



MIDDLE EAST
Consulting Solutions



BelSalameh



Midterm Evaluation Report “Bel Salameh”

April, 2015 – March, 2016



Mohammed Shikh Aiyob
Lead Evaluator
m.aiyob@meconsulting.solutions

Table of Contents

Page	Subject
4	Executive Summary
4	Organisational and Project Background
4	Evaluation Overview and Objectives
4	Geographical Scope of the Evaluation
4	Target Groups and Sampling Plan
4	Evaluation Timeline and Activities
5	Indicators Evaluated and their Breakdown
6	Resources and Evaluation Management
6	Key Findings
7	Recommendations
9	Bel Salameh Midterm Evaluation Report
9	Organisational and Project Background
9	Evaluation Overview and Objectives
9	Geographical Scope of the Evaluation
10	Target Groups and Sampling Plan
10	Evaluation Timeline and Activities
11	Indicators Evaluated and their Breakdown
11	Resources and Evaluation Management
12	Key Findings
12	Direct Beneficiary Interviews
23	Bel Salameh Programme Team Interviews
26	Recommendations
26	Recommendations: Capacity Building Level
27	Recommendations: Programme and Coordination Level
28	Acronyms
28	Annexes
29	ANNEX 1: ACTIVITY DELAY JUSTIFICATIONS - EXTRACT FROM INTERIM NARRATIVE REPORT
36	ANNEX 2: PARTICIPANTS GENERAL INTERVIEW TOOL
38	ANNEX 3: BEL SALAMEH EVALUATION DATABASE



Executive Summary

Organisational and Project Background

ABAAD, founded in June 2011, is a non-profit, non-politically affiliated, non-religious civil association that aims to promote sustainable social and economic development in the MENA region through equality, protection, direct service provision, and empowerment of refugee and host community groups who may be vulnerable, especially women.

In April 2015, ABAAD, with the support of the European Union, launched a project for Syria entitled “Bel Salameh,” (Syrian dialect, term used either to wish someone a safe return or to get well soon), which addresses the multiple psychological dimensions of the crisis and enables individuals and communities to improve their capacity to transform their negative experiences. The strength and resilience-centred approach used within this project will support the capacities of affected communities inside Syria to cope with immediate needs emanating from the crisis, recover from its impacts, and sustain this recovery over the long-term.

Evaluation Overview and Objectives

ABAAD contracted Middle East Consulting Solutions, a humanitarian research company headed by lead evaluator Mr. Mohammad Shikh Aiyob and based in Gaziantep, Turkey, to conduct this evaluation. The evaluation aimed to i) identify participant satisfaction levels, ii) identify participant perceptions of the effectiveness, relevance, and validity of the Bel Salameh project to them personally and to Syria on the whole, iii) pinpoint ABAAD’s adherence to project objectives and set indicators, iv) evaluate overall programme performance, coordination, and flexibility on an internal level, and v) pinpoint recommendations to be taken into consideration by ABAAD to improve performance over the course of the second implementation year.

Geographical Scope of the Evaluation

The key informants interviewed within the framework of this evaluation were located in different areas of the following seven governorates: Aleppo, Damascus, Daraa, Rural Damascus, Hama, Lattakia, and As Sweida. The project team has mostly been working remotely, and is located in Beirut, Lebanon.

Target Groups and Sampling Plan

ABAAD aggregated all the participant information from the trainings conducted within the reporting period, and, over the course of five working days, was able to reach 21 participants to conduct interviews, which averaged 30 minutes per interview. Participants were 62% female and 38% male, and varied between MH practitioners, MHPSS workers, and medical professionals. All had participated in the GBV CMiE TOT, the CMR TOT, and/or the NET training.

The Bel Salameh team members interviewed were Mr. Jay Feghali, Programme Manager, Ms. Marie Adele Salem, MHPSS Technical Advisor, and Mr. Hani Alsahlani, Project Officer.

Evaluation Timeline and Activities

The evaluation began in mid-May and was conducted over the course of 20 working days. Following the necessary coordination procedures, a desk review was conducted, and a General Participant Survey was developed and shared with ABAAD for feedback and review. ABAAD contacted and briefed participants about the evaluation and scheduled interviews according to respondent availability, and

MECS conducted the interviews accordingly. A separate day was set to interview the project team on information related to project implementation, using a semi-structured approach. All data was then aggregated and analysed, in continuous consultation with ABAAD team on a daily basis during the analysis process. A report was consequently written and sent to ABAAD for feedback and review. Upon integration of feedback, the final version was submitted.

Indicators Evaluated and their Breakdown

Direct Beneficiary Interviews

- General Understanding of Participants' Backgrounds
- Training Verification
- Training Arrangements
- Satisfaction Levels of Participants
- Training Quality
- Training of Trainers Feedback
- Overall Project Relevance
- Overall Project Validity
- Overall Project Effectiveness

Programme Team Interviews

- Programme Flexibility
- Budget Flexibility
- Relationship with the Donor
- Networking
- Coordination
- Building Partnerships inside Syria

Additionally, the evaluation covers multiple aspects regarding the recommendations of the mental health specialists supported under the programme, and the field-related issues and difficulties.

Resources and Evaluation Management

The evaluator is responsible for providing all the necessary resources under the contract with ABAAD, including the mobilisation of two specialists responsible for conducting the interviews, developing the evaluation tools and methodology, in direct consultation with ABAAD, from the technical side, monitoring of the work progress and the actual achievement and delivery of the evaluation, and ensuring direct consultation with ABAAD on a regular basis. The evaluator also commits to hold all information acquired over the course of this evaluation in complete confidentiality.

ABAAD is responsible for connecting the evaluator with the group of participants that have benefited from the trainings conducted so far, being available for interviews, as well as for reviewing materials for accuracy and relevance to the programme needs.



Expectations and Deliverables

The deliverables of this evaluation include the following:

1. Methodology that entails the technical aspects of the evaluation and explains the approach.
2. A General Participant Survey tool (Annex B).
3. A tailored and cleaned Excel database that will include the data collected through the interviews.
4. Raw data in the form of actual interviews, with records where available, anonymised, in order to protect the freedom of answering by the participants.
5. Final evaluation report.

Key Findings

Direct Beneficiaries

• Training Verification

The trainings reported to have taken place by ABAAD were verified, and the entire KII sample reported participating in at least one training with ABAAD.

Participants fit the criteria (years of experience in relevant fields of work, years of experience in emergency settings, communication skills) set by ABAAD in their calls for application, and were relevant to the trainings.

• Training Arrangements

The majority of participants interviewed found that access to the training location was very easy to moderate (around 80%), while the remaining 20% faced difficulties and found it either hard or very hard to reach Beirut. There were no significant complaints regarding the venue and accommodation.

• Satisfaction Levels of Participants and Training Quality

Overall, more than 85% of the participants reported that the trainings received were useful and had direct benefits on their work, with only 14% reporting that the training was partially useful. No cases of negative feedback were reported across the entire sample interviewed.

• Training of Trainers Feedback

The overall perception of TOT participants was positive in general, with 74% of participants reporting that the overall quality of the TOT was either good or very good, and 27% reporting that the quality was moderate.

• Overall Project Effectiveness

The overall project relevance to Syria was perceived to be very high (88%) and high (6%) or moderate (6%) by respondents, and its relevance to them personally was also considered very high (94%) or high (6%).

• Overall Project Relevance

The overall project relevance to Syria was perceived to be very high (88%) and high (6%) or moderate (6%) by respondents, and its relevance to them personally was also considered very high (82%) or high (18%).

- **Overall Project Validity**

The overall project relevance both to Syria and to respondents on a personal levels was perceived to be very high (76%) and high (24%).

Programme Team

- **Programme Flexibility**

The design of a highly flexible work-plan is a necessity, in order to cope with the potential dynamic changes on the field level. The overall flexibility of the program is high and the flexibility of the donor as well.

- **Budget Flexibility**

In general, the budget was flexible. ABAAD was capable of documenting and planning the financial side with no issues that can hamper the delivery of outcomes.

- **Relationship with the Donor**

The interaction between ABAAD and the donor was good. The relationship is highly positive with no issues reported that can affect the program implementation. ABAAD can benefit in the future from additional orientation regarding regulations and procedures of EU-funded programs.

- **Networking**

The achievement of the different program activities allowed ABAAD to have a wider network of connections with mental health specialists inside Syria, which can reflect positively on the delivery and expansion of project activities in the future.

- **Coordination**

A push to establish a coordination umbrella for organisations doing similar types of interventions inside Syria is a crucial need.

- **Building Partnerships inside Syria**

Through building more partnerships inside Syria, ABAAD can deliver more services and expand its activities, especially in areas where access does not allow beneficiaries to reach Lebanon to benefit from the different training provided by ABAAD.

Recommendations

The overall recommendations of this evaluation are drawn from the evaluator analysis and the feedback provided by beneficiaries and program teams:

- Ensuring higher relevance of participants selected to attend trainings and TOTs where possible
- In order to respond to the overload and burnout of existing specialists inside Syria, respondents recommended i) building capacities of volunteers who can support with PSS activities, ii) increasing load and working hours of specialists, despite the fact that their capacity is totally stretched to cover the lack of adequate resources; iii) raising community awareness on MHPSS services and their importance; iv) providing training to organisations present in areas where specialists are based. It is important to note as well that multiple participants reported the absolute absence of any alternatives, and the urgent need to qualify more specialists in their areas.
- Ensuring work-plan flexibility through dynamic design by taking into consideration scenarios that may potentially affect activities.



- Mainstreaming of selection criteria of participants to trainings for transparency purposes
- Setting participant indicators based on an agreed-upon range with the donor to avoid possible training capacity overload as a consequence of attempting to reach indicators
- Ensuring compliance with donor reporting requirements; donor providing induction on regulations and compliance may support in avoiding potential consequent issues
- Conducting an end-line assessment that would provide deeper and more representative information given the significant increase in networking
- Requesting the establishment of a relevant coordination cluster from the donor to synergise and avoid activity overlap as well as to maximise resources
- Building partnerships with groups in different areas of control to reach the maximum number of service providers in need possible
- Providing accessible trainings using non-physical training alternatives that do not restrict participation only to individuals who can access the training locations

Bel Salameh Midterm Evaluation Report

Organisational and Project Background

ABAAD, founded in June 2011, is a non-profit, non-politically affiliated, non-religious civil association that aims to promote sustainable social and economic development in the MENA region through equality, protection, direct service provision, and empowerment of refugee and host community groups who may be vulnerable, especially women.

