>8</sup> Lebanon— Migrant Worker Vulnerability Baseline Assessment Report (May-July 2020). <https://migration.iom.int/reports/lebanon%E2%80%9494-migrant-worker-vulnerability-baseline-assessment-report-may-july-2020>

<sup>9</sup> ACAPS Thematic Report - Lebanon: The effect of the socioeconomic crisis on healthcare (19 October 2023). Reliefweb. October 2023. <https://reliefweb.int/report/lebanon/acaps-thematic-report-lebanon-effect-socioeconomic-crisis-healthcare-19-october-2023#:~:text=As%20at%20March%202023%2C%20around,30%2F03%2F2023>

<sup>10</sup> Ranking on a 5-point scale, where 1 = “no trust at all” and 5= “complete trust.” Average score was 1.2 for political parties, 1.5 for CDR, and 1.7 for municipalities. Survey not strictly representative due to its design. <http://documents1.worldbank.org/curated/en/899121600677984471/pdf/Beirut-Residents-Perspectives-on-August-4-Blast-Findings-from-a-Needs-andPerception-Survey.pdf>

the country's fragility. An estimated 90,491 people have been displaced due to the hostilities between Hezbollah and Israel<sup>11</sup>. The hostilities have not only heightened protection risks but has also disrupted livelihoods, destroyed agricultural lands, and interrupted access to education and basic services in affected areas.

UNDP assessments report the conflict will cause further contraction of the economy and will affect the flow of international trade and financial flows, mainly remittances.<sup>12</sup> The agricultural sector, a main source of income and livelihood in the regions affected by the conflict, will incur the most significant losses.<sup>13</sup> Additionally, cross-border tensions have discouraged remittance flows and investments, weakening one of the country's remaining financial lifelines. Several assessments conducted after the POB explosion, COVID-19 pandemic, and the start of the socioeconomic crises in Lebanon highlight the priority areas which need immense support and various service provisions. Consultations carried out by the World Bank with local CSOs and NGOs in 2020 and by the IRC in 2023/2024 reveal heightened vulnerabilities among the following three population groups affected by the blast in Beirut:

- survivors of Gender-Based Violence (GBV);
- those suffering from deteriorated psycho-social wellbeing;
- and the elderly and Persons with Disabilities.

## 1.2 Project Description

The project objective is to expand support for the immediate social recovery needs of vulnerable groups in Lebanon.

This will be done by supporting 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.

## 1.3 Project Beneficiaries

**SRP2 target groups include:** survivors and individuals at-risk of GBV; boys under protective orders; those suffering from deteriorated psychosocial wellbeing; and persons living with disabilities and older persons. Given the cross-cutting nature of their vulnerabilities and needs, forcibly displaced persons (FDPs) and migrants are also targeted across the project's workstreams.

**Project Components** The implementation of the original Social Recovery Project (SRP1), from January 2022 to April 2024, shed light on the increasing gap between the service needs and provisions across various sectors. Given that Lebanon is experiencing a major socioeconomic crisis, SRP2 will be continuing to bridge this gap, maximizing reach and delivery of services for vulnerable groups, for an additional 2 years. The project includes the following 3 Components: (1) Support for Social Services for Vulnerable Groups affected by the Socioeconomic Crisis, (2) Capacity Building for Impact and Sustainability, and (3) Project Management.

### ***Component 1. Support for social services for Vulnerable Groups***

This component will finance NGOs to provide social services to vulnerable groups affected by the crises

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<sup>11</sup> IOM Data Tracking Matrix Mobility Snapshot, Round 29, March 21, 2024.

<sup>12</sup> UNDP, Gaza War: Preliminary Findings on the Socio-economic and Environmental Impact on Lebanon, December 2023.  
<https://www.undp.org/lebanon/publications/gaza-war-preliminary-findings-socio-economic-and-environmental-impact-lebanon>

<sup>13</sup> UNDP, Gaza War: Preliminary Findings on the Socio-economic and Environmental Impact on Lebanon, December 2023.  
<https://www.undp.org/lebanon/publications/gaza-war-preliminary-findings-socio-economic-and-environmental-impact-lebanon>

including: (i) survivors of GBV including children under judicial protective measures; (ii) those suffering from deteriorated psycho-social wellbeing; (iii) and Persons with Disabilities and OPs facing limitations related to their disabled or elderly status. Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers will be targeted across these beneficiary groups. The component includes the following three sub-components: (i) Enhanced Support for Survivors of GBV and children in need of emergency shelters; (ii) Enhanced Support for psycho-social wellbeing; and (iii) Enhanced Support for Persons with Disabilities and OPs. In order to undertake these activities, a total of 15 projects will be implemented through a network of local partners. Most of the services will be implemented in Beirut, Mount Lebanon and Bekaa with few extending their reach nationwide.

### **Sub-Component 1.1 Enhanced Support for Survivors of Gender-Based Violence (GBV)**

This component will provide support for a small-scale effective, inclusive, and sustainable model for non-government support for the livelihood and social services for survivors of GBV and children in need of emergency shelters, as well as first responder service workers. The project will finance holistic services for survivors of GBV by NGOs in line with international good practices. Support will be provided for (i) expand the capacity of existing shelters to include GBV services; (ii) case management; (iii) psycho-social support; (iv) life skills; (v) referrals for tailored services, including medical services and psychosocial and legal assistance, and (vi) provision of education for children in shelters (vii) provision of livelihoods services in shelters and safe spaces to empower GBV survivors for a long term economic independency.

The project will also cover the operational expenses of a shelter for boys. Various services and activities will be offered to address the needs of boys at risk or under protection orders. The shelter will welcome boys of all ages up to 17 years old and of any nationality who are under protection orders. It will offer comprehensive child protection case management overseen by judicial services, with tailored alternative care plans developed in collaboration with a multidisciplinary team. Key services will include focused psychosocial support, parenting skill development, and other essential support services.

In addition, this sub-component will also finance:

- Capacity-building, training, and ongoing mentoring with full range of adapted tools, materials, training and coaching for service providers in the non-government and public sectors.
- Offer support towards improving GBV Information Management Systems (GBVIMS)/Primero; particularly aimed at upgrading GBVIMS to a more user-friendly and easy access version, providing further training to enhance skills related to preserving the security and confidentiality of data shared by survivors; operating and maintaining safe and integrated digital case management systems; public information sharing, and complaint management mechanisms.
- Training for staff/volunteers responding to the national hotline as well as other front liners on GBV Core Concepts and Safe Referrals.

The project will also support awareness raising of GBV and availability of services via community communication channels and the development of a social media communication strategy and dissemination of information to women and girls and other vulnerable and at-risk groups. Extensive consultations have already been undertaken with civil society organizations working with survivors through the WB's partners on the ground. Through the Citizen Engagement program and outreach activities, via the NGO sector, survivor inputs would be considered during the design for implementation. Moreover, while no additional analytical work is possible under the scope of this project, the social norms surrounding GBV, and gender inequalities are structural factors that cannot be ignored in any serious medium to long-term strategy to address these vulnerabilities. Accordingly, the findings of pre-existing research and analytics conducted by stakeholders in Lebanon, as well as the extensive experience of partners on the ground, will be integrated in the

implementation approach of this sub-component.

The proposed activities are aligned with existing but limited country systems for survivors of GBV and build upon extensive consultations with government agencies, national and international NGOs, UN agencies and bilateral donors. The activities are aligned with the National Women Strategy endorsed by *National Commission for Lebanese Women (NCLW)* (in consultation with relevant concerned Ministries), and in line with the MoSA's Strategic Plan on the Protection of Women and Children endorsed by Ministry of Social Affairs (MOSA) (and UNICEF in coordination with concerned Ministries). In addition, it will contribute to operationalizing the National GBV Standard Operating Procedures (SOP), under leadership of MOSA and ownership/endorsement of Ministry of Justice, Ministry of Interior and Municipalities, Ministry of Public Health and NCLW.

### **Sub-Component 1.2 Enhanced Support for psycho-social wellbeing**

This sub-component supports vulnerable individuals and households across the country to improve their psychosocial wellbeing. Support will be provided mainly for the following psychosocial interventions:

#### **Step-by-Step (SbS)**

- Adapting and piloting Step-by-Step (SbS) to 1 age bracket for adolescents to increase the audience of this national service during the first year of the project.
- Continue supporting the operation of SbS for the second year of the project.
- Translating the national MHPSS 4Ws (Who, What, When, Where) platform into Arabic to make it more accessible to the general public seeking MHPSS services.
- Enhancing SbS software and introducing new features for SbS App and Web applications.
- Implementing a national TV advertisement campaign on SbS to sensitize the general public.

