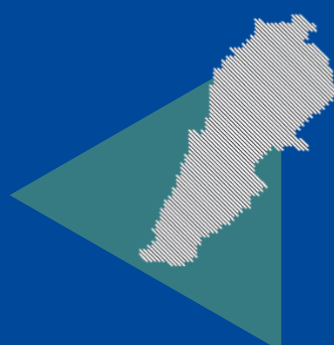


Project Title: “REFORM: Towards a strengthened quality response and inclusive and dignified durable solution for GBV survivors in Lebanon”

Final Evaluation

January 2023



Westford Lebanon



ABAAD – Resource
Center for Gender
Equality



Project Title: “REFORM: Towards a strengthened quality response and inclusive and dignified durable solution for GBV survivors in Lebanon”

Final Evaluation

**Final Report
January 2023**



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List of Abbreviations

CSO	Civil society organizations
CM	Case management
ECOSOC	Economic - social
FGD	Focus group discussion
GBV	Gender-based violence
GoL	Government of Lebanon
INGO	International Non-Governmental Organization
ISF	Internal security forces
KII	Key Informant interview
MENA	Middle East and North Africa
MWH	Midway House
O&M	Operations and Maintenance
OECD/DAC	Organization for Economic Co-operation and Development – Development Assistance Committee
PSS	Psychosocial support
RDPP	Regional Development and Protection Program
SDG	Sustainable Development Goals
ToC	Theory of Change
ToR	Terms of reference
TOT	Training of trainers
UNHCR	United Nations High Commission for Refugees
WGSS	Women & girls' safe space



Acknowledgements

Westford Lebanon acknowledges the support of, and positive collaboration with, all the stakeholders involved in the REFORM project, including all personnel who were involved in the focus group discussions, key informant interviews, and the beneficiaries who generously shared their insights for the surveys.

Special thanks and appreciation go to the project team from ABAAD for their consistent follow up, contribution, and professionalism towards the success of the evaluation assignment.

Westford Lebanon sincerely appreciates the efforts done by all the project stakeholders and wishes longevity of the impact and sustainability of the REFORM project's outcomes.

Disclaimer

This report was prepared to the best level of objectivity and good intentions. The evaluation team highlighted the facts obtained through data collection, without any preference to any stakeholder or any party related or not related to the REFORM project.

This final evaluation report is compiled for ABAAD by Westford Lebanon, an independent business consultancy firm. Any use, copy, or sharing of the information, data, analyses, or insights provided herein shall be subject to the written approval of ABAAD and proper citation of this report.

Executive Summary

The REFORM project was funded by RDPP and implemented by ABAAD, aiming at the enhancement of gender equality and reducing Gender Based Violence cases in Lebanon, among both host and refugee communities. The project spanned between 2019 and 2022, for a period of three years and eight months.

The final evaluation was carried out in accordance with the OECD-DAC evaluation framework, consisting of the project's relevance, effectiveness, efficiency, impact, and sustainability. Accordingly, a mixed-method approach was adopted for data collection, and all accessible stakeholders were targeted for obtaining detailed information.

The main findings of the evaluation assignment, as depicted in this report, show that the project was subjected to contextual challenges, and several disrupting events were experienced in Lebanon. The Lebanese revolution started in November 2019. It led to protests and clashes between the Lebanese armed forces and protestors over the span of several months. As a result, there were random road blocks and security threats. The negative effects of the Lebanese economic crisis occupied the Lebanese scene shortly after the revolution, where the Lebanese pound hit a record low against foreign currencies. Covid-19 pandemic hit Lebanon towards the beginning of March 2020, and resulted in long and repeated lockdowns. Those concurrent crises exhausted the Lebanese economy and yielded socio-economic and security imbalance.

As a result, the implementation of REFORM project was challenged with restrictions on mobility, turnover of employees, reduced validity of projections, and inefficient communication with stakeholders. Hence, the project activities were delayed beyond the assigned timeline and a time extension was granted to ABAAD to complete the project. ABAAD had to adopt flexible approaches to overcome the challenges and complete the project mandate.

Moreover, the resettlement component of the project was dropped due to insufficient cooperation and response from UNHCR and IOM. Also, an important finding that emerged during the evaluation was that the difficulty in coordinating with Ministry of Social Affairs due to the lack of sufficient social workers and lengthy bureaucratic approvals. The training of trainers with Internal Security Forces, despite achieving initial accomplishment of training Internal Security Forces officers, could not be optimized as no Internal Security Forces investigators, who usually deal with Gender Based Violence cases, attended the trainings.

The project also employed multiple innovative approaches including working towards addressing root causes of Gender Based Violence, empowering government actors to

improve local Gender Based Violence service delivery and response infrastructures. Also, the affected the modalities of activities was an important benchmark, such as shifting services to an online modality the mastery of e-case management services carried out with manuals, developed content, and trainings' materials.

Besides, ABAAD developed the digital platform, AIOMIS, a digital platform for centralizing data records and updates, as an important milestone of the project due to its promise towards sustainability of the project's outcomes, in order to track the cases and provide a central database of beneficiaries. The platform was not yet fully operational by the time the final evaluation was carried out, but was in the final stages encompassing data entry and training oof operators.

In spite of all the challenges, ABAAD managed, through flexible approaches, to complete the project activities and achieve agreed outcomes. Evaluation results showed that the project achieved general success in most activities, given the disruption and challenges faced along its implementation. Moreover, important insights were highlighted.

Westford Lebanon was assigned by ABAAD to carry out the external final evaluation of the REFORM project. In order to capture the most accurate insights into the project's outcomes, Westford Lebanon designed an evaluation approach that combined data collection activities through secondary and primary sources. The evaluators conducted desk reviews, focus group discussions, key informant interviews, and surveys with all project stakeholders. Inputs from project stakeholders and beneficiaries were collected, synthesized and analyzed. All the instruments were developed in compliance with OECD evaluation framework to provide a comprehensive evaluation effort.

This report details the final evaluation findings and describes the “why” underlying each finding. It further outlines recommendations for future efforts to ensure higher achievements.

Background

Project Background

ABAAD, through the REFORM project, intended to strengthen national systems' capacities to enhance protection and mitigation of gender-based violence against women and girls in Lebanon among Syrian refugees and vulnerable host communities, and to contribute to supporting vulnerable groups in displacement situations to be capacitated and empowered to move out of dependency on aid and choose a durable solution, as appropriate. This project has also aimed to ensure opportunities for development, prevention, safety, and protection for women and girl survivors and at-risk of GBV in Lebanon through addressing and enhancing their abilities to cope with adversity, mitigate and deconstruct conflict in their direct environments and communities, and tackle the legislative frameworks and policies that affect them directly.

Following 3 years and 8 months of implementing its “REFORM” project in Lebanon, ABAAD consulted Westford Lebanon company to conduct an external final evaluation covering all the aspects of the project implementation spanning from 2019 until 2022. All the tasks and activities carried out were conducted by Westford Lebanon teams with the support and guidance of ABAAD team.

Evaluation Background

The objective of this assignment is to produce an evaluation document on the implemented framework of the REFORM project. Accordingly, it outlines the factors behind both successes and failures during implementation. It also highlights the limitations and the challenges faced, exploring the “why” behind each interpretation.

In order to identify factors that positively contribute to a substantial decrease in GBV cases, this final evaluation prioritized the following approaches:

- ▶ Have an emphasis on the effectiveness, efficiency, impact, and, sustainability of the project's objectives and outcomes;
- ▶ Provide mapping with OECD (DAC) evaluation criteria, and address the questions on all the aspects therein, the alignment with ABAAD's implementation methodology, and various stakeholders' anticipations;
- ▶ Inform ABAAD about the project's outcomes, through the OECD framework lens, and how they reflected on the beneficiaries of the project, within their respective communities, by means of the evaluation's data collection approaches and tools;
- ▶ Infer lessons learned and develop actionable recommendations that can improve the outcomes of the project next phases, or similar projects within the Lebanese context.

Evaluation Methodology

To conduct this evaluation, Westford Lebanon adopted the OECD/DAC criteria for international development evaluations. This methodology looks at the evaluation of relevance, effectiveness, efficiency, impact, and sustainability. Various activities, phases, and tasks carried out within the REFORM project were thoroughly investigated and evaluated against those elements.

Accordingly, an evaluation plan was designed by Westford Lebanon and approved by ABAAD. The plan encompassed the use of both qualitative and quantitative data collection tools in order to have a clear understanding of the project's results and the underlying factors. It also targeted all the project stakeholders to obtain a multi-dimensional understanding of all the aspects of the project implementation.

