

## **LEBANON Q & A**

### **All**

#### **Which system/model of your beneficiaries' data protection (of survivors) do you use?**

Most common data protection system is the Gender Based Violence Information Management System (GBVIMS) data protection protocol: a multi-faceted initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyze and share data reported by GBV survivors. Here you can find [more information about the GBVIMS](#).

#### **Are there already any data interoperability framework with others actors, cash working group or national social protection system?**

Interoperability systems in Lebanon which allow cross-checking data on provided assistance exists; however, they are not inclusive for all groups and this is still a limit to inclusive operations.

#### **What is the suitable amount of money and period of assistance provided?**

One size does not fit all: cash grants have to be tailored and based on needs. Implementing agencies have to establish the grant size and the frequency based on individual needs depending on the specific protection risk and priorities of each case.

#### **With the sensitivity of the GBV cases people fear disclosure although we are encouraging communities to reach us and stress on confidentiality. How can we overcome this?**

Extensive trust-building within communities, as well as adequate training of staff and the development of robust data protection policies and data sharing agreements is needed. A risk analysis and corresponding mitigation measures has to be in place in order to ensure adherence to the principle of confidentiality; clear procedures in place including for obtaining informed consent. Moreover, during sensitization and counseling session, confidentiality is presented as pillar of profession ethic. Suggested best practices are the following:

- create and implement capacity building plan for all personnel involved;
- increase hire from the community;
- ensure trust building through outreach activities;
- conduct risk analysis and plan mitigation measures closely working with communities.

### **Chantal, DRC**

#### **Who are in the protection panel and who does the monitoring of the cases?**

At DRC, the protection panel usually consists of the Protection Team Leader and area-level Protection Manager. If needed, inputs are requested from the Protection Specialist or Protection Manager at national. Usually is the

#### **In the monitoring step within the GBV response, what are key indicators you follow?**

The indicators in use aligned with the Protection sector indicators:

- % of persons receiving cash for protection who report it contributed to addressing their protection risk/incident
- % of persons who are able to safely access cash for protection

**How do you deliver cash? Is mobile money transfer used despite telecommunication challenges in Lebanon?**

To ensure a greater reach, flexibility and safety, different delivery methods can be used at same time. The most common ones are: cash-in-envelope, and Financial Service Providers when people of concern can collect cash transfers over the counter.

**Is the CVA integrated in the case management? Does that mean all survivors who are supported through case management are entitled to CVA?**

Cash is integrated into case management, but it not automatically provided. Based on an individual assessment, caseworkers decide whether cash could contribute to reducing a protection risk, on which basis cash can be considered as a form of assistance.

**Do you have suggestion on how to handle donors demands? Some of them do not approve cash in hand due to financial and audit purposes**

Generally, donors approve cash-in-envelope as delivery method. In case of resistance, highlight the importance of providing cash-in-envelope to persons of concern to ensure adherence to the do no harm principle, simplify withdrawal procedures and ensure safety.

**What about beneficiaries who are asking for cash assistance for medical issues and or for hospital bills?**

When medical assistance is needed, the case is externally referred to hospitals and specialized clinics; in order to smooth the procedure, it's ideal to have Memorandum of Understanding with selected health service providers already in place. Cash support affected people in covering their medical expenses.

**How are economic factors increasing GBV for trans individuals in Lebanon?**

Economic factors are indeed increasing violence whether at physical, economic or societal level. Violence against trans people always existed, however, the current economic crisis has an amplifier effect: it decreased the chances for trans individuals to have access to protection, health and livelihood services and it increases negative coping mechanisms.

**Can you share more about the challenges trans individuals face accessing cash (or other services), especially around issues of IDs. Do you have any recommendations or good practices to share around that?**

The most common challenges for trans individual are the following:

- Lack of mobility due to either curfews, lack of documentation or safety and security;
- service provision offices personnel and Financial Service Providers are not trained to receive people with trans experiences which can face harassment, discrimination and re-traumatization;
- often ID's don't match the gender expression and they became a barrier to service delivery;