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A positive yet complicated case of gender-based violence coordination: a qualitative study of Lebanon's protracted humanitarian emergency, 2012–22

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Abstract

Gender-based violence (GBV), a global health and human rights concern, often intensifies during emergencies. This paper explores the evolution of GBV coordination in Lebanon's protracted Syrian refugee crisis from 2012–22. Utilising 38 in-depth interviews and a document review, the findings were analysed using the framework for effective GBV coordination. Lebanon provides a positive yet complicated example of GBV coordination. Initially established to address the refugee crisis, it matured into a collaborative national coordination mechanism, fostering trust and advancing localisation amidst sectarian complexities. However, the volatile, restrictive policy context hindered government co-leadership and engagement with refugee-led organisations. While essential GBV response services were expanded nationwide, lack of an interagency strategy on GBV risk mitigation and prevention compromised lasting change. The paper emphasises the importance of dedicated GBV coordinators, multi-year funding, and increased

Mazeda Hossain and Jennifer Palmer contributed equally to this work.

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attention to GBV prevention. The findings underscore the transformative potential of humanitarian responses and advocate for enhanced engagement with national stakeholders to promote sustainability in protracted crises.

KEYWORDS

GBV coordination, gender-based violence (GBV), protracted humanitarian emergency, Syrian refugees

1 | INTRODUCTION

1.1 | GBV coordination in emergencies

Gender-based violence (GBV) is a human rights violation, rooted in systematic gender inequality, with serious global health and protection implications (Wetheridge and Usta, 2010; Call to Action on Gender-Based Violence, 2013, 2015; Knox Clarke and Campbell, 2015; Usta, Masterson, and Farver, 2019; UN OCHA, 2021; Sharma et al., 2022). Considered to be a complex and politically sensitive issue in many contexts, GBV can be exacerbated in emergencies. Addressing GBV in emergencies requires effective coordination across multiple United Nations (UN) and government agencies, international and national organisations, civil society entities, and affected communities, to ensure that accessible, safe, and holistic services (including health, psychosocial, legal, and socioeconomic services) can be delivered to survivors and that prevention and mitigation measures are implemented to reduce GBV (Gender-Based Violence Area of Responsibility, 2019).

The GBV Area of Responsibility, led by the United Nations Population Fund (UNFPA), provides global coordination on GBV within the humanitarian architecture. At the country level, UNFPA leads GBV coordination in non-refugee emergencies, while the United Nations Refugees Agency (UNHCR) coordinates in refugee settings, frequently in collaboration with UNFPA (UNFPA, 2015; Gender-Based Violence Area of Responsibility, 2018, 2019). As a sub-sector of the Protection sector, GBV is closely linked to child protection; the Protection sector collaborates with the Health sector to provide survivors with clinical management of rape (CMR) and mental health and psychosocial support (Gender-based Violence Area of Responsibility Working Group, 2010; Gender-Based Violence Area of Responsibility, 2019; Inter-Agency Working Group on Reproductive Health in Crises, 2020).

Global GBV coordination involves establishing policies, frameworks, and standards to guide coordinated action in diverse humanitarian settings (Inter-Agency Standing Committee, 2015). Locally, it establishes and strengthens mechanisms for contextually-relevant interventions that address the specific needs of affected populations. Effective coordination facilitates prioritisation, resource allocation, information management and knowledge exchange, supports quality survivor-centred service provision, and enables the adoption of best practices. However, diverse stakeholder mandates and limited resources can hinder coordination, compounded by insufficient local participation and community involvement which requires inclusive leadership and trust-building.

Over the past decade, global attention, funding, and high-level commitment to addressing GBV in emergencies have increased, galvanised by the 2013 Call to Action on Protection from GBV in Emergencies (Call to Action on Gender-Based Violence, 2013; International Rescue Committee, 2017). In addition, in recent years, several international standards, guidelines, and technical tools have been developed to strengthen GBV coordination in emergencies (International Rescue Committee, 2017; Protection Cluster and UNFPA, 2019). These include the revamped 2019 *Handbook for Coordinating Gender-based Violence Interventions in Emergencies* (Gender-based Violence Area of Responsibility Working Group, 2010) and the 2015 *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (Inter-Agency Standing Committee, 2015), under which all sectors have responsibilities to mitigate GBV risks (Ward, 2014; Gender-Based Violence Area of Responsibility, 2019).

Despite this progress, GBV is historically under-prioritised and underfunded in emergency responses and GBV coordination is rarely researched, leaving a gap in evidence of what influences its effectiveness in context (Rafferty et al., 2022). To address this lacuna, we explored GBV coordination in Lebanon's protracted emergency from 2012–22. By centring the experiences and perspectives of GBV practitioners, this study aims to provide an in-depth understanding of GBV coordination in a complex humanitarian crisis characterised by a large-scale refugee influx from Syria, an increasingly restrictive refugee policy environment, and an unfolding political and economic crisis in Lebanon itself.

1.2 | The Syrian crisis and its impact on Lebanon

The Syrian crisis, which commenced in 2011, led to a significant refugee influx to Lebanon, requiring a substantial international humanitarian response. The crisis exacerbated the economic, political, and social instability of Lebanon, placing unprecedented strain on infrastructure and public services (Cherri, Arcos González, and Castro Delgado, 2016; Kelley, 2017; Government of Lebanon and United Nations, 2018). Since 2015, Lebanon has hosted the world's highest number of refugees per capita and by 2022, an estimated 1.5 million Syrian refugees, more than 257,000 Palestinians, and some 100,000 migrant workers still resided in a country of around four million Lebanese (Cherri, Arcos González, and Castro Delgado, 2016; UNHCR, 2018a, 2022; Government of Lebanon and United Nations, 2022; Interagency Coordination Lebanon et al., 2022). Since their arrival in Lebanon, Syrian refugees have faced increasing marginalisation and precarious living conditions and have become increasingly reliant on aid (Government of Lebanon and United Nations, 2018; Brun et al., 2021; Interagency Coordination Lebanon et al., 2022).

Initially, the Lebanese government played a limited role in responding to the refugee influx and UNHCR coordinated the response, alongside international non-governmental organisations (INGOs) and other UN agencies, under a series of UNHCR-led regional response plans (Boustani et al., 2016; Mansour, 2017). The magnitude of the refugee influx challenged humanitarian organisations, which struggled to expand to meet the needs, and coordination across government ministries and UN agencies faced many difficulties (Kelley, 2017). In the absence of national policies, decision-making was often devolved to ill-equipped local authorities which were leading operational responses, while international actors had to navigate various levels of government with sometimes conflicting political agendas (Boustani et al., 2016; Kelley, 2017; Mansour, 2017). Furthermore, the scale of the crisis raised concerns regarding UNHCR's capability to coordinate all sectors (Kelley, 2017), manifesting in tensions and ambiguous leadership roles among UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), and the United Nations Development Project (UNDP) (Hidalgo et al., 2015).

As the crisis became entrenched, the Lebanese government assumed greater leadership and in 2015, the Ministry of Social Affairs (MoSA) led the development of the Lebanon Crisis Response Plan (LCRP), which has since seen multiple editions (2015–16, 2017–21, and 2022–23) (Boustani et al., 2016). The first MoSA-led, multi-year plan, with UNHCR and UNDP serving as co-chairs, reflected a shift in the response approach, to emphasise both humanitarian assistance and medium-term recovery and development (Mansour, 2017; Government of Lebanon and United Nations, 2018, 2022; Protection Cluster and UNFPA, 2019). The coordination structure designated sectors to be jointly led by UNHCR, a national ministry, and a sector-specific agency, while an inter-sector coordination unit was led by UNHCR and UNDP (Boustani et al., 2016). In 2013, field-level coordination was established across four regions, Beirut and Mount Lebanon, Bekaa, North, and South, to improve coordination at the sub-national level (Boustani et al., 2016). From 2015, the response strategy was also more responsive to and inclusive of Lebanese people affected by the crisis, serving equal numbers of refugees and Lebanese communities (1.5 million each) (Mansour, 2017). Although funding requested through the LCRP increased from USD 2.1 billion in 2015 to USD 2.67 billion in 2020, persistent underfunding continued throughout the protracted crisis, with shortfalls averaging 50 per cent annually (Cherri, Arcos González, and Castro Delgado, 2016; Kelley, 2017; Government of Lebanon and United Nations, 2021).