#### **Lifeline**

- Developing a national campaign on the Lifeline to sensitize the general public on the service that will be boosted via TV and radio.
- Conducting outreach activities to target refugee-dense areas to sensitize them on the Lifeline.

#### **Self Help Plus (SH+)**

- Conducting a short implementation research on SH+ scale up in Lebanon.
- Upscaling the intervention through coordinating and targeting the orders of psychologists and nurses and the syndicate of social workers.
- Targeting frontline care workers through SH+, in specific PHCC and psychosocial frontline staff.
- Adapting SH+ to migrant domestic workers (MDWs) and rolling out the intervention.

#### **Mental Health in the Workplace**

- Updating the charter platform online and adding a national database for trainers on MHiW
- Rolling out MHiW trainings while meeting with CEOs to promote the intervention.

#### **Public sensitization and awareness (PSA)**

- Integrating within each component mentioned previously a PSA element.

### **Sub-Component 1.3 Enhanced Support for to Persons with Disabilities and OPs**

The project will provide support for the implementation of services through specialized NGOs and CSOs to improve access to livelihoods opportunities and quality healthcare and community based inclusive development (CBID) interventions for Persons with Disabilities and Older Persons, at the level of Primary Healthcare centers (PHCCs), Mobile Medical Units (MMUs) and community level, <sup>14</sup> along with linkages to income generating opportunities. Specifically, the project will support:

- (a) The provision of health services including medical consultations, diagnostic exams and MHPSS services
  - (b) The provision of rehabilitation services including (speech therapy, psychomotor therapy, physiotherapy)
  - (c) The provision of mobility and assistive devices
  - (d) Increased accessibility for Persons with disabilities and older persons to their houses of public space
  - (e) Inclusive education activities for children with disabilities
  - (f) Training to Caregivers and frontliners supporting persons with disabilities and older persons on disability, basic care techniques.
  - (g) Skilling PWDs and providing business development support for a successful inclusion in the markets.
- As part of this initiative the project will also support the adaptations of the portal for Identification Counselling and Referral for persons with disabilities and older persons and enhance its linkages with ministries to be disseminated at the national level. Finally, support will also be provided for the development of NGO led social media communication strategy and dissemination of information aimed at reducing stigma related to Persons with Disabilities and OPs and inform potential beneficiaries of available services.

All activities for this sub-component will, wherever possible, be synchronized and aligned with existing services and plans approved by the MoPH and MoSA and current CSO initiatives targeting Persons with Disabilities. The IRC, together with local NGOs will work with MoPH and MoSA to ensure that there is synergy and in doing so develop a set of protocols.

This component will finance selected NGOs and civil society organizations (CSOs) to provide social services to vulnerable groups affected by the crises. Given the cross-cutting nature of their vulnerability, refugees and migrant domestic workers will be targeted across these beneficiary groups.

### ***Component 2. Capacity Building***

This component will finance capacity building costs over the project life. The IRC will provide technical assistance and operational support to partners selected under this project. Depending on the identified needs of sub-grantees, support may encompass various areas including Procurement, Finance, Monitoring and Evaluation, Environmental and Social safeguards, Program quality and other relevant domains.

All capacity building support to beneficiary NGOs will be gender sensitive and will also be made accessible and without segregation to Persons with Disabilities. Specific solutions will be developed to tackle common challenges such as physical inaccessibility and barriers to full inclusion in social services or stigmatization.

### ***Component 3. Project Management***

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<sup>14</sup> While Children with Disabilities represent a critical sub-group of the most vulnerable populations, the project cannot directly address their needs considering that they have a unique set of needs which requires further expertise and specialization that cannot be covered due to the project's limited finances.

This component will finance project management costs over the project life. The International Rescue Committee has been selected to be the Interim Implementation Agency (IIA). Costs of the IIA include management and consultancy fees and operations and administrative costs for the management and supervision of the project activities. Project management activities by the IIA will include: (i) overall project management, fiduciary, and safeguards management; (ii) developing and implementing a monitoring and reporting plan to provide visibility of the results and a transparent model for the development and implementation of all activities.

#### 1.4 Project Locations

SRP1 targeted locations were primarily Beirut and Mount Lebanon. Under SRP2, the project will include Beirut, Mount Lebanon and Bekaa. However, some activities, due to their nature, will have nationwide reach.

## 2. BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

This section describes the stakeholder engagement activities implemented for SRP1 and SRP2.

### 2.1 Summary of stakeholder engagement for SRP1

During the months of June and July 2021, the IRC identified a list of experts and stakeholders. -23 organizations have been targeted in the experts' consultations including local and international NGOs (Himaya, Abaad, RDDL, Mission de Vie, Nabad, Kafa, Fe-male, ProAble, Embrace, LUPD, Beit El Baraka, Arc en Ciel, HelpAge, INARA, Makhzoumi Foundation, IOCC), the Ministry of Social Affairs and UNFPA.

The questions evolved around the three different components of the project to collect information on the current priorities in each sector, the specified actors' existing campaigns and strategies, shelters, existing systems and mechanisms, the most relevant actors to consider for this project and their own budget estimation for the accomplishment of some key outcomes. Most of the experts expressed interest in the project activities confirming that it tackles major needs in Lebanon. The budget and details of activities were tweaked based on their feedback. Some of them also recommended local actors to whom they refer for service provision.

Through these consultations, the IRC was able to learn more about the main actors under GBV, CP, Persons with Disabilities, Elderly and Mental Health, their activities, expertise, ongoing initiatives, coordination, and uncovered needs. The outcomes of the consultation fed into the completion of the budget, stakeholders' identification, activities, target and expected results of the project.

*Table 1: Outcomes of the experts' consultation meetings*

Date	Modality	Organization/Institution	Main Points discussed
22 June 2021	Virtual	Female	<ul style="list-style-type: none"> <li>• Experience and existing activities conducting sensitization campaigns.</li> <li>• Gaps and opportunities in the sector.</li> </ul>
22 June 2021	Virtual	Beit El Baraka	<ul style="list-style-type: none"> <li>• Current registered clients and the services provided.</li> <li>• Challenges and funding gaps.</li> </ul>

23 June 2021	Virtual	RDFL	<ul style="list-style-type: none"> <li>Existing safe spaces, transitional shelters and services. Experience in awareness-raising campaigns.</li> <li>Issues and needs of the sector.</li> </ul>
23 June 2021	Virtual	UNFPA	<ul style="list-style-type: none"> <li>Recommendations for the sector, improvement of GBV services and opportunities to improve GBVIMS.</li> </ul>
24 June 2021	Virtual	KAFA	<ul style="list-style-type: none"> <li>Existing shelter capacity and services, both permanent and transitional.</li> <li>Challenges and opportunities.</li> </ul>
24 June 2021	Virtual	Himaya	<ul style="list-style-type: none"> <li>Current activities, experience and lessons learned from their past experience in operating a shelter for boys and girls and from their current experience of tackling at risk cases of children under judicial pathway in partnership with MoJ.</li> <li>Challenges and issues in regard to shelters for boys mainly in the North governorate including cases under judicial pathway. Suggestions for improvement including promoting alternative care and the need for healthcare support services including mental health.</li> </ul>
24 June 2021	Virtual	HelpAge	<ul style="list-style-type: none"> <li>Capacities and current activities.</li> <li>Active partnerships.</li> </ul>
24 June 2021	Virtual	Makhzoumi Foundation	<ul style="list-style-type: none"> <li>Current activities.</li> <li>Potential collaboration on PHC and MH services.</li> </ul>
24 June 2021	Virtual	Caritas	<ul style="list-style-type: none"> <li>Current activities related to PHC, MH and outreach activities.</li> </ul>

			<ul style="list-style-type: none"> <li>• Cooperation efforts and possible project challenges.</li> </ul>
24 June 2021	Virtual	WHO	<ul style="list-style-type: none"> <li>• WHO's current support to the Mental Health Program.</li> <li>• Challenges facing the NMHP.</li> </ul>
25 June 2021	Virtual	Nabad	<ul style="list-style-type: none"> <li>• Current activities and expertise.</li> <li>• Recommendations for areas of potential development, and challenges discussed.</li> </ul>
25 June 2021	Virtual	LUPD	<ul style="list-style-type: none"> <li>• Current activities and approach to community-based rehabilitation (CBR).</li> </ul>
25 June 2021	Virtual	Arc-en-ciel	<ul style="list-style-type: none"> <li>• Current programming and capacity, challenges, and gaps.</li> <li>• CBR approach, assertive devices.</li> </ul>
25 June 2021	Virtual	ProAble	<ul style="list-style-type: none"> <li>• Current activities, especially mental health.</li> <li>• Challenges and potential collaboration in the future.</li> </ul>
25 June 2021	Virtual	IOCC	<ul style="list-style-type: none"> <li>• Current activities related to PHCs, and other health related projects.</li> </ul>
28 June 2021	Virtual	ABAAD	<ul style="list-style-type: none"> <li>• Existing shelter capacity and services.</li> <li>• Interest and capacity to operate a shelter for boys.</li> <li>• Operational needs for such activities.</li> <li>• Importance of coordination with Lebanese Ministries and other stakeholders.</li> <li>• Confirmed the need for improved GBV SOPs and extension of the national hotline coverage.</li> </ul>