In April 2015, ABAAD, with the support of the European Union, launched a project for Syria entitled “Bel Salameh,” (Syrian dialect, term used either to wish someone a safe return or to get well soon), which addresses the multiple psychological dimensions of the crisis and enables individuals and communities to improve their capacity to transform their negative experiences. The strength and resilience-centred approach used within this project will support the capacities of affected communities inside Syria to cope with immediate needs emanating from the crisis, recover from its impacts, and sustain this recovery over the long-term. The project aims at:

- Enhancing the capacities of professionals working in different sectors to respond to the MHPSS and GBV needs of residents of Syria, building upon learning from interventions that have taken place in Lebanon
- Enhancing coping strategies (at the individual and community levels) of the affected population through targeted psychosocial support and art techniques
- Contributing towards peace-building through community and cultural identity development as well as via social cohesion
- Bridging the gap in resources and skills related to GBV case management in emergency settings through creating a pioneer, widely-accessible online resource

Evaluation Overview and Objectives

ABAAD contracted Middle East Consulting Solutions, a humanitarian research company based in Gaziantep, Turkey, to conduct this evaluation. The MECS team was headed by lead evaluator Mr. Mohammad Shikh Aiyob, and conducted field research remotely using Skype, WhatsApp calls, and phone calls, based on participant requests.

The evaluation aimed to:

- Identify satisfaction levels of training participants with the trainings based on different indicators
- Evaluate the effectiveness, relevance, and validity of the Bel Salameh project, both to participants as individuals, and to Syria on the whole, based on their perceptions
- Pinpoint ABAAD’s adherence to project objectives and set indicators
- Evaluate overall programme performance, coordination, and flexibility on an internal level
- Pinpoint recommendations, both from the field, and based on findings, in order to improve performance during the second year of implementation

Geographical Scope of the Evaluation

The key informants interviewed within the framework of this evaluation were located in different areas of the following seven governorates: Aleppo, Damascus, Daraa, Rural Damascus, Hama, Latakia, and As Sweida. The programme team has mostly been working remotely, and is located in Beirut, Lebanon.



Target Groups and Sampling Plan

ABAAD aggregated all the participant information from the trainings conducted within the reporting period, and, over the course of five working days, attempted to contact all 38 participants. ABAAD was able to reach 21 individuals to schedule interviews, and all of them showed willingness to cooperate and be interviewed by the third party evaluation team, MECS. ABAAD ensured to inform each key informant that their information would be passed to the third party evaluator anonymously, and that they should feel free to express their honest opinions. Anonymous contact information, governorate, and sex of the key informants was then communicated by ABAAD to MECS, and MECS conducted the interviews which averaged 30 minutes per interview.

Participants were 62% female and 38% male, and varied between MH practitioners (psychotherapists, psychiatrists, counsellors), MHPSS workers (mental health case managers, psychosocial support specialists), and medical professionals (doctors, nurses).

All had participated in the GBV CMiE TOT, the CMR TOT, and/or the NET training.

Following the KIIs conduct with the direct beneficiaries, Bel Salameh team members were also interviewed. The KIIs were Mr. Jay Feghali, Programme Manager, Ms. Marie Adele Salem, MHPSS Technical Advisor, and Mr. Hani Alsalhani, Project Officer. The interviews were conducted in August.

Evaluation Timeline and Activities

Activity	May, 16														Jun, 16																		
	Wed 18	Thu 19	Fri 20	Sat 21	Sun 22	Mon 23	Tue 24	Wed 25	Thu 26	Fri 27	Sat 28	Sun 29	Mon 30	Tue 31	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17		
Contract signature	█																																
Desk review of available project documentation		█	█																														
Development of evaluation methodology						█																											
Development of evaluation tools							█	█																									
Review and approval of tools by ABBAD									█																								
Development of communication schedule										█																							
Interviews														█	█	█	█																
Data entry and validation																					█	█											
Data analysis																						█	█	█									
Draft report key findings																											█	█					
Review of the draft report by ABAAD																														█			
Final report comment implemented																															█	█	

Addendum: Programme team KIIs were conducted in August, and results were integrated into the report. This was done over three days.

The evaluation began in r, Mr. Jay Feghali, and MECS Lead Evaluator, Mr. Shikh Aiyob. Bel Salameh-related documentation, including the interim report, was shared with MECS, and a desk review was conducted. Following the desk review, a General Participant Survey was developed by MECS, and shared with ABAAD for feedback and review. ABAAD then contacted participants, explaining the process of the third party evaluation, ensuring to inform each key informant that their information would be passed on anonymously, and that they should feel free to express their honest opinions. MECS then conducted the key informant interviews. Data was aggregated and analysed. A report was written and sent to ABAAD for feedback and review, following which the final version was submitted. The overall timeline of the evaluation process was 20 working days.

Indicators Evaluated and their Breakdown

Direct Beneficiary Interviews

- General Understanding of Participants' Backgrounds
- Training Verification
- Training Arrangements
- Satisfaction Levels of Participants
- Training Quality
- Training of Trainers Feedback
- Overall Project Relevance
- Overall Project Validity
- Overall Project Effectiveness

Project Team Interviews

- Programme Flexibility
- Budget Flexibility
- Relationship with the Donor
- Networking
- Coordination
- Building Partnerships inside Syria

Additionally, the evaluation covers multiple aspects regarding the recommendations of the mental health specialists supported under the programme, and the field-related issues and difficulties.

Resources and Evaluation Management

The evaluator is responsible for providing all the necessary resources under the contract with ABAAD. The resources required for this evaluation include the mobilisation of two specialists responsible for conducting the interviews with the participants through the phone, WhatsApp calls, or via Skype. The lead evaluator is responsible for developing the evaluation from the technical side, in direct consultation with ABAAD, in order to keep the scope of the evaluation in the circle of interest of the programme. The monitoring of the work progress and the actual achievement and delivery of the evaluation product is the responsibility of the lead evaluator, ensuring direct consultation with ABAAD on a regular basis.

ABAAD is responsible for connecting the evaluator with the group of participants that have benefited from the trainings conducted so far, being available for interviews, as well as for reviewing materials for accuracy and relevance to the programme needs.

The evaluator understands the sensitivity of the information obtained about the participants (such as contact details) and agrees to treat this sensitive information confidentially during the period of the evaluation, and to shred all emails, files, or any other form of data transfer used to pass the contact details of the participants following the duration of the evaluation. The evaluator signs an understanding with ABAAD on the confidentiality of this data and the limited use of it.



Expectations and Deliverables

The deliverables of this evaluation include the following:

1. Methodology document that entails the technical aspects of the evaluation and explains the approach.
2. A General Participant Survey tool.
3. A tailored and cleaned Excel database that will include the data collected through the interviews.
4. Raw data in the form of actual interviews, with records where available, anonymised, in order to protect the freedom of answering by the participants.
5. Final evaluation report.

Key Findings

Direct Beneficiary Interviews

General KII Information:

The evaluation team conducted 21 key informant interviews with the training participants, each interview averaging 30 minutes in length.

Basic Demographic Information

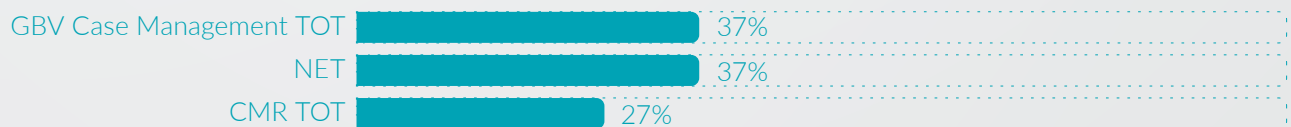
- Sex breakdown is: 62% of the interviews are females. 38% are males.
- Sample selected from participants of the following governorates: Aleppo, Damascus, Daraa, Rural Damascus, Hama, Lattakia, and As Sweida

Training Verification Feedback:

- The entire sample selected has received training from ABAAD, and have participated in one or more trainings.

Subjects of Training:

Subjects of Training:

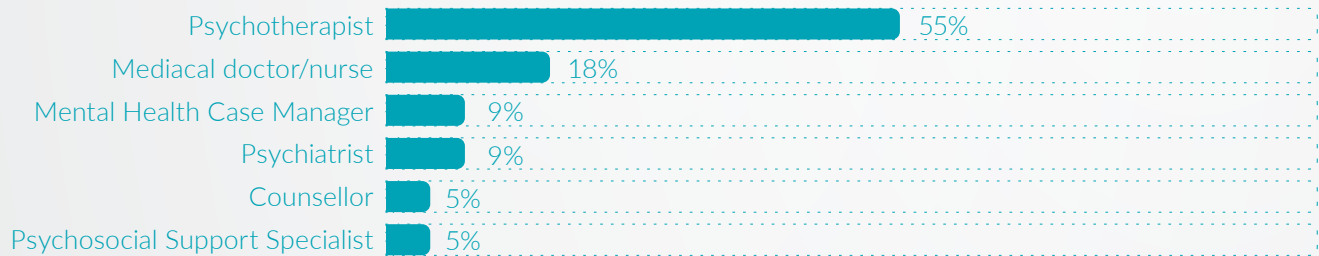


The reported types of training by the sample selected were NET Training, CMR TOT, and GBV Case Management TOT. The subjects reported by participants go in line with the project documentation provided by ABAAD.

Categories of Participants:

The main occupation of participants taking part in the Bel Salameh project activities within the reporting period was psychotherapists, who represented around 55% of the training beneficiaries, followed by medical doctors and nurses, who represented 18% of the sample. Mental health case managers, psychiatrists, counsellors, and psychosocial support specialists together represented a total of 28% of the participants.

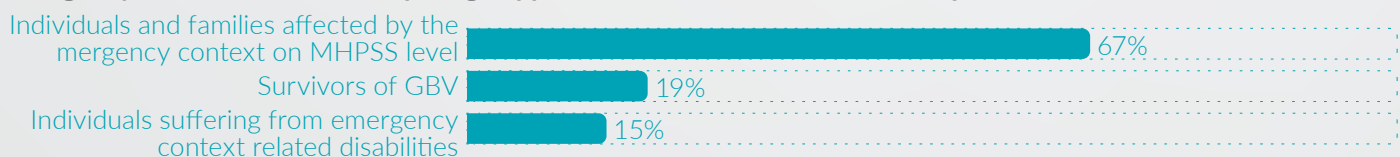
Categories of Participants' Specialities:



- **Years of experience in the fields of work of participants:** The average years of experience participants have is around 8 years. The range varies between 3 to 25 years of experience. This is quite a positive indicator on the selection of participants. In general, the overall pattern shows a high number of years of experience, which goes in line with the training participant selection criteria set by ABAAD.
- **Years of experience in emergency response:** The average number of years of experience within emergency settings is around 5 years, with a range varying between 3 and 10 years. Bearing in mind that the Syrian crisis began 5 years ago, it is noticeable that the selected participants have a good level of experience dealing with emergency contexts.
- **Communication skills:** All participants consider themselves to have either good or very good communication skills. However, according to the notes of the team conducting the interviews, two cases seemed to have low/weak communication skills, an issue demonstrated by their stress and occasional anger during the interviews, in addition to personalising some general issues.
- All participants reported living and working in Syria. This pre-condition of selecting participants is totally fulfilled.
- All participants reported that they ensure direct intervention with the community affected by the emergency context.