Lebanon's non-ratification of the 1951 Refugee Convention limited legal protections for refugees and over time, the government implemented increasingly hostile policies towards Syrian refugees (Carreras, 2017; Brun et al., 2021). The first official policy on the Syrian refugee influx was announced in October 2014, with key language aiming to prevent integration, encourage returns to Syria, address security concerns, and protect the Lebanese workforce and economy (Mansour, 2017). Wanting to avoid a repeat of the decades-long accommodation of Palestinian refugees, the Lebanese government refused to designate official refugee camps, so Syrian people were forced to find shelter in informal tented settlements or among the urban population, often in overcrowded and substandard housing, across 1,700 localities (Cherri, Arcos González, and Castro Delgado, 2016; DeJong et al., 2017; Kelley, 2017; Interagency Coordination Lebanon et al., 2022). In 2015, as the number of registered Syrian refugees exceeded one million, the government suspended UNHCR registrations of refugees and refused to recognise temporary residence or register births of children of parents without legal residency (Howden, Patchett, and Alfred, 2017; Kelley, 2017). These policies made addressing the protection, health, and development needs of refugees challenging, hindered their access to services, and exposed them to detention, and exploitation (Boustani et al., 2016; Cherri, Arcos González, and Castro Delgado, 2016; DeJong et al., 2017; Kelley, 2017; Usta, Masterson, and Farver, 2019). Furthermore, refugees were restricted to employment in three sectors, agriculture, construction, and domestic work, and those who acquired a legal work permit lost their right to access humanitarian assistance (Brun et al., 2021). Consequently, Syrians encountered challenges in legally forming organisations and accessing funds to participate actively in the humanitarian response. The political debate on the return of Syrian refugees intensified as the crisis prolonged and the political and economic situation in Lebanon deteriorated, contributing to rising tensions between host communities and refugees (Hanley, Ogwang, and Procter, 2018; Reidy, 2018).

As well as being impacted by regional conflicts, Lebanon is a country facing complex sociopolitical challenges. Sectarianism has been a prominent factor in shaping Lebanese politics and governance and a complex power-sharing system allocates key political positions to specific religious groups. This confessionalism approach, designed to ease sectarian tensions, has garnered criticism for fostering gender disparities, corruption, and weakened governance (Cherri, Arcos González, and Castro Delgado, 2016; Verme et al., 2016; International Crisis Group, 2021; World Bank, 2021, 2022). The Lebanese government's response to the Syrian humanitarian crisis, characterised by ad hoc measures and a lack of a coherent refugee policy framework, stemmed from a combination of factors (Fiddian-Qasmiyeh, 2019), including: the absence of a unified political consensus within Lebanon; concerns about destabilising the country's sectarian balance and exacerbating tensions; and regional dynamics, as the country navigated complex relationships with regional actors (Rubenstein, 2012; Barnett and Weiss, 2014). Between 2012 and 2022, Lebanon had multiple changes in government and faced long periods with caretaker or non-functioning governments, when policy-related decision-making halted (Kelley, 2017; International Crisis Group, 2021; World Bank, 2021, 2022). Furthermore, Lebanon's limited resources and struggling economy strained infrastructure and challenged government support (Fiddian-Qasmiyeh, 2019). Since 2019, Lebanon has been grappling with internal crises—social unrest, the Coronavirus disease 2019 (COVID-19) pandemic, and the Port of Beirut explosion—which have led to a nationwide economic emergency, affecting Lebanese and refugees alike. In response, humanitarian coordination was reformulated yet again, with the launch of an Emergency Response Plan (ERP) by UN OCHA, to provide humanitarian assistance to vulnerable groups, complementing the LCRP, alongside responses to the COVID-19 pandemic and the Port of Beirut explosion (UN OCHA and Humanitarian Country Team and Partners, 2021).

Although there is no official prevalence data on gender-based violence in Lebanon, it has long struggled with high levels of GBV. Assessments conducted among Syrian refugees indicated that sexual violence was the most common form of GBV experienced in Syria, while intimate partner violence, early marriage, and survival sex had increased among women and adolescent girls since arriving in Lebanon (International Rescue Committee, 2012; Carreras, 2017; ABAAD and UNFPA, 2020). A 2015 study reported that 26, 9.2, and 8.7 per cent of Syrian refugee women experienced emotional, physical, and sexual violence, respectively, with many women reporting exposure to multiple types of violence, resulting in miscarriages, sexually transmitted infections, and mental health issues (Spencer et al., 2015). Research conducted prior to 2012 highlighted weak GBV coordination between government and

civil society actors in Lebanon, but recent studies show significant progress, thanks to investments made through the humanitarian response (CAWTAR, 2012; International Rescue Committee, 2012; Carreras, 2017; Hanley, Ogwang, and Procter, 2018; ICGBV, 2019; ABAAD and UNFPA, 2020; UNFPA, 2020). Moreover, Lebanon's crisis has been considered a testing ground for innovative approaches, offering lessons and insights applicable globally.

This study explores the evolution of GBV coordination during Lebanon's protracted emergency, reflecting on the establishment, key milestones, successes, and challenges experienced as the system matured through various crisis phases over the decade under review. By examining coordination dynamics, we also seek to trace the contributions and participation of different actor types while mapping progress in institutionalising GBV coordination and services within Lebanon. The findings can inform evidence-based strategies to enhance coordination and contribute to global understanding of effective GBV coordination in protracted humanitarian settings.

2 | METHODS

2.1 | Study design and conceptual framework

We conducted a case study, using in-depth interviews and a document review, over a two-year period between 2019 and 2022, to explore GBV coordination throughout the crisis in Lebanon from 2012–22. To inform interview topic guides and our analysis we used a previously published framework for effective GBV coordination, consisting of six key themes: (i) implementing a GBV sub-sector; (ii) GBV prioritisation and resources; (iii) GBV risk mitigation; (iv) GBV localisation; (v) GBV information management; and (vi) GBV coordination to support service delivery (Raftery et al., 2022; Raftery, 2023).

We conceptualised effective coordination holistically, drawing on common concepts in the humanitarian coordination literature (Campbell and Hartnett, 2005; State Services Commission, 2008; Boin and Bynander, 2014; Saavedra and Knox-Clarke, 2015a; ALNAP, 2022; Humanitarian Response, 2022), as:

The driving force which organises a group of individuals/organizations to achieve common objectives, fosters trust, motivation and interpersonal relationships, ensures efficient use of resources (funds, staff, time etc), and promotes collaboration and synergy (Raftery, 2023, p. 31).

2.2 | Data collection and analysis

To understand the evolution of the humanitarian response, we reviewed relevant policy documents (see Supplementary Material S1, Table 2), mapped the stakeholders involved in the GBV space in the humanitarian response and government in Lebanon (see Supplementary Material S2, Table 3), and interviewed 38 key stakeholders involved in the GBV sector in Lebanon between 2012 and 2022.¹ Informants were initially selected by contacting organisations involved in the national GBV taskforce or with a specific GBV coordination mandate; snowball sampling was used to expand coverage to different organisation types. Informants spanned GBV experts from MoSA (1), UN agencies (13), INGOs (8), national and local Lebanese organisations (7), and academia (1), as well as UN coordinators of other related sectors (interagency, health, gender working group, CMR, protection, child protection, and education) (8).

Informants were contacted by email and interviewed in English by video conferencing following flexible topic guides (see Supplementary Material S3, Topic Guides), which were regularly adapted to include questions on emerging themes. Interviews were digitally recorded and transcribed. Key policy documents, including strategic response plans, GBV evaluations and reports on the response in Lebanon, and meeting minutes, were used to identify developments over the 10-year period and to verify findings from interviews (Bowen, 2009). Data from interviews and

documents were coded with respect to the six key themes of the conceptual framework using framework analysis (Ritchie and Spencer, 1994) and with the assistance of NVivo (Version 11.4.3) software. We allowed flexibility for emerging themes to surface and maintained a critical perspective on influential political and contextual factors.

A data verification workshop was conducted in Beirut in 2022, with GBV taskforce members and key informants of the study (18 in-person and online), some of whom had worked on the response since 2012. This provided an opportunity to collectively reflect on and validate the preliminary findings and to clarify any gaps and uncertainties in the data. We reached saturation on several key themes, which we describe below. Elsewhere we present a detailed analysis of the work of the GBV sector during Lebanon's compounded crises from 2019–22 (Raftery, 2023; Raftery et al., 2023).

3 | RESULTS

We present our findings across the six themes of effective GBV coordination outlined above, highlighting important milestones, successes, and lessons learned. Figure 1 below presents a timeline of key milestones for GBV coordination in Lebanon, depicted against unfolding events in the broader policy and response context.

3.1 | Implementing the GBV sub-sector

Within the unfolding humanitarian response in Lebanon, the national GBV sub-sector was established in 2012 by UNHCR, driven by several factors (Carreras, 2017; Hanley, Ogwang, and Procter, 2018). First, the absence of a dedicated national GBV coordination unit within the government, along with weak government leadership and the lack of a national refugee response strategy, was predicted to hinder government coordination of the GBV sector in the humanitarian response. Although several government institutions were mandated to provide leadership on GBV in Lebanon, including the National Commission for Lebanese Women and the Department of Women's Affairs within MoSA, coordination among GBV actors was weak and efforts to tackle GBV prior to 2012 had been mostly led by national civil society organisations (CSOs) (CAWTAR, 2012; Carreras, 2017; ABAAD and UNFPA, 2020). Interviewees perceived there to be limited awareness of, and attention to, GBV, within the government, coupled with a dearth of expertise on how to address it, with governance matters relating to GBV commonly devolved to politico-religious sects. As one government actor explained:

I think before the crisis, we had a limited number of NGOs [non-governmental organisations] working on gender. And even our understanding of GBV was very limited ... it [gender] is something we are still trying to explore as a state and as a government. I know that in terms of regulations and law ... that countered or reject GBV ... we're not so much advanced on that.