28 June 2021	Virtual	Community Based Rehabilitation Association	<ul style="list-style-type: none"> <li>• CBR activities and approach and geographical presence.</li> </ul>
28 June 2021	Virtual	Mousawat	<ul style="list-style-type: none"> <li>• CBR activities and approach. Capacities to deliver CBR activities in Beirut.</li> </ul>
1 July 2021	Face to Face	Ministry of Social Affairs	<ul style="list-style-type: none"> <li>• Existing priorities, approach to shelters and capacity.</li> <li>• Coordination with development partners, including donors, INGOs, local NGOs and other actors in the development sector to cooperate and harness existing efforts.<sup>15</sup></li> </ul>
1 July 2021	Virtual	Inara	<ul style="list-style-type: none"> <li>• Mental health services and support to Persons with Disabilities.</li> </ul>
2 July 2021	Virtual	Mission de Vie	<ul style="list-style-type: none"> <li>• Existing shelters and support services.</li> <li>• Challenges and opportunities.</li> </ul>
6 July 2021	Virtual	Embrace	<ul style="list-style-type: none"> <li>• Collaboration with NMHP, challenges and plans for the future.</li> </ul>
14 July 2021	Virtual	NMHP - Ministry of Public Health	<ul style="list-style-type: none"> <li>• Existing priorities and approaches to mental health services.</li> <li>• Recommendations for design of the mental health component.</li> </ul>

## 2.2 Summary of stakeholder engagement for SRP2

### Stakeholder Consultations Conducted During Project Design Phase

IRC held three rounds of consultations between October 2023 and March 2024 with a total of 20 national and international actors (Movement Social, LCCE, IDRAAC, Embrace, Tabitha, Caritas Lebanon, Mousawat, KAFA, LECORVAW, LUPD, I'm Possible, SIDC, SKOUN, shareQ, Al Majmoua, National Mental Health Program, Ministry of Labor, Ministry of Justice, UNICEF, UNHCR). The questions evolved around the three different components of the project to collect information on the current priorities in each sector, the specified actors' existing campaigns and strategies, shelters, existing systems and mechanisms, the most relevant actors to consider for this project and their own budget estimation for the accomplishment of some key outcomes. Most of the experts expressed interest in the project activities confirming that it tackles major needs in Lebanon. The budget

<sup>15</sup> Including donors, INGOs, local NGOs and CSOs and other development partners which MOSA coordinates with.

and details of activities were tweaked based on their feedback. Some of them also recommended local actors to whom they refer for service provision.

### **First Round of Consultations – Government and UN Actors (Oct–Nov 2023)**

The first round of consultations was held during October and November 2023 and included 3 main actors (Ministry of Justice, UNICEF, UNHCR). The stakeholders confirmed that there is still a significant need for social recovery services, and this need has expanded further due to the rapidly changing context in Lebanon. These consultations highlighted the continuous need to fund shelters and protection spaces for children in order to minimize the funding gap. Further funding would also improve the quality of services provided in the shelter, including the educational services. In addition to the latter, there is also the need to improve the referral pathways nationwide. It was also stressed that people with disabilities continue to be a marginalized group who are often overlooked and need immense support. The consultations clearly mentioned that the Lebanese population is facing several challenges which are hindering their ability to maintain their basic needs, thus the increased need for various service provisions across the country. Stakeholders also stressed that regular coordination and collaboration is highly crucial in order to prevent duplication of efforts or cross-funding between partners.

### **Second Round of Consultations – National Service Providers (Jan–Feb 2024)**

The second round of consultations was held during January and February 2024 and included 11 main actors (KAFA, Tabitha, Caritas Lebanon, Mousawat, NMHP, Embrace, LCCE, IDRAAC, Movement Social, UNICEF, Ministry of Labor). These consultations presented several outcomes about the different components discussed. Firstly, concerning the GBV component, all actors highlighted the need to extend the geographical coverage to reach more survivors in need and at risk. They also stated their concern about the sustainability of high quality and diverse services within the shelters. Actors also emphasized the significant need for more capacity building for women committees across the county and the importance of including men in such GBV preventing activities. Furthermore, concerns were raised about supporting shelters and providing protective spaces for children in order to maintain high quality services within these shelters, such as educational and psychological services. As for the mental health component, consultations held stressed the need to support and link the lifeline with potential economic recovery and development activities. The Step-by-Step and Self-Help Plus can result in greater positive outcomes if they are supported on a larger scale and greater funds. All actors stated that MHPSS and such programs and activities not only provide aid to the Lebanese population but also to the vulnerable communities, such as the migrant workers and refugees.

### **Third Round of Consultations – Local NGOs and Frontline Implementers (Mar 2024)**

The third round of consultations was held in March 2024 and included 8 local actors and NGOs (LECORVAW, LUPD, I'm Possible, SIDC, SKOUN, shareQ, Al Majmoua, Mouvement Social). Firstly, concerning the GBV component, all actors agreed that due to the deteriorating economic situation there is increase in physical assault and exploitation towards women, in addition to an increasing level of violence. Thus, supporting shelters and PSS services are very much needed. Most operating shelters are always at full capacity which is hindering the admission of more survivors, hence the need to increase the number and the capacity of shelters. It is also important to have inclusive shelters by providing access for GBV survivors with special needs.

As for the services provided, for women at risk of GBV/victims of GBV, it takes them months of interaction to build trust so that they feel safe before any skills/vocational training starts. For this reason, a psychosocial component is needed. Giving them the skills in addition to confidence and psychosocial support for income generating activities, job placement, or internship is essential. As such, the livelihood component needs to be mainstreamed to take into account those challenges. Moreover, there is the need to provide trainings based on the market needs. Linking the survivors to “online work” is an example (data analytics, AI, etc.). There should be a focus on English language and basic computer literacy in order to increase the possibility of finding jobs once beneficiaries leave the shelter.

On the other hand, some stakeholders emphasized that the awareness component is important as it helps to prevent violence. However, the lack of awareness, coupled with the gap in service provision, has led to the increase of violence in both the host and refugee communities. It was also mentioned that along with awareness activities, it is extremely important to engage men. One of the actors mentioned that while in some areas women are very independent and can take decisions by themselves, in other areas there is a lot of influence from religious men who are very strict and refuse any new concept or trend beyond the traditional and cultural concepts, such as the topic of early marriage.

In addition, consultations were also held around the topic of child protection. During these meetings, the actors highlighted that currently there are not enough shelters for children across the country. In the currently operating shelters, there is the need to provide mental health services to the children instead of referring to other organizations. The lack of sufficient funding in this sector is very evident. Limited funding has led to unsustainable action plans. The increasing prices of medications and medical services had further hindered the provision of such services in the shelters. In addition, social workers are not equipped enough to deliver high quality services as they need additional training and capacity building sessions.

Similar to the consultations about GBV and child protection, consultations around the component of PwDs and Elderly also highlighted the demand for several services. It was explained that although the provision of assistive devices and rehabilitation programs has significantly helped many beneficiaries, yet some approaches for the assistive devices are "one-fits-all", so there is the need for them to be tailored to ensure that it benefits all the targeted beneficiaries. The ultimate objective of assistive devices is providing an "independent living" to beneficiaries. As such, the procurement of assistive devices is not only limited to purchasing the devices but is also about consulting with the beneficiaries and training them how to fully use the devices in order to attain "independent living".

Moreover, PwDs still face discrimination as people look at PwDs differently and believe that they cannot do work as needed. Hence, PwDs always have to prove themselves and prove their ability to do the job which is also an added pressure and burden on them, thus the need for a holistic approach to include mental health support. In addition, PwD women victims are usually hesitant to seek Economic Recovery and Development (ERD) services due to mobility challenges or lack of proper access. Thus, it is highly recommended that ERD services be complimentary to Protection services.

