

Public Disclosure Authorized

INTERNATIONAL RESCUE COMMITTEE

Support for Social Recovery Needs of Vulnerable Groups in Beirut (P176622)

Stakeholder Engagement Plan

1 September 2021

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
ESSN	Lebanon Emergency Crisis and COVID-19 Response Social Safety Nets Project
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
LCRP	Lebanon Crisis Response Plan
LFF	Lebanon Financing Facility
M&E	Monitoring and Evaluation
MAPS	Methodology for Assessing Procurement Systems
MEAL	Monitoring Evaluation Accountability and Learning
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
RDNA	Rapid Damage and Needs Assessment
SbS	Step-by-step
SEP	Stakeholder Engagement Plan
SH+	Self Help Plus
SOP	Standard Operating Procedures
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

The August 4, 2020 Port of Beirut explosion compounded Lebanon's existing economic and social challenges and disproportionately affected Beirut's vulnerable populations. Since the explosion the efforts of civil society have been crucial for recovery and rehabilitation efforts. Several obstacles remain that challenge the effectiveness, inclusivity and sustainability of the broader recovery and rehabilitation process, which include coordination challenges between ongoing efforts and the ad hoc or temporary nature of interventions. The situation of Beirut's population remains precarious and the need for support to recovery and reconstruction efforts urgent.

Supporting Beirut's Immediate Social Recovery Services: The project will focus on reducing vulnerabilities prevalent amongst three groups affected by the blast in Beirut: (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. Supporting Beirut's Immediate Social Recovery Services 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 Intermediary Implementing Agency (IIA) to implement the Supporting Beirut's Immediate Social Recovery Services 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

On August 4, 2020, a 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. Beirut's population density, the concentration of economic activity in the affected areas, especially commerce, real estate and tourism, and the damage to the port itself, meant that the blast was particularly damaging to prospects of economic recovery. 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.¹

The explosion came at a time when Lebanon faced a multitude of compounding challenges that include 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.² 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. A survey administered before COVID-19 found that 220,000 jobs had been temporarily or permanently lost between October 2019 and February 2020, one-third of companies reduced their workforce by 60% on average and 12% ceased or suspended their operations.³ On March 7, 2020, the Government of Lebanon (GoL) defaulted on US\$1.2 billion Eurobond debt. Much of Lebanon's current economic and social crisis is attributable to a system of corrupt elite capture that has failed

¹ 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>

² 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>

³ Conducted by InfoPro: <http://www.businessnews.com.lb/cms/Story/StoryDetails/7423/220,000-jobs-lost-estimated-by-InfoPro>.

to deliver adequate services to its people. The impact of the COVID-19 pandemic further exacerbated the precarious situation in the country. The pandemic overloaded a crippled public health infrastructure, exposing decades of underinvestment for public services. As of June 21, 2021, 543,505 cases have been reported, with over 7,822 deaths due to the pandemic.⁴ The 12-month inflation rate rose steadily in 2019-2020 and sharply from 10% in January 2020, to 46.6% in April, 89.7% in June, and in August, 120 percent. Importantly, inflation is a highly regressive tax, affecting the poor and vulnerable disproportionately, as well as people on fixed income, such as pensioners.⁵

Compounded by the global economic shock presented by COVID-19, disruptions in international food supply chains and trade networks exacerbate Lebanon's food security vulnerabilities. Lebanon's remittances dropped by 20%, from 3.9 billion U.S. dollars in the first half of 2019 to 3.1 billion dollars in the first half of 2020, according to Bank Byblos' Lebanon This Week report released on Tuesday.⁶ Furthermore, the restrictions on movement to combat the pandemic have hindered food-related logistic services, disrupting food supply chains and jeopardizing food security for millions of people. The higher levels of export restrictions particularly leave food-importing countries vulnerable to commodity price fluctuations. The CPI witnessed an annual inflation of 133% between October 2019 and November 2020ii, while Food Price Index (FPI) registered an inflation of 423% – representing an all-time high since CAS started price monitoring on a monthly basis in 2007.⁷ This is particularly relevant as Lebanon imports at least 80% of its food supplies (ESCWA 2016). As a result of these crises, the real GDP growth of Lebanon contracted by 20.3% in 2020 and a further contraction of about 9.3% is projected for 2021. These severe economic crises forced over 45% of the Lebanese population below the poverty line.

