



From their main office in Beirut, Lebanon, ABAAD operates the Emergency Midway House program for women and girls, providing physical shelter, rebuilding networks and promoting self-reliance. © ABAAD / Chris Ghafary / 2016

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EMERGENCY SHELTER FOR WOMEN AND GIRLS – LEBANON

<p>Population Group: Refugee and host community women and girls, who are survivors or at risk of sexual and gender-based violence.</p>	<p>Project Objective: Prevent and respond to sexual and gender-based violence by providing immediate, non-conditional emergency shelter and other vital services to women and girls.</p>	<p>Implementing Partners: ABAAD – Resource Centre for Gender Equality.</p>
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1. Project overview

In August 2013, the Lebanese non-governmental organization (NGO) ABAAD – Resource Centre for Gender Equality, supported by UNHCR and other donors, established the Al-Dar Emergency Midway House (MWH) to provide safe, temporary shelter to survivors and those at risk of sexual and gender-based violence (SGBV). There are now three MWHs administered by ABAAD in Lebanon, two of which were established with UNHCR funding. At present, UNHCR gives financial support to one MWH for renovations, while also providing the project with technical support in the form of knowledge-sharing platforms and assistance in programming and quality assurance.

The MWHs provide emergency shelter, case management and referrals to tailored services, including medical services, psychosocial and legal assistance, vocational training, and language classes. Each MWH shelters as many as 20 women and their children, including boys aged 12 and younger, for a maximum of two months. More than 65 per cent of the SGBV survivors in the MWHs are refugee women. The shelters are the first of their kind in Lebanon and the only ones designed to serve women and girls from both the refugee and host community.

2. Context and needs

In mid-2016, Lebanon was host to 1,049,364 refugees and asylum-seekers, 98 per cent of whom are Syrians who were forced to flee the armed conflict in their country.¹ Lebanon also hosts 449,957 registered Palestinian refugees who receive protection and assistance from UNRWA.² Syrian refugees are dispersed across the country in urban, peri-urban and rural settings, living in unfinished buildings, collective shelters and informal settlements.

Among Syrian refugees, the most commonly reported forms of violence against women and girls include physical assault, domestic and sexual violence, denial of resources, and forced and child marriage.³ Some Syrian refugee women report being forced to resort to sex work to cover the basic needs of their families.⁴

SGBV survivors cited the need for temporary housing during a participatory needs assessment with Syrian refugees conducted by UNHCR and partners. In response, a follow-up evaluation of the existing shelter services in Lebanon by UNHCR, UNICEF and ABAAD found that no emergency shelter services were available to SGBV survivors nor were targeted specifically for women with children. Furthermore, all the shelters lacked the capacity to address urgent protection situations, provide housing for women for more than one month and to serve high-risk cases. Most were affiliated with particular religious communities or associations, deterring women of different faiths from reaching out to them.

3. Process and activities

The MWHs were established to provide emergency, non-conditional, temporary shelter to women and girls who are either survivors, or at risk, of SGBV and to provide them with access to multi-sectoral services. As the words emergency and non-conditional indicate, the shelters offer immediate, free safe houses for women and girls of all nationalities, ages, cultural backgrounds, sexual orientations and economic status, be they asylum-seekers, refugees or members of the host community.

The aim of the MWHs is to work together with female survivors and their children to:

- Ensure their safety and security.
- Provide tailored services to those with specific needs.
- Empower them to support one another.
- Develop action plans with them in order to rebuild their social networks and support their reintegration.

¹ UNHCR. [Population Statistics – Midyear 2016 Stats](#).

² UNRWA. [Where we work: Lebanon](#).

³ UNHCR Portal, <http://data.unhcr.org/syrianrefugees/country.php?id=122>, last accessed November, 21st, 2016.

⁴ Idem.

The MWHs adhere closely to a survivor-centred approach, based on the principles of respect for human rights, safety and security, confidentiality and non-discrimination. They also follow the [Inter-Agency Standard Operating Procedures \(SOPs\) for SGBV Prevention and Response in Lebanon](#).⁵ These SOPs were developed through a national consultation process involving all those working to prevent and respond to SGBV, including UNHCR, UNICEF and the Lebanese Ministry of Social Affairs. ABAAD established management guidelines for the operation of each MWH in line with the SOPs.