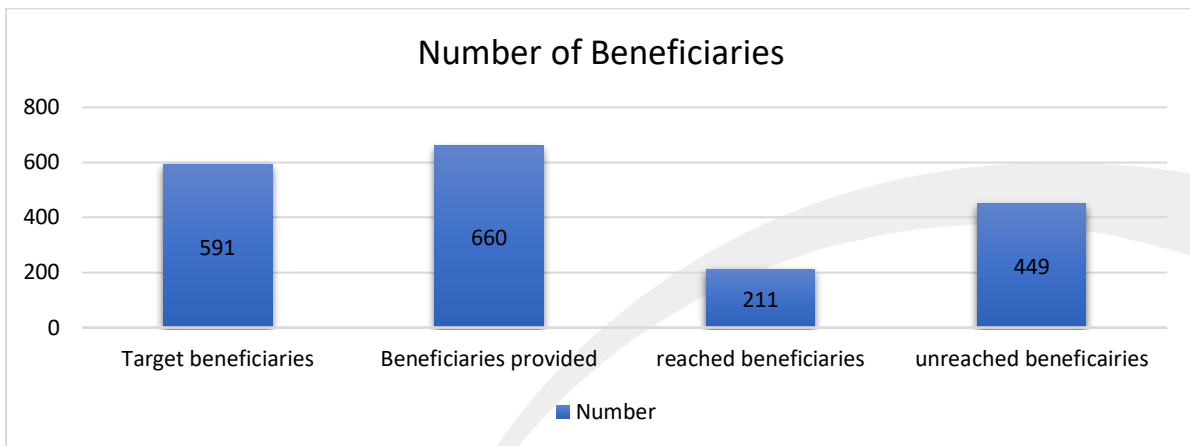
Evaluation Methods

The data was collected simultaneously as follows:

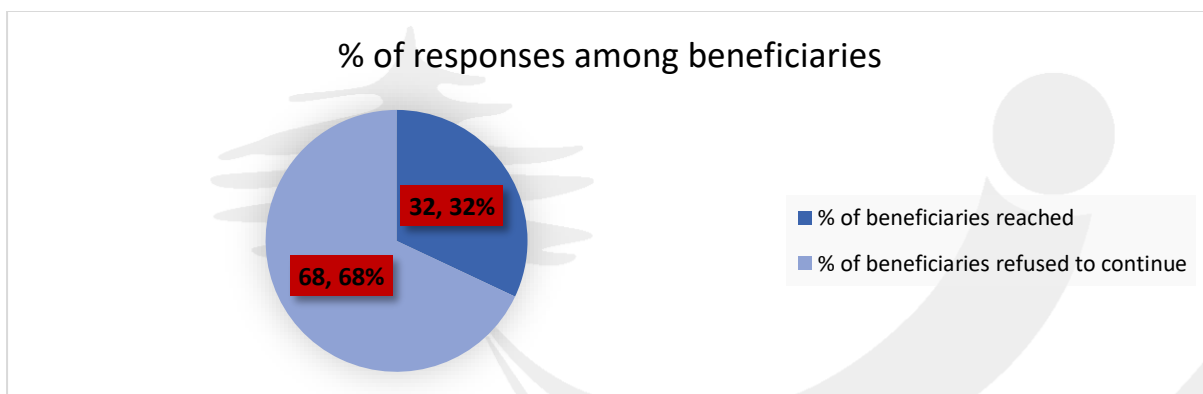
- ▶ One FGD with ABAAD management and project team members;
- ▶ 8 KIIs with ABAAD management and project team members;
- ▶ These interviews were highly driven by the OECD/DAC criteria for evaluation. The interviews focused on collecting feedback from different members of the ABAAD team on the “REFORM” project, and assessed their performance and achievements along with the challenges and lessons learned against the project phases. The interviews with ABAAD were conducted using the developed tools, and involved the Project Managers, the project's technical team, ABAAD intervention centers' teams, and the Director of ABAAD.

- ▶ One FGD with representatives from CSOs / INGOs;
- ▶ 3 KIIs with ISF officers and personnel;
- ▶ 2 KIIs with RDPP personnel responsible for the REFORM project;
- ▶ These interviews focused on gathering detailed feedback from various stakeholders of the project. The feedback was used to triangulate findings and facts reported by ABAAD, and to supplement the analysis of the evaluation, using the stakeholders' insights as an additional viewpoint. In total, 6 interviews were conducted, and the interviews involved ISF officers and personnel, representatives from CSOs / INGOs, in addition to RDPP personnel responsible for the REFORM project. On average, each interview or discussion took around 90 minutes.

- ▶ Beneficiary Surveys:
- ▶ These surveys focused on collecting detailed feedback from beneficiaries that have been selected randomly with stratification based on the service type provided. The lists of beneficiaries were obtained from ABAAD accordingly. In total, Westford Lebanon carried out data collection through phone calls with those beneficiaries. A total 211 beneficiaries' questionnaires were filled, out of 660 beneficiaries' data provided by Abaad MEAL department. However, the target of beneficiaries' questionnaires to be filled was 591 out of 6800 as per the data collection plan and sample size.



The beneficiaries were unreachable due to change in mobile number, or because they did not accept to participate. All beneficiaries were assured at the beginning of the call that their details were confidential and that they have the liberty to accept or reject answering any question.



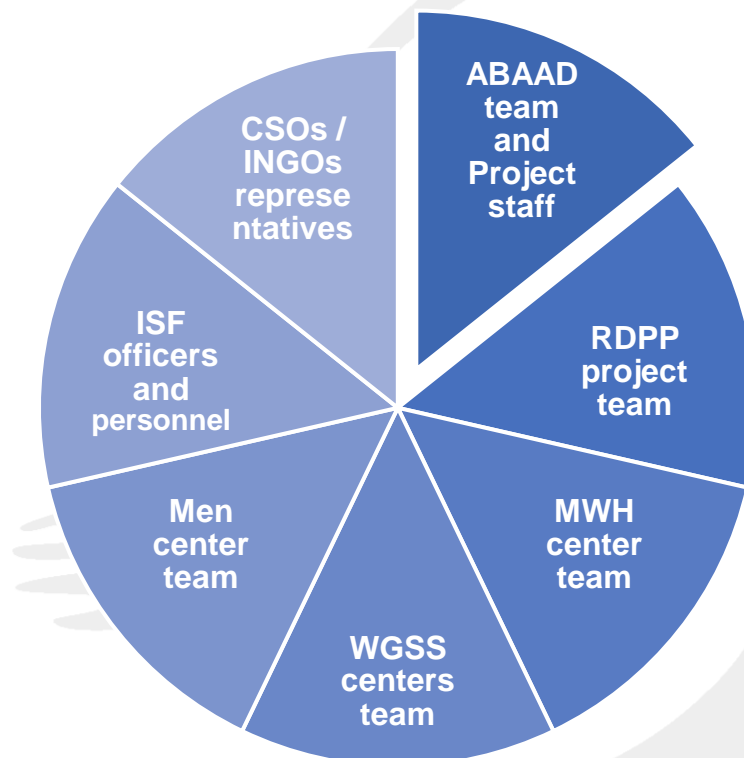
Each of the data collection methods significantly and seamlessly weaved into the overall understanding of the project performance and provided more clarity on the situation.

A detailed data collection workplan finalized by the data collection team in collaboration between Westford Lebanon and ABAAD, outlining the respective stakeholders, the personnel in charge, the role, date and time, modality, and location. Please refer to **Annex 1** for the adopted data collection plan.

