

Promising Practice Case Study 1:
Guidance on Disability Inclusion for GBV Partners in Lebanon

Key Learnings

- This project strengthened case management and referral mechanisms to ensure that women, children and youth with disabilities at risk of GBV have appropriate services and support to address these concerns (Humanitarian Inclusion Protection Standard 2).
- Practical guidance, tools and resources support GBV staff to tailor community outreach and awareness raising on GBV to women and girls with disabilities, to identify and address barriers, and to introduce new strategies for informed consent and supported decision-making in service delivery.
- Training included interactive activities facilitated by the Lebanese Association for Self-Advocacy (an organisation of persons with intellectual disabilities), challenging assumptions and breaking down misconceptions about communicating directly with persons with disabilities.
- There is a need for longer-term capacity building initiatives on disability inclusion, which extend beyond training to include ongoing mentoring and coaching, as well as improving monitoring systems to track service usage and feedback from beneficiaries with disabilities.

Overview of the Context

Nine years into the Syrian conflict, Lebanon continues to host the highest per capita concentration of refugees worldwide. With a Lebanese population of 4.2 million, the country also hosts just over 1 million registered Syrian refugees, 42,000 Palestinian refugees from Syria, 6,000 Iraqi refugees, and nearly 450,000 refugees from Palestine.¹ Women and girls, particularly within Syrian communities, are vulnerable to multiple forms of gender-based violence (GBV) including sexual violence, intimate partner violence (IPV), early and forced marriage, sexual exploitation, harassment and abuse. Women and girls with disabilities are even more likely to experience physical and sexual violence.² In Lebanon, it is estimated that 900,000 persons are living with disabilities and these are among the most vulnerable and socially excluded groups. Women and girls with disabilities face even greater challenges accessing GBV services due to a variety of physical, societal, environmental and communication barriers, increasing their risk of violence, abuse and exploitation.³

¹ Government of Lebanon and the United Nations (2017) Lebanon Crisis Response Plan 2017-2020.

<http://www.3rpsyriacrisis.org/wp-content/uploads/2017/01/Lebanon-Crisis-Response-Plan-2017-2020.pdf>

² UNFPA (2018) Young Persons with Disabilities Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights https://www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf

³ Women's Refugee Commission (WRC) and UNICEF (2018) *Guidance on Disability Inclusion for GBV Partners in Lebanon: Case Management of Survivors & At-risk Women, Children and Youth with Disabilities*
<https://www.womensrefugeecommission.org/gbv/resources/1587-disability-inclusion-gbv-lebanon-case-management>

Project Summary

In 2017, Women's Refugee Commission (WRC) and UNICEF conducted a nationwide assessment to better understand the GBV risks among people with disabilities. This was conducted in partnership with a wide range of GBV and child protection implementing partners, and in coordination with the National SGBV Task Force and national level organisations of persons with disabilities (DPOs). The assessment demonstrated that women, children and youth with disabilities in Lebanon and their care-givers are facing a range of GBV-related risks including child marriage among girls with disabilities; exploitation of women and adolescent girls with disabilities and female care-givers who may be seen as "easy targets"; IPV against women with disabilities; and sexual harassment by male community members. Despite these increased risks, women, children and youth with disabilities reported a lack of information and awareness on GBV-related activities and how to access case management services, due to both physical and attitudinal barriers to accessing such services.⁴

To address some of these gaps outlined above, WRC and UNICEF Lebanon embarked on a project "Strengthening child protection and gender-based violence prevention and response for women, children, and youth with disabilities". The overall goal of the project was to improve GBV prevention and response programming for at-risk groups of women, girls, and boys with disabilities. This was part of a systems-strengthening initiative by UNICEF to support the Ministry of Social Affairs (MoSA) and UNICEF partners working on GBV and child protection by providing technical support and capacity building on disability inclusion. Based on the assessment and review of existing training materials and guidance, WRC developed guidance to promote disability inclusion in GBV programming with a specific focus on safe identification and referral and case management of GBV survivors:

a) Case Management of Survivors & At-risk Women, Children and Youth with Disabilities

This resource provides guidance to improve GBV case management to women, girls, children and youth with disabilities. It outlines how to adapt case management systems to include at-risk groups of women, girls, and boys with disabilities, and builds on existing initiatives to strengthen both child protection and GBV response systems in Lebanon.

b) Outreach, Safe Identification, and Referral of Women, Children and Youth with Disabilities

This provides guidance, tools and actions for frontline workers to improve GBV community outreach and awareness raising, safe identification and referrals of women, girls, youth and children with disabilities at risk of GBV.