ABAAD is part of the inter-agency SGBV working group and the MWHs are included in the inter-agency SGBV SOPs including the referral pathway. Survivors and those deemed at risk of SGBV are given information about the MWHs or referrals by UNHCR, other UN agencies, the Ministry of Social Affairs, national and international civil society organizations and the justice and health systems. ABAAD also runs information campaigns and has a 24-hour emergency helpline.

Decisions on unaccompanied children are often discussed with the Union for the Protection of Juveniles in Lebanon (UPEL) and the Juvenile Judge. Unaccompanied children who are survivors of SGBV can only be referred to the MWHs if mandated by a judge, in accordance with the national child protection legal framework.

When contacted by a survivor of SGBV and/or her family, ABAAD staff conduct a rapid assessment of the situation. A social worker from the MWH or the referral agency accompany the MWH driver who then picks up the survivor and her children from a safe location, such as a ministry, NGO or law enforcement offices, and securely drives them to the MWH. If the situation is one of high risk, social workers may, with the consent of the survivor, communicate with and involve law enforcement.

After admission to the MWH, the survivor goes through a three-week reception phase during which she is welcomed and made familiar with the shelter's philosophy, objectives and code of conduct. Survivors and their families in MWHs are offered many different forms of support during their two-month stay, including:

- **Immediate basic assistance:** Including food, clothing, hygiene and baby kits.
- **Security:** Each MWH has established security measures, including cameras and electronic fence and gate, and establishing direct communication with law enforcement to ensure protection in the event of a security incident.
- **Medical care:** Including on-call doctors, psychologists and psychiatrists as well as the clinical management of rape.
- **Psychosocial Support:** Eight sessions of individual therapy are offered to support SGBV survivors to develop their capacities to understand their own emotions and learn how best to cope. Group therapy activities, including drama and art therapy, neuropsychology sessions and daily coaching sessions are part of the psychosocial support programme. The MWHs also provide tailored services and referrals to survivors with specific needs, including survivors with disabilities, those suffering trauma and stress, and those with diverse sexual orientations and gender identities. All psychosocial services are provided in-house, and support is available 24/7.
- **Case management:** Social workers provide survivors with the opportunity to express their needs, priorities and wishes and work with them to develop a tailored action plan. Such plans are designed to facilitate the survivors' access to health services, mental health and psychosocial support, legal assistance (including an on-call lawyer), job placement, vocational training, social services, longer-term housing and other services.

⁵ Inter-Agency Coordination Lebanon, [Inter-Agency Standard Operating Procedures \(SOPs\) for SGBV Prevention and Response in Lebanon](#) (2014).

- **Education, skills building and job placement:** Different educational activities are provided for children, adolescent girls and women. Women and adolescent girls are offered language classes, vocational training and activities to build life skills, for example in communication skills, stress and anger management, resource allocation and budgeting. They are also encouraged to participate in targeted psychosocial support activities (e.g. film club and art activities, including jewelry making and painting). Social workers assist women to identify job opportunities and accompanying them to interviews. Children participate in psychomotor activities, sports, games, and arts and crafts, including activities that emphasize gender equality. Classes in remedial Arabic and English, mathematics and science are also provided.
- **Peer-to-peer skills building:** Survivors with specific skills (English, cooking, housekeeping, child care, make-up application, hairstyling, dancing, painting, sewing, etc.) teach other women and girls with the supervision of staff members. The peer-to-peer skills building programme enables survivors to recognize and appreciate their individual strengths, to support themselves in their recovery and to resume a more routine way of life.
- **Recreation:** Weekly activities targeting mothers and their children help build positive parenting and communication skills. Entertainment activities for all residents of the MWHs include eco-tourism, ceremonies and celebrations both within the shelter and outside.
- **Reintegration:** Social workers support survivors to design their own reintegration plans, including through visits to other communities and participation in activities outside the MWH. Activities aimed at social integration outside the shelter include visits to older women and men; sales of baked goods, with the revenue distributed to families in need; clothes collection and distribution drives in collaboration with the Lebanese Red Cross; and drafting letters to women who have recently arrived at the MWHs.
- **Exit:** Following reintegration activities, the MWH social workers evaluate the survivors' coping and self-help mechanisms and their ability to adapt to their new circumstances. All survivors complete an exit plan prior to leaving the MWH and are encouraged to choose where they live next. The exit plan is developed together with a social worker and in coordination with referral agencies. Some survivors choose a solution away from their families, often in temporary collective shelters such as the Danish Refugee Council collective shelter, the UNHCR Shelter Unit and the Caritas Lebanon Migrant Center. Others may opt for a long-term shelter such as those provided by the Maryam and Martha Association, Good Shepherd Sisters, Service de l'Enfant au Foyer and the YMCA.