Sampling plan

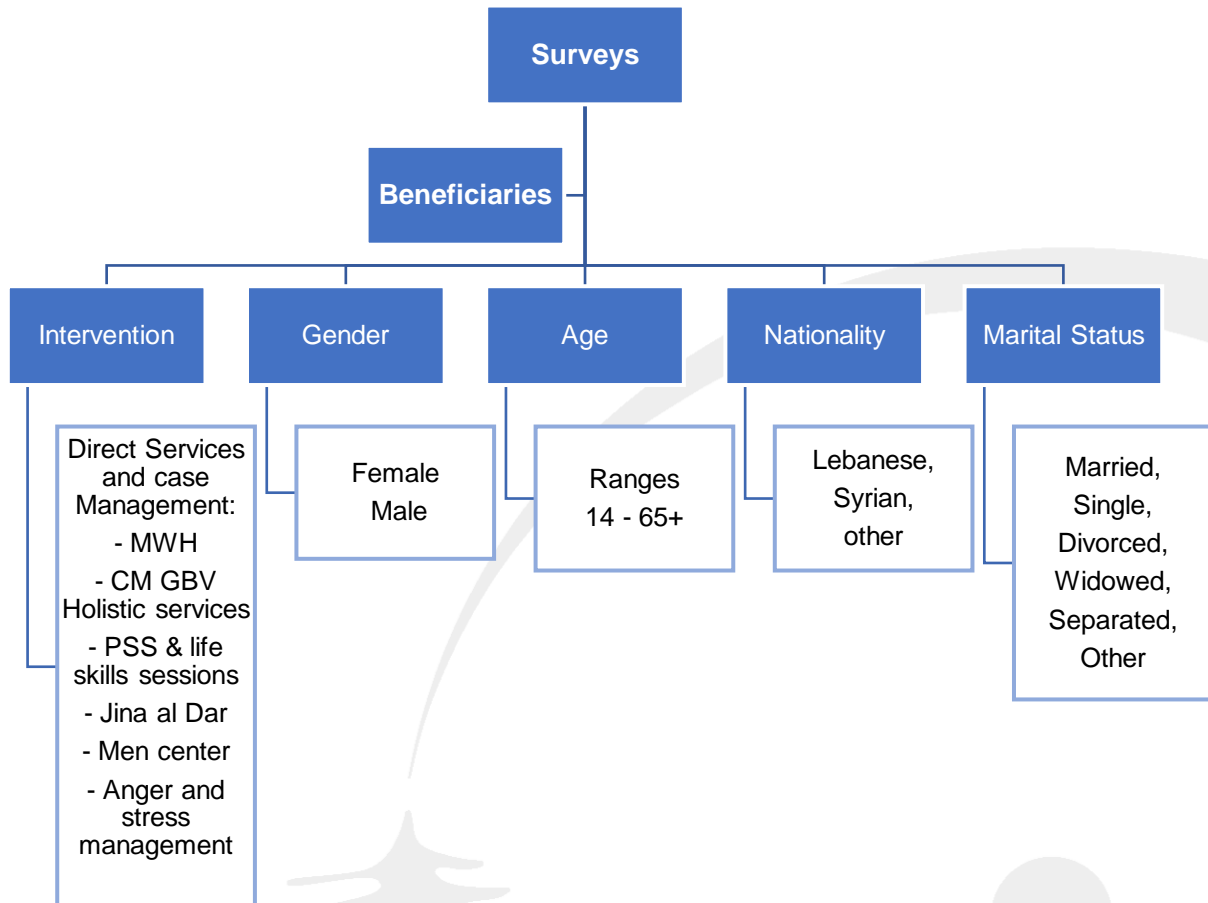
Qualitative Data

Based on the secondary data project reports provided by ABAAD on the REFORM project, Westford Lebanon carried out FGDs and KIIs with ABAAD project team. Moreover, KIIs were conducted with representatives from RDPP, CSOs / INGOs, ISF, and ABAAD direct services' Centers mainly with MWH representative, Jina Al Dar representative, and Men center representative (as scheduled and agreed with ABAAD team). The qualitative data collection covered respondents from the following stakeholders:



Quantitative Data

In order to collect quantitative data by surveys, stratified random sampling for project beneficiaries was adopted to account for gender, age group, nationality, location, and type of intervention. The lists of sample participants were obtained from ABAAD as explained earlier.



The suggested sample size for project beneficiaries was calculated according to the confidence level and sampling error. Sample size calculation is enclosed in **Annex 2**.

Evaluation Instruments / Tools

The qualitative data collection tools included open-ended questions that map with the OECD evaluation framework and the evaluation matrix designed by Westford Lebanon. Qualitative data were collected from all the project stakeholders, by means of focus group discussions and key informant interviews as detailed in the subsequent section.

Quantitative data collection tools used restricted or semi-restricted questions within surveys, and beneficiaries were asked open-ended questions and additional recommendation as applicable to consolidate for some qualitative data from those beneficiaries and were collected from beneficiaries of all the activities covered by the REFORM project.



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Evaluator Consultant



Annex 3 includes the list of links to the instruments developed for FGDs, KIIs, and surveys.

Data Synthesis

Qualitative Data

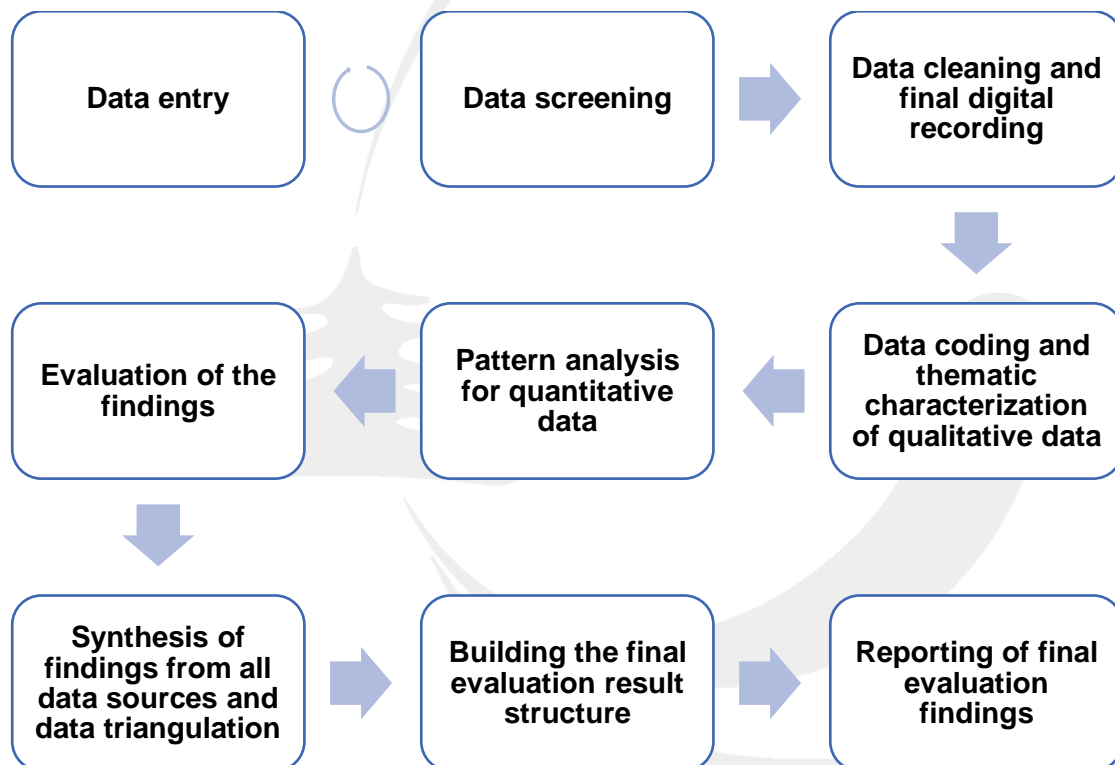
Focus group discussions were conducted by the evaluation team in a participative format and ensured the full engagement of all participants. Answers were digitally transcribed by the evaluators and thematically coded in accordance with the evaluation matrix components and the adopted OECD framework.

Quantitative Data

Surveys were digitally filled during the calls with the beneficiaries using Google forms, based on the service type. The collected data were electronically synthesized and represented by relevant visual representations (bar charts / diagrams) for efficient interpretation.

Data Analysis

Data analysis was carried out as per the following scheme:



Qualitative Data

The KIs and FGDs were conducted in a semi-structured format¹, having preset questions for respective interviewees / respondents, and were moderated by Westford Lebanon evaluators, whereby important insights were highlighted, and additional probing questions were additionally asked as deemed necessary. The responses were transcribed and recorded first in the language used by the respondents, then translated to English for digital form filling accordingly. No voice or video recording was carried out in order to preserve privacy and confidentiality.

The analysis of qualitative data relied on data triangulation from various sources, such as literature reviews, interviews, and focus group discussions. This yielded validation of data as well as identifying important themes and insights. No data discrepancy was realized. Qualitative data collection results were updated on the evaluation matrix and are enclosed in **Annex 5**.

Quantitative Data

Quantitative data obtained from the project beneficiaries through surveys were electronically compiled and graphically represented for subsequent analysis. Beneficiaries generally showed interest in providing detailed answers to the questions, except for very few beneficiaries who decided not to participate. This provided higher confidence as to the accuracy of responses and consequent analysis.

Data collected via all utilized methods were integrated and classified based on the respective OECD evaluation framework components to provide holistic, yet relevant analysis of the findings. Data analysis also covered a review and testing of the ToC adopted for the project and applied the if-then-because formula when evaluating the links ToC was trying to make. Quantitative data collection results are enclosed in **Annex 4**.

¹ A semi-structured interview is a data collection method that relies on asking questions within a predetermined thematic framework. Semi-structured interviews are also asking for open-ended, allowing for flexibility.

Evaluation Matrix

Westford Lebanon utilized the evaluation matrix enclosed in **Annex 5**, upon validation with ABAAD. The matrix was developed by Westford Lebanon to map with the OECD evaluation framework. The evaluation matrix listed the evaluation questions, adhering to the evaluation criteria, broke them down into sub-questions, and identified the required respondents / data sources for each sub-question. The matrix also took into consideration data triangulation by involving several stakeholders in providing insights on the same issues whenever possible.

Limitations, Risks and Mitigation Measures

Limitations

During the process of conducting the evaluation, several limitations were encountered.

- ▶ One of the limitations was that evaluation team interviewed was not involved with the project from the start or during its progress. As a result, the evaluators relied on data collection without having the opportunity to make field observations during the evaluation.
- ▶ Another limitation was the constrained timeline allocated for the evaluation assignment; all evaluation tasks were completed within a short duration; by the means of tight time due to all the holidays in December and new year..., as known it's the most died period of year by reaching people since most of them are off or abroad. As a result, the evaluators had limited time to carry out thorough data probing, though additional data collection iterations, if required.
- ▶ On the other hand, access to project beneficiaries was contingent on the availability and ability of the beneficiaries to interact with the evaluator. Moreover, due to the large size of the target population considered, and to ensure sufficient representation by the targeted sample, ABAAD project team input was vital to efficiently identify respondents. All the beneficiary lists provided by ABAAD were contacted.