As for the Mental Health component, actors stated that the increasing mental health issues among the communities have led to the spread of drug abuse. The latter, in its different forms, has significantly increased among adolescents, and in most cases, caregivers and parents are unable to deal with the situation at hand. This proves the need for support provision to caregivers and parents to enable them to deal with their children's situations properly and effectively.

Another unmet need is the psychotherapy service that is limited and that has great demand. When someone is enrolled in substance use treatment, the actor needs to work with him/her on aspects different from the treatment itself. For example, legal services would be needed as many would have issues to solve. Another example is the need to complement the treatment with livelihoods support since one's economic/poor condition would be one of the reasons for drug use (most of the time). Mental health support for people undergoing treatment is also missing and much needed. In addition, more advocacy work needs to be done in parallel.

Through these consultations, the IRC was able to learn more about the main actors under GBV, CP, PwDs, Elderly and Mental Health, their activities, expertise, ongoing initiatives, coordination, and uncovered needs.

### **Participatory Monitoring with GBV Survivors**

Additionally, as part of SRP2's ongoing efforts to strengthen meaningful engagement with vulnerable groups, a GBV-specific participatory tool, the GBV Case Management Outcome Monitoring Questionnaire (Psychosocial Functionality Scale), is being implemented with GBV survivors receiving case management support. This tool is designed not only to monitor individual wellbeing but also to capture the lived experiences and evolving needs of participants. Survivors are asked to reflect on how difficult certain daily activities have been over the past four weeks, such as giving advice to family members, exchanging ideas, seeking help, making decisions, learning new skills, and maintaining their household. Responses are recorded using a five-point visual scale to ensure accessibility. This participatory approach enables SRP2 to remain adaptive, inclusive, and responsive to feedback from some of its most at-risk stakeholders, and to integrate their input into service improvements and program design.

### **Field Visit to Mousawat Service Sites – June 4, 2025**

As part of SRP Phase II's ongoing stakeholder engagement and participatory monitoring efforts, the IRC team conducted a field visit on June 4, 2025, to service sites operated by Mousawat. The visit covered the Mousawat Center in Jiyeh and partner facilities in Moussawi, Barja, and Wadi El Zeineh, which provide rehabilitation, psychosocial, and nursing care services for older persons and persons with disabilities (PwDs).

During the visit, the team observed service delivery firsthand and engaged directly with caregivers, frontline staff, and beneficiaries. These interactions allowed for an assessment of service effectiveness and identification of operational challenges in real time. Rehabilitation services observed included physical therapy, mobility training, and psychosocial support tailored to the specific needs of older persons and PwDs.

At nursing homes, primary health centers, and community-based facilities, IRC facilitated focused discussions with care providers, administrators, and beneficiaries. Topics discussed included service demand, staffing capacity, and coordination with external actors. While participants expressed overall satisfaction with the services provided, both staff and beneficiaries highlighted areas for improvement. Beneficiaries and caregivers also offered qualitative feedback, noting positive service impacts as well as persisting unmet needs.

Key challenges raised included:

- Shortages of essential assistive devices, such as mobility aids, hearing aids, and customized tools, which limit beneficiaries' full participation in rehabilitation.
- Gaps in access to medication and diagnostic testing, often due to cost constraints and logistical barriers, particularly affecting older persons with chronic conditions.
- A structural shortage of trained caregivers and physiotherapists, which hampers the reach and quality of services.

The visit served as a platform for collaborative problem-solving. IRC and Mousawat teams jointly explored short- and medium-term solutions, including prioritizing the procurement of assistive technologies based on individual needs and enhancing referral pathways with health and diagnostic service providers. IRC committed to integrating these findings into planning processes and supporting capacity-strengthening efforts where feasible.

This field engagement reflects IRC's commitment to inclusive, participatory, and adaptive monitoring. Grounded in direct community feedback and field-level observation, it reinforces the project's partnership-based approach by promoting open dialogue, shared accountability, and coordinated action. Such visits help ensure SRP2 remains responsive to the evolving needs of Lebanon's most vulnerable populations.

### **Inter-Partner Coordination Meeting on GBV, Disability, and ERD – 18 June 2025**

On 18 June 2025, IRC facilitated two consultation sessions bringing together implementing partners under the GBV, Health and Disability, and ERD components. The sessions aimed to strengthen coordination across sectors and promote an integrated and holistic service package for vulnerable groups, particularly survivors of GBV and persons with disabilities.

The first session, held at 10:00 AM, focused on coordination between GBV partners and the ERD partner, The LEE Experience. Participating organizations included Tabitha, KAFA, Caritas, and The LEE Experience. Partners presented their project scopes and implementation areas and discussed the need to improve coordination between GBV prevention/response and livelihoods programming. The discussion emphasized aligning GBV-informed approaches with vocational and coaching services, strengthening referral pathways, and avoiding service overlapping. It was agreed that GBV partners would begin sharing referrals in two phases—by mid-July for Cycle 1 (August start), and by mid-August for Cycle 2 (September start)—with each batch exceeding 120 individuals to allow for screening and selection of 120 eligible beneficiaries per cycle. To support this process, The LEE Experience will share an updated scoring template, and GBV partners will be responsible for scoring and referring eligible individuals after obtaining informed consent. Lists will be shared via password-protected files with designated focal points, and only after signing Data Sharing Agreements (DSAs). Caritas and Tabitha will provide their templates, while IRC will support KAFA in developing one. The session also outlined plans for bilateral meetings between GBV and ERD partners and training in early July for The LEE’s staff on GBV referral protocols and safe handling of disclosures, co-facilitated by IRC WPE and an SGBV specialist.

The second session was held at 1:00 PM with a focus on coordination between Health and Disability partners and the ERD partner. Caritas, Mousawat, and ShareQ participated in the session and each presented their project scope and services, including rehabilitation support, inclusive education, mental health, and employment-related activities for persons with disabilities (PWDs). The group highlighted the importance of improved coordination with GBV actors, particularly to address intersecting vulnerabilities between GBV and disability. A need was identified for additional capacity building on case identification and referral pathways, especially for PWDs experiencing or at risk of GBV. The eligibility criteria for ERD services were discussed, particularly the age restriction (18–45 years), willingness and ability to work, and employability vetting. Partners agreed to gradually share lists of pre-vetted beneficiaries, in line with program timelines and confidentiality safeguards. Mousawat will submit its list of identified SRP2 beneficiaries by the week of June 23. ShareQ indicated the need for at least 240 individuals to screen and identify 80 eligible participants. A shared online referral tracking document will be developed to streamline coordination. DSAs between ShareQ and Mousawat have already been signed, with Caritas expected to follow. IRC will provide support as needed. Each partner will designate a focal point to oversee coordination and data exchange. Partners were reminded that referrals must be limited to SRP2 beneficiaries to ensure alignment with project parameters.

In both sessions, a common challenge was raised regarding the limited pool of SRP2 beneficiaries eligible<sup>16</sup> to participate in ERD programming. Several factors contributed to this constraint, including delays in the start-up of GBV and disability partner activities<sup>17</sup>, the delayed signing of the subgrant with Caritas, and the demographic composition of Mousawat’s beneficiary pool, which is primarily composed of youth and older people. As a result, the number of individuals eligible for an integrated service package combining protection and livelihood support was reduced. To mitigate this issue, participants explored alternative solutions such as including eligible

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<sup>16</sup> **GBV Beneficiary Selection Criteria:** Beneficiaries are selected using a weighted scoring system across eight criteria: socioeconomic vulnerability, employment, age, disability, education, caregiving, access to livelihood services, and housing. Disability and access to livelihood programs carry the highest weight. Priority goes to unemployed, economically vulnerable, young (18–30), disabled, more educated, single mothers or caregivers, with limited program access and unstable housing. This ensures those best suited for integrated protection and livelihood support are identified.

**PWD Beneficiary Selection Criteria:** Persons with disabilities must be aged 18–45, willing and able to engage in work-related activities, and located in Beirut or Mount Lebanon to qualify for livelihoods support. These criteria target individuals likely to benefit from integrated livelihoods, protection, and rehabilitation services within the project scope and timeline.

<sup>17</sup> For GBV activities, subgrants with KAFA and Mousawat were signed on February 3, 2025, and Tabitha’s on March 3, 2025, while Caritas’s GBV subgrant is still pending. For PWD-related services, Mousawat’s subgrant was signed on February 3, 2025, with Caritas’s agreement yet to be finalized. ERD activities saw subgrants with ShareQ and The LEE Experience finalized on June 3, 2025. Unlike the project design, which planned for at least six months lead time before starting ERD activities to build a sufficient SRP2 ERD eligible beneficiary pool, these later subgrant signings have compressed the timeline.

beneficiaries from SRP1 or individuals currently receiving similar services through other ongoing programs. These measures aim to address the gap while maintaining the program's commitment to holistic service delivery, ensuring that as many participants as possible can access a coordinated and comprehensive support package within the existing implementation timeframe.