Second, entrenched sectarian divisions undermined efforts to establish a cohesive national response, limiting government leadership and hindering collaboration among GBV actors, as one UN GBV coordinator described:

I had hoped that we would be there to support the national system... . You had so much tension between the different sects and political parties, that it also undermined whatever the national authorities could do... . We could feel within the government some tensions among the more progressive and the less progressive, and everything went back to belonging to one sect or another.

As one local actor pointed out, this sectarianism, deeply entrenched in Lebanese society, created territorialism among GBV actors, which worked against the very idea of coordination:

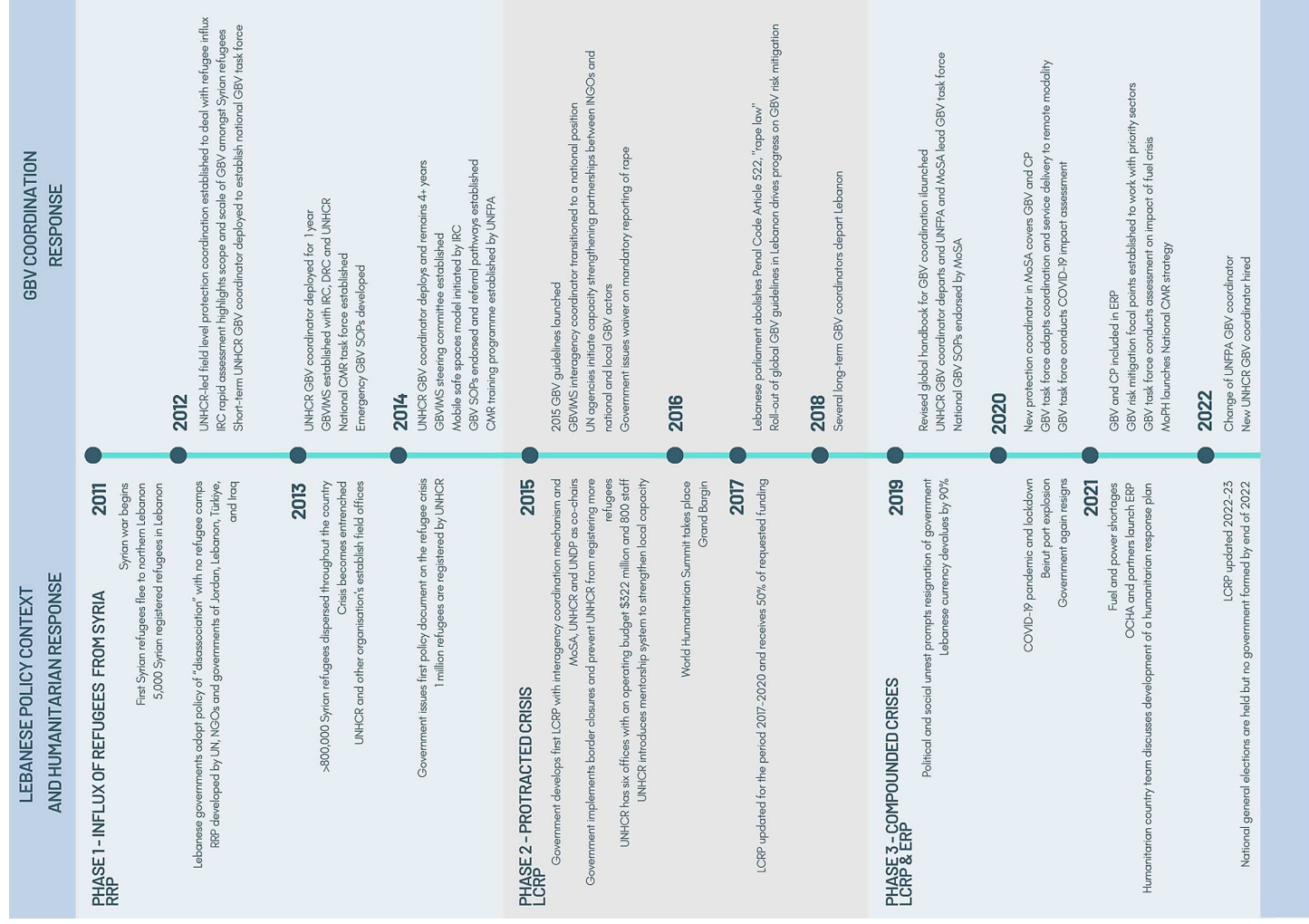


FIGURE 1 Legend on next page.

... how polarised the landscape is in Lebanon, the GBV actors specifically aren't that many and they're very territorial. There isn't a lot of collaboration. So, coordination even on a good day is not in the Lebanese psyche, unfortunately. It just doesn't feature as part of something we do well.

The influx of funding and international GBV actors into the GBV space engendered by the refugee crisis exacerbated this competitive behaviour. Similarly, international actors contemplated the value that they added in a country with such a strong civil society. As one UN GBV coordinator explained:

Coordination was not always easy. There was a lot of tension among them [national actors] that were pre-existing the crisis or crystallised during the crisis for question of funds or question of visibility or whatever... . [But] the value that they would bring on the table was also incomparable, basically because they had the knowledge of the working context, a capacity of how to treat the most remote or reluctant communities that was unique... . [This] also requested [encouraged] us to bring an added value ... challenging [the] credibility of every single one of us.

Furthermore, sectarianism, which often operates through patriarchal structures that perpetuate gender inequalities, largely inhibited efforts to address GBV and further marginalised certain communities. For example, the country's 18 religious sects had 15 different personal status laws for application in different religious courts, which led to the unequal treatment of women and made engaging government actors in discussions on GBV complex. The presence of Hezbollah in the government further complicated matters, as it strongly opposed efforts against early marriage and accused international actors such as UNFPA of undermining the concept of family in Lebanon. Equally, topics which challenged traditional gender norms, such as lesbian, gay, bisexual, transgender, intersex, and queer+ (LGBTIQ+) issues, could not be discussed openly in meetings or directly referred to in documents, although over time, the taskforce made some progress in promoting acceptance of these issues.

Third, the scale of the crisis overwhelmed the government and local actors, which had limited capacity and funding to rapidly expand services to serve the influx of Syrian refugees. The government did not expect the

FIGURE 1 Timeline of key milestones of GBV coordination in Lebanon, depicted against the backdrop of the policy context and broader humanitarian response throughout the protracted crisis. **Notes:** The timeline is split into three phases with key stakeholders, response strategies, and milestones highlighted for each one. Phase 1 (2012–14) covers the initial emergency stage, which required establishing the GBV taskforce and services, and was characterised by weak government leadership and the prominence of UNHCR and INGOs. Phase 2 covers a more stable period in the response, characterised by stronger government leadership under the LCRP and the availability of multi-year funding. During this phase, the GBV taskforce, led by long-term coordinators, initiated the capacity-building of national and local actors and implemented several innovations which advanced GBV coordination and services. Phase 3 covers the compounded crises of 2019–22, including the October 2019 revolution, the COVID-19 pandemic, and the Port of Beirut explosion, as well as the fuel and power crisis and multiple changes of government, all culminating in a severe national economic crisis. This phase was characterised by rising GBV risks and expanding vulnerable populations, which required adapting to remote coordination and service provision while operating within multiple response frameworks. **Legend:** CMR: clinical management of rape; CP: child protection; CSO: civil society organisation; DRC: Danish Refugee Council; ERP: Emergency Response Plan; GBV: gender-based violence; GBVIMS: Gender-Based Violence Information Management System; IMC: International Medical Corps; INGO: international non-governmental organisation; IRC: International Rescue Committee; LCRP: Lebanon Crisis Response Plan; M&E: monitoring and evaluation; MoPH: Ministry of Public Health; MoSA: Ministry of Social Affairs; NGO: non-governmental organisation; OCHA: Office for the Coordination of Humanitarian Affairs; RRP: Regional Response Plan; SDC: social development centre; SOPs: standard operating procedures; UN: United Nations; UNDP: United Nations Development Programme; UNFPA: United Nations Population Fund; UNHCR: United Nations High Commissioner for Refugees; UNICEF: United Nations Children's Fund. **Source:** authors.

refugees to stay long term, resulting in a lack of formal response and limited capacity to address GBV. In the words of one UN GBV expert:

Very soon we were overwhelmed with refugees, and we said, 'okay, that's the biggest crisis of all time. What do we do? How do we manage that?'... . And they arrive and they run out of the savings and there was no improvement, it was getting worse, everyone was starting to say, 'okay ... it's going to last'... . So the discussions [UNHCR had] with the government of Lebanon saying, 'you know, this informal settlement, as much as they are informal, you need to take more accountability. We need to set up a bit more services'.