Population groups requiring support:

Emergency Context Survivors Requiring Support Across Communities of Participants

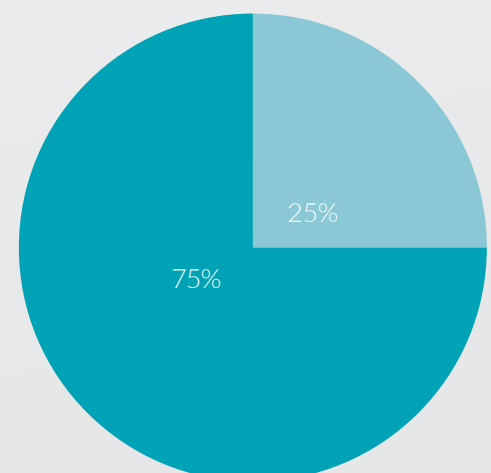


- Between the groups mentioned above, participants only identified women and children to be the most at-risk groups requiring support.

Presence of MH specialists:

Presence of Mental Health Specialists in the Areas of Participants

Adequate Number of MH Specialists ■
 Inadequate Number of MH Specialists ■





In general, according to the interviewed participants, the availability of mental health specialists is low, with only 25% of the participants reporting the presence of an adequate number of specialists in the locations where they are active. These locations included Damascus and Hama only. With the wide geographic scope of the evaluation, this fact can be perceived as an indication on the low availability of specialists in the country in general. This fact also supports the logic of having similar training initiatives that support both the capacity of the available expertise in this field, and potentially increase the number of qualified personnel. It is recommended that this matter be taken into consideration for the activities of expanding similar programming, and a wider group of non-specialists that can provide basic support to vulnerable people should receive capacity building activities in the future. The available alternatives largely suggested by the respondents can be summarised by the following points:

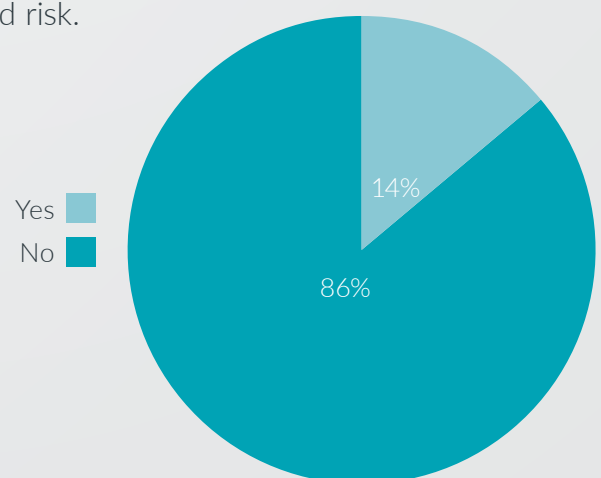
1. Training and qualifying volunteers to support. Specialists seek the support of anyone with minimum qualifications in this field; they provide them with basic training and build their capacity.
2. By increasing the working hours and load. However, specialists' capacity to cover the lack of adequate resources in the field of mental health is totally stretched, and this solution is not recommended on the long term, even though it came up in multiple interviews with the specialists.
3. By raising community awareness towards mental health issues and the necessity of seeking out the support of specialists.
4. By providing training to a wider range of organisations present in the areas where specialists are based. A future assessment should take into consideration the mapping of available local organisations that are capable of working in the field of psychological support, in addition to these organisations' needs of training and their availability for similar capacity building activities.

It is important to note as well that multiple participants reported the absolute absence of any alternatives, and the urgent need to qualify more specialists in their areas.

Qualifying volunteers can be a solution on the short term; however, it might entail multiple risks in areas where the cases of vulnerable people are more complex. This is to be taken note of while designing future activities of the project, and the volunteers should be trained only on the aspects that can be done by non-specialists. At the same time, this point should be communicated in future trainings, and clear instructions on the qualifications of volunteers and the nature of activities they can be involved in should be given, in order to mitigate the aforementioned risk.

● **Networking:**

Training Role in Supporting Networking Between Participants



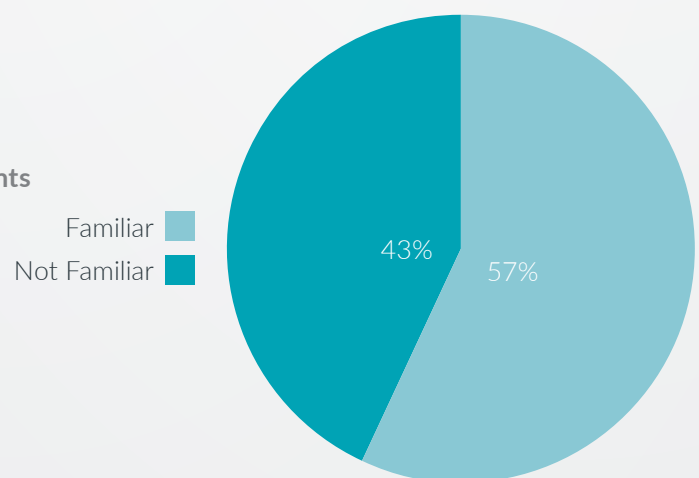
In general, the majority of participants considered that the training did not support them to network with other specialists in the field of mental health. Only 14% of the participants reported that the training was useful in this aspect. If networking is one of the expected outcomes of training, this fact should

be taken into consideration during the future activities of the project. Designing better participatory exercises and increasing the number of team activities and work groups might be useful, in addition to having a higher number of team building exercises outside the scope of the training, even if the participants will not work as a team in the field. The review of the training courses reveals that ABAAD is already applying multiple exercises focused on role-playing and groups work, which represents the usual methods applied for networking and team building. It is recommended to take the opinion of participants themselves prior to the training on what are the best methods of increasing the networking between participants; according to the participants, the best way to increase the level of networking is by ABAAD creating kind of a platform for these specialists where they can exchange knowledge and stay in touch on the different issues they face on the field level. This idea can also build a wider country-level engagement between the different specialists, and allows better networking.

Training arrangements feedback:

- Familiarity with criteria of selection:

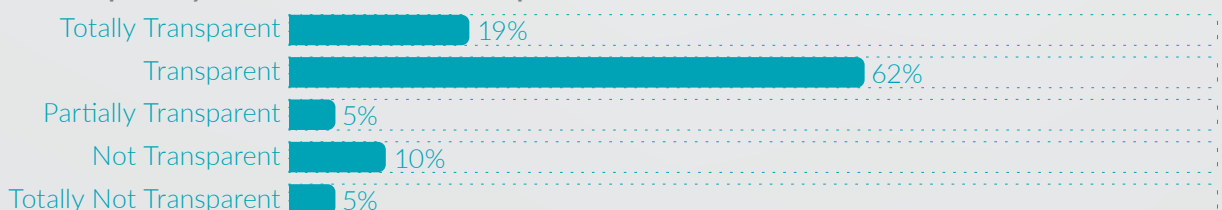
Familiarity with Criteria of Selecting Workshops' Participants



- Around 43% of the sample interviewed reported that they are not familiar with the participant selection criteria in the workshops organised by ABAAD. This point should be taken into consideration in the future, and more explanation on the specific requirements and criteria applied should be given during the advertisement phase and inside the workshops, through clarifying the reasons for selection or rejection in communications with participants, and in the workshops themselves. This will help to mitigate the negative feedback from interested persons that apply and do not get accepted to participate in the workshops. One important point to be mentioned here is the fact that although almost half the participants reported that they are not familiar with the criteria of selection; they knew exactly why they were selected to participate in the training. The two questions were set separately in different sections of the interviews in order to allow the evaluator to better assess the bias levels of participants. Having similar contradictory findings can indicate a certain level of bias between participants, but this cannot be considered as a final opinion, and follow up is necessary, in addition to implementing the above mentioned recommendations that aim to mitigate the level of negative feedback towards the selection processes.

Transparency:

Perception on the Transparency of the Selection of Participants Process





Overall, the selection process was perceived as a transparent process by participants, with very limited exceptions. In general, more than 81% of the participants reported the selection process to be either totally transparent or transparent, while only 15% reported that the process was not transparent. When looking at the reasons behind the negative feedback, it was noticeable that the reasons were skewed more towards personal bias in general, and can be summarised with the following points:

1. One participant was rejected to join a second workshop she applied for, and she reported that ABAAD did not provide her with the necessary explanation. This case needs to be followed up with the participant.
2. One participant considered the colleagues that have participated in the workshop to be under-qualified. The personal nature of the feedback is clear, since there is no relationship between the transparency of the selection process and the qualifications of participants.
3. One participant reported that ABAAD is in favour of certain groups, and additionally reported that she was not invited to further workshops because she “is pro-government.” Assessed within a wider circle of feedback; it was not reported by any other participant living in government-held areas, which leads to the conclusion that it is more personal-oriented feedback. ABAAD needs to follow up with this participant and gather more details around this specific issue.

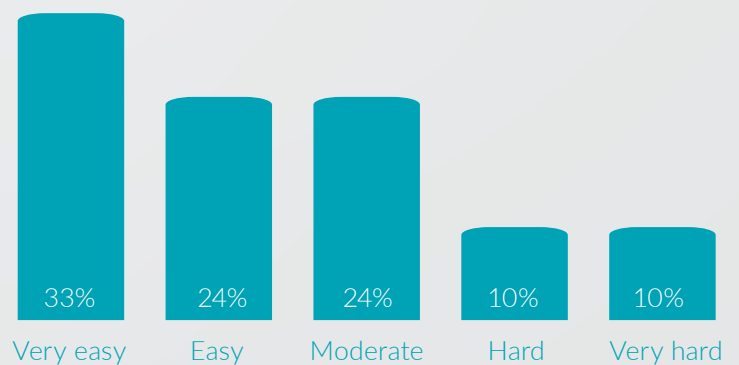
Although the methodology of the evaluation does not allow ABAAD to have direct contact with the participants who provided negative feedback on multiple issues, it is highly recommended that the evaluator facilitates follow up calls between ABAAD and the participants that have provided negative feedback. These calls can only take place under the approval of participants, and shall be blind follow-up calls, meaning the specific feedback by individuals will not be specified.

Investigation Update: Regarding Point 3 mentioned above, the evaluator did a background check on the areas from which participants are coming. It is important to note that the participants come from multiple areas of control, which does not match the critical feedback received by only one of the participants, and this feedback has shown to be inaccurate for two reasons: the presence of participants from multiple areas of control, and the absence of similar feedback from any other participants. This critically negative feedback shall thus be ignored.

- All the participants reported receiving the workshops in Beirut, Lebanon. The number of trainings received by different participants varied between 1 and 3, with an average of 1.4 training per person. All the dates of training reported by participants go in line with the project documentation provided by ABAAD prior to the evaluation.

• **Access to training location:**

Access of Participants to the Training location



In general, the majority of participants had no major issues accessing the training location. In total, 20% of the participants faced multiple difficulties that posed obstacles to their accessing the training location. These difficulties included issues related to single women travelling unaccompanied, the lack of safety of roads inside Syria between different locations (for example the trip from Aleppo to Damascus) and

the forced changes in the travelling schedules depending on the security situation. These difficulties are related to the Syrian context and in general cannot be avoided. The only recommendation to ABAAD is making the training scheduling as flexible as possible, in order to accommodate different issues that might occur while participants are trying to access Lebanon. Another recommendation can be to look at providing remote training, via webinars and/or online courses. Applying such method can give a wider access to the program activities, and allow a wider range of beneficiaries to benefit from the materials.

