Lebanon

A. We Lead Programme Overview

CoA Member Organizations

The Community of Action (CoA) in Lebanon was composed up of a total of 16 organizations across the period, with membership evolving over time[1], with [redacted] acting as the host organisation/technical focal point. Different CoA organisations worked with different rightsholder groups, including internally displaced (mainly from Syria and Palestine) and migrant women, members of the [redacted] community, women living with disabilities and women living with HIV. While some CoA organizations provided SRH services themselves such as testing, treatment, or period products, these services were not part of the activities of the We Lead Programme. The majority of activities were undertaken in Beirut, although some were undertaken in other areas such as Akkar, West Bekaa, Sidon, and Baalbek.

Main Activities

- **Capacity building and training**: coaching, bootcamps, feminist inclusive facilitation training, and thematic sessions on SOGIESC, SRH-R, LILO Women and Training of Facilitators, and decolonial feminism; training on Theory of Change, M&E, youth-led research, financial resilience, advocacy, integrity and ethics, safety and security
- **Public awareness and community engagement on SRH-R**: PCOS awareness campaign and the "Like Any Other" campaign promoting inclusive attitudes toward disability and sexuality; social media and media engagement on body positivity and SRH-R
- **Engagement with healthcare providers:** Training and sensitization of healthcare providers; reallocation of 10% of the budget toward emergency SRH-R service delivery and relief efforts.
- **Policy and legislative advocacy:** Capacity building, grassroots engagement, and international advocacy; participation in major international forums.

B. End Term Evaluation Fieldwork

Number of stakeholders interviewed	7 individuals
Number of participants of CoA Sensemaking Workshop	12 individuals
Number of participants of Rightsholder Sensemaking Workshops	15 individuals
Total number of participants	**34**

C. Country Context

Lebanon remains highly unstable due to the ongoing war with Israel on Lebanese territory, with escalation from October 2023 to November 27, 2024 resulting in more than 14,800 attacks exchanged causing nearly 3,700 deaths and around 15,700 injuries.[2] The 2023-2024 conflict

[redacted]

[2] OCHA (2025) Lebanon Fact Sheet

displaced over 1.2 million people,[3] including CoA members. Unexploded ordnance and military presence restrict access to more than 60 villages in Southern Lebanon,[4] and the conflict and displacement have intensified protection risks for women and children resulting in high risk of gender-based violence with limited access to services, especially SRH services, for survivors. Civil society and media operate under constrained conditions[5] with journalists and human rights defenders facing threats, arbitrary detentions, and violence including documented deliberate attacks on journalists and civilian infrastructure by Israeli forces, while approximately 1.17 million people face crisis/emergency levels of food insecurity[6] with infrastructure destruction severely retarding recovery and development, and disrupting scheduling, safeguarding and reach of Programmes such as We Lead. A major escalation between September and November 2024, during which Israel carried out attacks on Lebanese territory affected much of the country, including CoA project areas in Akkar, Baalbek, Sidon, and Beirut.

Politically, Lebanon has experienced prolonged institutional paralysis. General Joseph Aoun was elected President on January 9, 2025, with 99 out of 128 parliamentary votes, ending a political deadlock lasting over two years, with veteran diplomat Nawaf Salam appointed Prime Minister shortly thereafter.[7] The system remains deeply fragmented along sectarian lines based on the confessional system requiring consensus among major groups including Hezbollah and its allies, Christian parties, and other sectarian groups. Women occupy roughly 3-6% of parliamentary seats, one of the lowest female representation rates globally, with limited gender quotas or affirmative action policies despite ongoing NGO campaigns and low women's participation in municipal elections especially in rural or conservative areas. Lebanon continues to suffer a severe economic crisis with over 80% of the population living in poverty involving a collapsing currency, hyperinflation, banking sector failures, and heavy public debt, with political gridlock, sectarian division, and the economic crisis hindering rapid progress on social issues. Rising operational costs limit access to SRH-R goods/services and strained programme partners' delivery.

Abortion is illegal in Lebanon[8] unless the pregnancy endangers the mother's life, with Penal Code Articles 539-545 criminalizing abortion, leading to unsafe abortions and inconsistent post-abortion care. Contraception is legal and available but access is hindered by systemic inequities, fragmented funding, and supply gaps particularly for refugees and marginalized women. Legal frameworks like Law No. 293/2014 exist to criminalize domestic violence but enforcement and survivor support mechanisms are inconsistent due to social and political barriers,[9] while Comprehensive Sexuality Education is not standardized or mandatory with strong resistance from religious and political groups despite NGO coalition efforts. Marriage laws vary by religious sect and child marriage is allowed under some personal status laws despite international criticism and ratification of international conventions. Same-sex relations are criminalized under Penal Code Article 534 with no legal protections or recognition for same-sex partnerships or gender rights, despite precedent rulings by different judges based on the interpretation of the Article. [redacted] individuals face harassment, arrests, and social exclusion, and same-sex marriage is illegal.[10]

The healthcare system is highly privatized with over 74% of hospital beds in the private sector, while the Ministry of Public Health provides limited public services, often contracting private facilities for uninsured citizens and overseeing approximately 250 accredited Primary Health Care centres. Health spending is around 5.74% of GDP (World Bank) with out-of-pocket by households

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[3] UNCHR (2025) UNHCR: Lebanon crisis deepens as Israeli airstrikes intensify