Risks

Prior to starting the evaluation process, a risk mitigation plan was prepared by Westford Lebanon to address possible risks (**Annex 6**). The plan was submitted to ABAAD and validated / approved accordingly. During the evaluation, no unanticipated risks were encountered. The evaluation process was smooth and efficient.

Summary of Findings

This section outlines the findings summary of “REFORM” project, drawing evidence from desk review, interviews and discussions with ABAAD staff, relevant stakeholders, and with beneficiaries. The analysis evaluated the initiative by focusing on different levels of REFORM contributions – operational, implementation, and sustainability - deemed relevant to provide a comprehensive representation of the project performance in its wholeness.

The evaluation assignment primarily adopted OECD/DAC evaluation methodology. Accordingly, evaluation questions were developed, and respective answers directly mapped with the evaluation matrix. The main approach was to identify how and why the REFORM project objectives were or were not achieved. Hence, Westford Lebanon compiled the data collected via secondary research (available literature and previous project reports) and primary research (qualitative and quantitative), and analyzed the data for relevant themes and evidence that guide and support the findings.

Theory of Change

“If a protection space for vulnerable refugees and host communities is enhanced, and if a more conducive environment for durable solutions is promoted, and if the legislative frameworks and policies that affect them directly are addressed and modified, then opportunities for development, prevention, safety, and protection for women and girl survivors and at-risk of gender-based violence in Lebanon are ensured.”

Achievements

In general terms, the theory of change (ToC) was achieved through the holistic approach of the REFORM project and the detailed implementation of its components to ensure the sustainability of safe space and gender equality.

“The involvement of MoSA in the project was a main benchmark that served the accomplishment of the project’s goals on several fronts. MoSA is the government’s official representative that ensures social balance, stability, and well-being by providing necessary awareness and intervention within local communities (Lebanese citizens and refugees) over all the Lebanese territories via its teams, offices, and social centers. On the other hand, MoSA can facilitate advocacy efforts to develop and adopt new laws that further protect individuals against gender-based violence. Services

rendered in alliance with MoSA centers covered safe shelters, PSS, life skills coaching, and men’s mental health. As a result, the various services enhanced the prevention, treatment, and avoidance of GBV cases.”

Key Informant Interview – ABAAD program manager

The Lebanese ISF is the law enforcement agency that operates under the leadership of the Ministry of Interior. To supplement MoSA’s scope of protection, awareness, and prevention, the Lebanese ISF were involved in order to ensure proper dissipation of sound methodologies in dealing with GBV cases (prevention, investigation, enforcement of proper penalty to violators). The ToT provided to personnel from both MoSA and ISF agencies planted a seed for GBV prevention and treatment that will organically grow and bloom as MoSA and ISF drive those efforts forward and refine their internal procedures to encompass GBV services.

Partnership with the National Mental Health Program also contributed to both prevention and treatment of GBV cases by stabilizing the individual’s mental health for those at risk of GBV, victims of GBV, and participating in GBV. Mental health facilities that benefited from gender capacity assessment tools within the project framework are also expected to ensure sustainability of the achieved change by consistent adoption of assessment practices.

As the studies conducted by ABAAD preceding project implementation showed that both the Syrian conflict and the Lebanese economic crisis fueled additional GBV, it was essential to ensure that people at risk or survivors of GBV who are facing threatening financial situations are supported. Accordingly, cash assistance was provided to them, in partnership with UNHCR, in an attempt to promote better livelihoods on the short term.

On another level, ABAAD received support to enhance its data management processes. This led to the evolution of the AIOMIS software tool which provides data storage, case update, and reporting related to all GBV activities carried out within and beyond the REFORM project. ABAAD team was working on update entries in the software at the time of conducting this final evaluation. Sustainability of the use of the software is contingent on the sustained availability of a team that can consistently manage the software data and updates.

Surveys carried out with beneficiaries (**Annex 4**) prove that the project yielded very satisfactory results along all its activities that targeted the various types of beneficiaries (gender, age, nationality, case type, support type). Reported findings are detailed therefore in the analysis section.

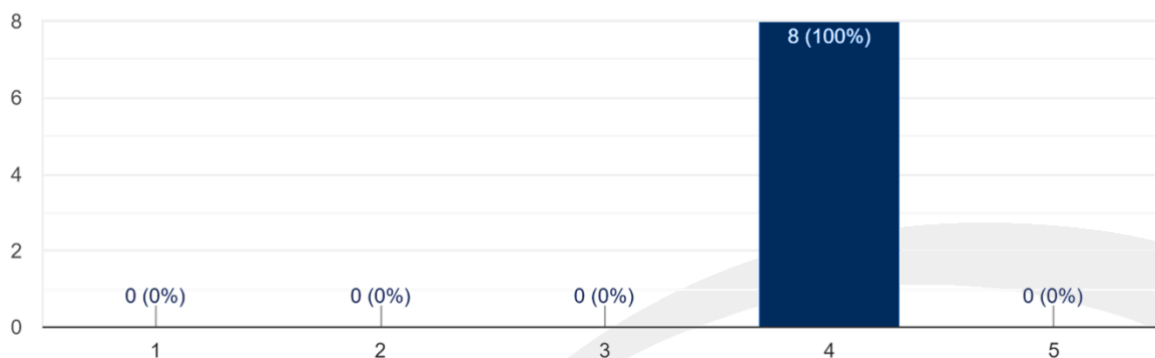
This acts as an additional support for the success in achieving the planned change.

SURVEYS WITH BENEFICIARIES - CM GBV HOLISTIC SERVICES

The following charts demonstrate responses regarding satisfaction, fulfillment and gratitude of the service.

13. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

8 responses



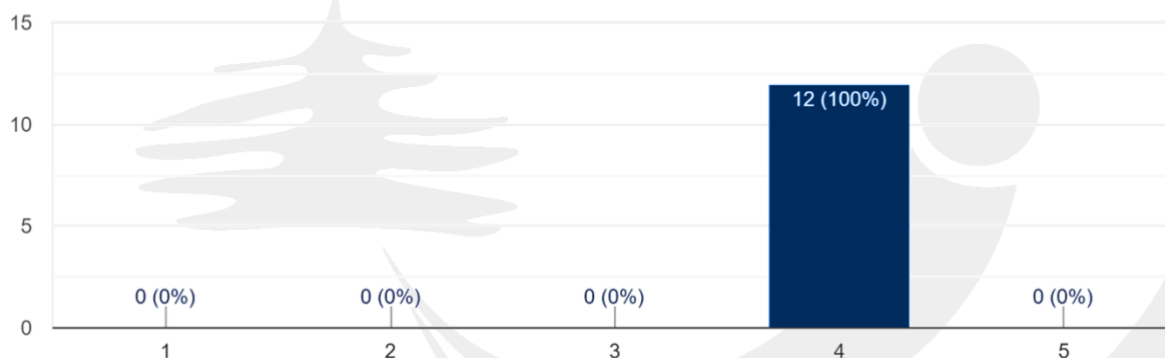
All beneficiaries' Lives have improved after benefitting from this service and reported their needs being met (100%).

SURVEYS WITH BENEFICIARIES - TRAINING ON ANGER & STRESS MANAGEMENT

All beneficiaries that conducted anger and stress management were Male.

9. I3 - My expected outcomes (masculinities, positive anger, stress management, manhood, and gender relations relevant) compared to the results obtained were met:

12 responses

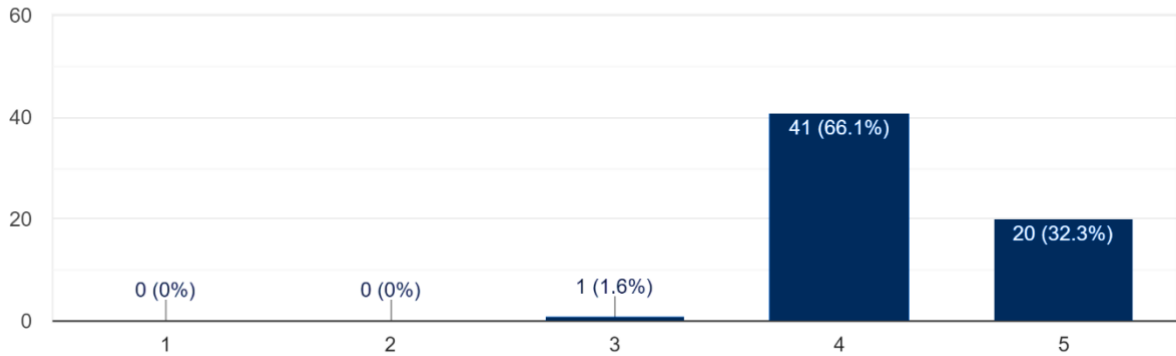


All beneficiaries acknowledged and agreed that the expected outcomes compared to results obtained were met (masculinities, positive anger, stress management, manhood, and gender relations relevant) (100%), and beneficiaries acknowledged and agreed that they will recommend these services to others (Male friends) who struggle with the same issue, (100%).