Despite these initial challenges, all of our informants believed that an effective GBV coordination system had evolved in Lebanon from 2012–22. As one UN actor underlined:

Having been working in a dozen countries since I set up the GBV coordination in 2012, I can tell you that this is the best coordination I have ever seen.

In 2012, UNHCR established the national GBV taskforce, initially comprising UN agencies and INGOs, including UNHCR, UNFPA, the United Nations Children's Fund (UNICEF), the Danish Refugee Council, International Medical Corps (IMC), and the International Rescue Committee (IRC); it was expanded in 2013 to involve national and local organisations (see Figure 1, Phase 1). As the taskforce continued to grow, it evolved into a national GBV sub-sector operating under the Protection Working Group. A core GBV coordination group was formed within the taskforce to lead strategic planning and guidance development and ensure inclusive decision-making. This group was composed of MoSA, four UN agencies (UNFPA, UNHCR, UNICEF, and one elected UN member), four INGOs, and four national NGOs, drawn from organisations with GBV technical expertise and the capacity to participate actively, with a membership updated annually through an election process. This inclusive approach played a crucial role in localisation, which laid the groundwork for future achievements.

The study participants believed that dedicated interagency GBV coordinators, not strictly affiliated to UNHCR or another UN agency, was a major strength of GBV coordination in Lebanon, building trust among stakeholders and improving the effectiveness of the response. In addition, the response attracted experienced staff who stayed long term, which helped to forge relationships and collaboration within the taskforce. The interagency coordinators' interpersonal skills, which built credibility, trust, and mutual solidarity, were highlighted by our informants as being key in creating collaborative and inclusive spaces that facilitated effective coordination. A national GBV actor said:

... both of them had very strong field experience as service providers, so both of them actually worked for many years within INGOs and in leading GBV programming and service provision at field level in different contexts. So, they brought all of that amazing expertise ... in addition to personalities that were very engaging, very humble in their approach, especially in engaging local partners. So, it never felt patronising; on the contrary, we always felt anyone is welcome to engage and contribute. And so I think that made the GBV coordination quite successful at national level.

Furthermore, four sub-national GBV working groups were led by UNHCR GBV field officers from 2013, with some co-led by INGOs and more recently by national organisations, strengthening accountability and transparency. Field-level working groups facilitated coordination close to service delivery, decentralised decision-making, promoted the engagement of local organisations, ensured geographical coverage of services, and coordinated work within regional strategic plans aligning with national GBV/LCRP priorities. This sub-national, harmonised system was highly valued by local actors, as it has supported them in better meeting the needs of affected populations. As one local actor remarked:

They [local actors] knew that if you want to implement a project ... you have to go to the SGBV [sexual and gender-based violence] working group because they would make your work easier.

The influx of international organisations into Lebanon was described by our informants as a transformational force, eliciting more attention to, and increased acceptance of, issues related to GBV, both within government and across civil society. Our Lebanese participants agreed that work on GBV had significantly progressed over the past decade, and largely attributed this to the effect of the humanitarian coordination, which enticed actors to collaborate, and the presence of GBV actors who promoted international standards. One MoSA representative said:

So I think they [UN and INGOs] brought with them so many new concepts, so much new terminology ... with the support of the international organisations working in Lebanon within the response to the Syrian crisis. I think progress was achieved.

Reflecting changes in the broader response context, government leadership in addressing GBV improved over time in Lebanon, supported by the creation of an UN-funded GBV coordinator position within the LCRP unit in MoSA in 2015. However, long vacancies and limited expertise in the position led to inconsistent representation and limited joint coordination (Hanley, Ogwang, and Procter, 2018). Until 2020, most informants described government representation as superficial or lacking genuine commitment, which posed challenges for endorsing response strategies, as described by one UN GBV coordinator:

But in GBV they [MoSA] were also the actual line ministry [government department responsible for GBV] and we didn't have anyone who could really ensure that whatever was described in our strategy was actually agreed and endorsed at the level of their ministries. That was a bit difficult.

Following a two-year vacuum, in 2020, a national GBV and protection expert was hired by MoSA, who actively co-led the taskforce and facilitated coordination across the protection, child protection, and GBV sub-sectors, although government representation at the sub-national level reportedly continued to lack capacity. Despite this progress, all informants, including those from MoSA, acknowledged the complete reliance on international funding, and the lack of a centralised coordination unit within the government, which raised doubts about the successful institutionalisation of GBV coordination.

Participants concurred that, since 2019 (see Figure 1, Phase 3), the Lebanese context had deteriorated, requiring the humanitarian and GBV coordination mechanisms to adapt to multiple crises within an increasingly challenging operating environment (Raftery et al., 2023). Parallel to this, complementary response frameworks created a complex humanitarian coordination architecture that stakeholders had to navigate. Positively, with GBV coordination already integrated under the established LCRP interagency coordination unit, the GBV taskforce remained the main coordination mechanism for GBV actors. The taskforce was valued by its members for having effectively adapted to the evolving setting, including working remotely during the COVID-19 lockdowns, maintaining emergency GBV services, and assessing and responding to the impacts of the compounding crises on programming and harmonising guidance, tools, and approaches across the country. Yet, the remote working modalities and higher turnover of coordinators during this period threatened the strong relationships built up over the preceding years and progress made.

3.2 | GBV prioritisation and resources

The funding landscape for GBV in Lebanon has experienced changes throughout the crisis, with overall recognition of the importance of addressing GBV but insufficient funding as compared to the needs. GBV coordinators initially had to advocate for mainstreaming GBV in policy discourses and donor agendas, and organised briefings to secure

earmarked funding for GBV programming. Support for the taskforce was galvanised by the Rapid Assessment conducted by the IRC in 2012 (International Rescue Committee, 2012), and with strong senior leadership support, it received adequate funding allowing for the creation of dedicated coordination positions, which in turn pushed for sustainable funding to support the expansion of programming. This was recognised as a luxury as compared with many other settings and was likely facilitated by the high-profile Syrian response which attracted donor funding at the time. A UN GBV coordinator noted:

Positions were well-funded and it was not even a topic of discussion. So, we were very lucky in this regard ... having somebody different for GBV coordination at national level, having a co-lead, having a national GBVIMS [Gender-Based Violence Information Management System] coordinator. All that was luxury that I would never see again, I think.

The LCRP was effective in guiding priorities at the national and field level and creating a unified system providing strong incentives for actors to coordinate (Government of Lebanon and United Nations, 2018; UNFPA, 2020). Although in the early days, donor funding primarily targeted refugees, from 2015 the LCRP's more inclusive approach ensured that the response served equal numbers of refugees and the host population. Later, under the ERP, this scope expanded to include vulnerable Lebanese and Palestinians owing to the impact of the economic crisis. The allocated funding for GBV in the LCRP hovered at around 1.3 per cent of overall funding and increased from USD 27.7 million in 2015 to USD 35 million between 2017 and 2021, consistently achieving more than 50 per cent of requested funding. Funding for implementation was apportioned equally between international and national actors, aligning with LCRP priorities. Multi-year funding facilitated longer-term planning and allowed a move towards more sustainable approaches. In addition, mobilising funding for interagency initiatives fostered collaboration, credibility with donors, and strengthened coordination efforts, as described by one UN GBV coordinator:

The impact it [funding for interagency initiatives] had on the way we have been working, on the credibility we were having, on our interactions with donors. That was really something that I would definitely recommend.

Examples included pooled funding for the GBVIMS coordinator position and interagency initiatives such as the case management toolkit and the GBV referral mobile application, RESPONSE. However, concerns were raised about drops in funding after 2017, which particularly affected life-saving services like women's and girls' safe spaces, which relied solely on international funding. Owing to the compounded crises since 2019, including the COVID-19 pandemic and economic challenges, the sector's funding request increased to USD 42 million in 2022.

3.3 | GBV risk mitigation and integration

In 2017, Lebanon adopted the revised *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (Inter-Agency Standing Committee, 2015), which was seen as an opportunity to attract funding and promote multi-sectorial accountability in GBV risk mitigation (UNFPA et al., 2015). Each sector had a responsibility to implement the guidelines and received training and support from the GBV taskforce, which laid the groundwork for developing tailored actions to mitigate GBV risks in their sectors. A consultant hired by UNICEF conducted 19 GBV risk mitigation trainings in 2017, reaching 334 individuals and supporting the development of action plans for each sector (Hanley, Ogwang, and Procter, 2018). While some sectors were more receptive than others, overall, the initiative strengthened inter-sectorial coordination and made progress in mitigating GBV risks. Senior-level support was also highlighted as critical for ensuring the success of the rollout. Interest from the World Food Programme, for example, was attributed to commitment from headquarters to mainstream GBV in country offices. Ultimately, however, the

impact was limited by the lack of accountability mechanisms, systematic follow-up, and competing sector priorities. The national GBV consultant reported:

So, at the beginning they were very much motivated. During the training they were very active, but all of them were very reluctant to add indicators to work on a rigid action plan, which they can integrate into their annual action plan... . Everybody was responsive at the level of the training. After the training, nobody was responsive.