### 2.3 Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Under Phase 1 SRP, social distancing measures were implemented during stakeholder consultations due to COVID -19. The World Bank's and WHO guidelines were implemented during all the consultations in order to minimize potential health risks.

As for SRP2, the stakeholder consultations were held through bilateral meetings. Based on the circumstances and the stakeholders' preferences, some of the meetings were held online, while some others were carried out in person. In both cases, it was made sure that the stakeholders understood the purpose of the consultations and that their input is highly appreciated and clearly documented. In most meetings, stakeholders were informed about ESCP requirements and existing reporting channels.

## 3. STAKEHOLDER IDENTIFICATION AND ANALYSIS

Table 1: Summary of project components and interested groups

Project Component	Stakeholder Group	Impact
<b>Component 1 – Support for social services for vulnerable groups in Lebanon</b>		
<b>Component 1.1 A</b> <b>Support for small-scale non-government support for social services for survivors of GBV.</b>	Lebanese host community, Syrian Refugees, other refugees, migrant workers – all vulnerable GBV survivors (women/girls) with their children. Boys at risk and in need of protection  Local organizations.	Positive impact to enhance the quality of the services (holistic approach: GBV case management, child protection case management, education, medical services, recreational and life skills activities, and PSS) that are provided to women and their children / adolescent girls at risk or exposed to GBV in permanent and transitional shelters, and safe spaces.
<b>Component 1.1 B</b> <b>Sensitization and awareness campaigns.</b>	All population targeted by the awareness campaign.  Ministries and Lebanese authorities, local organizations.	Positive impact to raise awareness on GBV, influencing behaviors, mobilizing support, and empowering individuals and communities to take action.

<b>Component 1.1 C Capacity building of NGOs</b>	NGOs frontliners, ministries and local entities Close coordination with UNFPA for the improvement of GBVIMS/primero.	Positive impact to standardize the SoPs and train frontliners on essential GBV core concepts to maintain the quality of the provided services.
<b>Component 1.2: Enhanced Support for Psychosocial Wellbeing</b>	Vulnerable populations (including Lebanese, Refugees, Migrant workers, IDPs) in needs of MHPSS services.  Local Organizations, MoPH, NMHP and Businesses.	Improved Mental Health of the beneficiaries. System strengthening for local NGOs and NMHP. Increased awareness on MHPSS services.
<b>Component 1.3: Enhanced Support for Persons with Disabilities and Older Persons</b>	Persons with disabilities and Older persons populations (including Lebanese, Refugees, Migrant workers, IDPs) + their caregivers  Health frontliners, local organizations, MoPH and MoSA	Improved and increased access for the persons with disabilities and older persons to the health and other CBID services.

### 3.1 Affected parties

The main affected parties are vulnerable women, boys and girls, the elderly community in Lebanon (including survivors of GBV), domestic workers, and People with Disabilities. Since the area of intervention is limited to Beirut and Mount Lebanon and Bekaa, people living in these areas will be also reached through the different activities, as well as those living in surrounding areas who might be seeking services and support from organizations present in Beirut and Mount Lebanon and also Bekaa.

Affected will also be the staff providing support services to these groups- whether from the shelters, NGOs and other service providers including health considered as front-line workers and might make referrals in addition to staff who will benefit from training and capacity building.

Members of the general population will be impacted by awareness campaigns. In addition to targeting men and raising awareness to prevent violence against women and girls in their communities.

### 3.2 Other interested parties

Other interested parties include local and international organizations, Lebanese government and the general public.

These indirect beneficiaries will benefit from the interventions through various means, such as the decrease of risk of violence, the improvement of relations and better awareness and access to information that will overall contribute to the project outcomes.

Through the public sensitization campaigns and the use of the electronic MHPSS platform which are part of the planned project activities, the project can reach out to a broader audience, including men and any individual

targeted through the tools that will be put in place.

Local and international organizations such as those listed in Table 1, will benefit through the support given to shelters in Lebanon that are in dire need for resources. The shelters will be able to host more individuals, hence, referrals can be dealt with and so, increase the level of protection. Also, through the community rehabilitation for centers and mobile medical unit activities under the program, besides the targeted individuals receiving the services, medical and health support will be expanded to reach more individuals than it currently handles.

Additionally, strengthening the capacity of local partners will influence actors to drive positive, systemic change in the overall social support services sector.

Other stakeholders include the Ministry of Social Affairs (MoSA) and the Ministry of Public Health (MoPH). Trainings and capacity building are mainly affecting service providers directly and in the case of protection of children, the juvenile justice system will be impacted indirectly especially that Juvenile Judges and General Prosecutors will be able to issue protection orders placing boys in the shelter with no excessive delay due to the initial gap in sheltering for this specific target group.

### 3.3 Disadvantaged / vulnerable individuals or groups

In recent years, the protection context in Lebanon has drastically deteriorated. Lebanon has witnessed a series of compounded crises, placing the country on the brink. On top of the pre-existing refugee crisis, Lebanon now faces the most severe economic and financial collapse since the civil war, further compounded by COVID-19, political turmoil, the Beirut Port Explosions, and recent hostilities. These conditions have deepened pre-existing vulnerabilities and compounded underlying issues of gender equality and discrimination in Lebanon, resulting in heightened risk of GBV and other forms of violence as well as in households and individuals being forced to adopt negative coping mechanisms.

The main challenges to accessing GBV services are mainly lack of financial resources, lack of services, stigma, tension and harassment. The transitional shelters and safe spaces supported under the project will be providing the needed services to survivors of GBV and their accompanied children (shelter, life skills, PSS, case management, medical support, and education). All the shelters and safe spaces will be using a survivor-centered approach that prioritizes confidentiality, dignity, safety and respect, and promotes survivor healing from GBV.

Additionally, for the past years, the Child Protection sector faced many difficulties in finding safe places for children, especially adolescent boys, who were exposed for abuse and violence from within the home and/or the community and require a safer place, especially that the alternative care programs are still shy and are facing a lot of challenges and difficulties to be implemented.

These difficulties have made many children return to the places where they were abused, or to where they were referred to; places that are neither suitable nor qualified in dealing with children. After consultations with different actors in Lebanon who are working with children in need of protection under the judicial umbrella, it emerged how much these challenges limit their ability to protect them.

In addition to the above, women who reach out to the shelters to seek protection, are unable to protect their children if they are boys above 10 years old, due to the restriction criteria of safe shelters. Shelters are not considered the best and the permanent solution for child protection, so associations working in the field of child protection, in cooperation with the Lebanese justice system, should consider developing alternative care programs as priority. Working to establish boys' shelter with alternative care program under this project will support these children to be safe and to heal in a healthy space.

At the same time, the Lebanese health system is going through multiple challenges that affected the accessibility and quality of its health services. Those challenges are compounded with the targeted vulnerable population, who include GBV survivors, patients with MH issues, Persons with Disabilities and Older Persons. Therefore, planning such interventions with different approaches (e.g., Mobile Medical Units) and innovations (like electronic MH services) will ensure accessibility to the services provided and then utilization of those services.

The vulnerable and disadvantaged groups referenced in this section include: survivors of gender-based violence (GBV), children at risk (including those under judicial protection and adolescent boys), persons with disabilities, older persons, and individuals with mental health conditions.

This project is specifically designed to reduce the vulnerabilities of direct beneficiaries and contribute to systematic change in reducing those vulnerabilities with broader stakeholders.

### 3.4 Summary of project stakeholder needs

*Table 3: Stakeholders needs by group and location.*

Community	Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, childcare, daytime meetings)
Beirut and Mount Lebanon, and Bekaa	Girls and Women at risk of GBV and their children Men from the community	At risk of GBV and in need of GBV service including Safe shelters	Arabic and possible English for Migrant Workers	Written information, referrals, phone	Childcare, GBV mitigation, prevention, and response, other basic needs
Beirut and Mount Lebanon And Bekaa	Refugees at risk of GBV	At risk of GBV and in need of GBV service including Safe shelters	Arabic	Written information, referrals, phone	Childcare, GBV mitigation, prevention, and response, other basic needs
National	Front-line social service workers	Capacity Building	Arabic	Email, phone	Trainings
Beirut, Mount Lebanon and Bekaa	Boys	At risk and in need of protection	Arabic	Written information, referrals, phone	Childcare, Education, health including mental health, CP prevention and response including alternative care

Beirut and Mount Lebanon	People with Disabilities and Older Persons	They have access issues	Arabic	Referrals and phone	Medical Mobile Units
National	All vulnerable people with Mental Health concerns	People impacted by Lebanon's socioeconomic situation	Arabic	Referrals and Phone	Electronic and in-person MHPSS services

## 4. STAKEHOLDER ENGAGEMENT PROGRAM

### 4.1 Purpose and timing of stakeholder engagement program

The IRC will adopt a participatory approach in the engagement of stakeholders, selection of NGO partners and partnership management. Certain partners who collaborated with IRC during Phase 1 SRP will be directly chosen to sustain the delivery of their services. Other partners will be selected through a Request for Application (RFA) and a selection committee of technical and management staff will select proposals based on pre-set scoring criteria.