The pandemic and ensuing lockdowns have affected the poor, refugees and other vulnerable populations disproportionately, on a global scale as well as on a national scale. In Lebanon, a wide range of vulnerable groups have been negatively impacted by the pandemic ranging from the loss of livelihoods of informal workers and micro-entrepreneurs, additional economic insecurity for refugees and migrants, to the overlook of the health needs of the elderly and the disabled.⁸ Lockdown measures to fight the pandemic, topped by the global recession, have resulted in permanent and temporary lay-offs with particularly detrimental effects on informal workers. Syrian refugees have experienced particular 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.⁹ In addition, 83% of migrants surveyed in May 2020 reported that they struggled to make payments for food in the last 30 days.¹⁰ Older people suffer from a lack of health and protection systems. Persons with disabilities have also been disproportionately affected by interrupted health services and social support at home, including personal assistance.¹¹

The blast 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. Projections estimate that poverty rates have surged from 28% in 2019 to 55.3% in 2020, bringing the total number of poor Lebanese to about 2.7 million.¹² These developments increase pressures for emigration, especially among the middle class. Such deprivations have further degraded the relationship between people and the state.

⁴ World Meter Coronavirus <https://www.worldometers.info/coronavirus/country/lebanon/>, dd June 21, 2021

⁵ Lebanon Economic Monitor, Fall 2020.

⁶ Bank Byblos (February 2020) Lebanon This Week 'Lebanon's expats' remittances drop by 20% in H1 of 2020 in Xinhuanet.

⁷ World Food Program (December 202) Lebanon, VAM Update of Food Price and Market Trends.

⁸ <https://www.unicef.org/lebanon/media/5616/file>

⁹ <https://reliefweb.int/report/lebanon/vasyr-2020-key-findings-2020-vulnerability-assessment-syrian-refugees-lebanon>

¹⁰ <https://migration.iom.int/reports/lebanon%E2%80%94migrant-worker-vulnerability-baseline-assessment-report-may-july-2020>

¹¹ Lebanon: People with Disabilities Overlooked in Covid-19. Human Rights Watch

¹² Lebanon Economic Monitor, Fall 2020

Grievances with the political system and dissatisfaction with the state's mismanagement of the economy and its entrenched corruption resulted in nationwide protests in late 2019. Since, intermittent social unrest highlights the needs for a new social contract between citizens and the government. 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.¹³

Several assessments conducted after the POB explosion highlight the priority areas for recovery and reconstruction, as well as the main weaknesses in the social safety net system in Lebanon. Consultations carried out by the World Bank with local CSOs and NGOs in December 2020 revealed heightened vulnerabilities amongst the following three population groups affected by the blast in Beirut:

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

1.2. Project Description

The project objective is to support the immediate social recovery needs of vulnerable groups who remain impacted by the port of Beirut explosion.

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

Vulnerable groups specifically supported by the project will include women and children survivors and at risk of GBV, people with mental health challenges, Persons with Disabilities and older persons. Included are also migrants and refugees working as domestic workers in Beirut. It is important to mention here that no data is available nor can be collected to measure what percentage of the still vulnerable populations of women and children are covered under the scope of the project. This is due to a number of challenges including i) determining whether the new beneficiaries are availing of the services because of the intervention as opposed to simply availing of services; ii) there are no means to measure the percentage of women who are FHH not be able to differentiate from external studies data, what impact exogenous factors have in order to attribute any change to our intervention; iii) the intervention aims not only at creating additional space but also improving the quality of existing services to current and future caseloads of survivors.

1.4. Project Components

The project includes the following 2 Components: (1) Support for Social Services for Vulnerable Groups affected by the Explosion, and (2) Capacity Building and Project Management

Component 1. Support for social services for vulnerable groups affected by the explosion

This component will finance NGOs to provide social services to vulnerable groups affected by the crises including: (i) survivors of GBV; (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

¹³ 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. Source: <http://documents1.worldbank.org/curated/en/899121600677984471/pdf/Beirut-Residents-Perspectives-on-August-4-Blast-Findings-from-a-Needs-andPerception-Survey.pdf>

groups. The component includes the following three sub-components: (i) Enhanced Support for Survivors of GBV in Beirut; (ii) Enhanced Support for psycho-social wellbeing in Beirut; and (iii) Enhanced Support for to Persons with Disabilities and OPs. In order to undertake these activities, a total of 28 grants and 9 service agreements will be entered in with local NGOs.

Sub-Component 1.1 Enhanced Support for Survivors of GBV in Beirut

This component will provide support for a small-scale effective, inclusive and sustainable model for non-government support for social services for survivors of GBV 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.