Informants also noted the need to repeat GBV risk mitigation trainings throughout the protracted crisis, which due to high staff turnover, had a limited long-term impact. In 2021, efforts were revived with a focal point system in five prioritised sectors: education; health; livelihoods; shelter; and water, sanitation, and hygiene. Taskforce members recognised the importance of systematising interagency efforts, emphasising the need for a strategic and long-term approach to risk mitigation and encouraging donors to prioritise GBV mainstreaming in funding initiatives. An INGO GBV actor commented:

If donors would insist on having GBV mainstreamed in all the other sectors, since the beginning from the proposal. If organisations had a person really dedicated to review proposals, review assessments and have GBV mainstreamed, that would solve the problem.

Informants acknowledged that the UNHCR interagency unit played a crucial role in fostering inter-sectoral coordination and relationship building among sector coordinators, facilitating progress in GBV risk mitigation. Achievements in mainstreaming GBV across various sectors were highlighted by our interviewees, and GBV coordinators actively participated in CMR taskforce meetings, gender and health sector working groups, and crosscutting initiatives such as Protection from Sexual Exploitation and Abuse (PSEA) (Hanley, Ogwang, and Procter, 2018). The LCRP recognised GBV as a collective responsibility and mandated integration as a key crosscutting initiative across all sectors (Government of Lebanon and United Nations, 2018, 2022).

However, the informants also acknowledged the need for stronger interagency efforts to enhance meaningful participation and engagement with refugee women and girls. Engaging and ensuring accountability to Syrian refugees posed challenges owing to the large and dispersed population outside of camp settings. Locating and accessing refugees, especially in relation to sensitive GBV issues, proved challenging. A lack of legal residence further hindered women refugees from reporting incidents and seeking care out of fear of deportation or retaliation (ABAAD and UNFPA, 2020). A UN GBV coordinator underscored:

I mean the absence of refugee camps impacted a lot ... the fact that the refugees were widespread everywhere and mixed with the Lebanese was really challenging ... they are everywhere, they are nowhere. To disseminate information was really a nightmare. And when the information is sensitive even more.

In the early days, GBV coordinators made efforts to engage with Syrian refugee women through focus-group discussions and informal gatherings to understand the issues they faced. A UN GBV coordinator said:

We did a couple of joint missions to look at the informal settlements, to have discussions with women and ... we just picked up really precarious living conditions and distress.

UNHCR outreach volunteers played a vital role in building relationships with refugee communities, increasing community understanding of GBV and raising awareness of available services and referrals (Hanley, Ogwang, and Procter, 2018). UNHCR conducted annual participatory assessments to consult with refugees, including GBV

survivors and marginalised populations, on their needs and priorities (Hanley, Ogwang, and Procter, 2018). However, other than a survey that was conducted among affected populations of case management services in 2019, participants in the data verification meeting in 2022 recognised that at the interagency level, efforts to engage refugee groups had been insufficient, supporting finding from 2018 (Hanley, Ogwang, and Procter, 2018).

3.4 | GBV localisation

GBV localisation in Lebanon aimed to strengthen the capacity and leadership of national and local organisations with respect to addressing GBV, as well as to promote sustainability and ownership of the response. From 2013, the UNHCR coordinator adopted an inclusive approach, actively engaging national and local Lebanese organisations to expand the taskforce and foster collaborations and relationships. This was a vital step towards localisation, forging collaborations and trusting relationships, setting the foundation for later successes. In the words of the UNHCR GBV coordinator:

I could hear from some Lebanese colleagues from UNHCR that ... it was a very international driven response. So, I started to develop some personal connections; basically, I heard about first LECORVAW [Lebanese Council to Resist Violence Against Woman] ... then there was KAFA [(Enough) Violence & Exploitation] and ABAAD [Resource Center for Gender Equality]; and so I will always remember at that time ... she [NGO director] had an office that was outside of Beirut, and so I would go and she would be alone in her office and just explaining to me the history of women's organisations in Lebanon.

National NGOs soon became influential voices in coordination meetings, providing contextual understanding and creative approaches to access remote populations and address normative challenges in the sphere of GBV. Major efforts were made to enhance the role of NGOs vis-à-vis the leadership and coordination of the response in Lebanon, aligning with the principles of a localised approach emphasised in the LCRP (Government of Lebanon and United Nations, 2022). In addition, the Lebanon Humanitarian and Development NGO Forum (LHDF) unites 85-plus local organisations involved in humanitarian and development endeavours, including those addressing GBV. Initially formed in 2014, prompted by the Syrian crisis, the LHDF broadened its mandate in 2017 to address wider challenges in Lebanon. It coordinates, advocates for, and represents local NGOs, promoting collaboration and a cohesive stance with external stakeholders. UNHCR funds the coordinator's role and ensures representation in inter-sectoral meetings and at LCRP-related events.

Significant investments were made by UN agencies and INGOs to enhance the capacity of national and local Lebanese organisations throughout the Syrian crisis, which was seen as instrumental in developing sustainable GBV capacity in the country. In 2015, UNHCR implemented a mentoring system through which UN agencies funded INGOs that subcontracted local GBV organisations as implementing partners on three-year contracts. This approach ensured stable funding for local Lebanese actors to deliver GBV services while also participating in capacity development programmes to strengthen their internal management and financial accountability systems. The goal was for these local organisations to eventually replace INGOs in service provision and become eligible for direct UN funding. Local actors attributed their growth and evolution as organisations to their membership of the GBV taskforce, which furnished them with opportunities to expand and showcase their expertise. A local GBV actor recalled:

Back in 2011, we had six staff. This is overall. Now, we have more than 25... . The more the organisation is growing, the more the donors are more demanding for policies and procedures, especially human resources and financial procedures. This is something we did achieve. We now have a policy and procedure for HR [human resources] and for the financial policies. We also created policies related to fraud, to the inventory, to the procurement. Recently, also we designed our PSEA policy. This all helped us transition from a very small NGO to a middle-sized NGO.

Meanwhile, larger national NGOs such as the Resource Center for Gender Equality (ABAAD) and KAFA (Enough) Violence & Exploitation were able to capitalise on partnerships, funding, and opportunities created by the humanitarian system, permitting them to gain visibility and build reputations on the international stage.

Despite efforts to promote localisation, certain practices hindered its full realisation in Lebanon. The poaching of staff from national organisations by INGOs, which offered higher salaries and benefits, undermined the investments made by local organisations in building staff capacity and contradicted the rhetoric of promoting localisation. A local GBV actor stated:

We faced several challenges with a couple of INGOs where we would train the staff and we invest in our staff, then they [INGOs] come and offer them more and take them ... for a field officer, they [our donors] will not approve more than USD 800. But they [INGOs] offer for the same position USD 1,200. So, we were like, what about the localisation? And what about all this talk you're saying we want to include local organisations and want to build capacities? You're not building capacities, you're actually setting us back... they [international actors] restrict it.

Furthermore, coordination meeting language varied depending on the region and the phase of the crisis. While during the early phase, field coordinators reported conducting meetings in Arabic to encourage the engagement of local actors, more recently meetings at two field sites included in the study were in English without translation, which was likely a barrier for CSOs and refugee-led organisations (RLOs).

While initially established to focus on Syrian refugees, there remains a lack of political space for participation of Syrian RLOs in humanitarian coordination in Lebanon. Taskforce members who attended our data verification meeting in 2022 recognised the need for increased efforts to map and engage smaller CSOs and in particular RLOs in coordination. A UN GBV actor emphasised:

I think we can do a lot more ... to inform the beneficiaries and RLOs about assessment findings and about the coordination structure itself.

Since the crisis began, Syrian refugees in Lebanon faced significant obstacles when attempting to legally establish organisations and secure funding to engage actively in the humanitarian response, thereby hindering efforts towards localisation. The complex legal and regulatory framework, combined with the sectarian political landscape, created barriers for refugees seeking to formalise their initiatives. In addition, restrictions on employment and legal residency for Syrian refugees further exacerbated challenges to accessing funds and resources, reinforcing their dependency on external actors. As a result, many RLOs operated in an informal and precarious manner, limiting their capacity to contribute effectively to response efforts. UN GBV coordinators recognised the necessity for strategic implementation to facilitate meaningful participation. One said:

I mean inviting refugees and RLOs to the coordination taskforce where we talk about the LCRP and the ERP ... they would think 'what is my contribution to this?'... . So, I think we need to think a little more strategically about how we ensure meaningful engagement with affected populations.