Once the organizations are selected and the vetting process is successfully completed, applicants are invited to attend a partnership capacity analysis (PCA) meeting. This is a collaborative assessment conducted in a reasonable, transparent, responsible, and proportionate manner. The primary purpose of the PCA is to guide the review and analysis of the proposed partner's organizational, programmatic, financial, and operational capacity to implement the proposed project in accordance with the proposed scope of work and budget. This enables the IRC and the partner to identify risks associated with the project that may undermine project outcomes and determine the measures that they should take to mitigate and monitor those risks in the development and management of the partnership agreement. The PCA assigns a risk rating with respect to that project, which determines the frequency of monitoring, reporting and advances.

The results of the PCA also inform the partnership agreement type, whether standard agreement terms should be modified, and whether special conditions should be included to address specific risks. In addition, the PCA's results guide the design of any support that the IRC can provide to the partner to mitigate the risks identified ('partner project support').

Once the due diligence process is completed, a Partnership Project Opening meeting (PPOM) is set to promote a common understanding of the project, including management, implementation, and operational aspects, ensure that both the IRC and partner understand the contractual, financial, and donor compliance, ensure a common understanding of the Partner Support Plan and ensure timely coordinated planning and start-up.

Open communication and transparent feedback sharing are key to the IRC partnership principles, therefore translated through the Partnership Project Monitoring and Reflection Meetings conducted at least quarterly (depending on PCA score) tackling project progress and contextual challenges in order to re-direct the project strategy if needed, while the Monitoring usually focuses on two main areas: Finance and Compliance/Monitoring. During these different monitoring mechanisms, the partner can openly share feedback regarding any challenges or even related to any remark on the IRC performance.

The last step will be to conduct Partnership Project Closure Meeting (PPCM) to ensure proper closeout of the agreement, review of outcomes, capture lessons learned but also clients' feedback. The IRC also requests officially partners' feedback on the IRC performance from an engagement, transparency, and mutuality perspective. The completed Partner Feedback Form is attached to the Partnership Project Review

Memorandum.

As for governmental entities' engagement plan, several institutions were approached during the experts' consultation meeting. The IRC also maintains strong partnerships with them based on an ongoing partnership and collaboration. The IRC will also collaborate and engage with the corresponding bodies throughout the preparation and implementation phases of the project.

The project beneficiaries will be consulted throughout the project on their satisfaction, suggestions, comments, or concerns. The periodicity of the feedback generation will depend on the partner's capacities and systems in place to consult beneficiaries and collect their feedback, through quantitative or qualitative participatory data collection mechanisms (i.e. surveys, FGDs, KIIs, etc.). The IRC will suggest a 6–12-month frequency of beneficiary feedback to the partners. In addition, beneficiary feedback and concerns will be gauged from the grievance mechanism detailed under section 6. Information on the feedback mechanisms will be made available to project beneficiaries via partners' outreach and communication channels.

## 4.2 Proposed strategy for information disclosure

The IRC will use a variety of platforms for informing, engaging, and consulting project stakeholders. These are listed below, and specific tactics will be identified together with project partners once the project is launched.

- RFAs: will be launched online and posted on Daleel Madani, disseminated through UNHCR mailing list for the different working groups. Potential actors will be reached via email to encourage them to apply.
- Sensitization campaigns: to be confirmed by partners but a diversity of tools might be used depending on content and target: Billboards, social media (Facebook, Instagram, snapchat), TV campaign.
- Trainings and SOPs: coordination with ministries and UNFPA (for GBVIMS) will be done to be able to train frontliners (national hotline, SDCs, etc.), and coordinate with the CP NGOs who are working under the judicial courts who should refer children to the shelter, and with all the CP agencies, who are referring cases to the judicial pathway.

The IRC will agree with its partners, depending on their capacities and structures, on a modality to disseminate the information around the partners' feedback and grievance mechanisms. The dissemination can be done via information sessions to the public, posters installed in the areas of implementation, distribution of leaflets/brochures/business cards, social media platforms, etc. A more detailed plan will be finalized once the project is launched, and partners selected.

*Table 4: Proposed strategy for information disclosure*

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Partner evaluation and selection process	Potential NGO implementing partners	Request for proposals to implement project activities, and E&S requirements	Posted on Daleel Madani, UNHR mailing list, direct email campaigns, social media.  Within the first two months of the project.
Projects kick-off	NGO Implementing partners, their staff, and beneficiaries	Guidelines and SOPs prepared for the project, as specified in the ESCP, LMP and MWMP.	Directly to implementing partners and through their existing channels with

			stakeholders*.  Immediately after partners are selected as part of partner due diligence and assessment, as well as follow up.
Project implementation	NGO Implementing partners, their staff and beneficiaries	Updated versions of the above documents and information refreshers.	As above and throughout project implementation.

\*To be defined once local NGO implementing partners are selected.

### 4.3 Proposed strategy for consultation

As described in section 2, three rounds of consultation meetings with civil society and government counterparts were conducted to inform the design of the project, based on the identified needs of the communities. Feedback was also collected on the activities and main tools that will be suggested to potential partners. As part of SRP2's commitment to meaningful engagement with vulnerable groups, IRC is implementing the **GBV** Case Management Outcome Monitoring Questionnaire (Psychosocial Functionality Scale) with survivors receiving case management to capture feedback on wellbeing and service quality.

On June 4, 2025, IRC conducted a field visit to Mousawat service sites, which served as a platform for joint problem-solving. Key actions included prioritizing the procurement of assistive technologies and improving referral pathways for older persons and persons with disabilities. Findings will inform project planning and capacity-building efforts.

Additionally, on June 18, 2025, IRC held two inter-partner consultation sessions with GBV, Health and Disability, and ERD partners. These sessions aimed to strengthen cross-sector coordination and promote integrated service delivery. Discussions focused on aligning referral systems, data sharing, and joint planning to improve access and continuity of care for GBV survivors and persons with disabilities.

Going forward, beneficiaries will also be consulted throughout the project using participatory methods such as Focus Group Discussions, Key Information Interviews, Surveys, etc. Partners will be engaged based on the findings of the Partner Capacity Assessment (PCA), including Environmental and Social (E&S) considerations and the specific needs identified during the assessment process. The consultation strategy will be tailored accordingly to ensure meaningful engagement and to support partners in meeting project requirements. A grievance mechanism for NGO partners will also contribute as a source of reactive consultations with beneficiaries who would like to reach out for any complaints, and methods can include hotline calls, suggestion boxes, e-mail, help desks, or face to face interactions. For partners who were involved in Phase 1 SRP, their grievance mechanism is already established and being implemented.

### 4.4 Proposed strategy to incorporate the view of vulnerable groups

The project beneficiaries will be consulted throughout the project on their satisfaction, suggestions, comments or concerns. The IRC will work with NGO partners to ensure consultation with project beneficiaries and collect their feedback, through quantitative or qualitative participatory data collection mechanisms (i.e. surveys, FGDs, KIIs, etc.). In addition, beneficiary feedback and concerns will be gauged from the grievance mechanism detailed

under section 6. In order to remove obstacles to participation, data collection tools, that might include surveys, FGDs and KIIs, will be adapted to remote modalities in the instance of lockdowns or inaccessibility to project beneficiaries due to security concerns or health concerns. In addition, the IRC and its partners will aim to integrate the Washington Group Questions into the data collection tools to ensure that the views of persons with disabilities are also included.

To ensure gender equality and participation, the IRC will aim with the partners to include female data collectors interviewing female beneficiaries and vice versa. Finally, data collection tools will be adapted to child-friendly mechanisms to ensure participation of younger age groups.