[4] BBC (2024) Israel warns against returning to 60 Lebanon villages

[5] Freedom House (2025) Lebanon

[6] World Food Programme (2025) Food insecurity in Lebanon returns to near pre-conflict levels - but gains remain fragile, new report shows

[7] Al Jazeera (2025) Lebanon parliament elects army chief Joseph Aoun as president

[8] World Health Organsation (2025) https://abortion-policies.srhr.org/country/lebanon/

[9] ICJ (2019) Gender-based Violence in Lebanon: Inadequate Framework, Ineffective Remedies https://www.icj.org/wp-content/uploads/2019/07/Lebanon-Gender-Violence-Publications.pdf

[10] Equaldex (2025) Lebanon https://www.equaldex.com/region/lebanon

representing 33.42% of total health expenditure (World Bank). The fertility rate is 2.2 children per woman (World Bank) with an adolescent birth rate of 20.8 per 1,000 girls aged 15-19 (World Bank), and regional disparities exist with rural and deprived areas like Akkar and Bekaa having reduced facility access and fewer PHC centers per capita while refugee populations (approximately 1.5 million Syrians) face significant barriers to care.

Stigma and misinformation around sexuality, gender diversity and HIV are widespread. Feminist and [redacted]-affirming actors witness regular harassment/backlash leading to self-censorship and safety concerns among young women. In parallel, CoA members faced direct attacks by anti-gender and religious movements which created additional risks for partners working on [redacted]-affirming and feminist SRH-R initiatives.

D. Evaluation results

Relevance

The words that CoA member organisations would most use to describe the programme in Lebanon, according to the survey, emphasise the leadership and rights-based aspects of the programme's design and activities. Respondents particularly highlight advocacy and knowledge as areas that resonate strongly with the work in the country as well as leadership, while recognising that there have nevertheless been challenges such as being overly ambitious, and over-eager given the challenging context:

The findings from the survey with CoA organisations in Lebanon indicate that despite the yearly assessments of rightsholder needs and annual reviews of the theory of change, challenges with designing activities to fully align with the needs of the different rightsholder groups persisted. Stakeholders report the programme aligned best with the needs of young women and girls generally, although still only 36% of the organisations felt their needs were very well addressed by the programme's design. Women with HIV and [redacted] were the least well served by the activities. The challenges and limitations likely relate to the context in which the project was operating which hampered a more overt approach to supporting the SRH-R needs of the different rightsholder groups.

Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:

	Young women and girls generally?	Young women and girls living with disabilities?	Young women and girls living with HIV?	Young women and girls who are affected by displacement?	Young women and girls who identify as belonging to the [redacted] community?
Very well	36%	0%	0%	9%	0%
Fairly well	45%	55%	36%	64%	45%
Neither well nor badly	18%	36%	36%	18%	27%
Fairly badly	0%	0%	0%	0%	0%
Very badly	0%	0%	0%	9%	0%
Don't know	0%	9%	27%	0%	27%

Rightsholder workshops emphasised safe, affirming spaces to discuss sexuality, menstruation and [redacted] rights given that spaces are not routinely available nor accessible in Lebanon. Localisation of the Theory of Change (ToC) and budget flexibility supported adaptation to security and contextual changes. The localisation of the ToC was carried out through annual participatory discussions among CoA members, facilitated by [redacted] and Hivos. It was not built on a formal context analysis or specialist input, but rather on consensus-building within the CoA.

The escalating conflict forced a shift in the programme's focus from regular programming to emergency response. Many planned activities, such as the regional MENA Convention, were postponed or cancelled.[11] Adaptations to the programme reflected the lived experience of partners and the constraints of Lebanon's context. For example, Hivos secured approval from the Dutch Ministry of Foreign Affairs to reallocate 10% of the budget for emergency response for CoA members as flexible funds. CoA members could decide how to use it in their areas (e.g., blankets, sanitary pads, and other urgent items), mobilising that 10% within their existing grants to meet immediate needs during the security escalations.

Although no disability experts took part in the design phase of the project, disability perspectives were part of the programme from the outset. A disability-led organisation participated in the CoA since the design phase and contributed actively to the localisation of the ToC and most adaptation workshop, with their involvement bringing lived expertise into early discussions.

Participants noted that accessibility measures, such as transport support, readers/Braille, or adapted materials, were not systematically budgeted for. It was reported during the validation process for this report that while there were no restrictions on the budget provided to the CoA for disability inclusion, inclusion measures would need to be budgeted for by CoA members on request. This may have resulted in uneven application in practice, for example when specific organisations did not include such inclusion measures initially. No replacement disability specialists were engaged once the dedicated organisation exited. This gap limited their ability to make accessibility measures routine. External interviewees confirmed the thematic importance of disability inclusion but, given their limited exposure to delivery, were unable to assess performance in depth. A more detailed investigation of the budgetary and funding disbursement processes would be welcomed to investigate this issue in more detail. (This is beyond the scope of the current evaluation).

Effectiveness

Outcome 1: Strengthening the capacity of CoA members and rightsholders

The We Lead programme implemented comprehensive training activities to strengthen CoA member organisations and local CSOs in Lebanon, though implementation was significantly

[11] 2025 Consolidated Annual Plan_We Lead.pdf; Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf

impacted by the country's severe economic crisis, political instability, and conflict escalation that caused delays and required adaptation of planned activities.