3.5 | GBV data and information management

The GBVIMS in Lebanon was considered to be an essential component of GBV coordination and highly valued by stakeholders, although concerns about its sustainability remain. The system was seen as a game changer once implemented in 2013 (see Figure 1), providing a secure and ethical way to collect data and analyse trends, and was used throughout the protracted and compounded crises to adapt GBV coordination and programming. Lebanon had

the advantage of a dedicated interagency GBVIMS coordinator and a GBVIMS steering committee, which were not present in many other contexts; and the coordinator position had been transitioned to a national staff member, increasing the chances of longevity (Raftery et al., 2022). Initially involving three organisations, the GBVIMS network gradually expanded to include 15 international, national, and local actors by 2022. In 2015, Lebanon was selected as a pilot country for the GBVIMS Primero, a comprehensive system integrating GBV and child protection information management platforms. However, both the coordination efforts and GBVIMS relied heavily on international funding; the ideal scenario of institutionalising the system within a government body thus continued to seem unfeasible to informants in 2022. As an initial step to engage the government and promote safe and ethical sharing of GBV data, a one-day training in GBV data management was conducted in 2019 for government actors from various ministries.

GBVIMS data analysis played a crucial role in developing thematic reports, informing programming decisions, and mobilising funding to strengthen GBV coordination efforts. These reports were widely shared among GBV actors and other sectors to ensure optimal use of data in shaping interventions across the humanitarian response. GBVIMS data served as the primary source of information for various products produced by the taskforce, including dashboards, situational updates, and strategic planning documents. An information-sharing protocol was established to ensure safe and ethical data management practices among participating agencies (Hanley, Ogwang, and Procter, 2018). Organisations utilised trends and data from GBVIMS reports to support their funding proposals. A notable example occurred in 2017 when Lebanon faced funding cuts and GBVIMS data showed a decrease in reported GBV incidents over the following months. Through comprehensive data analysis, the steering committee identified the suspension of case management services due to funding constraints as the reason for the decline in reported cases. This insight allowed steering committee members to highlight the importance of financial tracking in conjunction with GBVIMS data analysis in a dedicated report.

3.6 | GBV coordination to support service delivery

Over the course of the refugee crisis in Lebanon, the GBV taskforce expanded, enhanced, and adapted GBV services nationwide. Our informants reiterated previous findings that GBV services had been dramatically expanded, resulting in improved coverage, availability, accessibility, and quality, for both refugee and Lebanese populations, even in remote areas, although gaps still persisted (Hanley, Ogwang, and Procter, 2018, ICGBV, 2019). By 2018, statistics revealed that 95 per cent of refugees lived within five kilometres of a safe space conforming to sector norms, however, the variety of services available to them varied depending on their geographic location (Hanley, Ogwang, and Procter, 2018).

Over the decade, the GBV taskforce produced high-quality tools to support agencies' service provision, which were actively taken up by GBV actors at the national and field level (ABAAD and UNFPA, 2020; Hanley, Ogwang, and Procter, 2018). Informants believed that without the GBV taskforce, the nationwide system existing in 2022 would not have been achieved. As one local Lebanese actor described:

If you go to remote areas like Baalbek, Aakkar, all those really remote areas of the country, you'll see there was no GBV service delivery. And I have witnessed in my career, a lot of women unfortunately passing away simply because there was no kind of support being provided to those women... . Due to this advocacy, coordination work, having field coordination structure, you can see that you have today, GBV service delivery in almost all the governates, all the remote areas like border areas and so on. And that's really perfect.

Despite these achievements, similar to coordination mechanisms, services remained heavily reliant on international funding, and government ownership and funding were limited, posing a threat to long-term sustainability. While a comprehensive mapping of services was beyond the scope of this study, we reflect on two important

services below, CMR and case management, to showcase the impact of coordination efforts on the development of national strategies and, in the case of CMR, increasing government ownership.

The 2012 IRC Rapid Assessment shone a light on the lack of services for survivors of sexual violence in Lebanon (International Rescue Committee, 2012), prompting significant investments to expand CMR services. Led initially by the IRC and later coordinated by the MoPH and UNFPA, work involved establishing specialised GBV clinics and units within existing healthcare facilities, enhancing the capacity of healthcare providers through training programmes, and improving referral pathways. In addition, a national CMR coordination mechanism was established to coordinate efforts. Staff at 47 facilities were trained and equipped to ensure the availability of CMR services (Hanley, Ogwang, and Procter, 2018); however, access was prioritised over quality, compromising the sustainability of investments. As one UN coordinator commented:

The results of their service assessment were dramatic, dramatic, dramatic, dramatic ... [the] IRC decided to immediately come and open their first women centres. I think it took them [only] two weeks to arrive as the results were that bad. And they started to have everything that was not sustainable. They were having gynaecologists on call that were paid privately. I mean we did everything that normally you're not supposed to do because there was nothing to build on. So, the whole response at the beginning was completely unsustainable and was really there to do the basic life-saving, as simple as that.

In the initial years, mandatory reporting of GBV cases by healthcare providers to security authorities compromised survivor-centred CMR, placing survivors at increased risk of stigma and retaliation. Advocacy by the GBV taskforce resulted in a 2015 waiver, allowing healthcare workers to bypass mandatory reporting. As the response matured, resource constraints and weak MoSA oversight prompted the rationalisation of services to 10 government referral facilities across the country. In 2021, the national CMR strategy was finalised and published by the MoPH (Ministry of Public Health, UNFPA, and UNICEF, 2021). While CMR treatment costs for Syrian refugees had always been supported by UNHCR, the national CMR strategy advocated for dedicated budgets within the MoPH to cover Lebanese women and girls (Hanley, Ogwang, and Procter, 2018; ABAAD and UNFPA, 2020; Ministry of Public Health, UNFPA, and UNICEF, 2021).

GBV case management services also experienced substantial expansion and diversification, with the establishment of a national case management working group and the endorsement of a harmonised strategy. The capacity-building of case management service providers evolved throughout the years, resulting in a sophisticated coaching programme for GBV case managers, implemented by the IRC and funded by UNHCR (Hanley, Ogwang, and Procter, 2018). A key strategy involved the use of mobile 'safe spaces' and the utilisation of social development centres (SDCs) to expand outreach and access, as well as to address the root causes of gender equality by enabling women and girls to reclaim public spaces that are often dominated by men and boys (Lilleston et al., 2018). Originally established by the MoSA to provide social services to communities in Lebanon, the SDCs served as hubs where women and girls could receive information, seek support, and be referred to GBV services. UNICEF and UNHCR supported the efforts of INGOs and local actors to provide case management services at more than 50 SDCs nationwide through long-term five-year plans (Hanley, Ogwang, and Procter, 2018). However, as one local GBV actor pointed out, challenges arose when transitioning work to government staff:

It did not go so well because of the culture of the governmental staff... For example, if we're talking about confidential information, they wouldn't mind sharing it ... some of the employees if they work overtime might ask for payments which the government does not provide. The agreement is that we had to provide the extra working hours fees. Which would also be challenging as they would say on the timesheet that they did attend, and in fact they did not.

While our informants were hopeful that dedicated coaching could shift norms in the government workforce pertaining to the importance of maintaining patient confidentiality, the issue of insufficient remuneration was more intractable, especially in the context of the worsening economic crisis from 2019.

GBV prevention programming was also identified as an underdeveloped area. Over the decade, the crisis-driven focus on response efforts necessitated continuous justification for funding and overshadowed investments in GBV prevention programming. A UN sub-national GBV coordinator underlined:

Prevention requires multi-year funding ... the battle of prioritising response over prevention has played out in Lebanon.

Although several innovative, context-appropriate GBV prevention initiatives had been developed in Lebanon, and even exported to other countries, most informants agreed that there had been insufficient attention to, and multiyear funding for, GBV prevention over the decade. Despite the study participants acknowledging the need for a cohesive interagency prevention strategy, and to consolidate all guidance and tools at the coordination level, this has not yet been achieved by the taskforce.

4 | DISCUSSION

Global awareness of, and dedication to, addressing GBV in emergencies has expanded in recent years; we have seen this play out through Lebanon's protracted Syrian refugee crisis from 2012–22, during which the GBV response matured and coordination systems evolved, offering valuable insights. To the best of our knowledge, this is the first study to examine factors influencing effective GBV coordination in a protracted emergency and its strength lies in the detailed focus on a single case study over an extended period. Overall, our findings indicate that an effective GBV coordination system evolved from 2012 among UN, international, national, and local Lebanese actors. The taskforce navigated complex political and contextual factors to forge trusting relationships and build a collaborative and cohesive system, which facilitated funding allocation, localisation, and service expansion (UN OCHA, 2012; Knox Clarke and Campbell, 2016; Knox Clarke and Obrecht, 2016). Engagement with the Lebanese government and RLOs, however, was hampered by an everchanging and challenging political, social, and funding context. Notably, several challenges remain, including over-reliance on international funding, weak government commitment to institutionalising coordination and services, and insufficient investment in GBV risk mitigation and prevention. Below we reflect on the findings and draw out globally-relevant recommendations (see Table 1) for strengthening GBV coordination in protracted emergencies.