SURVEYS WITH BENEFICIARIES - PSS AND LIFE SKILLS SESSIONS

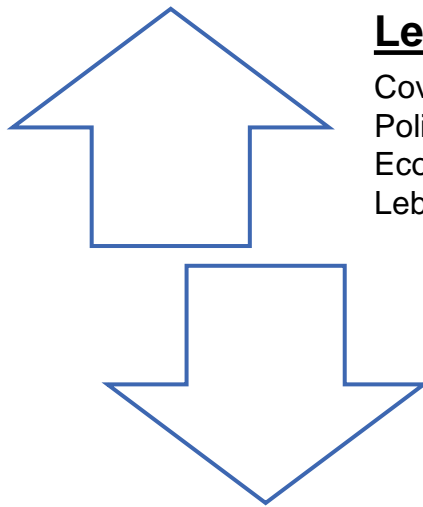
9. EE4 - The PSS and life skills sessions were satisfying (well-being and resilience).

62 responses



Most beneficiaries acknowledged and agreed that the sessions were satisfying, 41 beneficiaries (66.1%), 20 beneficiaries (32.3%) acknowledged that the sessions were highly satisfying and had an immense gratefulness towards them, and acknowledged that the sessions highly met their needs, increased wellbeing and resilience. few beneficiaries (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

Main Challenges



Lebanese Crisis

Covid-19
 Political Context
 Economic Context
 Lebanese revolution

ABAAD’s Internal Challenges

Project management and structure
 Employee turnover
 Internal handover

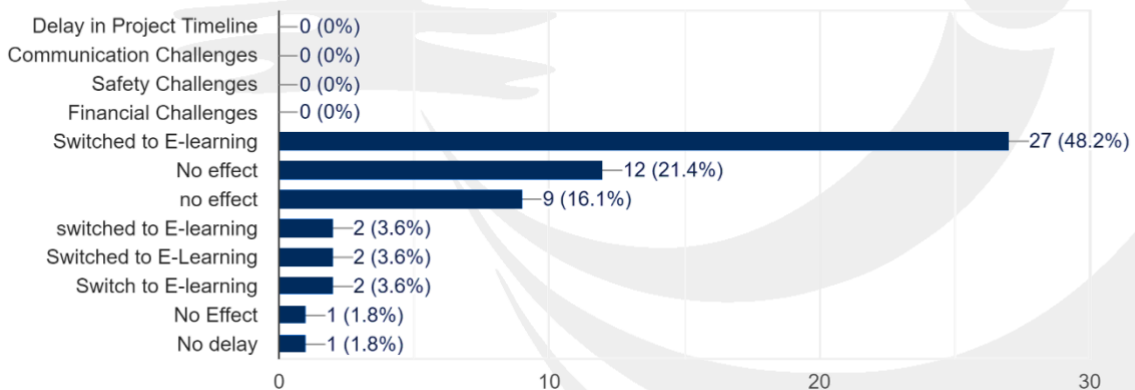
The REFORM project was not implemented in an ideal context, considering the prevalent regional instability, Syrian conflict, and Lebanese political and economic crisis, added to Covid-19 pandemic and the resulting global supply chain disruption. This has posed several challenges for the project, summarized as follows.

Covid-19

The effects of the pandemic affected the project due to disruption of its activities and the enforced lockdowns. This led to delays in implementing project activities beyond the planned timelines. ABAAD tackled the situation by providing online interaction and support where possible. It is worth highlighting that beneficiaries who were surveyed confirmed that Covid-19 had no substantial effect on the services they benefited from within the REFORM project.

12. I5 -What Variables did COVID-19 have an effect on project implementation.

56 responses



All beneficiaries under Male center surveys did not experience any challenges acquiring the services (100%), Since Services was switched to E-Learning and beneficiaries took the service before and after Covid.

Political Context

The political instability in Lebanon was amplified by the revolution that started in November 2019 and the subsequent political conflicts in the country leading to delays in government formation, government assemblies, and parliament assemblies. Accordingly, legislations were postponed as priorities were governed by political agendas, and no proper channels for lobbying or interaction with political leaders could be established in the absence of proper governmental functionality. On the other hand, liaison with UNHCR and various embassies was hampered due to the same reasons. No proper cooperation levels could be established. This has led to dropping the refugees' resettlement component of the REFORMS project.

Economic Crisis

The substantial devaluation of the Lebanese currency against the United States Dollar had immense impacts on the socio-economic status of the Lebanese and refugees' communities. The Lebanese pound plummeted from 1,507.50 per one US Dollar in 2019 to more than 45,000.00 towards the end of 2022, marking one of the most destructive crises in modern history. However, the REFORM project, financed in foreign currency, was able to overcome the economic crisis and avoid any cost variations for implementation.

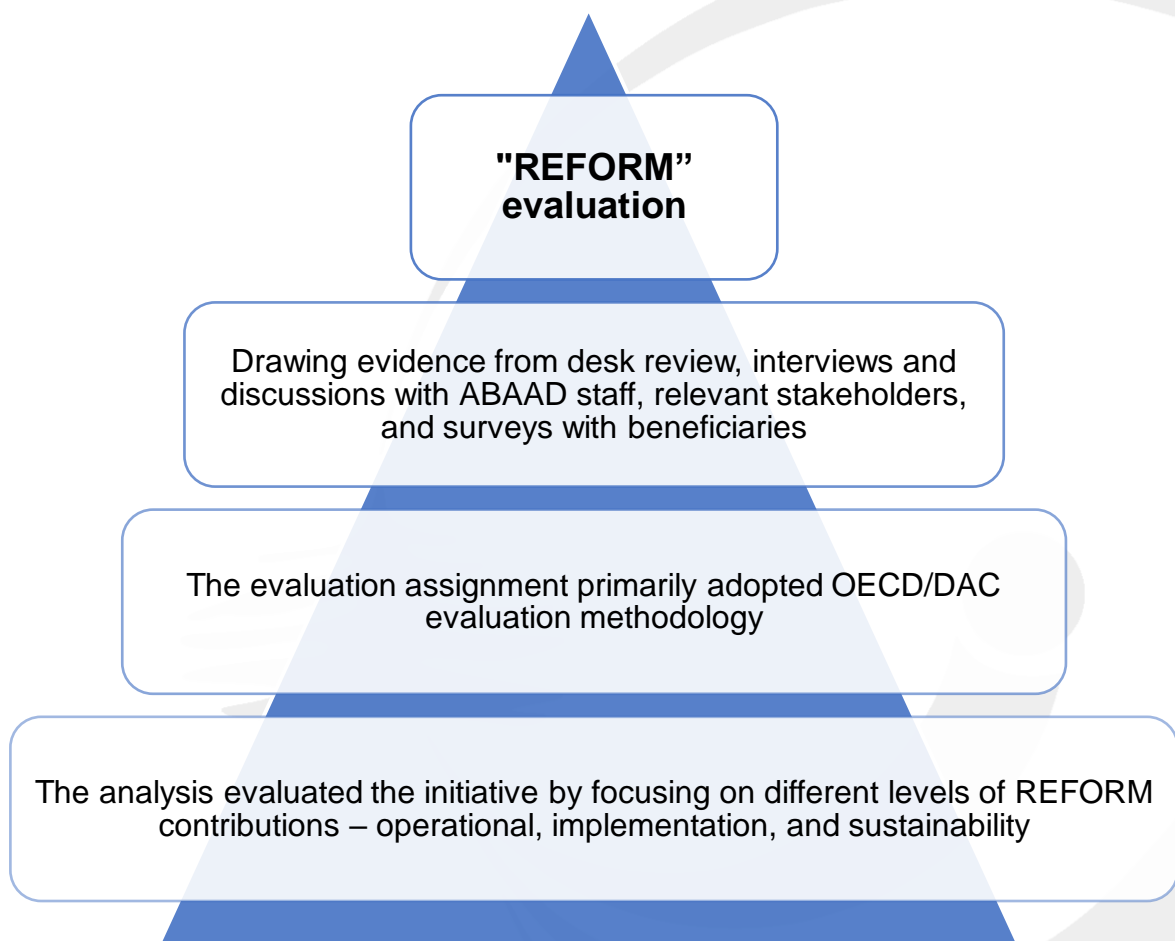
ABAAD's Internal Challenges

The aforementioned challenges combined reflected on the performance of governmental, for-profit, and non-profit organizations working in Lebanon. High levels of employee turnover were witnessed, as professionals sought better working conditions abroad, thus effecting a brain drain effect in Lebanon. ABAAD had its share of employee turnover, including members of the REFORM project team. As a result, there was disruption in the project implementation in the absence of smooth transition of the project's tasks. In addition, there was delay in updating the project's MEAL plan and validating it with RDPP.