CoA organisations who completed the survey tended to be more muted about the contribution of the programme to their strengthened skills and capacities. While 30% reported a very substantial contribution from the programme to their active promotion of SRH-R, for the other skills areas, the proportion of reported a very substantial contribution by We Lead was far fewer. Resilience and adaptivity and sustainability/credibility are areas where the Programme seemed to have had gaps in terms of its support to the organisations in Lebanon

Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:

	Credible and sustainable?	Resilient and adaptive?	Inclusive, supportive, and led by young women rights-holders?	Active in promoting SRH-R realization?	Safe, secure and practice collective care?	Act jointly?
A very substantial contribution	10%	20%	20%	30%	11%	30%
A substantial contribution	30%	20%	50%	50%	44%	40%
A moderate contribution	50%	60%	20%	20%	44%	30%
A limited contribution	0%	0%	0%	0%	0%	0%
No contribution at all	10%	0%	10%	0%	0%	0%
Don't know	0%	0%	0%	0%	0%	0%

The CoA Facilitator for Lebanon was engaged in an ongoing leadership development and coaching trajectory and participated in training sessions on inclusive workshop facilitation conducted by Restless Development and Positive Vibes in 2021. In 2024, in response to the Lebanon CoA's needs, an enhanced inclusive facilitation methodology integrating feminist principles was developed jointly by Restless Development and Positive Vibes, although the in-person training was postponed to 2025 due to security concerns. It was held in collaboration between Restless Development and Hivos, and implemented by [redacted], a feminist facilitation cooperative which developed the guide. In December 2023, two CoA members from Lebanon, [redacted], led a Leadership Lab focused on "Standing in Solidarity: Feminism and Colonialism," which served as a training and dialogue space for 10 other organisations. Three further leadership labs were held during the MENA convention by the Lebanon CoA.

Advocacy, research, and policy skills training equipped rightsholders with evidence-based advocacy capabilities, including youth-led research methodology training for 12 CoA members in May 2023 resulting in 55% knowledge increase and enabling research on the economic crisis's impact on women living with disabilities, while 28 rights holders received research and data collection training in 2024, 28 young women were trained on national, regional, and international SRH-R policies and laws in 2024, and 30 rightsholders participated in lobby and advocacy capacity training.[12] Additional 2024 training covered dialogue engagement tools with direct environment, influencers, and societal leaders, plus strategies for implementing public opinion influence activities on SRH-R issues. International advocacy participation provided capacity-

[12] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf; 2024 Consolidated Results Framework Final.pdf

strengthening opportunities through supported participation in the Commission on Population and Development sessions, ICFP, Women Deliver Conference, the AIDS Conference, ICPD30 Global Youth Dialogue and Commission on the Status of Women (CSW68 and 69 and others). The 2022 and 2023regional MENA Conventions were key linking and learning opportunities to amplify local SRH-R experiences and strategies from Lebanon and Jordan. The 2024 convention was initially postponed due to security challenges and ultimately cancelled due to coinciding with the closing events.[13]

Safety and security training targeted designated Safety and Security Focal Points with plans to train 19 people in 2023 and 10 in 2024 met. 2025 plans included mental health support and emergency response training, resource mobilisation workshops on fundraising and grant writing, a shift toward informal conversation circles and peer-to-peer learning as the programme wound down.

The programme also rolled out a series of 'Looking In, Looking Out' (LILO) methodologies for rightsholders. The LILO Women experience in Lebanon took place in May 2023. Some We Lead participants also attended a LILO Identity (focused on [redacted] individuals) held in June 2023. A LILO Facilitate training of facilitators took place in October 2023 in Jordan with facilitators from Jordan and Lebanon who had experienced the above two workshops. A planned supervised LILO workshop in October 23 in Jordan, where new facilitators were to be supported to roll out a workshop themselves, was cancelled due to the conflict escalation.[14] Despite these challenges, 28 rights holders in Lebanon participated in well-being processes in 2024[15].

> "*The safety and security component, along with resilience support initiative were crucial to the project implementation and long term results as the CoAs were newly discovering the concepts of safety and security and the collective or individual mental support."*[16]

Capacity gains were most visible in day-to-day practice. CoA members noted that throughout their experience in the project, they had become clearer on financial procedures and stronger in reporting and proposals"[17] with hands-on accompaniment easing compliance. Rightsholders reported greater confidence, political awareness and advocacy skills, including first facilitation experiences across regions, from teachers in [redacted] giving lessons on topics they had considered sensitive to peers in the Bekaa facilitating open discussions with community members. As one participant put it: "my experience and capacity increased on many levels… we supported women with contraception knowledge because there was a gap"[18].

The capacity assessment results for the rightsholders confirm high levels of improvement in capacities across 3 of the 4 themes from before and after the programme, with the biggest improvement seen in terms of SRH-R advocacy. Improvements in political consciousness were less apparent, in part because rightsholders were already relatively strong in this capacity at the start of the programme (see chart below).