- **Transportation reimbursement:** With the exception of 3 cases, the entire sample of participants who have been interviewed reported receiving the right compensation from ABAAD to cover costs of their return trip between Syria and Lebanon. The amounts paid varied between 50 and 210 USD, noting that in the case of the lower ranges, the amounts were covered to compensate the trip to the meeting point where ABAAD had arranged transportation (in the case of one training) and had paid the company directly.

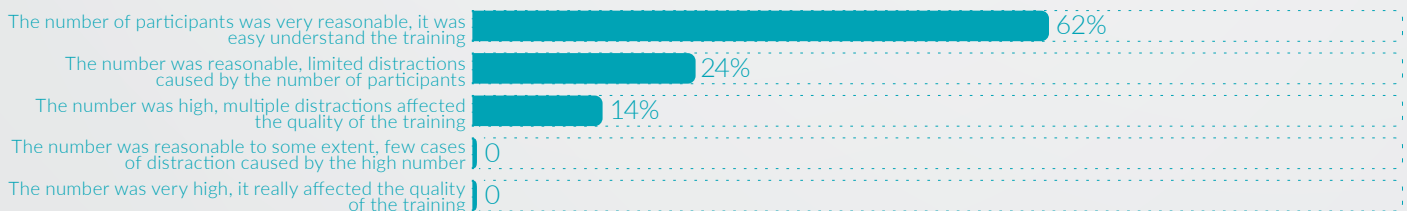
Investigation Update: The 3 cases who reported not receiving compensation from ABAAD were cases of participants that used a rented car hired by ABAAD, and as a result they did not have any transportation cost to be compensated for. The rented vehicle provided these participants with the necessary transportation required to reach the training site.

- The entire sample selected reported that the accommodation during the training was either good or very good. It is recommended that ABAAD maintain this standard in the future.
- The entire sample selected reported that the training venue used was good or very good, and ABAAD should maintain this standard in the future.

Training quality feedback:

- **Feedback on the number of participants in the workshops:**

Feedback on the Number of Participants in the Workshops Organized by ABAAD



In general, across the selected sample of participants, the overall feedback on the number of participants in the workshops organised by ABAAD was quite positive. In total, 86% of the selected sample reported that the number of participants was either reasonable or very reasonable. There are limited cases of negative feedback related to the number of participants in the workshops; in 14% of the conducted interviews, KIs reported that the number of participants was high, and multiple cases of distraction occurred during the sessions, which affected the training. ABAAD is advised to follow up with these interviewees on the specifics related to this negative feedback, since the overall pattern is positive.

Investigation Update: The mentioned cases that provided negative feedback reported that it was their personal perception, and the main reason for this consideration was the ample space provided by the trainers for discussion during the sessions, while in their opinion the trainers should limit such space during workshops. Nevertheless, this fact is not an overall pattern, and trainers reserve the right to manage the workshops discussions in the best way suited to serve the programme. ABAAD reported that the vast majority of participants have often expressed being “grateful for the space provided to



share information, best practices, and discuss case studies,” which they have reported is “usually impossible in Syria.”

From an evaluation point of view, the feedback collected confirms that ABAAD should maintain its current way in managing the workshops in terms of numbers of participants invited.

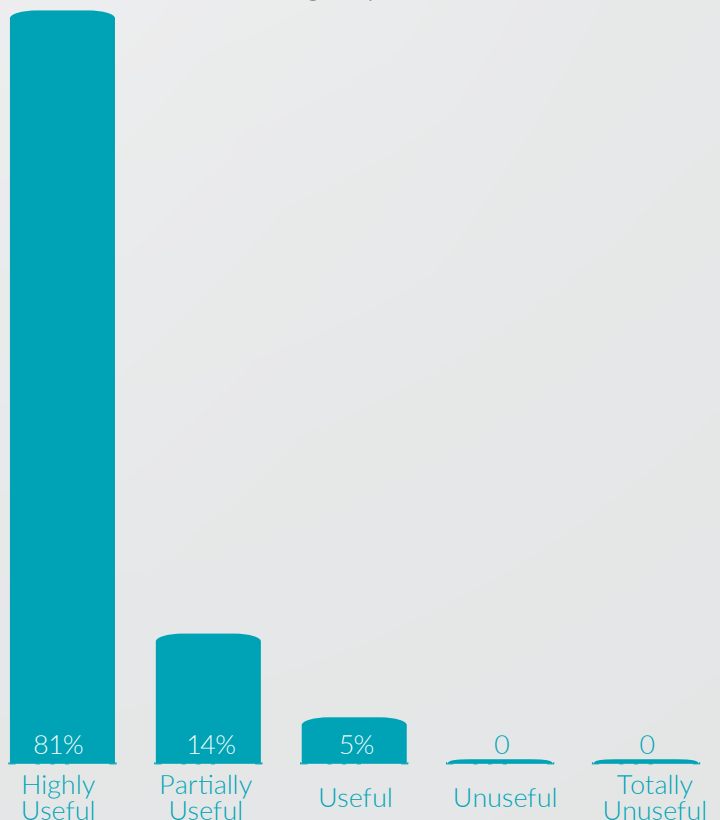
Investigation Update: The mentioned cases that provided negative feedback reported that it was their personal perception, and the main reason for this consideration was the ample space provided by the trainers for discussion during the sessions, while in their opinion the trainers should limit such space during workshops. Nevertheless, this fact is not an overall pattern, and trainers reserve the right to manage the workshops discussions in the best way suited to serve the programme. ABAAD reported that the vast majority of participants have often expressed being “grateful for the space provided to share information, best practices, and discuss case studies,” which they have reported is “usually impossible in Syria.”

From an evaluation point of view, the feedback collected confirms that ABAAD should maintain its current way in managing the workshops in terms of numbers of participants invited.

- The explanatory tools used in the training are reported to be useful in general across all participants interviewed. There are no cases of negative feedback related to the explanatory tools ABAAD has been using during the workshops. It is recommended that ABAAD maintain the current methods applied across the different trainings.
- The quality of operational examples (case studies and facilitators guidelines) provided throughout the different trainings was also high in general; no negative feedback was received by any of the participants. This is an important fact to build upon for the future activities, since the examples used in the training were within the scope of and relevant to the Syrian context.
- The quality of the training materials and content used in the training was also perceived to be high across the entire sample selected. The training materials and content shall stay the same and only be developed where ABAAD see a necessity, since no gaps were reported by participants, and the usability of the training materials and content on the field level was high by all beneficiaries.

Benefits of the training:

Perception of Participants on the Benefits on the Training in General



Overall, more than 85% of the participants reported that the trainings received were useful and had direct benefits on their work, with only 14% reporting that the training was partially useful. No cases of negative feedback were reported across the entire sample interviewed.

There were multiple examples on the benefits of the trainings reported by the different participants, and they can be summarised in the following points:

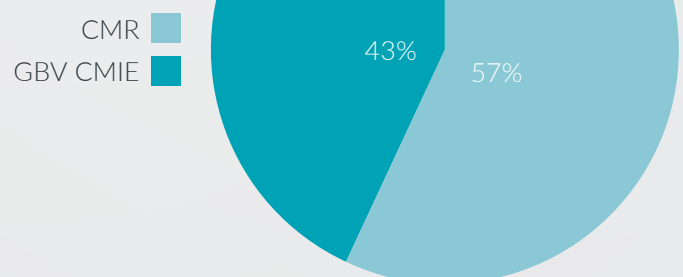
1. The training improved the capacity of the specialists in communicating with affected populations.
2. The training gave the specialists better legal knowledge about the situation of the affected populations they have been supporting.
3. The training helped them to transfer their knowledge to each other, and provided an important platform to discuss best practices and share experiences.
4. The training helped the specialists to better communicate with children and adequately encourage them to share their stories and issues more openly.
5. The training and the use of the online materials helped the specialists to better use available technology.
6. The training supported participants to build strategies related to their work.
7. Applying narrative exposure therapy in the field proved to be a great success for multiple specialists.

None of the participants reported any required changes in the training modality in general, on any of the mentioned levels during the evaluation. This can be taken as a very strong advantage for the content and the quality of trainings, and ABAAD should maintain the standard, build on this experience, and try to add any additional aspects that may need to be explored on the field level.

- All participants reported the necessity of repeating similar training in the future, and that was applicable on all the different subjects and types of training provided by ABAAD.
- The overall evaluation of the quality of training can be considered very high, and no critical feedback received from any of the participants.

TOT-specific feedback:

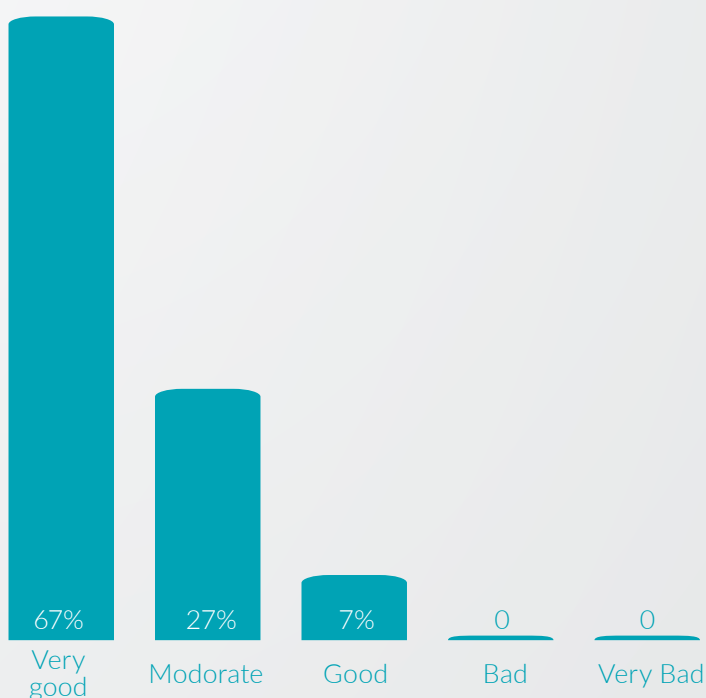
Different Types of TOT



- The majority of the sample of participants have undergone a training of trainers, precisely, 17 out of 21 participants.
- Type of TOT received:
The main topic of the TOTs received by participants was the CMR training, representing 57% of the overall sample, followed by GBV CMIE training, representing around 43%.

- **Reasons of selecting participants in TOTs:** the interviewed participants reported different reasons of selection for participation in the TOT, but all reasons largely revolved around the following criteria:
 - 1- Years of experience
 - 2- Relevant training received previously
 - 3- Presence inside Syria
 - 4- Competence
- The logic of selection reported by different participants go in line with the criteria of selection set by ABAAD, which is an indication that participants are well-informed about the selection processes.
- **Overall quality of the TOT:**

Perception of Participants on the Benefits on the Training in General



The overall perception of TOT participants was positive in general, with 74% of participants reporting that the overall quality of the TOT was either good or very good, and 27% reporting that the quality was moderate. No negative feedback was received by participants of the TOT; however, the overall quality of the TOT in terms of perception was lower than the regular types of training given to all participants, including the ones that have not participated in TOTs.