4. Partners and resources

There are 10 dedicated staff members in each MWH, including shelter directors, case managers (who hold a bachelor's degree in social work and have a minimum of two years' experience related to SGBV and child protection), social workers, psychotherapists, lawyers, child care attendants, night attendants and drivers. Key staff members who work with survivors have been trained in case management and survivor-centred approaches, the principles on working with survivors, and confidentiality practices.

As previously mentioned, the MWHs are included in the inter-agency SGBV working group. ABAAD coordinates with UNHCR and other UN agencies, the Ministry of Social Affairs and national and international civil society organizations so that survivors can be referred to the MWHs. Staff of the MWHs also liaise with the local community, police and other security providers in order to raise awareness of the shelter and prevent and respond to any security incidents.

The MWH staff work in close collaboration with other civil society organizations, including INTERSOS, Danish Refugee Council, Caritas Lebanon Migrant Center, Makhzoumi Foundation, Maryam and Martha Association, Mission de Vie, Lebanese Red Cross, Service de l'Enfant au Foyer, Good Shepherd Sisters and UPEL, both by providing referrals to their services and jointly designing exit plans. UNHCR, UNICEF, OCHA, Norwegian People's Aid, Norwegian Church Aid and Caritas Austria contribute to the MWHs' operational and service costs.

5. Participation and accountability

The MWHs are managed using a survivor-centred approach that encourages women and girls to make decisions about their own lives while providing them with the services they request. Women and girls actively participate in the daily management of the shelter and are directly engaged in decision making, in addition to taking on tasks such as cleaning, cooking, gardening and organizing activities. They are also encouraged to share their skills with others at the MWHs.

After each session or event, survivors complete a form outlining their feedback and addressing any concerns they may have. They are also invited to share negative feedback anonymously through a complaint box. Both senior management of the MWH and the director of ABAAD follow up on these complaints in accordance with ABAAD's complaints response mechanism.

Once the problem raised through the complaints response mechanism has been addressed, the ABAAD monitoring, evaluation, accountability and learning officer ensures that all corrective procedures have been implemented. The entire process is documented in the complaint and feedback tracking database. Survivors also complete an exit survey which enables them to provide feedback on the services offered by the MWHs.

Staff at the MWHs use a coding system for filing and documentation in order to ensure confidentiality and avoid putting the survivors at further risk. A follow-up and feedback mechanism that works through coordination with the stakeholders and case managers or through direct communication with the survivors is also in place.

Age, Gender and Diversity Approach

The MWH targets women and adolescent girl survivors of SGBV within both refugee and host communities. Particular emphasis is placed on reaching individuals with specific needs, including persons with diverse sexual orientations and gender identities, as well as people living with disabilities. One of the MWHs is wheelchair accessible and ABAAD, with support from UNHCR, is currently renovating another MWH, including ensuring accessibility for persons with disabilities. In addition, MWHs provide referrals to organizations dedicated to supporting LGBTI persons.

Male SGBV survivors, including men and boys from the ages of 12 to 18, are referred to a select number of separately administered shelters that welcome them, such as Mission De Vie and UPEL. Mothers whose sons are in the shelters are encouraged to visit them in order to keep family ties strong.

International Medical Corps and ABAAD also run a Men's Centre for men with abusive behaviours in order to prevent SGBV by offering confidential and anonymous services, including one-to-one psychosocial support sessions, to increase emotional self-awareness and promote behavioral change.

6. Results

Since their establishment more than three years ago, the MWHs have hosted more than 400 women, girls and boys. Many organizations frequently refer women to the MWHs due to their reputation for offering immediate safe shelter. The availability and accessibility of the MWHs has played a significant role in the lives of SGBV survivors who have nowhere else to turn, allowing them to receive vital services, escape abusive situations and begin their recovery.

Survivors who have received support from the MWHs say that the shelters served as a safe home away from home. They were pleased with the opportunity to learn, teach others and gain confidence, as well as grateful for the opportunity to meet others in similar situations and heal together.

The MWH teams support survivors in developing their exit plans based on their own needs, wishes and priorities. For instance, one woman who took shelter in an MWH was hired to work in a shelter for children after she was evaluated by the shelter's staff on her skills and capabilities. In 2016, ABAAD secured 10 job placements for Lebanese MWH residents.