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, including Social Development Centres.
- Adoption of Standard Operating Procedures (SOP) and protocols for supporting different categories of GBV cases especially in the context of the Covid-19 pandemic, including on safe and integrated digital case management systems and protocols. This will include supporting the implementation of GBV case management, including technical support and supervision for GBV response staff/ case workers (for example, including support to suicidal and self-harming survivors in line with the IRC Mental Health and Psychosocial Support in Emergencies (MHPSS) COVID-19 learning series¹⁴, WHO mhGAP humanitarian intervention guide¹⁵ and WPE program tools) and case management supervision. Moreover, the support will include a comprehensive integrated package of primary and secondary health care referral services through the available Ministry of Public Health (MOPH) networks and responding to specialized needs of boys and girls survivors of GBV as well as children from survivors. Additionally, discussions would be convened with all stakeholders to consider adopting the SOP as a permanent component of case management, thus ensuring sustainability of services during any emergency or period of constraint.
- Offer support towards improving GBV Information Management Systems (GBVIMS); 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

¹⁴ IRC MHPSS COVID-19 Learning Series (IRC, 2020)

¹⁵ mhGAP Humanitarian Intervention Guide (WHO, 2015)

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 in alignment 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 bi-lateral 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 in Beirut

This sub-component supports vulnerable individuals and households in the Greater Beirut area to improve their psycho-social wellbeing. Support will be provided mainly for the following two psychos-social interventions:

- Fine tuning/adaptation of Step-by-Step (SbS)¹⁶ program in an initial phase to support provision to a range of target groups including youth, persons who have lost livelihoods, Persons with Disabilities, and migrants in Lebanon.
- Adaptation of Self Help Plus (SH+)¹⁷, to the local context and target groups including employees, health workers, and NGO workers as well as the development of a protocol for online delivery in English and Arabic.
- The selected specialized NGOs organization will work closely with The National Mental Health Program (NMHP) in the MoPH and WHO specialists to assist with:
- Recruiting and training master and councillor e-helpers and facilitators, and resourcing NGOs to deliver services training using the existing WHO training tools for delivery of the programs, adapted for local context.
- Monitoring the delivery of interventions to target beneficiaries.
- Conduct technical debriefing sessions with stakeholders to support future adaptation to make necessary adjustments to the program after implementation and provide refresher trainings.
- Identifying cases and referring them to different levels of specialized services (i.e. case management, psychotherapy, management through mhGAP protocols and advanced psychiatric services.
- All products and materials developed will be subject to NMHP-MoPH review.

In addition, this sub-component will include:

- Developing and piloting a program for Training for Managers and Small Business Owners on how to support the mental health of their staff.

¹⁶ <https://pubmed.ncbi.nlm.nih.gov/30225240/>

¹⁷ SbS and SH+ are previous collaborations between the World Health Organization (WHO) and the National Mental Health Programme

- Development of a new and improved software platform for delivery of the Step-by-Step program suited for implementation in Lebanon and building on results from findings of recent research trials of the intervention.¹⁸
- Development and implementation of sensitization and awareness programs on mental health awareness in general and specifically for participation in SbS and SH+ interventions. This awareness component support the operationalization of the community component of the NMHP strategy.

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 quality healthcare for Persons with Disabilities and Older Persons, through outreach, at-home health, physiotherapy services and other interventions¹⁹. Specifically, the project will support: (a) the undertaking of a local pilot participatory needs assessment; (b) training of caregivers to deliver at-home therapies including physiotherapies; and (c) development of peer-to-peer activities and self-help groups.

As part of this initiative the project will develop and pilot an Identification, Counselling and Referral portal through the CBR program for Persons with Disabilities and OPs in order to match potential beneficiaries to existing services.

In addition, the project will support:

- Mobile Medical Units (MMUs) and their outreach teams in identifying Persons with Disabilities and older persons in remote and hard-to-reach parts of Beirut who are at risk of being excluded due to: a) lack of assistive devices, b) inaccessible physical environments, and c) unaffordability and lack of accessible transport. These MMUs can then provide transport and referrals to NGO CBR teams, and therefore play a supporting role to the CBR initiative more broadly.
- Capacity building and financing for NGO-run Primary Health Care Centres (PHC) for the procurement and delivery of assistive devices (e.g. crutches, hearing aids and visual aids) along with the provision of promotive, preventive, therapeutic (including NCDs, essential and life-saving medications), rehabilitative and palliative services. This activity will only be implemented if aligned to existing MoPH-approved service plans, whereby distribution is done in a coordinated manner with leading local stakeholders. The project will align with and engage in a system of distribution of assistive devices. The principles underpinning the distribution will be derived from the WHO's 'Guidelines on the provision of assisted devices in less-resourced settings'²⁰, which outlines how devices should be resourced and distributed.
- 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.