- **Quality of TOT trainers:**

ABAAD mobilised 3 trainers to conduct the two TOTs given to participants. The opinion of participants on the capacity of trainers was general, with limited exceptions.

1. Dr. Nagi Souaiby (CMR): Out of the overall number of participants in the training session held by Dr. Souaiby, the overall opinion was good. Six participants reported that the level of the trainer was good, while only one participant reported that the level of the trainer was bad.
2. Dr. Jamal Khamis (CMR, HIV and STIs component): 5 out of 7 participants who received training by Dr. Khamis reported that the quality and capacity of the trainer was good, while the other 2 reported that the quality is moderate.
3. Ms. Marie Adele Salem (CMR, psychosocial specificities component, GBV CMiE): All participants that have attended training sessions held by Ms. Salem reported that the quality of the trainer was very good, across both trainings.

It is noted that the quality of trainers is positive in general, with the mentioned limited exception that requires a follow up by ABAAD. In case no specific reasons are provided by the participants that reported the negative feedback, the trainers should continue to be contracted for future similar trainings.

Investigation Update: This participant who gave negative feedback about Dr. Souaiby reported that he did not use enough explanatory examples and tools during the training, which made his session much weaker comparing to the other trainers. While this feedback cannot be considered general or representative, ABAAD can in the future encourage Dr. Souaiby to increase the number of operational examples given when training.

- The entire sample of participants selected reported that the information received in the TOT reflects the need of the field they work in. This is another positive example on the suitability and relevance of the training materials and curriculum.
- To assess the possibility of passing the knowledge received in the TOT to other specialists or psychological support workers, participants were asked to evaluate the possibility of transferring this knowledge. The feedback received was quite positive, and the entire sample reported that the knowledge they have received is transferrable and straightforward. Multiple participants were already able to train other specialists inside Syria on the different topics received in the TOTs. This fact reflects the importance of maintaining the current curriculum of the TOT, and only developing the content where ABAAD sees a necessity, without changing the methods of training.
- On average, the number of formal training provided inside Syria by the TOT participants was 0.7 training per participant. While the number could be considered low, according to ABAAD, it is important to note that no technical or financial support was provided to the participants to conduct these trainings, which demonstrates the interest and motivation of the individuals providing training to their colleagues. The range of training varied between 0 for majority of the TOT participants and 6 for one participant only. The average number of participants was 11.5 per training. However, this is not a representative fact, since one of the TOT participants was capable of formally training around 90 persons inside Syria.

The main reasons for not conducting training in Syria can be summarised in the following points:

1. Logistical reasons: the lack of capacity to hold training in the field, and the lack of ability to facilitate and communicate with potential persons interested in similar type of training.
 2. Lack of financial resources to conduct trainings.
 3. The stretched time of majority of specialists that have received the TOT, which limits their capacity to identify people that can receive the training, and limits their ability to conduct the training themselves.
- On the informal level, the average number of training provided by participants of the TOT was 0.5 training per participant, with a range of training between 0 and 5 trainings per participant. The average number of beneficiaries who received informal training was around 11 persons per participant.
 - Noteworthy to mention is that 65% of the participants of the TOTs did not provide any training to beneficiaries inside Syria. This fact should be taken strongly in consideration while preparing similar TOTs in the future, and the ability to pass the knowledge received in the TOT to beneficiaries should be a pre-condition to select participants of the TOT, since there is no added value in providing such trainings to trainers who are not ready to, or not capable of passing their knowledge to other specialists (due to any factors). The reasons behind not being able to pass the training to other specialists were not provided by participants during the interviews, and a follow up by ABAAD with the participants that have not provided any in-field training is crucial. A potential reason for the lack of

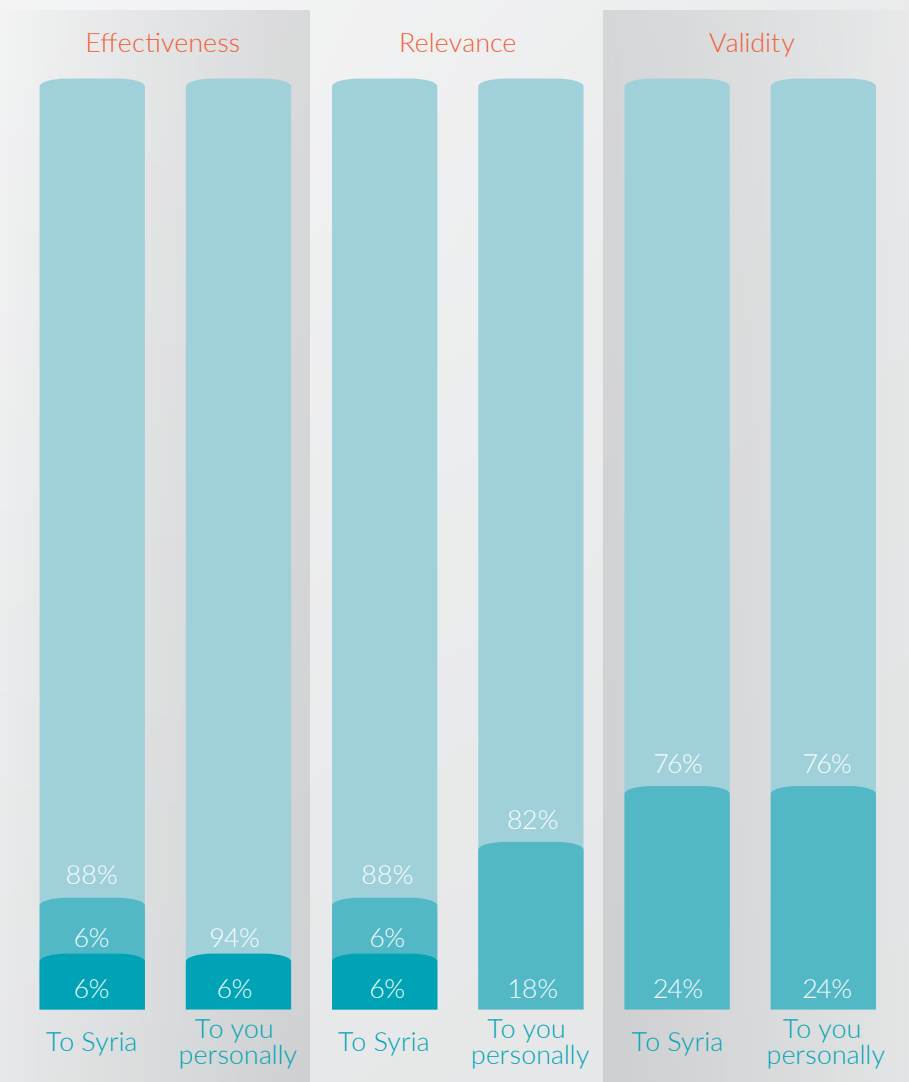
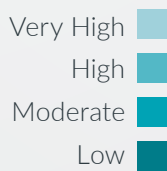


ability to pass the knowledge can be the absence of support on the financial level for the TOT participants to conduct trainings inside the country. Since this activity is out of the scope of the activities of the programme in general, ABAAD shall consider providing such support in potential future extension of the project, but only after pre-assessing the ability to achieve the training activities in the field, and the presence of monitoring capacity to track such training.

- On average, specialists that received the TOT dealt with 38 cases of affected people related to the training received in the TOT, per participant.
- Out of the sample selected, around 30% of participants dealt with no cases related to the training received in the TOT. This requires follow-up by ABAAD in order to provide better explanation, the follow up can be facilitated by the lead evaluator after consulting with participants. If these participants do not have similar cases in their areas of operating, they should not be part of the TOT, and a better scanning of participants should take place in the future, taking in consideration the specific requirements of training in their areas of operation.

• **Consolidated TOT feedback:**

Consolidate TOT Feedback



As a final step of evaluating the quality of the TOTs provided, participants were asked to evaluate the following aspects of the TOT, both for Syria in general, or for them as individuals:

1. **Effectiveness:** On the personal level, the entire sample of participants reported positive feedback on the effectiveness of the TOT, with 6% reporting that the TOT

was effective, and 94% of the participants reporting that the TOT was very effective. For Syria, the feedback collected was also quite positive, with overall 94% of the participants reporting that the TOT was either effective or very effective, and only 6% of the participants reporting that the TOT was moderately effective. No participants reported the lack of effectiveness of the TOT.

2. **Relevance:** On the personal level, the feedback received was positive across the entire sample selected, with 18% reporting that the TOT was relevant, and 82% of participants reporting that the TOT was very relevant. No negative feedback was collected on the personal level against the relevance of the TOT. For Syria, the overall feedback was also positive, with a total of 94% of the participants reporting that the TOT provided was either very relevant or relevant, and only 6% of the participants reporting that the TOT was moderately relevant.
3. **Validity:** On the personal level, 76% of the participants reported that the TOT received was very valid, and the rest of the sample reported that the TOT was valid, with an absolute absence of negative feedback. The same findings were applicable on Syria as a country.

As a conclusion, we can say that the Bel Salameh project has achieved its targets regarding the three mentioned criteria, and was able to provide a satisfactory TOT for participants, and score a high level of satisfaction at the field level on the relevance, effectiveness, and validity.

Bel Salameh Programme Team Interviews

In order to gather data aiming to evaluate project performance from the Bel Salameh team members' perspective, following the beneficiary KIIs, the external evaluators interviewed three key informants: Mr. Jay Feghali, Programme Manager, Ms. Marie Adele Salem, MHPSS Technical Advisor, and Mr. Hani Alsalhani, Project Officer. The interviews took place during August, revisited following the original KII interviews.

Programme Flexibility

Work-plan: Based on information from the three project team interviews, despite some delays in resource development and conducting some set activities, there were no surprisingly significant issues that took place during the implementation period on the field level or on the management level that affected the overall delivery of outcomes of the project. It is recommended that in future planning of activities, that the work-plan is designed in a dynamic manner that takes into consideration different potential scenarios on the field level. This will help to better prepare the project team to tackle any potential risks that may affect the delivery of project activities.

Participant number: ABAAD needs to consider having a higher flexibility in terms of targeted beneficiary numbers. The levels of access from Syria to Lebanon change on a regular basis due to the unstable security situation and issues at the border, which may hamper the ability of some participants to reach the training location, as has been reported by the project team. The best solution in this case is not to assign a specific number of participants per workshop, but rather to assign a range which can be agreed upon with the donor; the work-plan can thus be built accordingly, especially in terms of budgeting.

The high flexibility from the donor's side has so far assisted ABAAD in terms of planning and tackling issues on the field level. The flexibility here shall be maintained, because the pressure on ABAAD to reach a specific number of beneficiaries (for example, considering overloading a training because a previous training could not satisfy the set target number due to access issues) can reflect negatively on the quality of work achieved.