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[13] 1.0 2023 We Lead Annual Plan submitted on 1.11.2022.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf; 2025 Consolidated Annual Plan_We Lead.pdf

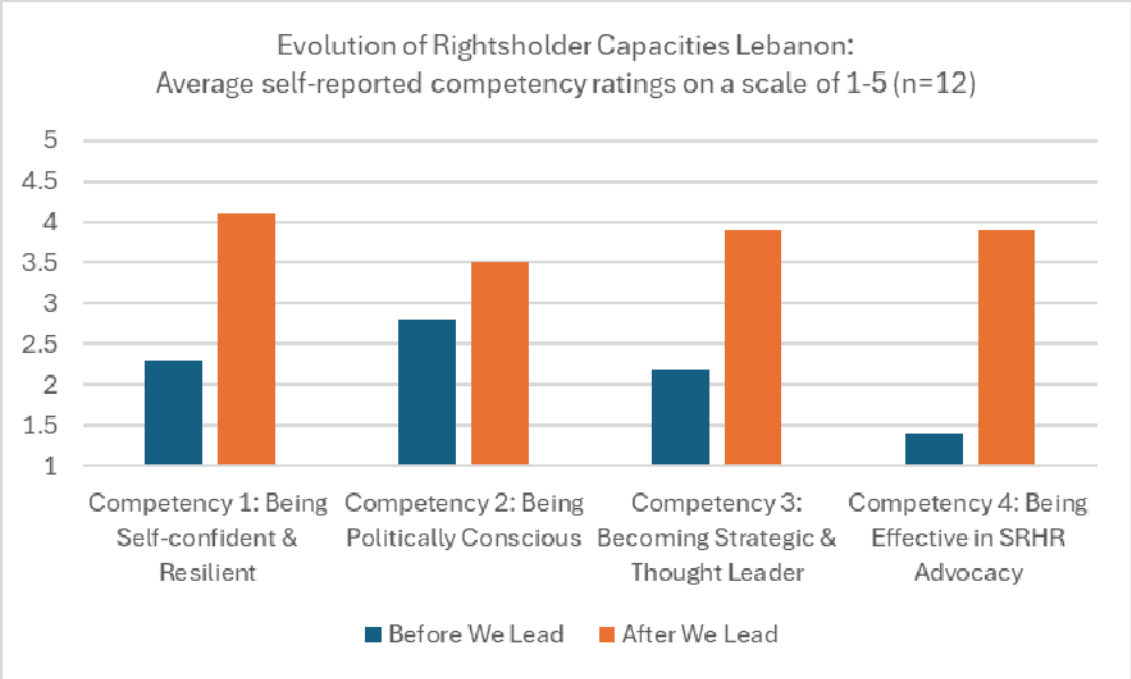
[14] E1

[15] 2024 Consolidated Results Framework Final.pdf

[16] CoA survey

[17] FG4

[18] FG2



Well-being offers provided through [redacted] Resilience Fund (launched in 2023 and still ongoing) covered psychological support for We Lead CoA activists. The fund either reimbursed practitioners selected by CoA members or financed sessions with two clinicians vetted and contracted by [redacted] This support was cited by participants as an enabling factor: "the centering of wellbeing… helped us evolve as a team"[19].

However, capacity strengthening within a mixed CoA model was complicated by tensions regarding internal communication. Partners noted differences in knowledge and expertise across organisations, which sometimes made the collective trainings feel too general. On the other hand, many of the trainings were requested rather than imposed, which created opportunities for collaboration and peer support. For instance, several groups described benefitting from safeguarding, safety and security or fundraising trainings that they had specifically asked for, while others with more experience in certain topics were able to share knowledge across the CoA. This voluntary and needs-driven approach meant that uneven expertise could sometimes be bridged through exchange, even if not all organisations felt equally supported at all times.

Overall, the programme achieved strong progress in building individual and organisational capacity. Participants developed practical skills and confidence, and many reported visible changes in how they engage with their communities. However, collective advocacy remained more fragile: moments of security escalation scattered teams and shifted priorities to emergency response, while sensitive issues such as [redacted] inclusion sometimes created hesitation or mistrust within the coalition. These dynamics meant that collaboration, although present, was less consistent and less visible than the individual gains.

Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women

Several public awareness-raising and campaign activities were undertaken in Lebanon, primarily led by consortium partner Marsa. Marsa conducted a video campaign to raise awareness about Polycystic Ovary Syndrome (PCOS), a condition that is very prevalent in the MENA region but remains highly under-diagnosed. The campaign aimed to inform the public and highlight the importance of medical follow-up for sexual health. The video was launched on June 22, 2023, and reached more than 5,800 accounts. It was supplemented by a series of social media posts

[19] FG4

providing detailed information about PCOS diagnosis and treatment.[20] Marsa also supported the "Like Any Other" campaign, which aimed to challenge preconceived notions and eradicate taboos surrounding disability and sexuality. The campaign was designed to promote a more inclusive view by featuring videos of individuals living with different disabilities opening up about their relationships with their bodies and sexuality.[21]

Beyond these campaigns, public-facing work resonated most where it was locally anchored. A teacher involved in the [redacted] curriculum adaptation reflected: "students need this knowledge… I was hesitant at first, but they were excited".[22] Work on menstruation visibility included Migrant Workers Action (MWA) and J[redacted] publication of "No Time to Bleed", the first participatory research linking period poverty to the Kafala system in Lebanon, led by migrant domestic workers themselves. This output was described as novel: "we achieved something no one else had done"[23]. By foregrounding the voices and lived experiences of migrant domestic workers, the study broke silence on a neglected issue and generated concrete evidence linking labour regimes to menstrual injustice.

In parallel, CoA members developed other advocacy and awareness outputs published on the WeLead [redacted] platform, giving visibility to SRH-R struggles that had previously been invisible in Lebanon. In Baalbek, training community caregivers created trusted, proximate support for women in camps. Partners also reported a rise in enquiries after awareness interventions such as the SRH-R curriculum piloted in Akkar, public discussions in Baalback and Marj, and the Jeyetna menstrual justice exhibition, which "sparked new conversations… demand rose"[24]. These interventions were critical in normalising conversations on taboo topics like menstruation, gender, and sexuality.