#### 4.5 Timelines

Depending on NGO partners' capacities and systems, which will be determined once partners are selected, the IRC will aim on a 6 to 12-month frequency of beneficiary feedback in coordination with the partners. Feedback results will be analyzed and disseminated after which key decisions and corrective actions, if needed, will be taken by the IRC's project management and partners to adapt the project implementation based on the beneficiary feedback.

#### 4.6 Review of comments

Beneficiary feedback and comments will be gathered both in oral and written formats; these can include FGDs, KIIs, surveys, hotlines, feedback boxes, etc. The results will be reviewed by the IRC's project management team and partners to take any necessary corrective action based on beneficiary feedback. The IRC will agree with its partners, depending on their capacities and structures, on a frequency and modality to disseminate the results and decisions of the beneficiary feedback back to the community, typically every 3 to 6 months. The dissemination can be done via information sessions to the beneficiaries, posters installed in the areas of implementation, or social media platforms.

#### 4.7 Future phases of project

The IRC, in agreement with the World Bank, will disseminate information to project stakeholders regarding the performance of the project, implementation of this plan and any future changes to the project. This will be part of the project's regular bi-yearly reporting mechanism.

### 5. RESOURCES AND RESPONSIBILITIES FOR IMPLEMENTING STAKEHOLDER ENGAGEMENT ACTIVITIES

#### 5.1 Resources

An IRC dedicated Environmental and Social Focal Point has been assigned to this project and is responsible for ensuring the implementation of the Stakeholder Engagement Plan, with support from the rest of the Project Management Team assigned to this project and IRC Lebanon's departments including Communications, Partnerships, Operations, Technical and HR teams as needed. Overall accountability for E&S compliance and SEP implementation will be led by the IRC Environmental and Social Specialist. As of May 5, 2025, the E&S Specialist has been hired and will serve as the lead coordinator for all SEP-related activities across project components. The overall person responsible is Lebanon's Country Director, Juan Gabriel Wells. Contact details: [JuanGabriel.Wells@rescue.org](mailto:JuanGabriel.Wells@rescue.org), +9613931949

Budget to implement the activities in this Stakeholder Engagement Plan is allocated as part of the project budget.

## 5.2 Management functions and responsibilities

The Project Lead will be the primary representative of the project to all key stakeholders, government officials, and the donor. The Project Lead, with support from a dedicated project team will ensure that the IRC Partnership process is executed in accordance with World Bank rules and regulations; ensure the knowledge and capacity of the IRC staff in developing, executing, and monitoring mutually beneficial partnerships and enhance and builds the capacity of partner organizations. A dedicated Environmental and Social (E&S) Focal point will be responsible for the implementation and monitoring of this Stakeholder Engagement Plan and related E&S instruments.

The stakeholder engagement process will be documented as per the IRC's policies and procedures on stakeholder engagement which are set out in the Partnership Excellence for Equality and Results System (PEERS) Manual and Resources, a comprehensive and award-winning process for partner engagement and collaboration. It consists of 9 well-defined stages, tools and guidance to ensure quality delivery and compliance throughout the entire project lifecycle.

A Senior Monitoring, Evaluation and Learning (MEAL) officer will act as the liaison between IRC and implementing partners, to ensure quality monitoring and reporting from implementing partners according to the results framework, and to provide support to implementing partners on setting-up grievance mechanisms. The IRC will review, provide feedback, and consolidate the quarterly reporting of implementing partners to ensure accurate data and reporting to the World Bank.

The IRC will be responsible for and will support implementing partners (local NGOs) to comply with the Environmental and Social standards set by the World Bank. Implementing partners will be selected following a competitive process and will be evaluated on their capacity to achieve the objectives of the overall program and deliver the activities described in section 1.4. Detailed projects will be developed with implementing partners outlining how the activities will be delivered. At this stage, the management and monitoring mechanisms of the SEP under each project (sub-award) will be defined, and will include the following steps:

- Due diligence of partners' policies and procedures according to the standards and practices defined by the WB and IRC;
- Identification of gaps, support needed and other mitigation measures and actions;
- Inclusion of any identified E&S-related action in the partners' project plan, including for stakeholder engagement as outlined in this plan;
- Implementation and monitoring of any identified E&S-related actions fully integrated within project monitoring and management.

## 6. GRIEVANCE MECHANISM

### Overview of IRC's GM System

A formal national feedback and response mechanism (FARM) and a formal policy was established at the IRC Lebanon and rolled out in September 2019 to capture grievances and concerns from beneficiaries on all its projects, and this mechanism will be implemented for this project as well. An accountability team was recruited, led by an Accountability Manager and field-based Feedback and Complaint Officers, to implement the policy. Feedback communication channels and materials are introduced to the IRC's beneficiaries to voice their suggestions, feedback and complaints to an independent accountability team, contributing to improving the quality of projects and implementing corrective actions when needed.

### **Feedback channels**

IRC's feedback and complaints channels include hotline numbers, WhatsApp and SMS, feedback and complaint boxes installed in centers, face-to-face meetings/help desks, and an e-mail address. For the relevance of this project, the capacity and systems of the local partners on client grievance mechanisms will be assessed to determine a capacity building plan. Depending on the assessment, the IRC will work with the partners to ensure that the minimum accountability standards are met, tailored and contextualized to the partners' capacities and systems, and that the partners are able to capture grievances and concerns from their beneficiaries. Sensitive and critical complaints (including trends on dissatisfaction with quality of services, sexual exploitation and harassment, fraud, breach of code of conduct, etc.) will be channeled to the IRC's project management for handling and setting up corrective actions with the partners.

### **Design considerations: inclusion, accessibility and cultural sensitivity**

Before designing the IRC's feedback mechanisms and channels, beneficiaries were consulted on their preferences, and these were taken into consideration in setting up relevant grievance channels. A separate channel is developed for adults and a child-friendly channel is developed for children taking into consideration age groups. While designing posters and leaflets as outreach channels on the grievance mechanism, cultural considerations were taken regarding the choice of infographics to ensure diversity to different population groups. Similarly, the outreach channels are adapted to persons with disabilities; for instance, a sign language was included for persons with hearing impairment, specific colors, and formats for persons with visual impairment, etc. Moreover, cultural norms are respected, for example, only female Feedback Officers visit women centers to raise awareness on the feedback mechanism, receive any concerns from female beneficiaries, and open feedback boxes. The IRC will work with the partners on these practices, depending on the capacity assessment plan and their existing grievance structures in place.

### **IRC and Partner roles and responsibilities**

Two Feedback and Complaints Officers for IRC based in Bekaa and North Area (Akkar and Tripoli) are responsible for managing the hotlines, feedback boxes, help desks, and face to face channels. IRC's hotline numbers are 81666914 for Tripoli, 76064550 for Akkar, and 76350050 for Bekaa, Beirut and Mount Lebanon. IRC's email address is feedback.lb@rescue.org. Focal points for every sub-grantee as well as hotline numbers and/or e-mail addresses and/or websites will be identified once sub-grantees are selected. The feedback and complaints are registered on a database and referred to the relevant focal points for handling. IRC's feedback and complaint database organizes beneficiary feedback into the following categories: 1) requests for assistance; 2) requests for information; 3) programmatic complaints; 4) non-programmatic complaints; and 5) external referrals (to non-IRC service providers as needed). Each category within the system is then further disaggregated into sub-categories.

### **Partner Capacity assessment and Support**

For this project and depending on the capacity assessment of the sub-grantees and their existing structures, either the sub-grantees already have existing dedicated accountability teams to receive public grievances, or the IRC will work with the sub-grantees to recruit/assign and train dedicated focal points sitting in the sub-grantees' organizations to receive public grievances. The IRC will work with the sub-grantees to develop a contextualized database for the sub-grantees to log, monitor, refer, and handle feedback and complaints.

### **Case Management and timeframes**

According to the IRC's policy, each case based on its priority (low, medium, high, critical) has a timeframe to be

handled and resolved. Low priority cases are not timebound, they are registered on the database and directly closed where the Feedback and Complaint Officers answer the beneficiaries' questions and close the case accordingly. Medium priority cases are usually related to requests for assistance and these need five working days to be resolved after referring to the relevant focal point for handling. High priority cases are related to dissatisfaction with quality of services, breach of code of conduct, etc. Critical priority cases are major or sensitive complaints and are usually referred to the Ethics and Compliance Unit at the IRC's Head Quarters to investigate. High and critical priority cases need 48 hours to be handled unless they need investigation, upon which the processing might take up to 15 days.

### **Communication with complainants**

Ongoing communication with the complainant is done throughout the process. The IRC acknowledges receipt of the complaint, thanks the complainant for their feedback, and informs the complainant that the feedback will be referred to the relevant focal point for handling. Decisions taken on the case are also shared with the complainant once received and the Feedback and Complaint Officer informs the complainant of the decision to close the case.