Overall, in terms of programme activities, Bel Salameh can be considered highly flexible and dynamic. Feedback acquired from both, the assessments conducted, as well as from participants and stakehold-



ers in Syria was taken into consideration throughout the implementation, which resulted in ABAAD submitting multiple amendments to activities structure and timing to the European Union in order to better serve the needs of beneficiaries, without compromising or modifying the nature, objectives, and vision of the project on the whole.

The feedback received from the trainers (as reported by the project team) regarding the flexibility of the programme was positive as well. The trainers were able to make amendments and enrich the content of the training based on ongoing discussions they had with training participants (direct beneficiaries) during the training days. Taking into consideration MEAL and accountability:

1. The Bel Salameh project team requests from ABAAD's MEAL Officer to visit once following the first two days of each training to collect feedback
2. Daily evaluations are conducted after each training session,
3. A final general evaluation is conducted on the last day of each training

Input collected from the above activities are utilised during the different phases of the training to ensure that the training content and agenda addresses the participants' needs and contexts.

Budget Flexibility

No problems related to budget were faced. Limited cases of reallocation were requested to support the achievement of the programme activities. One of the main drivers of budget reallocation was the provision of a series of additional trainings for participants based on their needs and requests during the assessment phase, workshops, coordination meetings and follow-up sessions; the request was submitted with the interim report package, and implementation of the suggested activities are pending donor approval.

Overall, ABBAD is expecting savings in the final budget of the project, and the funds that have been received are reported to be adequate to cover the needs of the programme.

Relationship with the Donor (the European Union):

Operational and Funding Matters: The programme was set to start in April 2015. There were slight delays in the signature of the contract between the donor and ABAAD, due to different clarifications and modifications required by the donor. ABAAD reported that the donor requests were reasonable.

ABAAD also reported being delayed on submitting the interim narrative and financial report, which consequently results in a delay in receiving the second instalment of funds. However, having had savings on the level of operational costs, and not having expended 100% of the initial payment, this has had no effect on implementation of programme activities. That said, ABAAD does need to comply with donor reporting requirements in the future in order to ensure no delays and to ensure a timely process.

Direct Donor Relationship: The project team's overall evaluation for the relationship with the donor is extremely positive, with a reported high flexibility from the donor's part regarding the dynamic changes in the security situation in Syria, which occasionally had implications on the delivery of outcomes, and caused a few delays.

The donor has provided ABAAD with adequate support in understanding the compliance policies throughout the duration of the relationship. Additional induction from the donor's side prior to the start of a contractual relationship may be useful in the future, especially in terms of regulations and compliance.

Additional support received from the donor was on the networking level; where ABAAD has regularly been connected with other EU-grantees working in Syria, as well as other groups that could provide

support/services to programme activities.

Networking:

Following a year of programme activity implementation, ABAAD has progressively built a significantly wider network of relationships with specialists inside Syria and established its presence and credibility, through the Bel Salameh project, in Syria. Thus, the idea of revisiting the assessments that were initially conducted should be taken into consideration, especially to conduct an end-line assessment, which serves to ensure a better and deeper understanding and representativeness of programmatic, capacity, and resource needs. The presence of this wide network, which was not available during the initial assessment, will possess a higher level of data saturation and can thus make the findings more representative. This can thus increase the trust level in the activities of the programme, and/or help in amending the scope of work and activities to go in line with the needs on the field level.

Coordination:

According to the project team, there is a critical need to have better coordination mechanisms with the different stakeholders involved in the provision of MHPSS capacity building and support in Syria. The donor played an important role in encouraging the organisations receiving funding under the relevant call to collaborate/coordinate, which resulted in some relevant discussions. However, the donor can play a further key role in the establishment of a coordination umbrella that can provide a platform for the exchange of information and expertise, and that can also support in:

- Uniting efforts, creating synergies, and widening the scope of activities
- Avoiding activity overlapping and thus ensuring the maximum resource-effectiveness possible

The current coordination architecture in Lebanon does not have a specific umbrella for organisations similar to ABAAD providing cross-border assistance. ABAAD reported regularly attending the MHPSS Taskforce meetings hosted by the MH Programme of the Lebanese Ministry of Public Health/WHO, but the participants are mostly representatives of organisations providing assistance to Syrian refugees inside Lebanon. ABAAD also reported coordinating with the Whole of Syria child protection working group that recently launched in Lebanon (co-chaired by the UNICEF-RO), and while it has been beneficial for networking and information-sharing, its scope is still not very relevant to ABAAD's activities under the EU-funded Bel Salameh project. It is highly recommended that ABAAD request from the donor to officially support such a cluster or taskforce.

Building Partnerships inside Syria:

The geographic scope of the Bel Salameh interventions is quite wide, and has involved participants from 10 out of 14 Syrian governorates (all except Idlib, Deir Ezzor, Quneitra, and Raqqa, noting that a participant from the latter, based in Lebanon but still coordinating with groups in Raqqa, and who has expressed his will to return to his governorate, has been attending some trainings). However, there are still certain areas of control that ABAAD is facing difficulties to bring participants from, due to access and mobility limitations. Building more partnerships inside Syria can help ABAAD to coordinate with available service providers, and to understand the situation in and possibly support MHPSS workers/specialists in the areas that the programme has thus far been unable to reach.

Another of the potential solutions for the access issue is to provide online training, where participants that have limited access to Lebanon or planned training locations in Syria can receive the necessary knowledge. This type of training has been achieved previously by other organisations, including one that ABAAD networked with at a WOS meeting, and linking up with them and building partnerships can help ABAAD in the planning the actual implementation of such activities.



According to the trainers, widening the scope of activities of the programme too much can be negative, even though ABAAD has the capacity of actual implementation inside Syria. The suggestion here is a higher follow up capacity with the trained beneficiaries instead of a large-scale moving of activities into Syria. This recommendation contradicts feedback received from the beneficiaries themselves; the vast majority of beneficiaries reported that ABAAD has the capacity and should consider conducting more activities in the field inside Syria, and perhaps even establishing a physical presence in Syria, either directly, or via an implementing partner. The expansion of training activities to take place inside Syria is already part of the scope of the intervention, but not during the reporting period.

Recommendations

Recommendations: Capacity Building Level

Selection Criteria: 43% of respondents were not aware of the selection criteria employed when choosing training participants; it is important to highlight reasons for selection and rejection in trainings and in rejection emails. This helps to mitigate negative feedback from participants who apply and are not selected.

Participant Load in Trainings: 14% of respondents reported a high number of participants, which they feel resulted in multiple distractions to the training. Despite the fact that the overall pattern demonstrates that the current manner of managing participant numbers is positive, ABAAD is advised to follow up with these participants in order to address possible issues that may negatively influence trainings.

Training of Trainer Participant Selection: 65% of TOT participants reported not providing any training to other individuals inside Syria yet. While this is not necessarily a negative indicator because ABAAD did not provide financial or technical support for official trainings to be conducted, “conducting at least one training inside Syria” may be set a pre-condition to participant participation. It is important to mention that the aim of ToT is not by necessity training other beneficiaries within frame of project cycle but rather preparing a pool of resources that can be widening scope of trainers when security situation allow organizing trainings in Syria/after ceasefire or end of conflict.

Training Participants Cases Received: Around 30% of participants dealt with no cases related to the training received in the TOT after receiving the training. Although the ToT is not designed to respond to the needs of specialists to deal with cases covered by the training, but rather designed to create a pool of experts that can tackle similar cases in the future and transfer knowledge, it is still recommended that ABAAD investigate the reasons for this. If it is found that these participants do not have relevant cases in their areas of operation, better scanning of participants in the future may be useful.

Training Participant Recommendations:

Service provision gap: Participant recommendations for alternatives to covering the gap in MHPSS service provision (when not easily available) included i) building the capacities of volunteers who may be able to support in PSS efforts; ii) increasing the load and working hours of specialists, despite the fact that their capacity is already totally stretched to cover the lack of adequate resources; iii) raising community awareness on MHPSS services and their importance; iv) providing training to organisations present in areas where specialists are based. It is also important to note that multiple participants reported the absolute absence of any alternatives, and the urgent need to qualify more specialists in their areas.

Networking: Participant recommendations regarding the best way to increase the level of networking is by ABAAD creating kind of a platform for these specialists where they can exchange knowledge and stay in touch on the different issues they face on the field level. This idea can also build a wider country-level engagement between the different specialists, and allows better networking.

Important Note: While qualifying volunteers can be a solution on the short term, it might entail multiple risks in areas where the cases of vulnerable people are more complex. This is a point to take further while designing future activities of the project, and the volunteers should be trained only on the aspects that can be done by non-specialists. This point should be communicated in future trainings, and clear instructions on the qualifications of volunteers and the nature of activities they can be involved in should be given, in order to mitigate the abovementioned risk.

Recommendations: Programme and Coordination Level

Work-plan Flexibility: The work-plan should be designed in a dynamic manner that takes into consideration different potential scenarios on the field level to better prepare the project team to tackle any potential risks that may affect the delivery of project activities.

Participant Indicators: A range of targeted beneficiaries per training or activity component can be agreed upon with the donor, and the work-plan can thus be built accordingly, especially in terms of budgeting. This will avoid potential participant overloading to satisfy set indicators and will thus contribute to quality assurance of training activities.

Donor Requirement Compliance and Induction: ABAAD must ensure compliance with set time frames and deadlines in terms of reporting requirements. It is also recommended that the donor provide induction on regulations and compliance to first-time recipients of funding to avoid complications or delays.

End-line Assessments: In light of expanded networking and heightened credibility inside Syria, it is recommended that ABAAD revisit the baseline assessments conducted at the beginning of the programme, in order to ensure a higher level of data saturation and more representative findings. This will provide important information for any amendments in future programming, as well as increase the trust level.

Working Group/Cluster Establishment: It is highly recommended that ABAAD request from the donor to officially support a coordination cluster for organisations working on similar programming in Syria.

Partnership-building: ABAAD is encouraged to pursue building partnerships with more organisations working in different areas of control inside Syria in order to coordinate with available MHPSS service providers, to understand the context, and to provide needed support.

Provide Accessible Training Opportunities: A potential solution to the lack of access to certain areas is the provision of online trainings. While ABAAD's GBV CMiE Online course can be considered a helpful asset, the provision of interactive online trainings in real-time is also an important solution. This can be done by partnering with organisations who have previously conducted such trainings and have the tools to do so.



Acronyms

CMR	Clinical Management of Rape
EU	European Union
GBV CMIE	Gender-Based Violence Case Management in Emergency Settings
KI	Key Informant
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability, and Learning
MECS	Middle East Consulting Solutions
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
NET	Narrative Exposure Therapy
TOT	Training of Trainers
UNICEF-RO	United Nations Children's Emergency Fund - Regional Office
WHO	World Health Organisation
WOS	Whole of Syria Working Group

Annexes

Annex 1	Activity Delay Justifications - Extract from Interim Narrative Report
Annex 2	Participants General Interview Tool
Annex 3	Bel Salameh Evaluation Database

ANNEX 1: ACTIVITY DELAY JUSTIFICATIONS - EXTRACT FROM INTERIM NARRATIVE REPORT



Original plan

1.1 MHPSS

standardised training curriculum development, in addition to related networking, promotion, and visibility visits

Suggested adaptation and justification

Set month of completion: December 2015

Actual month of completion: In progress.