Analysis of Findings

Westford Lebanon addressed the following within the evaluation process, for the purpose of making an objective and beneficial judgement:

- ▶ OECD/DAC evaluation criteria to answer the questions on relevance, effectiveness, efficiency, impact, and sustainability; while also proposing related questions addressed in the data collection tools.
- ▶ in-depth insights on the outcomes of the project's components, the outcomes of each service provided, the reasons underlying such outcomes, and the why behind each outcome.
- ▶ Recommendations and lessons learned shared and acknowledged by all project stakeholders participating in this evaluation exercise.



Relevance

The theory of change was grounded in earlier studies carried out by ABAAD within the Lebanese context as part of their ongoing practice related to livelihoods in general and gender-related wellbeing in particular. Those studies highlighted the requirement of establishing sustainable safe spaces and gender equality in Lebanon to ensure safety and protection for women (Lebanese and refugees) at risk and survivors of GBV. ABAAD also foresaw the importance of enforcing sustainable protection ecosystem through respective legislation and regulation. FGDs and KIIs carried out with stakeholders provided evidence on the achievement of change through the ToC by means of involving stakeholders that can effectively contribute at the root level of the ToC. Accordingly, MoSA teams were trained on GBV related concepts. MoSA centers were also provided with necessary tools to enhance protection and treatment of women and girls at risk or survivors of GBV. In addition, the involvement of ISF ensured better enforcement of protection against and dealing with GBV cases.

ABAAD's services provided based on the ToC, and within the REFORM project framework, were found by stakeholders to be relevant to the Lebanese context, especially upon the increase in the intensity of the challenging economic-political deterioration, where GBV cases became more prominent.

“The project’s activities were relevant to all stakeholders. Starting with MoSA, the project supported the ministry’s social workers and empowered the ministry to better deal with GBV. ISF also benefited by gaining more focus on GBV cases, especially in the absence of relevant trainings provided or funded by the government. Social norms highly inhibit disclosure of GBV cases by victims or people at risk.”

KII with ABAAD program management – government stakeholders

Most importantly, beneficiaries reported high relevance of the services provided.

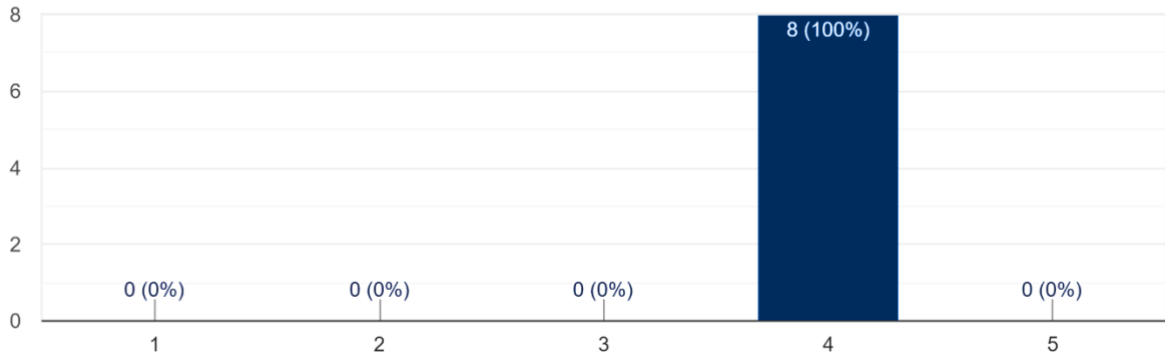
“Beneficiaries surveys”

SURVEYS WITH BENEFICIARIES - HOLISTIC GBV SERVICE

The following questions were aimed at beneficiaries who took Holistic GBV Service. Beneficiaries were provided multi-sectoral services which included sheltering, multi-sectoral services, PSS and life skills sessions, and protection-sensitive referrals including cash assistance; The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service. All beneficiaries' Lives have improved after benefiting from this service and reported their needs being met (100%).

13. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

8 responses



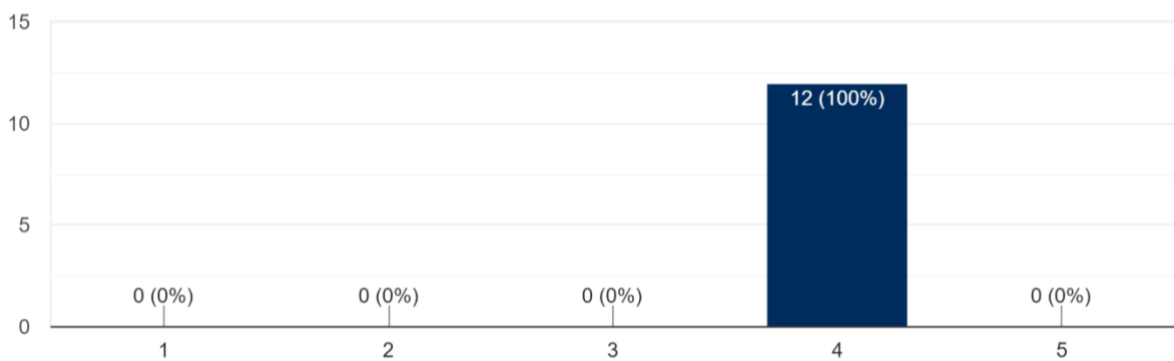
SURVEYS WITH BENEFICIARIES - TRAINING ON ANGER & STRESS MANAGEMENT

All beneficiaries that conducted anger and stress management were Male

All Male beneficiaries that conducted the anger and stress management are from 3 different nationalities, Lebanese: (58.3%), Syrian: (33.3%), Palestinian: (8.3%). The beneficiaries age range was from 14 to 70, <31 = 50.00% and >31 = 50.00%.

9. I3 - My expected outcomes (masculinities, positive anger, stress management, manhood, and gender relations relevant) compared to the results obtained were met:

12 responses

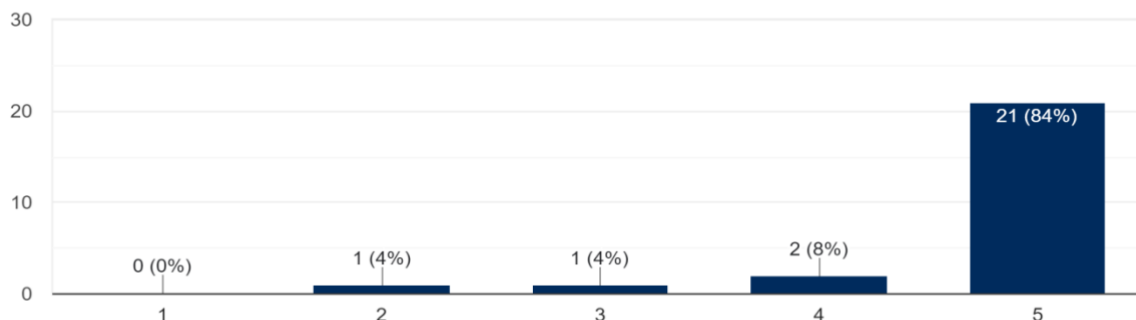


All beneficiaries acknowledged and agreed that the expected outcomes compared to results obtained were met (masculinities, positive anger, stress management, manhood, and gender relations relevant), (100%).

SURVEYS WITH BENEFICIARIES - MWH SHELTERING SERVICES

5. I1 - The shelter was convenient and safe.

25 responses



Participants were asked if the shelter was convenient/ safe or not for them. (84%) highly agreed with the asked statement regarding the safety in the shelter. The remaining 16% answers were varying between agree (8%), neutral (4%) and disagree (4%) in regards of the treatment of the shelter team helpfulness and knowledge in which they were residing.

The project provided safe space for disclosure of GBV related information with high levels of confidentiality and protected the beneficiaries, treated them when needed, and increased awareness by reaching out to men and educating them on gender sensitive issues. Moreover, the REFORM project succeeded in reaching remote areas in Lebanon to raise awareness, as remote communities are more prone to GBV incidents.

ABAAD had been liaising with religious and political figures for advocacy on gender equality and protection prior to the onset of the REFORM project. However, the project funding helped in boosting advocacy efforts, despite the fact that the outcomes were not favorable due to the political, economic, and pandemic related challenges, in addition to employee turnover and slow response from UNHCR focal point. Nevertheless, those challenges were simultaneously fueling GBV case intensity, the fact that increased the relevance of the project timing.

Prevailing contextual challenges were found to be a main driver of men’s hostile and aggressive behavior within their households.

Men center coordinator

The project's activities helped both genders by creating more awareness on gender sensitive matters and by providing safe spaces and respective intervention activities to foster mental, psychological, and social welfare.

Insights on the project collected during discussions and interviews signal additional relevance to all organizations dealing with gender sensitive issues. Widening the project geographic coverage is believed to yield higher levels of success by ABAAD holistic approach adopted and more anticipated sustainability by collective efforts towards advocacy when the political climate is more favorable. With the adoption of AIOMIS, the growing database will facilitate such efforts by unifying the data pool.