Other knowledge products also fed into this narrative-shaping role. Qorras produced a booklet on disability and SRH-R that highlighted how women living with disabilities, often excluded from mainstream programming, face unique barriers to information and care. [redacted] developed Women and War, which documented women's lived experiences of conflict and connected them to reproductive and mental health challenges. Both outputs provided material that organisations can continue to use beyond the programme cycle, widening the evidence base for advocacy.Meanwhile, a MENA webinar series was launched in collaboration between the Jordan and Lebanon CoA Facilitators, focusing on reproductive politics.

While these were primarily localised, they helped build legitimacy and confidence among both CSOs and rightsholders, according to evaluation participants. However, there were no systematic tools to capture reach, enquiries, or shifts in attitudes. Without simple monitoring, it is difficult to assess scale or adapt messaging in real time.

Episodes of backlash - especially around [redacted]-related content - triggered a programme-level adaptation. A rightsholder-led collective felt exposed when a safety question was raised in a mixed setting, and another faced harassment around [redacted]-affirming work. Following safety-and-security assessments and joint planning with CoA members, activities were intentionally shifted to lower-visibility formats: smaller, closed workshops; reframed or renamed sessions to avoid drawing scrutiny; and a greater emphasis on offline, community-based awareness. Several organisations described a deliberate shift to "go low-profile" when security risks rose, while still ensuring rightsholders could participate safely. Marsa explained that in Lebanon's restrictive environment, they sometimes worked "under other umbrellas or changed the title entirely" to protect staff and participants.

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[20] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf; Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf

[21] WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf; Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf

[22] FG1

[23] FG4

[24] FG4

Connectivity barriers, especially unstable internet and lack of consistent access to connection or devices among migrant workers and participants outside urban centres, prevented some from joining online sessions. The security concerns due to war, which started on October 8th, 2023 and intensified during September-November 2024, particularly in Baalbek, also made certain areas physically inaccessible; activities were paused or shifted online, and women living with disabilities faced added transport costs. Together, these factors limited equitable access. In Akkar, teachers adapted to parental pushback by first meeting parents to explain the curriculum and secure approval, and by adjusting terminology during sessions to ensure it matched families' and students' understanding and comfort levels.

Outcome 3: Awareness among health service providers and service delivery

Marsa was the only consortium member to deliver capacity-strengthening activities for healthcare providers. In November 2023, despite the escalating security situation, Marsa held its largest annual workshop for healthcare providers. The event brought together 47 participants in person in Lebanon, with an additional seven joining virtually from Jordan. The workshop, which included professionals such as midwives, nurses, pharmacists, and social workers, resulted in a 29% increase in awareness of resources to support young people living with disabilities during menstruation and a 30% increase in understanding that sex education does not increase young people's sexual activity, countering a common misconception in conservative contexts.[25]

According to the original design, this outcome was also meant to be carried out by CoA organisations to train service providers in their own communities. In practice, only two organisations, [redacted], implemented such initiatives (Marsa also undertook health care provider training). Internal stakeholders described these interventions as "limited in scope but very important and needed," since even small-scale sensitisation helped to correct misinformation within the communities reached.

During the country-level validation meeting, it was also underlined that while engagement with health service providers was included in the programme's ToC, it was uneven in implementation. CoA members were sometimes reluctant or unable to work directly with providers, citing safety and feasibility concerns. As a result, this outcome did not reach the breadth or depth initially envisaged, and the impact on provider practice remained limited.

Outcome 4: Influence policy change

National-level advocacy faced severe limitations requiring strategic diversification, with initial targets (such as the Law 220 (2000) on the Rights of Persons with Disabilities) and activities such as local policy advocacy engagements and high-level policy dialogues cancelled due to political unrest and stringent government requirements for SRH-R-focused organizations. Meanwhile, 2024 targets for developing local advocacy documents and holding high-level policy dialogues were not met due to escalating conflict.[26] The Mid-Term Review recommended diversification of advocacy targets in high-risk environments to focus on grassroots movements, other NGOs, and alternative media rather than direct government lobbying, while the programme identified strategies advocating for "circulars rather than laws since they are more achievable" and promoting [redacted] protection policies rather than less feasible decriminalization.[27]

As a result, no national policy changes were attributable during the evaluation period. Work in Lebanon concentrated on generating evidence, shifting narratives, and carrying out advocacy at the local level, rather than direct engagement with policy-makers. Several partners underlined that the political climate and civic space in Lebanon were not conducive to systemic policy reform, particularly on sensitive SRH-R issues. As one participant explained, "the struggles of our

[25] Consolidated - We Lead Year 3 Financial Progress Report 2023 final.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2023 FINAL.pdf

[26] 0.2. New doc_ 2021 We Lead Annex 2 results framework - Submitted to MFA on 28.4.2022.pdf; 2024 Consolidated Results Framework Final.pdf

[27] Revised MTR Global Report We Lead Oct '23.pdf; 1.1 We Lead - Annexes- Results Framework.pdf

rightsholders were far bigger than what the programme could offer, especially economic rights… the political situation does not allow us to push these issues to a national scale"[28].

One external interviewee noted that any policy-influencing pathway should be carefully scoped and locally owned, building from such evidence and from the coalitions already established. One commented that while sessions at the closing event adopted a rights-based lens, "change cannot be achieved through one or two classes; it must occur at the national level," calling for stronger linkage with formal curricula and long-term entry points into policy processes.