Approaches & Promising Practices

The guidance developed as part of this project aligns with existing standards, such as the Humanitarian Inclusion Standards, by identifying the protection concerns and capacities of persons with disabilities, addressing concerns and barriers, and fostering their participation in GBV prevention activities.⁵ It was developed based on the assessment findings and with feedback from implementing partners and service providers. This resource outlines GBV-related risks for persons with disability and provides guidance on how to safely identify and refer those who may be

⁴ WRC and UNICEF (2017) Disability Inclusion in Child Protection and Gender-Based Violence Programs. Training Needs Assessment Report: Gender-Based Violence (GBV) Programs, November 2017.

⁵ Age & Disability Consortium (2018) Humanitarian Inclusion Standards for Older People and People with Disabilities.

https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

experiencing GBV. It also clarified key concepts related to disability and challenged social norms and attitudes among service providers that limit people with disabilities accessing GBV services. Practical tools support field actors to identify persons with disabilities and their care-givers, as well as to deliver key messages and develop strategies to engage them in activities. This includes a four-step plan to consult with women, children and youth with disabilities and care-givers to identify barriers and potential solutions, including the development and review of an action plan. Guidance on home visits, community outreach and adapting messaging to reach people with disabilities all support this process. Additionally, tools and good practices are provided for each step of case management, with key issues such as communication skills, identifying capacities and strengths, and safety concerns and referrals being addressed.

The guidance and tools were rolled out through trainings which included DPO participation and an interactive session on consent for GBV case managers conducted by the Lebanese Association for Self-Advocacy (an organisation of persons with intellectual disabilities). Using a training of trainers (ToT) approach, the training was conducted in June 2018 with 21 participants from GBV and child protection partners of UNICEF. The trainings were designed to address gaps in staff knowledge, attitudes and practices in conducting community outreach, identification and referrals as well as build skills in adapting GBV case management systems to address the needs and capacities of women and girls with disabilities and their care-givers. Most agencies trained were national organisations working on the Syrian refugee response and those involved in the Palestinian programme. As part of the five-day training, partners developed action plans to improve disability inclusion in their work and plans for further roll-out of the guidance.

As part of the roll-out and the operationalisation of the guidance, agencies trained as part of the ToT then facilitated trainings internally and for other partners. Several approaches were implemented that supported the roll-out process:

Inviting persons with disabilities to attend trainings and share their needs, capacities, concerns and preferences with staff from GBV agencies that were being trained. These women and girls had a range of different types of disabilities, including intellectual disabilities, communication disabilities, physical disabilities, and those who were Deaf and used signed language. Specifically, they supported the sessions on consent and their participation also facilitated direct communication between GBV agencies and women and girls with disabilities. This helped dispel some of the myths and stereotypes and challenge negative attitudes and beliefs by enabling direct communication, information sharing and learning between service providers and women and girls with disabilities.

“When we brought girls with disabilities to the trainings, it demystified the issues and was very powerful. The GBV staff started to realise that she is like every other girl, has hobbies and plans and while her participation can be different, she is the same as other girls.” KII Lebanon

Identification and outreach: GBV agencies trained as part of the ToT developed stronger links with DPOs that work with adolescent girls with disabilities in their locations. These DPOs then helped GBV agencies identify Lebanese, Syrian and other girls with disabilities to be targeted by community outreach or included in GBV programming.

Engaging with adolescent girls with disabilities upon identification included:

- Community sensitisation events shared information with girls with disabilities and their care-givers about the adolescent girls activities. Girls with disabilities were then more likely to participate in safe space activities afterwards.

- Inviting adolescent girls with disabilities and their friends to safe space activities so they felt part of a group and were integrated with other girls. GBV staff found that this intervention helped to address some of the challenges relating to communication and safe transport, reduced reliance on parents who may inadvertently hinder full participation and created connections and support networks with other girls.

Outcomes / Impact

To date, there were several successful outcomes reported as a result of the guidance developed and roll out. These include:

National level guidance: The GBV case management guidance is now being integrated into National Child Protection Case Management Standard Operating Procedures (SOP) being developed by MoSA and Saint Joseph University. This will be an important step towards institutionalising the guidance within government systems as all case workers (government and NGO) will be trained on the national SOPs.