Our findings underscore the need to support national leadership and systems in protracted crises to promote sustainable GBV coordination and services, highlighting tensions between short-term humanitarian responses and sustainable approaches, a persistent concern in humanitarian and development debates (Saavedra and Knox-Clarke, 2015b; Knox Clarke and Campbell, 2016; UNHCR, 2018b). Although Lebanon's GBV coordination system was established to deal with a refugee influx, over time it evolved to become the main coordination mechanism in the country for GBV actors, galvanising efforts to address GBV for both refugees and host populations. Overall, from a low base in 2012, Lebanon's protracted crisis provided an opportunity to introduce and expand essential GBV services and GBVIMS across the country (Hanley, Ogwang, and Procter, 2018; ICGBV, 2019; ABAAD and UNFPA, 2020; UNFPA, 2020). Innovative approaches implemented in Lebanon to expand service coverage, such as mobile safe spaces and building local capacity in SDCs, can provide valuable insights for similar settings worldwide (Hanley, Ogwang, and Procter, 2018; International Rescue Committee, 2018; ABAAD and UNFPA, 2020; UNFPA, 2020). In parallel, the protracted emergency acted as a catalyst for transformative change in Lebanon, creating an opportunity to reform the legal framework for women's rights over the past decade (Murphy and Bourassa, 2021). Stakeholders cautioned, however, that over-reliance on international leadership and funding, alongside limited government

TABLE 1 Recommendations for strengthening GBV coordination across emergency contexts.

Thematic area	Recommendations for other emergency contexts
Implementing a GBV subsector	<p>Deploy skilled coordinators in every emergency, including public health emergencies, from the beginning of the response.</p> <p>Invest in building a workforce of GBV coordinators with specialised skills and training in response, risk mitigation, and prevention. Establish a shadowing system via which newly trained coordinators can learn from experienced ones, creating a pool of experts.</p> <p>Design coordination mechanisms that suit the context and adapt as the situation evolves. Build on existing government, civil society, and affected population coordination mechanisms and engage and include all actors, including RLOs and affected populations.</p> <p>Implement sub-national coordination mechanisms that engage and encourage leadership by local actors and the inclusion of RLOs.</p> <p>Consolidate context-specific tools and guidance at the coordination level to create a central repository of GBV resources.</p> <p>Conduct research on GBV coordination in different operational contexts, building a body of evidence on what influences effective coordination.</p> <p>Conduct research to explore qualities, skills, and competencies of effective GBV coordinators in different contexts.</p>
Prioritisation and access to resources	<p>Prioritise and resource GBV coordination from the early stages of every emergency by creating dedicated GBV coordination positions and funding coordination as a standalone task.</p> <p>Promote the mobilisation of interagency funding for coordination positions and the implementation of interagency initiatives.</p> <p>Sensitise humanitarian leadership and responders to the importance of addressing GBV to promote prioritisation and resourcing.</p>
Risk mitigation	<p>Improve GBV risk mitigation across sectors through a more strategic approach, including training dedicated GBV specialists to work with sectors during planning stages.</p> <p>Strengthen accountability mechanisms across sectors for GBV risk mitigation, improve the measurement of impact, and deploy experts in risk mitigation at the onset of crises.</p> <p>Improve engagement with affected populations to identify and mitigate GBV risk.</p>
Localisation	<p>Enhance the meaningful participation of national and local organisations in GBV coordination. Demonstrate the value of engagement and build mutually beneficial partnerships.</p> <p>Better integrate affected populations and RLOs and initiatives in GBV coordination mechanisms and programming, including in decision-making.</p>
Data and information management	<p>Invest in interagency GBVIMS coordinators with appropriate skills, deployed across emergency settings, and build national capacities.</p>
Coordination for service delivery	<p>Consider sustainability when expanding services, taking a long-term strategic approach that contributes to building national systems. Adapt approaches from successful cases, such as Lebanon, to improve coverage and the uptake of GBV services in protracted and urban crises.</p> <p>Institutionalise GBV services in government-run facilitates, where possible.</p> <p>Increase investment in GBV prevention, especially in protracted emergencies, using a multisectoral, strategic approach developed at the coordination level.</p>

Source: authors.

commitments to institutionalise coordination, GBVIMS, and services, coupled with the overwhelmed and under-resourced public institutions and the deteriorating economic situation, threatened sustainability (Inter-Agency Coordination Team Lebanon, 2021). While major strides were made to raise awareness and generate commitment to

addressing GBV across government departments in Lebanon, there is still no central body with full oversight or coordination responsibility. Moving forward, the MoSA, through its experience of co-leading the GBV taskforce, appears to be the most suitable entity to coordinate GBV actors. Improved collaboration between government institutions is needed, along with improved clarity on their roles and mandates to promote synergy (Carreras, 2017). Globally, the challenges to institutionalising GBV coordination within national systems, including inadequate funding and weak government ownership, need to be addressed across settings (Raftery et al., 2022).

This research also emphasises the influence of the political, social, and cultural context of the emergency on GBV coordination and the importance of adapting systems to suit the setting (Knox Clarke and Campbell, 2016; Inter-Agency Coordination Team Lebanon, 2021). In Lebanon's sectarian political system, coordinating multiple stakeholders with conflicting affiliations and agendas posed challenges. Meanwhile, patriarchal cultural and social norms, alongside a weak legal framework to protect women and girls from GBV, and the complex crises, contributed to high levels of GBV. Simultaneously, restrictive refugee policies, low rates of legal residency among Syrian refugees, and a lack of access to livelihood opportunities compromised survivors' access to services and complicated coordination (Government of Lebanon and United Nations, 2021). This range of complex challenges had to be tackled by the GBV coordination mechanism, requiring a deep understanding of the context and effective coordination between multiple response stakeholders and sectors, relying on national expertise. The interagency system introduced under the LCRP, while not standard in UNHCR operations at the time, improved collaboration, decision-making, and information-sharing among organisations (Kelley, 2017). Interagency funding could be mobilised for coordination positions and the implementation of interagency initiatives, promoting stronger collaboration on GBV programming, risk mitigation, and service provision. In addition, sub-national coordination mechanisms, with dedicated GBV experts enhanced programming and increased engagement with local actors that were closer to affected communities, improving service delivery and impact at the field level (Clarke et al., 2015; Australian Aid et al., 2016; Knox Clarke and Campbell, 2016; International Rescue Committee, 2017; Gender-Based Violence Area of Responsibility Localization Task Team, 2019). The inclusive approach of serving equal numbers of refugees and host populations in GBV interventions, as well as expanding the target population to include vulnerable Lebanese in the ERP, ensured the response addressed the needs of many affected communities. The experience in Lebanon reinforces critical perspectives on humanitarian GBV interventions, which emphasise the need for a holistic understanding of the multifaceted factors contributing to GBV, requiring strategies that tackle underlying causes, challenge power imbalances, and advance equality (Li, 2007; Rubenstein, 2012; Barnett and Weiss, 2014).

We reinforce the crucial role of effective GBV coordination in ensuring proper prioritisation and funding for GBV in emergencies to support sustainable interventions. Despite increased global attention to GBV, funding remains insufficient and inconsistent, with minimal percentages of global humanitarian funding allocated to the GBV sector (Murphy and Bourassa, 2021). Moreover, short funding cycles, donor preferences for quick impact projects, and limited resources for capacity-building, hinder sustainability and restrict prevention efforts and longer-term change (Boustani et al., 2016). In Lebanon, the GBV taskforce was well-funded as compared with many settings, perhaps signifying enhanced global commitment to combatting GBV, and the LCRP framework created space for predictable and multi-year planning and funding appeals, which facilitated several important advantages (Kelley, 2017; Government of Lebanon and United Nations, 2018; UNFPA, 2020). While donor support and senior leadership in Lebanon helped to prioritise and fund GBV, the overall funding still fell short, particularly in the context of economic challenges and the COVID-19 pandemic, reinforcing the need for flexible and long-term funding at the global and field level (Mansour, 2017; ABAAD and UNFPA, 2020; Murphy and Bourassa, 2021; Raftery et al., 2023). The importance of UN, NGO, and government senior leadership understanding of, and support for, GBV cannot be understated in ensuring that GBV is adequately resourced in all emergencies, and this requires targeted sensitisation efforts. Protracted crises, like the one in Syria, are the new normal, and in the absence of political or livelihood solutions for refugees, demand for long-term assistance increases, which necessitates multi-year humanitarian funding (Knox Clarke and Campbell, 2015; UN OCHA, 2015; Australian Aid et al., 2016; UNFPA, 2020; Murphy and Bourassa, 2021). Across settings a shift towards multi-year funding, flexible financing

mechanisms, and greater investment in local institutions is necessary to foster sustainability (World Humanitarian Summit, 2016; Kelley, 2017).