The programme's strategic choice to prioritise safe delivery and local advocacy, especially during periods of civic space restriction and political paralysis, reflected the Lebanese context. However, this necessarily constrained prospects for formal policy shifts within the project timeframe. What has been achieved instead is the generation of credible, rights-holder-driven evidence and new advocacy narratives that can be mobilised when political conditions allow (see outcome 3).

International and regional advocacy proved more successful. Rightsholders participated in and spoke at key international events including the Commission on Population and Development (CPD) sessions, the AIDS conference, ICFP, ICPD30 Global Youth Forum, Women Deliver Conference, Commission on the Status of Women (CSW68 & 69), and the AWID Forum where the CoA Facilitator delivered a closing plenary speech urging global feminist movements to hold governments accountable.[29] In addition, Restless Development met with the Lebanese permanent delegation at the CPD, pushing for the adoption of official language, comprehensive sexual education, and ensuring meaningful youth engagement within the delegation.[30]

Support for greater empowerment of rights-holding groups, the creation of movements and an environment conducive to SRH-R

Participants described moving from attending activities to organising and leading them. Evidence of partnership came through collaboration and continuity. One CoA member said, "we collaborated with [redacted] on a common report [redacted] describing it as a novelty in the field of SRH-R and advocacy. Informal channels (e.g., WhatsApp) and peer support helped smaller groups find quick answers and confidence to lead.

Some young women took first facilitation roles and linked across regions. From the CoA members' perspective, delivery consistently engaged overlapping identities in practice: partners worked with Syrian, Palestinian and Lebanese women, with women living with disabilities, with migrant domestic workers, and navigated queer/trans inclusion and safety. One CoA member noted they "worked with Syrian, Palestinian, Lebanese and women with disability," and several described adapting facilitation and visibility to ensure participation where risks were higher, such as tight-knit communities like Informal Tented Settlements or rural areas.

Skills and confidence gained through the We Lead Programme often spilled over into other domains (e.g., safer online practices, speaking with families and neighbours, starting peer groups within own communities). New peer networks increased referrals and mutual aid. Several participants became local reference points for SRH-R information. Participation in international platforms such as CSW, Women Deliver and the AIDS conference, along with joint outputs like an exhibition on menstrual rights and the migrant women's SRH-R research, raised visibility for smaller actors and helped them build new partnerships.

However, the wider environment still posed barriers. A rightsholder-led collective reported feeling that not all CoA members were queer- and trans-friendly, which affected their sense of safety. In response, the programme team worked with CoAs -especially those from rural areas- on agreed, appropriate terminology for We Lead spaces, and consistently encouraged members to raise concerns and state their preferences so facilitation and content could be adjusted. Teachers

[28] FG4

[29] 2024 Consolidated Results Framework Final.pdf; WE LEAD CONSOLIDATED ANNUAL REPORT 2024 FINAL.pdf

[30] E2

mentioned parental pushback when introducing topics around sexual health and rights that might be considered taboo as they are not used to them being discussed with children. Front-line workers described the strain of referral when services were inaccessible: “They would always ask us where they can receive basic services… we know they can’t access the centres we are directing them to.” They described a combination of barriers that made referral destinations effectively inaccessible for many rightsholders: rising costs that made private care unaffordable, cuts and operational disruptions in public services, movement and transport constraints during security escalations, shortages in SRH supplies, and discrimination/confidentiality fears among marginalised groups. Together, these factors limited the practical value of signposting in many cases, leading to referral fatigue among frontline workers. This created frustration for both providers and rightsholders.

Coherence

The partnership model was collaborative in spirit but at times uneven in practice, as reported by some CoA members. It delivered joint outputs, peer support, and trust-based financial arrangements. For example, because of the financial crisis and lack of registration or bank accounts, more than six collectives received their grants in cash from Marsa (as fiscal host) starting in 2023. This arrangement demonstrated a high degree of trust and flexibility, which allowed otherwise excluded collectives to remain engaged. Moreover, the grant workplan, budget, outputs, and overall project structure were described as being decided fully by CoA organisations themselves, with the programme team offering guidance but not direction. Annual ToC reflection and adaptation exercises were highlighted as a strength, allowing CoAs to set realistic goals, revisit risk pathways, and adjust to context shifts.

However, partners shared concrete suggestions on how collaboration could have worked better, beyond holding more meetings or single joint activities. Trying to work with many partners at once created administrative strain and limited how deeply the programme could invest in each.[31] Fewer partners with stronger support would have reduced churn and produced clearer outcomes. At the organisational level, heavy administrative load led some smaller groups to step back. Some CoA members noted a high frequency of meetings and workshops with a lack of concrete outcomes (e.g.. repetition of discussions etc).[32] Communication was sometimes inefficient with some informal channels, last-minute requests, and shifting instructions during the escalation created confusion for some participants and additional strain. Reporting was considered by some to be repetitive and overwhelming, and financial templates were difficult for less experienced CoA members to manage. To address this, several online and in-person training sessions were held throughout the project, supported by manuals and presentations in both Arabic and English and a focal point within the host organization was assigned to provide continuous support, follow up on reporting, and offer guidance as needed.