¹⁸ This will be built as an open source product for other countries to be able to use the Application.

¹⁹ 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.

²⁰ For full guidance see here: <https://www.who.int/publications/i/item/guidelines-on-the-provision-of-manual-wheelchairs-in-less-resourced-settings>

Cross-Cutting Component Support to migrant domestic workers and refugees working as domestic workers

It is estimated that at least 24,500 migrants were directly affected by the blast – having lost their livelihoods²¹. The situation for many has deteriorated since then. The enhanced support for survivors of GBV and support mental health and Persons with Disabilities initiatives are open to all migrants and refugees. In addition, within each of these initiatives, provision has been made to develop sensitized awareness-raising material targeting migrant (domestic) workers, including dissemination plans and identifying local community focal points and NGOs to provide support for outreach and referrals, to migrant and refugees domestic workers will in need for SGBV, psycho-social and physical rehabilitation services. However, due to the limited financial resources and the complexities of the challenges faced by the refugee and migrant population in Lebanon, the services delivered through this project will only target them indirectly as described above.

Component 2. Capacity Building and Project Management

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) providing technical assistance and institutional strengthening measures; (iii) 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.

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.

1.5. Project Locations

The project's main location is Beirut and surrounding areas, however some activities due to their nature will have nation-wide reach. In particular:

For the GBV component, all the shelters will be located in Beirut and Mount Lebanon. Therefore, all the activities that are included in the first component will be delivered in these 2 areas. However, the capacity building and the awareness campaigns components will be delivered across Lebanon.

Health services will be provided in the aforementioned shelters along with some home visits for Older Persons and those health services will be linked with Primary Health Care Centers (PHCCs). The main focus for the services will be in Beirut, however, some services will be provided through an electronic platform, which might benefit people outside of Beirut.

2. BRIEF SUMMARY OF PREVIOUS STAKEHOLDER ENGAGEMENT ACTIVITIES

2.1. Summary of stakeholder engagement done during project preparation

During the months of June and July, 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, RDFL, Mission de Vie, Nabad, Kafa, Fe-male, ProAbled, Embrace, LUPD, Beit El Baraka, Arc en Ciel, HelpAge, INARA, Makhzoumi Foundation, IOCC), the Ministry of Social Affairs and UNFPA.

²¹ IOM; Well-Being and Security of Migrant Workers in Lebanon Deteriorate Since Beirut Blast, <https://www.iom.int/news/well-being-and-security-migrant-workers-lebanon-deteriorate-beirut-blast>, dd 10.16.20

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"> • Experience and existing activities conducting sensitization campaigns. • Gaps and opportunities in the sector.
22 June 2021	Virtual	Beit El Baraka	<ul style="list-style-type: none"> • Current registered clients and the services provided • Challenges and funding gaps
23 June 2021	Virtual	RDFL	<ul style="list-style-type: none"> • Existing safe spaces, transitional shelters and services. Experience in awareness raising campaigns. • Issues and needs of the sector.
23 June 2021	Virtual	UNFPA	<ul style="list-style-type: none"> • Recommendations for the sector, improvement of GBV services and opportunities to improve GBVIMS.
24 June 2021	Virtual	KAFA	<ul style="list-style-type: none"> • Existing shelter capacity and services, both permanent and transitional. • Challenges and opportunities.
24 June 2021	Virtual	Himaya	<ul style="list-style-type: none"> • 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