Increased services for adolescent girls with disabilities: The trainings and guidance developed supported improved relationships between GBV agencies and DPOs and collaborative efforts to target girls with disabilities. This led to better referral pathways, identification and services for women and girls with disabilities. Following the trainings, GBV agencies contacted DPOs in their areas to get information on girls with disabilities and develop strategies to reach them. GBV agencies worked with DPOs and others to reach girls with disabilities and their care-givers with information on services and invite them to a range of activities.

Improved attitudes and knowledge among staff trained: The trainings were successful in challenging attitudes and beliefs of staff, which was facilitated by the inclusion of people with disabilities in the trainings. Improvements in participant knowledge and attitudes, coupled with improved skills on how to work with women and girls with disabilities and provide services, was identified as a strength of this project that should be replicated across all service providers. Participants demonstrated increased knowledge of disability inclusion in GBV programming, with an average percentage increase in knowledge of 27% in pre- and post-training tests.

Addressing physical barriers in access: The training enabled some of the partners to think more creatively about their physical space and access and one of the trained NGOs put disability accessibility as a criterion into selection for their safe spaces in 2019.

Ongoing Gaps

While the WRC and UNICEF project made significant contributions to improving services for women and girls with disabilities, there are ongoing gaps. Efforts to address these are continuing.

Supervision and coaching: The need for follow-up support including coaching, mentoring and supervision was identified as one of the learnings from the implementation of this project. The partnership with WRC concluded after the ToT was completed. Ongoing supervision and follow-up for training participants to support the roll-out and implementation of the trainings and guidance was highlighted. While the five-day trainings were integral to building knowledge and skills, ongoing coaching to support operationalisation of the guidance at the field level was identified as a priority. UNICEF is eager to implement a mentoring and coaching model to improve disability inclusion in the coming months and are planning to recruit a consultant to support this.

Participant selection: Only one participant per agency was trained as a focal point. Competing work demands, high staff turnover and capacity differences among staff trained meant that not all training participants led the roll-out in their agencies. Future trainings will target more than one staff member per agency and will set a criterion for participation that will include training skills, GBV capacity and knowledge, leadership skills and ability/time to commit to the roll-out. Training government staff from MoSA will also be a priority in the next phase.

Agency commitment: Action plans were developed by agency focal points during the trainings to guide follow-up and roll-out. However, these were not endorsed by the head of the agency and there was no official commitment to implement the guidance, roll out trainings or support implementation. Future action plans will be shared with head of agencies for endorsement and to encourage follow-up on the action plan and adhere to the commitments.

Monitoring disability inclusion in GBV programming: There is still a gap in monitoring how many women and girls with disabilities are accessing GBV services and activities. Anecdotal information from partners indicated increases in the number of women and girls with disabilities reporting GBV and accessing other services at the women and girl's safe spaces after the training. However, the monitoring tools used by UNICEF partners to track the number of beneficiaries accessing safe space and outreach activities did not include an option to collect disaggregated data on disability. UNICEF is now including this as part of the 2019 monitoring and reporting system so outcomes can be better tracked. In 2019, UNICEF also worked with UNHCR, to ensure that the national GBV data base in ActivityInfo⁶ includes disaggregation for type of disability. However, any disaggregation of service data by disability must be accompanied by an analysis and planning process, ensuring that such data collection informs adaptations to programmes.

Overall, this project stresses the importance of investing in building skills and knowledge among GBV services providers to address disability inclusion in their programming. It provided guidelines on safe identification and referral including a "Do's and Don'ts List" and an informed consent flow chart with sign posts for when to trial different communication methods and involve supervisors, as well as tips on when to refer to disability service providers. These very practical tools and guidance, and innovative training approaches that include people with disabilities in the facilitation, were successful in challenging the assumptions about the capacity of persons with disabilities held by GBV service providers. The need to provide ongoing mentoring and coaching, as well as improving monitoring systems to track service usage, is recognised and will be part of 2019 programming. The importance of building and nurturing strong relationships between GBV service providers and DPOs was highlighted by this project, as these are critical for identification, referrals and improving support to women and girls with disability.

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⁶ ActivityInfo is a monitoring platform which supports data collection and analysis towards the indicators listed in the Humanitarian Refugee Response Plan (HRRP) and Annual Work Plans of UNICEF partners.