AIOMIS development was also of relevance to the ToC and the project goals. Despite the resources and time consumed in its development, its relevance to serving gender sensitive matters extends beyond the REFORM project as a database, a tool for monitoring cases, and a channel for further outreach and dissemination of gender sensitive awareness activities.

Effectiveness

The project's activities were generally effective in most of the targeted areas. Close coordination and follow up with stakeholders, positive intention of ISF personnel to continue with the training and apply the new skills, and the flexibility of ABAAD in dealing with the changing context were factors that increased the effectiveness of the project.

“ISF members have outstanding and constructive activities regarding training, and ISF and ABAAD interacted extremely well and offered complimentary services within the project's framework. With the purpose of expanding the scope and level of training in terms of training material and hosting Visibility awareness events (not simply training), a partnership with ABAAD should be maintained on an ongoing basis, provided that ABAAD should be responsible for providing training owing to its competence. MOSA, on the other hand, has to work more effectively and efficiently against the present social situations.”

Key Informant Interview - ISF officer - Aramoun

However, other factors had an adverse effect. Despite the positive feedback of ISF on the trainings conducted by ABAAD, no tangible effects were realized till the date of final evaluation as stated with an ISF member. This is due to the fact that, after the ToT provided by ABAAD, ISF personnel attending internal training with ISF officers are delegated by ISF leadership. ISF personnel attending the training were not necessarily investigators who are directly concerned with dealing with GBV cases. It is expected, however, that with more GBV trainings within ISF, the required skills will be mastered by all concerned personnel, provided ISF leadership continues with those trainings, given the aforementioned challenges affecting the performance of government agencies.

“ISF as the key individuals who can affect change in the dealing of GBV cases, involved ISF members like investigators and above should be approached for training. ISF members attending the training (trainees) participate in the training multiple times and are not investigators because the challenges and gaps are beyond the capacity of ABAAD and ISF regarding the delegation of ISF suitable members by leadership.

More than the training provided by ISF, the ABAAD approach was inspiring with simple yet precise training delivery approaches.”

Key Informant Interview - ISF member - Aramoun

On the other hand, bureaucracy and reduced performance of MoSA led to slow response and long approvals turnaround times, thus reducing the effectiveness of the MoSA’s intervention in relation to GBV related matters. This is added to the limited number of social workers delegated by the ministry to attend the ToT carried out by ABAAD.

The resettlement component of the REFORM project was cancelled due to the contextual challenges; hence, the respective activities were not effective.

Moreover, remote area awareness activities were not fully effective due to the effects of the revolution, pandemic, and inflation which constrained mobility during most of the project’s implementation timeline, despite ABAAD’s flexibility in adopting virtual communication methods where possible. Mobility constraints affected various activities of the project as well, such as Switching to E-Learning platforms, delay in project timeline, communication challenges, safety challenges, financial challenges; however, no remarkable loss of effectiveness was realized during the final evaluation.

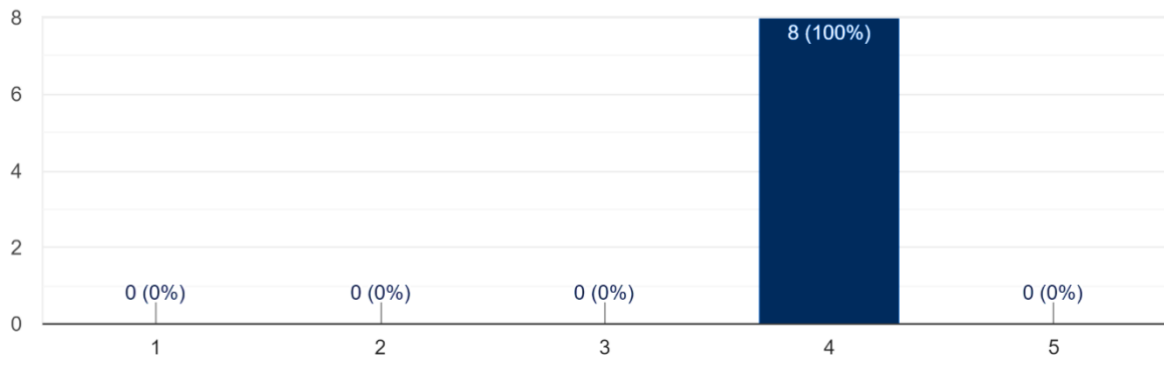
The development and adoption of **AIOMIS** did not signal evidence of effectiveness till the date of final evaluation, since it was not yet completely operational as detailed later in this report. Nevertheless, the platform is expected to be highly effective – once fully operational – in sharing data with designated personnel for faster and more effective intervention as and when required.

From the perspective of beneficiaries, the services provided to them were highly effective. Even men who practiced hostile and aggressive behavior at the beginning of the training and awareness workshops completed the allocated services and showed improved mindset and consequent behavior towards GBV issues. In addition, all beneficiaries reported effective and positive changes to their lives and wellbeing after receiving the services.

All beneficiaries' Lives who took Holistic GBV Service, have improved after benefiting from this service and reported their needs being met (100%).

13. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

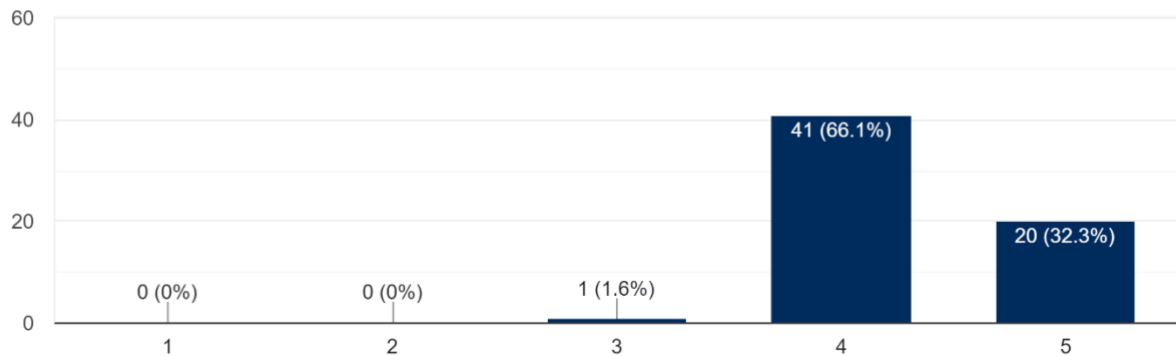
8 responses



Most beneficiaries acknowledged and agreed that the sessions were satisfying (66.1%), (32.3%) acknowledged that the sessions were highly satisfying and had an immense gratefulness towards them, and acknowledged that the sessions highly met their needs, increased wellbeing and resilience. few beneficiaries (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

9. EE4 - The PSS and life skills sessions were satisfying (well-being and resilience).

62 responses



In fact, some beneficiaries, as stated below, requested continued intervention at the end of the surveys, and they were guided to call the hotline number of ABAAD.

The beneficiaries under PSS and Life Skills Sessions, were also expressing their suggestions of the services provided. Many Beneficiaries requested to keep on conducting and implementing more PSS sessions, due to short term time with the sessions.

“Wants more PSS sessions, ABAAD should keep communication with the beneficiaries, wishes to learn a craft to be able to work and generate money”

Efficiency

Financial efficiency of the project was found to be adequate. In spite of the economic, pandemic, and revolution-related challenges, the project was completed without the requirement for any additional finances. Close coordination between ABAAD and RDPP ensured proper financial management of the project. In addition, the intervention activities were structured to run efficiently within a holistic package that included psychosocial support, individual case management, shelter services, awareness workshops, and peacebuilding theatrical play activities.

Derail to efficiency was due the cancellation of the resettlement component, as well as the disruption due to contextual changes leading to time extension and fruitless communication with, and inefficient response of, UNHCR and IOM due to prevailing challenges. Contextual challenges could not be anticipated in advance. However, ABAAD's flexibility in following alternative approaches, such as virtual communication and health protection measures helped in maximizing the efficiency despite the time extension of the project.

With respect to reporting and MEAL system performance, employee turnover had a negative impact. The project encompassed 3 different MEAL coordinators from ABAAD, thus disrupting MEAL system performance. The delay marked in updating the MEAL plan at the early stages of the project, followed by long time taken to validate a MEAL plan with RDPP, had unfavorable outcomes on the project efficiency. In addition, the development and operation of AIOMIS software resulted in delays related to MEAL system deliverables and updates as well.

“Challenges / MEAL system:

- projects coordinators and MEAL officers turnover*
- no clear handover properly between project team*
- MEAL plan faced many constraints, long time, and back and force with RDPP to set the indicators and agree on the MEAL plan*
- no consistent update on the MEAL plan along with implementation*
- absence of management structure for REFORM*
- recruitment process took time and was not well processed for replacement*
- lack of quantitative and qualitative database to tackle the impact of services*

Adaptations:

- MEAL and management structure updated*
- combined efforts raised for MEAL plan by MEAL responsible*
- revision and updates on project objectives and outputs status*
- coordination in place with RDPP for progress review and replacement*
- agreement on the indicators, outputs, timeline, and MEAL plan”*

KII with ABAAD MEAL and field coordinators

On the other hand, activities carried out in the field were efficient. No evidence on performance inefficiencies could be found during the final evaluation. All data sources

provided positive feedback on the efficiency of service implementation across all centers and functions. This is despite the fact that AIOMIS was not fully operational. AIOMIS has negatively impacted the ABAAD team's efficiency during its development and data entry, but once streamlined, the software will radically increase the efficiency in data flow, sharing, and update.