			<p>children under judicial pathway in partnership with MoJ.</p> <ul style="list-style-type: none"> • Challenges and issues in regards 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
24 June 2021	Virtual	HelpAge	<ul style="list-style-type: none"> • Capacities and current activities • Active partnerships.
24 June 2021	Virtual	Makhzoumi Foundation	<ul style="list-style-type: none"> • Current activities. • Potential collaboration on PHC and MH services
24 June 2021	Virtual	Caritas	<ul style="list-style-type: none"> • Current activities related to PHC, MH and outreach activities. • Cooperation efforts and possible project challenges.
24 June 2021	Virtual	WHO	<ul style="list-style-type: none"> • WHO's current support to the Mental Health Program. • Challenges facing the NMHP.
25 June 2021	Virtual	Nabad	<ul style="list-style-type: none"> • Current activities and expertise. • Recommendations for areas of potential development, and challenges discussed.
25 June 2021	Virtual	LUPD	<ul style="list-style-type: none"> • Current activities and approach to community-based rehabilitation (CBR).
25 June 2021	Virtual	Arc-en-ciel	<ul style="list-style-type: none"> • Current programming and capacity, challenges and gaps. • CBR approach, assertive devices
25 June 2021	Virtual	ProAbled	<ul style="list-style-type: none"> • Current activities, especially

			<p>mental health.</p> <ul style="list-style-type: none"> • Challenges and potential collaboration in the future.
25 June 2021	Virtual	IOCC	<ul style="list-style-type: none"> • Current activities related to PHCs, and other health related projects.
28 June 2021	Virtual	ABAAD	<ul style="list-style-type: none"> • Existing shelter capacity and services. • Interest and capacity to operate a shelter for boys. • Operational needs for such activities. • Importance of coordination with Lebanese Ministries and other stakeholders. • Confirmed the need for improved GBV SOPs and extension of the national hotline coverage.
28 June 2021	Virtual	Community Based Rehabilitation Association	<ul style="list-style-type: none"> • CBR activities and approach and geographical presence.
28 June 2021	Virtual	Mousawat	<ul style="list-style-type: none"> • CBR activities and approach. Capacities to deliver CBR activities in Beirut
1 July 2021	Face to Face	Ministry of Social Affairs	<ul style="list-style-type: none"> • Existing priorities, approach to shelters and capacity. • Coordination with development partners, including donors, INGOs, local NGOs and other actors in the development sector to cooperate and harness existing efforts.²²
1 July 2021	Virtual	Inara	<ul style="list-style-type: none"> • Mental health services and support to Persons with Disabilities.
2 July 2021	Virtual	Mission de Vie	<ul style="list-style-type: none"> • Existing shelters and support services.

²² Including donors, INGOs, local NGOs and CSOs and other development partners which MOSA coordinates with.

			<ul style="list-style-type: none"> Challenges and opportunities.
6 July 2021	Virtual	Embrace	<ul style="list-style-type: none"> Collaboration with NMHP, challenges and plans for the future.
14 July 2021	Virtual	NMHP - Ministry of Public Health	<ul style="list-style-type: none"> Existing priorities and approach to mental health services. Recommendations for design of the mental health component.

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

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local

languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

3. STAKEHOLDER IDENTIFICATION AND ANALYSIS

Table 2: Summary of project components and interested groups

Project Component	Stakeholder Group	Impact
Component 1A Support for small-scale non-government support for social services for survivors of GBV.	Lebanese host community, Syrian Refugees, other refugees, migrant workers – all vulnerable GBV survivors (women) 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 in permanent and transitional shelters.
Component 1B Capacity building of NGOs	NGO frontliners, ministries, local entities, national hotline frontliners. UNFPA to obtain feedback, and to consult on improvement of GBVIMS.	Positive impact to standardize the SoPs and train frontliners on essential GBV concepts to maintain the quality of the provided services.
Component 1C Sensitization and awareness campaigns.	All population targeted by the awareness campaign Ministries and Lebanese authorities.	Positive impact to raise awareness in terms of GBV.

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, people living in these two 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.

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.

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 MHPPS 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). With MoSA, the direct support is offered through the rehabilitation of SDCs while MoPH will benefit from support provided to Primary Healthcare Centers (PHCs) and the support to the National Mental Health Program initiatives. 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, and the Beirut Port Explosions. 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.

Specifically, in Beirut and Mount Lebanon, the destruction of shelters resulted in increased risks of GBV for women and girls. Thousands of women and girls are residing in partially damaged houses, temporary relocation sites or shared shelters.²³ Privacy and dignity may be undermined, while increased GBV risks are expected to result from inadequate and insecure living conditions. Many women and children are living in homes without windows and doors. Coupled with pre-existing GBV, increased risk of intimate partner violence, and early marriage, the protection environment for women and their children has deteriorated.

The main challenges to accessing GBV services are mainly lack of financial resources, lack of services, stigma, tension and harassment. The shelters and transitional shelters supported under the project will be providing the needed services to women and their accompanied children (shelter, life skills, PSS, case management,

²³ OCHA Flash Appeal 2020.