Accessibility was felt by some to have been underprioritized by some CoA organisations when developing their activities: “if [the] transport budget was higher… people with disabilities need to know this info… we wanted to include more people but the budget is small.” (Note that efficiency was not a criteria that was under the mandate of this evaluation to assess and therefore the funding processes and procedures have not been reviewed in detail). Another noted, “my language barriers (Arabic) were taken into consideration after we expressed them.” Another noted that “accessibility and affordability were present only during the emergency… lacking during other periods.” However, these reflections referred mainly to CoA-managed activities and sub-grants, where small budgets limited the scope of accessibility measures. At the level of the programme as a whole, however, disability inclusion was not absent. Capacity strengthening addressed accessibility in several ways: transportation support was provided in some activities, and at least one consortium partner reported training its staff in sign language. These initiatives did not

[31] CoA survey

[32] CoA survey

eliminate structural gaps, but they show that the programme incorporated disability considerations beyond what was possible in CoA-managed grants.

Participants also flagged examples of where they perceived breaches of trust or lack of sensitivity. For example, some sensemaking workshop participants noted: "trainings [were] facilitated by trainers who weren't sensitive around our experience"[33]; Another made reference to the UN Commission on the Status of Women "where a story that concerns us was shared without our consent"[34]; and "Not all CoA members are queer and trans friendly."[35] These point to the need for partnership ground rules covering consent, visibility, and queer/trans-affirming practice.

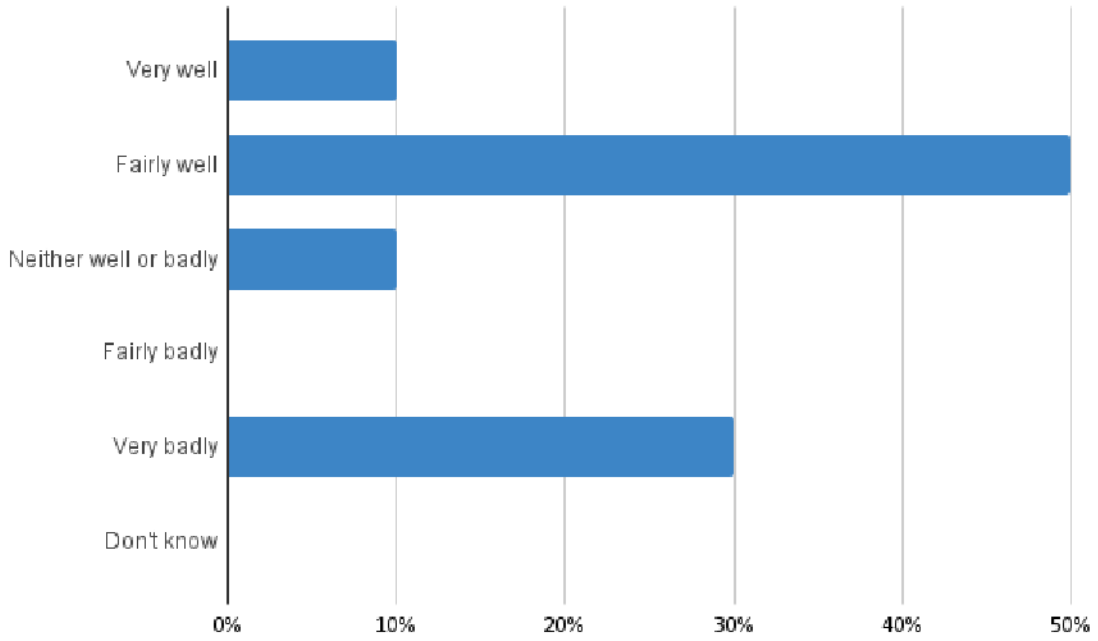
During the validation process for this report, it was noted that due to the nature of the programme, its structure and the fact that the budget does not allow for large scale contingency planning - the contingency plan developed and agreed on with the CoA consisted of allocating a dedicated budget for emergency response, the support of emergency needs of CoA members such as emergency relocation, the referral to midwives where needed, the continuous monitoring of the situation, and the provision of relevant S&S material on the spot. Notwithstanding these efforts, one organisation reflected that such planning could have been improved: *"we did workshops, we thought there was an emergency plan and when the full scale war [came] we felt it was useless and it didn't help us, we asked about it."* This suggests that contingency planning needs to be practical, with roles tested and clarified.

Two partners were frustrated by the lack of feedback: *"we don't know who gets those reports and where they are going."* At the same time, they valued new links: "we were connected to other SRH-R actors in Lebanon… we were able to relate the work together in order to continue." This suggests the need for transparent feedback loops and mechanisms to share learning across the CoA. According to the country committee, members were offered one-on-one reporting sessions throughout the programme provided to them upon their request.

Alignment with international SRH-R initiatives also had mixed perceptions among the CoA organisations who took the survey. While several organisations perceived good alignment, many felt this was an area where the programme did badly.

Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?

[33] FG4
[34] FG4
[35] FG4



Sustainability

Across interviews, sustainability was tied less to formal systems and more to the skills, relationships, and tools built during the programme. Workshops to build young women's leadership and advocacy skills and ongoing mentoring and guidance were mentioned as particularly key to sustainability.[36] Rightsholders stressed that they had grown into leaders. Several noted they had become local contact points, with neighbours or peers now turning to them for advice. Partners emphasised that links with other SRH-R actors would endure. Meanwhile, curricula, caregiver materials, menstruation visibility campaigns and exhibition, and the research paper were repeatedly mentioned as resources that would keep being used, adapted, and shared. Furthermore, collaboration between the CoA beyond We Lead, for example, between [redacted] represents an important sustainability measure and success.[37]

At the same time, small organisations underlined the fragility of their participation, others described unpaid labour and strain: “a lot of work… time-consuming and unpaid.” Without core funding or simpler compliance demands, the risk of burnout or withdrawal is high. Frontline workers, meanwhile, described the limits of referrals. This gap between awareness-raising and actual access undermines long-term confidence. Ultimately, protecting continuity will require reducing administrative strain, securing predictable support, and resourcing accessibility.