The IRC will work with the partners to set up a timeframe for each complaint category and priority that suits the partners and is contextualized to their existing systems and capacities.

### **Child friendly and remote feedback mechanism**

The Feedback and Response Mechanism at the IRC was designed to receive feedback from beneficiaries related to any dissatisfaction with quality of services or activities to ensure that the people served have the tools in place to voice their suggestions and report any feedback or complaint. The IRC designed a separate feedback mechanism for children to reach out to all age groups, which was based on IRC Lebanon's practice for the past several years as well as consultations with IRC's regional office and countries in the region. Child friendly feedback boxes (colored and including emojis) are installed in all centers that implement activities with children. Children can also approach the Feedback Officer at the center to report any feedback or complaint. The IRC regularly conducts information sessions to inform children about the feedback mechanism and channels available. Moreover, posters are installed at the centers and leaflets are distributed to beneficiaries to raise awareness on the existence of the grievance mechanism and channels available. After COVID-19 outbreak, the IRC adapted the outreach methods from face-to-face information sessions to two informative videos, one for children and the other for adults. The videos are shared through WhatsApp and they cater for inclusion and diversity, as the videos include animation, visuals, subtitles, voice recording, and sign language.

### **Monitoring communication tools and partner outreach**

The IRC will also work with the partners to assess what type of communication mechanisms on grievance mechanisms exist for project beneficiaries, and whether there is a need to adapt them or develop new communication channels to cater for the different population groups.

### **Handling SEA/SH and critical incidents**

High priority cases (such as trends on dissatisfaction with quality of services, sexual exploitation and harassment, fraud, breach of code of conduct, etc.) are referred to the relevant focal point (if related to dissatisfaction with quality of services) or Human Resources (if related to breach of Code of Conduct). HR and the Ethics and Compliance Unit are responsible for investigating cases. If the case was deemed not appropriate to investigate due to lack of needed information or other matters, then the IRC provides an explanation to the complainant on the reasons behind this decision and acknowledging the closure of the case, or whether

additional information is needed to complete the investigation process.

When SEA/SH reports are received, IRC Lebanon proceeds through the following steps:

- Country Director is informed unless this presents a conflict of interest. In that case, Regional Vice President (RVP) is informed. Information and reports about the case, if on-paper, are kept in a sealed envelope in the main Finance Department safe in the Beirut office. Electronic safeguarding complaints are stored on JIRA database that is restricted to specific staff members. IRC Accountability team might also receive emails from clients on Safeguarding violations through the feedback email that is managed by the Accountability Manager.
- As soon as consent is received from the client, or when a report is received if it involves a child, report is immediately made to IRC's Ethics and Compliance Unit (ECU) to initiate investigation.
- Support services are immediately offered to the survivor and their family members. These can also be provided to any third parties involved. Case management is done by qualified staff members, so that IRC does not do harm to the individuals.
- The Safety and Security Focal Point will be involved if there are safety concerns raised unless this involves a conflict of interest. In that case, the Regional Safety and Security Advisor would be contacted.
- No action is taken against or with the perpetrator until ECU can advise on the best path forward.

### **Partner support and reporting**

The IRC will work with the partners to contextualize this system for this project based on their capacities and structures. The IRC assesses the available feedback Mechanisms of partners to determine whether the system is adequately capacitated and operational to effectively receive, manage, and respond to beneficiaries, based on the assessment, the IRC will initiate the support by a detailed workplan that will be agreed by both parties. The support provided to the partners will allow them to jointly develop feedback communication materials such as hotlines, complaints boxes, posters, and flyers, along with feedback mechanisms policies and guidelines, and referral pathways. Regular meetings will be held to assess the tools they have in place and provide feedback and input on the policies and SOP. IRC will also be supporting the partners in designing their own organizational feedback and complaints communication materials. After the finalization of the action plans, monthly follow-up meetings will be set up with Partners to assess the extent to which the support is being utilized and sustainable, as well as to provide any additional support or guidance. The latter will be documented and elaborated in the bi-yearly progress report to be submitted to the World Bank as per the ESCP.

### **Escalation and Appeals process**

According to the IRC's system, beneficiaries are informed of their right to appeal the decision and that the case will be escalated. If the case was referred to the focal and the beneficiary was not satisfied with the decision, the complainant has the right to appeal the decision, and the case will be escalated to the Program Coordinator or the Senior Management Team (SMT) for handling.

The IRC will work with the partners to contextualize the escalation matrix system based on their capacities and structures, which will be reflected in progress reports submitted to the WB.

### **Public reporting and data protection**

The IRC will agree with its NGO partners, depending on their capacities and structures, on a frequency and modality to disseminate the implementation and main results of the grievance mechanism to the public. Data protection principles will be applied by removing identifying information of beneficiaries, and results will be disseminated in a thematic/topic manner. The dissemination can be done via information sessions to the public,

posters installed in the areas of implementation, or social media platforms.

## 6.1 Overview of the Grievance Mechanism under the Phase 1 SRP

Under Phase 1 SRP, the following organizations were considered as partners: ABAAD, KAFA, Tabitha, Red Oak, Nusroto, Caritas Lebanon, IDRAAC, Embrace, Mousawat, Makhzoumi, LCCE.

**Grievance Management Training and Support:** Under Phase 1 SRP, all partners participated in a 2-hour training session on grievance management, covering essential topics such as complaint categorization, reporting critical complaints to ECU at IRC, and communication materials. This training aimed to ensure a unified understanding among partners for successful grievance mechanism implementation. Nusroto received an additional refresher session to enhance their capacity in grievance management, supported by IRC supplying necessary equipment like complaint boxes and user-friendly flyers. Some partners installed posters while others conducted information sessions for their staff and clients to ensure reporting mechanisms are clear and involved stakeholders are aware of their rights.

**Complaints Tracking Mechanism:** Complaints tracking under Phase 1 SRP involved partners submitting monthly reports through the Indicator Tracking Table (ITT), detailing received and closed complaints. Closed complaints referred to instances where partners could not take further action, though not all complaints were resolved, and IRC was not informed of any appeals. IRC also tracked complaints through narrative reports, including a dedicated section for grievances. In months with a high number of complaints, IRC requested a breakdown from partners on a frequent basis, outlining complaint themes actions taken, and timelines to close the complaint.

**Complaints Overview:** Eight out of eleven partners received a total of 678 complaints, with LCCE, Red Oak, and Makhzoumi receiving none. All complaints were successfully closed, with 224 categorized as low priority and the rest as medium priority. No high/critical complaints were submitted. Low priority complaints mainly consisted of feedback to partners, while medium priority complaints focused on requests for assistance, particularly from the Mousawat organization.

## 7. MONITORING AND REPORTING

### 7.1 Involvement of stakeholders in monitoring activities

The project beneficiaries will be consulted throughout the project on their satisfaction, suggestions, comments or concerns. The periodicity of the feedback generation will depend on the partner's capacities and systems in place to consult beneficiaries and collect their feedback, through quantitative or qualitative participatory data collection mechanisms (i.e., surveys, FGDs, KIIs, etc.). The IRC will suggest a 6–12-month frequency of beneficiary feedback to the partners. In addition, beneficiary feedback and concerns will be gauged from the grievance mechanism detailed under section 6.

### 7.2 Reporting back to stakeholder groups

The IRC will agree with its partners, depending on their capacities and structures, on a frequency and modality to disseminate the results of the stakeholder engagement plan. The dissemination can be done via information sessions to the beneficiaries, posters installed in the areas of implementation, or social media platforms. During these dissemination channels, the project beneficiaries will be reminded of the availability of the grievance mechanism.

## 8. ANNEXES

### 1. Sample Feedback and Response Mechanism Data Collection Entry Sheet

Number	Category
1	complainant_name <u>(Optional)</u>
2	Age
3	complaint_phone_number
4	complaint_contact_details
5	sex
6	immigration_status
7	nationality
8	anonymous_status
9	preferred_contact_method
10	preferred_contact_time
11	representative_name
12	representative_contact_details
13	representative_preferred_contact_method
14	representative_preferred_contact_time
15	representative_relationship
16	Created_day
17	channel
18	date_of_incident
19	complaint_description
20	Summary
21	complaint_priority
22	type
23	sub_type
24	sector
25	sub_sector
26	service_provider
27	governorate_list
28	district_list
29	sub_district_list
30	village_list
31	date_complaint_submitted
32	Date_complaint_closed
33	Registrar_name