The completion of the course has been pushed into Y2 for the following reasons:

1. Initially, as per an EU request, ABAAD carried out a number of activities in an attempt to adapt an existing MHPSS manual to the current context instead of develop a new one. ABAAD was informed by different MH practitioners (including WHO National MH Coordinator, and the President of the Syrian Arab Association of Psychiatrists among others) in Syria that the manual was irrelevant to the context, and was not user-friendly to the target beneficiaries under this project. Thus, the team had to change direction, and begin developing a manual based on expert/beneficiary recommendations and assessment findings.
2. In order to increase the effectiveness of this manual and to ensure the sense of ownership of the project beneficiaries when it came to the MHPSS curriculum, ABAAD employed a participatory approach in the production of the manual: in order to do so, it was necessary to keep the initial production a draft work in progress, on which trainings will be provided. Feedback from training participants, practical case studies, and answers to the contextual specificities/challenges will be taken into account to modify the chapters if/as needed. The designed manual will be ready to launch following the completion of the trainings and the final adaptation of the manual accordingly.

As per the EU's recommendation, ABAAD proposes to add the following visits to share the MHPSS standardised training curriculum draft at different cluster meetings in order to ensure buy-in of different groups. ABAAD suggests that the Programme Manager and/or the MHPSS Advisor potentially conduct these visits:

- Damascus: Connect with different working groups and ministries who have expressed interest in collaborating with ABAAD
- Amman: Contact the different cluster chairs or relevant bodies to arrive in Amman and take part in a number of relevant meetings to introduce the manual, and connect on possible different activities.
- Gaziantep: Contact the different cluster chairs or relevant bodies to arrive in Amman and take part in a number of relevant meetings to introduce the manual, and connect on possible different activities.

ABAAD also suggests the inclusion of the design and printing of the standardised curriculum as a toolkit that will be more useful and further increase visibility and physical circulation.

1.3 Capacity needs assessment for mental health practitioners, conducted in order to adequately cater to the training curriculum

Set month of completion: October 2015
Actual month of completion: March-April 2016

While the recruitment of the consultant who would conduct the assessments took place in a timely manner, two major factors delayed the completion of the assessment in October.

- Given the volatile situation in Syria, in order to ensure that the assessment findings remain relevant and can accurately inform the different training needs and curricula to be set, the rapid assessment duration needed to be extended, to monitor the situation for any significant changes.
- While the assessments were then set to be completed by December 23 (delay communicated to the EU in an exchange), 2015, the samples had not reached data saturation by then, so the data collection phase was extended to the end of January/beginning of February 2016. Following the data collection stage, the data analyst aggregated and analysed the data, and the consultant wrote the report. The report was then peer reviewed for input by a number of Lebanese, Syrian, and global MHPSS workers and practitioners. Input was integrated, following which the report was sent to editing and consolidation, and then design, which thus resulted in the completion of the final documents between March and April.

1.4 Rapid assessment of the psychological vulnerability of residents of Syria, both those in their original residential areas and those internally displaced (self-care)

1.5. Intensive training workshops for selected practitioners

Set month of completion: March 2016
Actual month of completion: In progress, beginning March 2016, and ongoing

Due to the delay in the production of the curriculum (the experts symposium took place at the beginning of December 2015, where it was strongly recommended to avoid using the MHPSS Handbook for Iraqi Refugees in Syria) the chapters were set and assigned in December. Thus, the trainings had to be shifted into the end of Y1 and Y2, in order to coincide with the completion of the relevant chapters. The need to conduct the trainings as per the curriculum chapters also arose, thus:

- The assessments showed that there is a much higher need for trainings than initially expect during the proposal-writing phase (“Using statistics from the WHO to make the following calculations, the SAAP found that the current percentage of severe MH disorders among Syrians is 4% (1.2 million out of 24 million). Currently in Syria, there are only 70 registered psychiatrists. If it could actually be assumed that each psychiatrist can follow up on 15 cases every single day, five days a week, 52 weeks per year, and they provide no more than three follow ups per patient per year, then $(70 \times 15 \times 5 \times 52) / 3 =$ only 91,000 cases can receive follow up. This results in only 7.6% of the individuals who have severe MH disorders receiving treatment; in other words, more than 92% of severe cases cannot reach any MH support or follow up.” Source: “Capacity Needs and Resources of Mental Health Practitioners in Syria Rapid Participatory Assessment”, ABAAD, EU, 2016)
- The volatile context resulted in the dwindling of qualified practicing mental health professionals in Syria
- The training dates had to be divided and separated to answer to specific training needs of specific groups



ADDENDUM: Introduction of highly needed and crucial trainings:

Following accountability informant interviews to assess participant satisfaction with the project, key informant interviews, and numerous coordination meetings, ABAAD collected feedback based on the most common requests, and suggests the addition of the following trainings as a high priority that aim to enhance the quality of MHPSS services provided to the final beneficiaries in Syria:

- Supporting child survivors of protection issues and their caregivers in emergency situations + loss and grief on a family level for specialised settings (MH specialists/practitioners)
- Supporting child survivors of protection issues and their caregivers in emergency situations + loss and grief on a family level for non-specialised settings (animators, educators, case managers)
- Family Systemic Counselling (first round received extreme success, participants found it very beneficial and through the follow-up and supervision sessions, have been reporting effectively using it very often in their practice)
- War-related Disability: supporting survivors and their caregivers (non-specialised settings)
- REDACTED, INTERNAL
- Intensive follow-up for GBV CMiE TOT trainers (important for the adequate carrying out of the 5 trainings inside Syria)
- A repeat training on NET, which garnered a high level of interest as an innovative brief psychotherapy approach

2.2 Providing training workshops on PFA, mhGAP, and case management followed by on-the-job coaching for 160 social workers Originally: 8 trainings, 20 participants per training, 8 days each

Original month of completion: March 2016
Actual month of completion: October 2016 – January 2017
(for detailed elaboration, please see 2.2.A.2.2)

According to MHPSS workers, several organisations have been providing trainings on PFA and mhGAP, and while they are important, there is a bigger need for other topics. Thus, as communicated to the EU, ABAAD suggests reducing the number of trainings from 8 to 5 in order to utilise the extra days for different trainings and follow-ups, which also has been identified as lacking upon completion of trainings in general.

Suggested realignment: 5 trainings, 25 participants per training, 8 days each

The training days will be divided as follows: 1 day PFA, 5 days mhGAP, and 2 days GBV case management.

The training locations have been preliminarily divided to target the different governorates as follows (contingent to security situation):

- Damascus Suburbs I: targeting frontliners from Aleppo, Hasakeh, and Quneitra
- Damascus Suburbs II: targeting Deir Ezzor, Daraa, and Suweida
- Damascus: targeting Damascus and Damascus Suburbs
- Latakia: targeting Latakia and Hama (Al Raqqah and Idlib if accessible)
- Tartous: targeting Tartous and Homs

2.3 Training workshop for 300 social workers on conducting support group for parents in order to identify and respond to their children’s mental health issues and the behavioural problems resulting from the crisis

2.4 Training 400 educators on how to identify mental health issues among children, and to implement referral mechanisms as necessary

3. Creation of an accredited online course on GBV case management, recognised by prestigious American/European higher education institutions with a sustainable online tutoring system

4.3 Creation of a MH/GBV Support Helpdesk for all trainees to provide multi-sectorial support, and sharing of additional tools as required.

Set for Y2.

Change recommended by participants and findings working in the field.

Based on findings from the assessments (details from final beneficiaries), as well as requests by MHPSS workers regarding their needs, it was recommended to combine these two trainings into one that deals with both components, as they are necessary and complementary skills.

As per feedback from adolescents within the FGDs, “our parents need awareness sessions on how to deal with their children.” This demonstrates a need in both populations, in addition to support on improved coping mechanisms, and building bridges within families in Syria.

Realignment suggestion: Three trainings in Beirut, one of which will be a TOT for the participants showing highest trainer potential. Selected trainers, who have been trained through the TOT, will then carry out the remaining twelve trainings in Syria, while receiving follow-up and supervision from ABAAD/consultants.

While the course is completed, upon looking into acquiring accreditation for the course from different US/EU universities, including the University of Konstanz, the University of Cyprus, Johns Hopkins, and Harvard, it became clear that:

1. The accreditation process would prove to be extremely lengthy, and will require between 1–2 years to acquire the accreditation
2. Accepting accreditation would mean that the course would no longer be the property of the EU and ABAAD, and ABAAD would have to relinquish control of the course to the university that would provide the accreditation.

Given the above two points, ABAAD decided to avoid a full accreditation from an EU/US university. Instead, we sought out and received endorsements from the Lebanese American University (including discussions on integrating course content into relevant curriculums at university), the Lebanese University, and the Université Saint Joseph. ABAAD is also in discussions with the Birzeit University (a regional university based in oPT), to look into the possibility of accreditation with them.

During the project inception phase, ABAAD had inquired about the helpdesk component with a developer who had mentioned a price for integrating a plug-in as a helpdesk. Upon further exploration, and following the development of the course, it came to our attention that the plug-in is an unsustainable approach. This is due to having to pay a monthly fee which vacillates according to user traffic, as well as due to the limited usability options. The developer ABAAD recruited to work on the course development suggested a one-time development from scratch that would allow the helpdesk to become the property of ABAAD and the EU, and which could include all customised options selected by ABAAD in coordination with the EU. The regional UNICEF office also suggested linking the platform they are currently developing to the Helpdesk, which would also require additional functions. Thus, ABAAD suggests modifying the original plan for the helpdesk to develop a more sophisticated and sustainable system. While this incurs a higher cost, on the long-run, it is more cost-effective.



3.3 Technical and thematic workshops for experts working in the field with women and adolescent girls (self-care)

Set month of completion: March 2016
Actual month of completion: Set for August 2016

The self-care training was postponed, pending the completion of the self-care assessment, which was to inform content of the training, as per the findings related to the needs and gaps. Given the request by participants to avoid setting trainings during Ramadan, ABAAD rescheduled the training to August 23-28, 2016.

4.1 TOT on mitigating the risks related to sexual assault, as well as correctly clinically managing sexual assault cases (CMR)

Set month of completion: January 2016
Actual month of completion: March/April 2016

In order to recruit key skilled individuals who would be able to carry out trainings on CMR, ABAAD began preparations in November. However, it proved to be a lengthy process due to collaborating with official entities such as the General Commission of Forensic Medicine and the National AIDS/STIs Programme. We also needed to sift through the applications we received, and conduct Skype/phone interviews with applicants, and cross-check applications with key contacts in Syria, in order to make our selections based on trusted recommendations.

Additionally, ABAAD had initially intended to circulate a restricted call to a pool of 20 CMR trainers working and residing in Lebanon, who had previously been trained by ABAAD under a UNICEF/EU project. Two candidates (public health experts) who had displayed exceptional skills were preliminarily informed of possibly contracting them as trainers.