The survey found that almost all of the CoA organisations have a sustainability plan. While, none reported receiving support from We Lead for the development of their own organisation specific sustainability plans, [redacted] and the CoA developed a joint sustainability plan for the We Lead Programme as a whole which was discussed and presented at the final close out event for the programme.[38]

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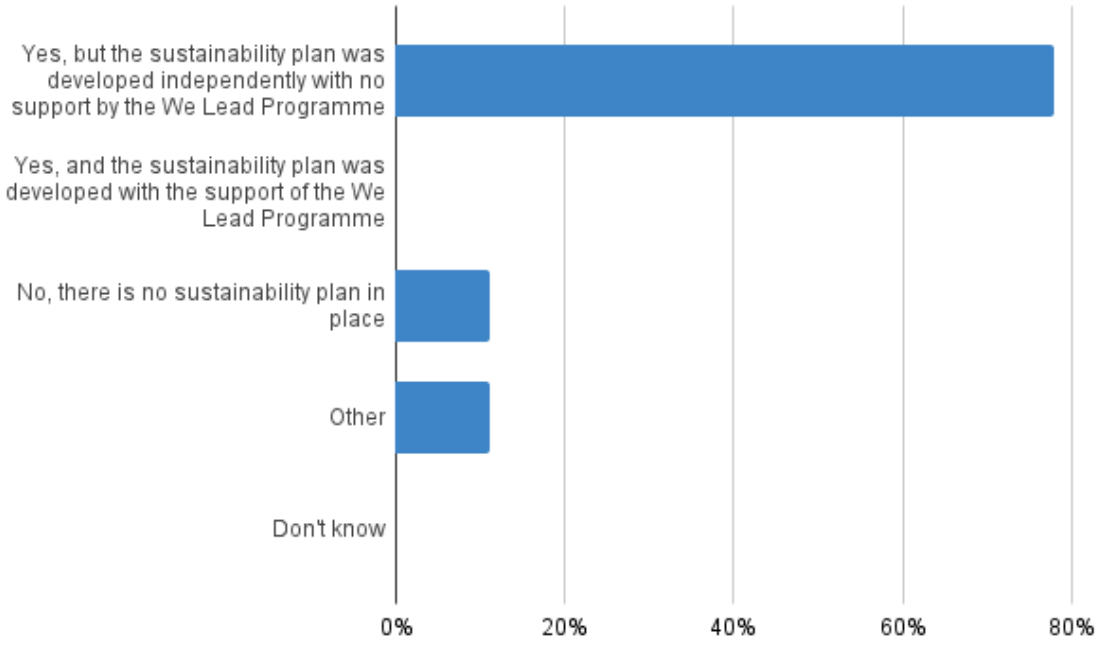
[36] CoA survey

[37] E2

[38] https://docs.google.com/document/d/1ndZMCpktX7Pg0bZwW1lK4YE6tv0SvDv41a99-4FnKiM/edit?tab=t.0

Q: Does your organisation have a sustainability plan in place for when this programme ends?



E. Recommendations

For Hivos / We Lead Consortium

1. Create a short Partnership Charter that sets out decision-making roles, communication norms, visibility and risk levels, and simple steps for resolving conflict.
2. Introduce tiered reporting so requirements match each partner's capacity.
3. Carry out an accessibility audit and set aside a dedicated budget line across grants to cover things like transport support, sign-language interpretation, or adapted materials.
4. Develop a panel of vetted well-being and safeguarding providers, set minimum quality standards, and create a way for participants to give feedback on programming.
5. Provide an awareness monitoring starter pack with easy-to-use templates to track reach, enquiries and community reactions without the need for specialist software.
6. Reduce the number of partners and give larger, multi-year grants to allow deeper accompaniment and protect core roles and overheads.
7. Bring in disability expertise to co-design accessibility plans and review materials and events from the design stages.
8. Select and pilot 3–4 health-provider sites, sign MOUs with them, identify champions, and set up community feedback loops.
9. Document and share case studies (such as the Akkar curriculum and Baalbek caregivers) in Arabic and English so they can be replicated and attract resources.
10. Develop a crisis communications protocol with graded visibility options and a simple checklist to assess risk quickly.
11. Maintain a light policy-window tracker and coalition map, and fund rightsholder-led policy labs to test narratives and approaches.

12. Establish a bridging or transition fund to keep networks, volunteers and knowledge products alive between funding cycles.
13. Offer digital safety and data-protection training and provide templates for handling sensitive SRH-R data securely.

For the Host organisation / CoA facilitator

14. Run grant-compliance clinics for small organisations and build a shared knowledge library with templates, plain-language Arabic materials, safeguarding tools, and vetted service directories.
15. Develop a light conflict-resolution protocol (with mediation options and timelines) that also covers disagreements on queer/trans-affirming practice.

For CoA members (rightsholder-led and grassroots)

16. Keep a joint advocacy calendar, cross-promote each other's outputs, and agree a minimum baseline on [redacted]-affirming and gender-sensitive practice for all co-branded work. Track demand signals after campaigns to guide future activities.
17. Nominate accessibility focal points in each organisation to follow up on audit actions, and create a shared referral directory covering clinics, legal aid and psychosocial support.
18. Develop community educator pipelines (teachers, caregivers, peer leaders) with simple competency checklists and refresher sessions.