<https://www.unocha.org/sites/unocha/files/Lebanon%20Flash%20Appeal%20FINAL%2014%20Aug%202020.pdf>

medical support, and education). All the shelters will be using a survivor-centered approach that prioritizes confidentiality, dignity, safety and respect, and promote 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 requires 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 to 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, due to the lack of sufficient shelters for them. 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, MH patients, 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 provided services and then utilization of those services.

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

3.1. Summary of project stakeholder needs

Table 3: Stakeholder 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, child care, daytime meetings)
Beirut and Mount Lebanon	Girls and Women at risk of GBV and their children	At risk of GBV and with no shelter	Arabic	Written information, referrals, phone	Child care, GBV mitigation, prevention, and response, other basic needs

Beirut and Mount Lebanon	Refugees at risk of GBV	At risk of GBV and with no shelter	Arabic	Written information, referrals, phone	Child care, GBV mitigation, prevention, and response, other basic needs
Beirut and Mount Lebanon	Front-line social service workers	Capacity Building	Arabic	Email, phone	Trainings
Beirut and Mount Lebanon	Boys	At risk and in need of protection	Arabic	Written information, referrals, phone	, Child care, Education, health including mental health , CP prevention and response including alternative care
Beirut and Mount Lebanon	People with Disabilities and Older Persons	They have an access issues	Arabic	Referrals and phone	Medical Mobile Units
Beirut and Mount Lebanon	All vulnerable people with Mental Health concerns	People impacted by Beirut explosion and the economic crisis	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. 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 partner project capacity review (PPCR) meeting. This is a collaborative assessment conducted in a reasonable, transparent, responsible and proportionate manner. The primary purpose of the PPCR 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 PPCR assigns a risk rating with respect to that project, which determines the frequency of monitoring, reporting and advances.

The results of the PPCR 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 PPCR'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 partner 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 Review Meetings (PPRM) and the Partner Project and Finance Review and Reflection (Monitoring). The PPRM is conducted at least quarterly (depending on PPCR score) and the Partner Project and Finance Review and Reflection/Monitoring annually. The PPRM tackles 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 has the opportunity to openly share feedback regarding any challenges or even related to any remark on the IRC performance.

The last step will be to conduct Partner 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. MoPH and MoSA will be consulted and involved once the RFA is concluded and the partners are identified. The IRC will also collaborate and engage with the corresponding bodies throughout the preparation and implementation phases of the project in specific on components related to the work and support of PHCs and SDCs, and shelters.

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 emails 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 through a competitive selection process.

4.3. Proposed strategy for consultation

As described in section 2, 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.

Going forward, beneficiaries will also be consulted throughout the project using participatory methods such as Focus Group Discussions, Key Information Interviews, Surveys, etc. 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.

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 COVID-19. 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 will be assigned to this project and will be the person 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. The IRC Environmental and Social Focal Point will ensure accountability throughout the project the implementation. The name of the Environmental and Social Focal Point who will be responsible for the SEP will be confirmed at project start, as the positions are not yet in place before the start of the project.

The overall person responsible is Lebanon's Country Director, Matias Maier. Contact details: matias.meier@rescue.org, +96103931949

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 10 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 redress 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

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. 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.

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.

Three Feedback and Complaints Officers for IRC based in Bekaa, 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 partner as well as hotline numbers and/or e-mail addresses and/or websites will be identified once partners are selected. The feedback and complaints are registered on a database and referred to the relevant focal points for handling. For this project and depending on the capacity assessment of the partners and their existing structures, either the partners already have existing dedicated accountability teams to receive public grievances, or the IRC will work with the partners to recruit/assign and train dedicated focal points sitting in the partners' organizations to receive public grievances. The IRC will work with the partners to develop a contextualized database (in line with the sample provided in annex) for the partners to log, monitor, refer, and handle feedback and complaints.

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 answers 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.

Ongoing communication with the complainant is done throughout the process. The IRC acknowledges the receipt of the complaint, thank 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 is also shared back with the complainant once received and the Feedback and Complaint Officer informs the complainant on 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.

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 2 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 a sign language.

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.

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

would involve 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.

The IRC will work with the partners to contextualize this system for this project based on their capacities and structures.

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 an updated version of the SEP.

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.

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
2	Age
3	complaint_phone_number
4	complaint_contact_details
5	sex
6	immigration_status
7	nationality
8	anony_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	registrar_name