However, we received expressions of interest from over 35 specialists (medical doctors (OB/GYN, forensic, paediatricians, GP, and other) and psychiatrists) from 8 governorates in Syria. Thus, based on the high experience and technical levels of the applicants, ABAAD opted to contract a highly credible and certified trainer with regional knowledge and expertise, to ensure that i) all questions, concerns, and requests for information (especially taking into consideration his knowledge related to the Syrian context) would be addressed effectively, and ii) his hands-on medical experiences and knowledge would be of use and benefit the training participants. To cover the component on HIV and STIs in the most relevant manner possible, ABAAD contracted the NAP Manager – Syria to provide the sessions, to ensure contextual information transmission alongside the basis on HIV/STIs.

Following preparations, due to the interruptions from the holiday period, the training was rescheduled to take place between March 29 and April 4.

4.2 TOT on GBV Case Management in Emergency and Post-Emergency Settings

Set month of completion: January 2016
Actual month of completion: March 2016

In collaboration with Save the Children, in August, ABAAD conducted an expert review and feedback discussion session on the contents of the GBV Case Management course. A number of the participants with demonstrated knowledge and trainer skills were consequently contacted, through a closed call for application, to attend the training of trainers, in order to further enhance their capacities as needed, and build upon the latter in the training on case management set to take place in Syria. In order to bring the session full circle, and to capitalise upon resources, ABAAD postponed the training until the online course was completed. Given their presence in Beirut, ABAAD used the free time to discuss the course and its user-friendliness with the trainers, share the testing link, and encourage them to share it with a small pool of trusted colleagues to mock test the course and provide ABAAD with feedback. Both the training and the unofficial feedback sessions proved extremely useful.

5. Social cohesion youth activities: Youth change-maker training

In order to ensure that the youth initially receive self-care, as well as sufficient training on concepts and practice related to becoming youth change-makers, and in order for them to be able to support the flow during the public events, ABAAD suggests extending the training days from 10 to 20, with each group of youth getting ten days of training instead of five.

Addition of visibility material and events

In the original proposal, ABAAD had not included some important material and events, as listed below:

- Design and printing the MHPSS standardised training curriculum as a toolkit
- Launching event (in Lebanon) dedicated to promoting the documentary which would be open to the public with mass attendance ensured through ABAAD's networks. ABAAD also has the great honour to propose to invite EU representatives to speak at and attend the launching event.

Budget Line 3.1 Purchase or rent of vehicles

Set month of completion: June 2015
Actual month of completion: March - April 2016

Due to the fact that the initial year was capitalised on mostly as a baseline and resource preparation year, ABAAD did not require a vehicle for repeated visits into Syria. Instead, ABAAD contracted a driver who had his own registered vehicle. Thus, purchase of the vehicle was postponed to the end of Y1, where the field activities became more condensed.



ANNEX 2: PARTICIPANTS GENERAL INTERVIEW TOOL

A. Registration and General Information

Name of participant		Date of interview	
Length of interview		Sex of participant	
Age		Occupation	
Governorate		Specific location	

B. Training verification feedback:

B1. Have you participated in any training organized by ABAAD? Yes No (stop the interview)

B2. If the answer was yes, can you tell us, in bullet points, what were the subjects of the training?

- 1.
- 2.
- 3.
- 4.

B3. Under any of the following categories do you belong? (tick one only)

<input type="checkbox"/> Medical doctor/midwife/nurse	<input type="checkbox"/> Psychotherapist
<input type="checkbox"/> GBV Case Manager	<input type="checkbox"/> Counsellor
<input type="checkbox"/> Mental Health Case Manager	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Midwife	<input type="checkbox"/> Lawyer
<input type="checkbox"/> Social worker/PSS worker/Animator	<input type="checkbox"/> Managerial (specify context)
<input type="checkbox"/> Other (specify)	

B4. Can you specify the number of years you have as experience in your field?

B5. How many years of experience do you have working in the field of emergency relief?

B6. How do you describe your communication skills? (choose 1 only)

very good good moderate low very low

B7. Do you live and work in Syria? Yes No

B8. Do you ensure direct intervention with the community affected by the emergency context?

Yes No

B9. If the answer was yes, who is the main population group requiring support in your community? (tick the top population group)

- Individuals and families affected by the emergency context on an MHPSS level
- Survivors of GBV
- Individuals suffering from emergency-context related disabilities

B10. Are these persons you have selected in the previous question mainly:

Women Men Children Elderly

B12. Are there enough MH specialists in your area to deal with all the cases?

Yes No

B13. If no, what are the alternatives that are being used? (please summarize)

B14. Have the trainings supported you in networking with qualified specialists for referral?

Yes No



C. Training arrangements feedback:

C1. Can you explain to us how have you heard of the training? (please summarize)	
C2. Can you explain to us why do you think you have been selected for this training? (please write bullet points for all the reasons you think are applicable)	
1.	
2.	
3.	
4.	
C3. Can you explain to us how have you applied for the training? (please summarize)	
C4. Are you familiar with the criteria of selecting participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Do you think that the selection process of participants is transparent? (choose one only)	
<input type="checkbox"/> very transparent <input type="checkbox"/> transparent <input type="checkbox"/> to some extent <input type="checkbox"/> not transparent <input type="checkbox"/> totally not transparent	
C6. After being selected to undergo the training, where did you have to travel to be trained?	
(write the name of the country and the city)	
C7. How many training have you received from ABAAD so far?	
C8. When did the last training take place? (write the date of starting and finishing)	
C8. How do you describe the difficulty of travelling to the location of the training?	
<input type="checkbox"/> very easy <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> hard <input type="checkbox"/> very hard	
C9. If the answer was very hard or hard, can you list down the reasons? (write bullet points, summarize)	
1.	
2.	
3.	
C8. How do you describe the difficulty of travelling to the location of the training?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, write the amount received in USD)
C11. Did you receive adequate guidance from ABAAD on how to reach the location of the training and how to arrange your stay during the training? (choose only one answer)	
<input type="checkbox"/> directions received were very useful and adequate, all was arranged by ABAAD	
<input type="checkbox"/> directions received were adequate and enough to know how to reach the training and arrange the stay	
<input type="checkbox"/> directions received were adequate to some extent, but I was forced to handle some planning myself	
<input type="checkbox"/> directions received were not adequate, I had to arrange majority of the details of my trip	
<input type="checkbox"/> directions received were totally inadequate, I had to arrange everything myself	
C12. How do you describe the accommodation available during the training? (tick only one)	
<input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> bad <input type="checkbox"/> very bad	
C13. How do you describe the training venue where the training took place? (tick only one)	
<input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> bad <input type="checkbox"/> very bad	

D. Training quality feedback:

D1. What is your feedback on the number of participants of the training you have attended?

- The number of participants was very reasonable, it was easy to understand the training
- The number was reasonable, limited distractions caused by the number of participants
- The number was reasonable to some extent, few cases of distraction caused by the high number
- The number was high, multiple distractions affected the quality of the training
- The number was very high, it really affected the quality of the training

D2. How do you describe the explanatory tools used in the training? (tick only one)

- very useful useful useful to some extent not useful totally not useful

D3. If the answer was not useful or totally not useful, can you explain in summarized bullet points what was missing as explanatory tools?

- 1.
- 2.
- 3.

D3. How do you evaluate the quality of the operational examples that were given during the training?

- very useful useful useful to some extent not useful totally not useful

D4. In general, how do you evaluate the curriculum of the training?

- very good good moderate bad very bad

D5. If the answer was very bad or bad, can you list down in summarized bullet points the main reasons?

- 1.
- 2.
- 3.

D6. What are the main subjects that you have received training on? (list down the main subjects in bullet points, if the participant received multiple training, please include all the subjects from all the training)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

D7. Can you please provide us with your evaluation for the benefits of this training in reality? Have you been benefiting from it in your activities in the field?

- very useful useful useful to some extent not useful totally not useful

D8. If the answer was very useful, useful or useful to some extent, can you give us examples from your field work explaining how did you benefit from the training? (open text, try to summarize)

D9. If the answer was not useful or totally not useful, can you list down what needs to be changed in the training in order to improve your ability to do your field work in a better way?

- 1.
- 2.
- 3.

D10. Do you suggest repeating similar training in the future? If yes, which?

- Yes No



E. ToT Specific Feedback:

E1. Have you been selected to participate in a ToT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (stop the interview)
E2. If the answer was yes, which of the following training?	<input type="checkbox"/> GBV CMIE	<input type="checkbox"/> CMR
E3. Can you explain the main reason for you to be selected in the ToT? (please write the main reason only)		
E3. How do you evaluate the overall level of the ToT that you have received?		
<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> moderate
<input type="checkbox"/> bad	<input type="checkbox"/> very bad	
E4. If the answer was bad or very bad, can you please list down the main negativities? (write summarized bullet points)		
1.		
2.		
3.		
E5. How do you evaluate the level of trainers in the training? (tick only one)		
<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> moderate
<input type="checkbox"/> bad	<input type="checkbox"/> very bad	
E6. Do you think the information you have received in the ToT reflect the needs of the filed work you are doing?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if no, please specify the reason)
E7. Do you think the knowledge you have received in the ToT was transferrable to the people you had to train later?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if no, please specify the reason)
E8. Can you tell us the number of training you made in the field after receiving the ToT? And the number of participants in total?		
Number of training formally:	Total number of participants:	
Number of training informally:	Total number of participants:	
E11. What is the estimated number of cases you had to deal with since you received the ToT regarding the specific topics you were trained on?		
E12. Can you evaluate the relevance of Bel Salameh project? (tick one only)		
To you personally	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Relevant
To Syria	<input type="checkbox"/> Relevant to come extent	<input type="checkbox"/> Not relevant
E13. If the answer on any of the previous categories was not relevant, what do you think should change in the project to make it more relevant? (write summarized bullet points)		
1.		
2.		
3.		
4.		
E14. Can you evaluate the validity of Bel Salameh project? (tick one only)		
To you personally	<input type="checkbox"/> Very valid	<input type="checkbox"/> Valid
To Syria	<input type="checkbox"/> Valid to come extent	<input type="checkbox"/> Invalid
E15. If the answer on any of the previous categories was invalid, what do you think should change in the project to make it more valid? (write summarized bullet points)		
1.		
2.		
3.		
4.		

E16. Can you evaluate the effectiveness of Bel Salameh project? (tick one only)

To you personally	<input type="checkbox"/> Very effective	<input type="checkbox"/> effective	<input type="checkbox"/> Effective to come extent	<input type="checkbox"/> Ineffective
To Syria	<input type="checkbox"/> Very effective	<input type="checkbox"/> effective	<input type="checkbox"/> Effective to come extent	<input type="checkbox"/> Ineffective

E17. If the answer on any of the previous categories was ineffective, what do you think should change in the project to make it more effective? (write summarized bullet points)

- 1.
- 2.
- 3.



MIDDLE EAST
Consulting Solutions

+90 (535) 568 2917

info@meconsulting.solutions

incilipinar Mah. Prof. Muammer Aksoy Blv.
Sever Is Merkezi No:18/A
Sehitkamil/ Gaziantep- Turkey

www.meconsulting.solutions