Almost 75 per cent of the women who had used the services of the MWHs were able to successfully begin their recovery from trauma and lead better lives after leaving the shelters. Of these:

- 25 per cent opted to return to supportive family members and are now living peaceful lives.
- 60 per cent found more permanent solutions away from their families, mostly in collective shelters.
- 15 per cent returned to their spouses/parents (while continuing follow-up with referral agencies or ABAAD safe spaces).

Sustainability

This project is entirely funded by external donors. However, since the activities and services of MWHs are carried out in consultation and close coordination with relevant national civil society organizations and government institutions, it may be possible to formalize partnerships with them in order to contribute to the sustainability of the services.

7. Lessons learned

Establishing and running a safe shelter with comprehensive service provision is a challenging endeavour. Lessons learned from the experience of the MWHs include:

- It is important to build and maintain relationships with the surrounding community in order to gain support for the work of the shelter and to help increase security and integration.
- A close working relationship with the police and other security providers is critical to prevent and respond to any security incidents.
- The location and layout of the shelter is important to its success, as survivors need open spaces to improve their well-being.
- Working with survivors with disabilities requires adaptation of the MWH structures and services. It must be noted that accommodating survivors with psychosocial disabilities can be quite challenging and sometime risky both for the survivors and others in the shelters.
- Mental health services in Lebanon, where there is only one mental health hospital, are very expensive. There is an urgent need for specialized emergency safe shelters for SGBV survivors that require mental health related support.
- There is a need to engage in constant fundraising.

Potential Risks and Mitigation Strategies

Risk	Mitigation
Reintegration could lead to continuing and/or escalating violence.	<p>Comprehensive exit plans developed by survivors in collaboration with social workers and other service providers adequately assess the risk of violence and ensure referrals to temporary or longer-term shelters if necessary.</p> <p>Regular follow-up with survivors who choose to reconcile with their partners provides ongoing monitoring and support, including referring their partners to the International Medical Corps and ABAAD's Men's Centre and to individual and couple therapy.</p>
The abduction of children and adolescent girls by abusive family members is considerably higher if they attend school.	MWH staff members provide non-formal education sessions to ensure that children and adolescents have access to education during their stay at the shelter. However, there is an ongoing debate on how to reconcile the shelter's objective of preventing SGBV with the right to education.

8. Recommendations

There is a shortage of safe shelters for SGBV survivors around the world and in the MENA region. Forcibly displaced and stateless women and girls face additional obstacles in accessing shelters, including a shortage of space, the need to travel long distances to reach shelters, lack of information and an inability to bring their children along. There is also a gap in the provision of specialized shelter services for SGBV survivors with disabilities. Therefore, it is good practice to establish shelters that are more easily accessible to all refugee and host-community women and girls, including persons with disabilities. The MWHs could be expanded as well as replicated in other contexts, as long as they are adapted to meet the specific needs of survivors and they take into account the specific legal, social and security contexts unique to the location.

It is important to keep the following considerations in mind:

- The shelter needs to be accepted by the community in which it is located. Outreach and good communication with neighbours and local police is crucial.
- It is important to develop a strategy that will ensure the long-term sustainability of the MWHs. Collaboration with government agencies, municipalities, the private sector and civil society partners will encourage buy-in, referrals and support.
- The MWH model might work better in urban rather than rural contexts, especially with regard to security and the accessibility of services.

9. More information

UNHCR Lebanon: lebbe@unhcr.org

ABAAD Website: <http://www.abaadmena.org/>

ABAAD Email: abaad@abaadmena.org

[ABAAD Documentary on Al-Dar Emergency Safe Housing](#)

[ABAAD Brochure on Al-Dar Emergency Safe Housing](#)

ABAAD Video, Tools and Forms: A video providing an overview of the MWHs, tools and templates, and referral and exit plan forms can be requested from ABAAD.

[Inter-Agency Standard Operating Procedures \(SOPs\) for SGBV Prevention and Response in Lebanon](#) (2014).

Other Resources

[IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) (2015).

[Gender-Based Violence Information Management System](#) (GBVIMS).

[UNHCR SGBV Prevention and Response Training Package](#) (October 2016).

[UNHCR Action against Sexual and Gender-Based Violence and Response: An Updated Strategy](#) (June 2011).

[UNHCR Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons – Guidelines for Prevention and Response](#) (May 2003).

Faysal El Kak, Male Survivors of Sexual Assault: A Manual on Evaluation and Management for General Practitioners (MOSAIC), in [Arabic](#), in [English](#).

[Amani Campaign Implementation Guide – Jordan](#) (2014)