Effective coordination requires suitable individuals in coordination roles (Knox Clarke and Campbell, 2016). Dedicated and experienced interagency coordinators, including for the GBVIMS, played a fundamental role in the success of GBV coordination in Lebanon, strengthening donor confidence, prioritisation, and fundraising for GBV (International Solutions Group, 2014; Women's Refugee Commission, 2016; Hanley, Ogwang, and Procter, 2018). They facilitated a harmonised response within which strategic priorities were clearly defined and limited resources used effectively (UNFPA, 2020). GBV coordinators at both the national and sub-national level successfully fostered collaboration and solidarity among stakeholders and advocated for prioritising GBV, which is often challenged by high staff turnover and competing priorities in emergencies (Hanley, Ogwang, and Procter, 2018). Coordinators remained for several years in Lebanon, which allowed them to establish trusting relationships—a crucial aspect of effective humanitarian coordination (Campbell and Hartnett, 2005; Boin and Bynander, 2014; Knox Clarke and Campbell, 2016). Notably, Lebanon, with its relatively favourable living conditions, was an attractive posting that may not be the case in more challenging environments. Funding and investment in building the national and international GBV coordination workforce and deploying dedicated and experienced coordinators from the onset of emergencies are crucial (UNFPA, 2020). Further research is recommended to explore the specific qualities and skills needed for effective GBV coordination, facilitating targeted capacity-building initiatives (Gender-based Violence Area of Responsibility Working Group, 2014; Gender-Based Violence Area of Responsibility, 2019). Initiatives like the IMC's GBV Twin Volunteer Program, currently under development, via which newly trained experts gain field experience while supporting experienced coordinators, are valuable and should be expanded.

Our findings emphasise the importance of promoting the participation and influence of national and local organisations in GBV humanitarian coordination, ensuring a more inclusive and locally-driven process (Knox Clarke and Campbell, 2016; Knox Clarke and Obrecht, 2016; Gender-Based Violence Area of Responsibility Localization Task Team, 2019; Murphy and Bourassa, 2021; Raftery et al., 2022). Despite localisation rhetoric, power imbalances persist globally, with decision-making and funding often controlled by international actors and a lack of regard for local expertise (Raftery et al., 2022; Khoury and Scott, 2024). While minimal achievements concerning GBV localisation have been observed globally, Lebanon showcases the successful engagement of national and local organisations in GBV coordination and service delivery (ICGBV, 2019; Gender-Based Violence Area of Responsibility Localization Task Team, 2019; Raftery et al., 2022). Significant efforts were made by the GBV taskforce to engage these actors in coordination and to extend relationships across diverse sectarian groups (ICGBV, 2019). The inclusive, collaborative approach adopted allowed national and local actors to influence GBV coordination, capitalise on capacity-building opportunities and increased funding allocations, and gain international visibility, advancing localisation (Christoplos, Hassouna, and Desta, 2018). Mutually beneficial multi-year partnerships with UN and INGOs enabled local actors to upgrade internal management and accountability systems, making them eligible to receive international funding directly (Christoplos, Hassouna, and Desta, 2018; International Rescue Committee, 2020; UNFPA, 2020). In recent years, national and local organisations received 50 per cent of GBV funding, surpassing global localisation targets (Hanley, Ogwang, and Procter, 2018; ICGBV, 2019). Reserved spaces for national and local actors in the coordination core group ensured their involvement in decision-making and leadership, crucial for long-term impact (Knox Clarke and Campbell, 2016; ICGBV, 2019).

Experience in Lebanon can serve as a model for building local GBV technical capacity in other similar contexts; however, challenges such as staff poaching and salary disparities between local and international actors need to be addressed (Gender-Based Violence Area of Responsibility Localization Task Team, 2019; ICGBV, 2019). Globally, further expansion of initiatives like 'Building Local, Thinking Global' and the 'Call to Action on Protection from Gender-Based Violence in Emergencies' are needed to promote transformative leadership and localisation (Christoplos, Hassouna, and Desta, 2018; Gender-Based Violence Area of Responsibility Localization Task Team, 2019; Call to Action on Gender-Based Violence, 2021; Murphy and Bourassa, 2021; International Rescue Committee, 2022). Practical guidelines and efficient implementation mechanisms for localisation are also needed, and Lebanon's experience could provide valuable insights in this regard.

Despite Lebanon's successes, we argue that efforts cannot be considered as true localisation without the integration of the affected population into coordination. GBV actors in Lebanon did not manage to engage Syrian RLOs or networks with GBV expertise in coordination and substantive decision-making, a gap previously highlighted (Steets et al., 2010; Knox Clarke and Campbell, 2015; Mansour, 2017; Hanley, Ogwang, and Procter, 2018; International Rescue Committee, 2020; UNFPA, 2020). Syrian actors in Lebanon have been marginalised due to legal obstacles like a lack of legal status and work permits, despite their potential to contribute to the humanitarian response (Mansour, 2017). Integrating local knowledge and practices into GBV coordination has the potential to enhance the relevance, effectiveness, and sustainability of interventions, and advocacy to promote the participation of Syrian actors remains vital within Lebanon's humanitarian landscape (Boustani et al., 2016; Mansour, 2017; GBVIMS Lebanon, 2022). Successful integration of Syrian organisations into humanitarian coordination in contexts like Türkiye offers valuable lessons for Lebanon's complex crises (Mansour, 2017; World Health Organization, 2024). Recent efforts geared towards engaging more diverse actors include a 2023 UNDP-led mapping of women-led organisations, such as RLOs, in Lebanon, analysing their role in advancing effective humanitarian action (Gender-based Violence Working Group – Lebanon, 2023). The report recommended improved coordination via access to decision-making fora, integration, language adaptation, and funding, underscoring recognition of their existing capacities. Subsequently, national GBV coordinators introduced the GBV working group structure to identified organisations, and sub-national coordinators invited them to join coordination mechanisms (Gender-based Violence Working Group – Lebanon, 2023). In addition, we support the recommendation to build trust between Lebanese and Syrian civil society as part of the localisation process (Christoplos, Hassouna, and Desta, 2018). Across settings, a more inclusive approach, encompassing legal and financial support for RLOs, is essential to harness their expertise and agency in addressing their communities' needs within humanitarian contexts.

Our findings reinforce the need for more attention to, and long-term investment in, GBV risk mitigation and prevention programming (UNFPA, 2020; Murphy and Bourassa, 2021). As seen in Lebanon, prevention efforts often take a back seat to response services in emergencies, but a longer-term approach is needed to address social norms and power dynamics, from the early phase of a crisis (Heise, 1998; Landegger et al., 2011; Hanley, 2019; Women's Refugee Commission, 2019; UNFPA, 2020; Murphy and Bourassa, 2021). Furthermore, a more strategic approach to risk mitigation in Lebanon could have reduced the duplication of work and had a longer-lasting impact; this could be facilitated by improved inter-sectoral coordination. We recommend the development of multi-year, interagency risk mitigation and prevention strategies that would assist with mobilising and sustaining funding to support long-term change in Lebanon and other similar settings (Hanley, Ogwang, and Procter, 2018). Lastly, we reinforce previous recommendations that donors mandate the integration of GBV risk mitigation across all sector strategies and involve affected populations and local women's organisations in efforts to prevent GBV (UNFPA et al., 2015; Murphy and Bourassa, 2021).

4.1 | Limitations

Owing to COVID-19 pandemic restrictions, data collection was conducted remotely, limiting access to key informants at the field level, government actors, CSOs, and RLOs. In addition, the recollection of events from several years ago by some informants may have caused issues with accuracy. Difficulties in contacting key individuals, including past UN coordinators, government actors, and donors, resulted in their perspectives not being fully represented.

5 | CONCLUSION

Lebanon provides a positive yet complicated example of humanitarian GBV coordination. Our findings illustrate the transformative effect that the humanitarian response has had on addressing GBV in the country, facilitated by effective coordination. Such protracted crises present opportunities to expand services, enhance coordination, and advance localisation. However, challenges persist in achieving sustainable and institutionalised GBV coordination

and services, including gaps in government leadership and a dependence on international funding. Although serving refugees was the originating concept for GBV coordination in Lebanon, RLOs are not sufficiently engaged, pointing to a failure of the international community. We underline the importance of investing in dedicated GBV coordinators and allocating multi-year, flexible GBV funding alongside interagency strategies on GBV risk mitigation and prevention in emergencies. Wider engagement of national government and RLOs is required across similar settings. In Lebanon, further research is needed to explore the future direction of GBV coordination amidst the recent compounded crises.

ETHICS STATEMENT

Ethical approval for this research was received from the London School of Hygiene and Tropical Medicine's Observational and Interventions Research Ethics Committees (Project ID: 16208) and the Institutional Review Board of the American University Beirut (Protocol Number: SBS-2020-0067). All participants were volunteers and were informed of the study's aims and objectives using a participant information sheet. All provided informed written consent using consent forms, indicating their chosen level of confidentiality, and agreed to have their anonymised quotations included in publications.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTE

¹ All supplementary materials can be found online in the Supporting Information section at the end of the article.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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