Impact

The REFORM project's impact primarily – targeting both refugees and host communities – *“saved lives of GBV victims and preserved lives of those at risk”*, as asserted by the coordinator of the women's shelter house during a focus group discussion, (Please refer to the evaluation matrix – Annex 5). Providing safe shelter service improved lives of beneficiaries. It also increased awareness on gender sensitive issues with both genders, leveraged mental health and psychosocial wellbeing, and attempted at providing a holistic approach to ensure sustainable impact of the project activities. This happened despite the challenges that strained most of the project activities and efforts.

While the impact on ISF was positive, it was not optimal. Evaluation interviews highlighted the fact that ISF investigators were not present in ISF trainings on GBV, and that some ISF personnel attended the same training more than once in order to fill attendance gaps. It is highly important that those ISF personnel dealing with GBV cases attend GBV training on priority. Bureaucracy and chain of command within ISF made it out of the control of both ABAAD and ISF personnel involved with the project to dictate the actual training attendees from ISF, despite ABAAD providing attendance guidelines to ISF.

“ISF as the key individuals who can affect change in the dealing of GBV cases, involved ISF members like investigators and above should be approached for training. ISF members attending the training (trainees) participate in the training multiple times and are not investigators because the challenges and gaps are beyond the capacity of ABAAD and ISF regarding the delegation of ISF suitable members by leadership. More than the training provided by ISF, the ABAAD approach was inspiring with simple yet precise training delivery approaches.”

Key Informant Interview - ISF member - Aramoun

Similarly, the impact on MoSA's actual activities were limited due to the limited number of social workers involved from MoSA, added to the malfunction in most governmental agencies as a result of the political and economic prevalent crises.

In fact, it was not surprising that the effect of the multidimensional Lebanese crisis, including the global pandemic, hindered the scale of impact of the project, despite ABAAD's volatile adaptation to the governing conditions surrounding the project implementation. During Covid-19 lockdown, for example, ABAAD utilized excel database to capture data on beneficiaries and record updates, since AIOMIS was still within the development phase. Accordingly, beneficiaries were contacted virtually in order to follow up with them on the required services. Turnover in the project's team members, including MEAL coordinators and field staff, however, disrupted continuous monitoring and data update during the respective phases of the project. Thus, the project required time extension.

The impact of **AIOMIS** was not fully realized till the date of final evaluation, because the platform was not fully operational by then. Delays in the development of AIOMIS were observed during the initial phases.

Phase 1 encompassed software development and introduction of data forms. Challenges discussed throughout this report shattered the focus on AIOMIS and delayed its development. The first phase took more than two years.

Phase 2 accelerated the work on the platform through intense coordination between the project's team members and the involvement of the concerned personnel. RDPP also provided input towards AIOMIS development. Accordingly, AIOMIS reached almost 85% of its development within few months after phase 1.

During final evaluation, AIOMIS was within **phase 3** of its development. This phase encompassed beneficiaries' and activities' data updates, development of standard operating procedures for AIOMIS, and conducting training for its users.

The integrated services provided by ABAAD during implementation had positive impact on both genders. Individual therapy services were made accessible through several channels such as the phone helpline, awareness campaigns, and case referrals. Surveys done with the project beneficiaries confirmed that the impact of all the project's intervention activities was highly valued by all beneficiaries (Please refer to the below summary pertaining quantitative analysis results).

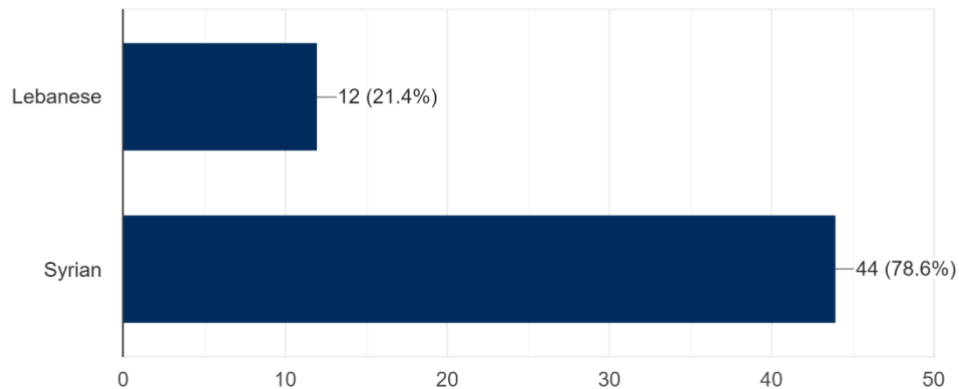
Summary pertaining quantitative analysis results

SURVEYS WITH BENEFICIARIES - CM GBV HOLISTIC SERVICES

All beneficiaries that conducted CM GBV Holistic services were Females. The beneficiaries age range was from 23 to 65, with 13 female beneficiaries under the age <31 = 23.2% and >31 = 76.78%.

4. Nationality

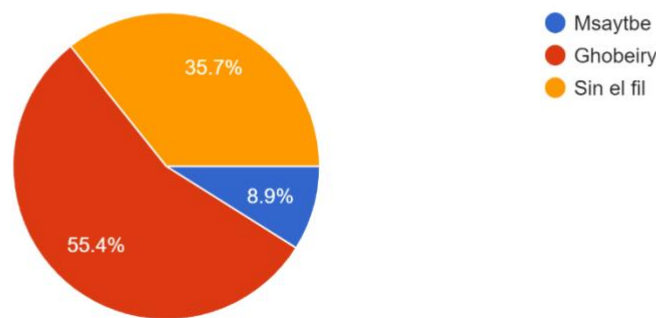
56 responses



All Female beneficiaries that conducted CM GBV Holistic services are from 2 different nationalities, Lebanese: (21.4%), Syrian: (78.6%)

5. location of service

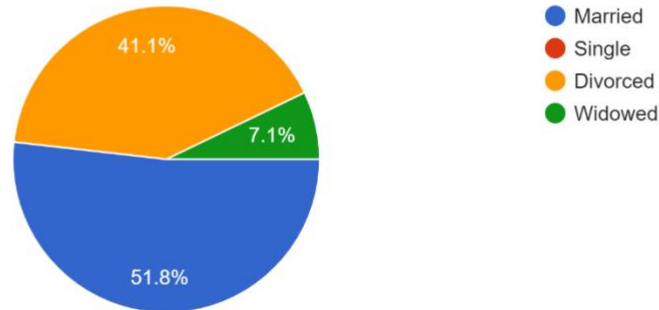
56 responses



All Female beneficiaries that conducted CM GBV Holistic services are from 3 different Locations, Ghobeiry, Sin el fil, Msaytbeh.

6. Marital status

56 responses

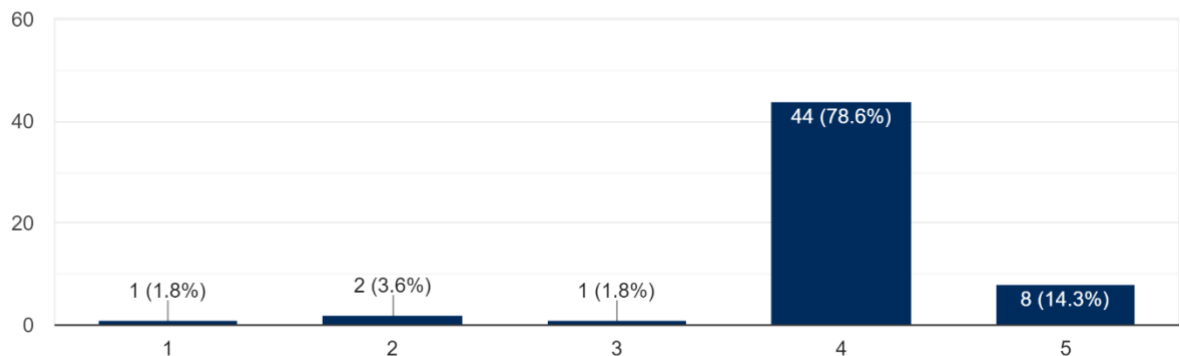


The beneficiaries were given different services, some beneficiaries had more than one service provided to them and is as follows:

- Case management at WGSS 43.3% = 23 beneficiaries
- Legal Counseling 3.8% = 2 beneficiaries
- Cash assistance 64.2% = 34 beneficiaries
- Psychotherapy sessions 69.8% = 37 beneficiaries
- Holistic GBV services 15.1% = 8 beneficiaries

8. E11 - Was the Service Helpful

56 responses



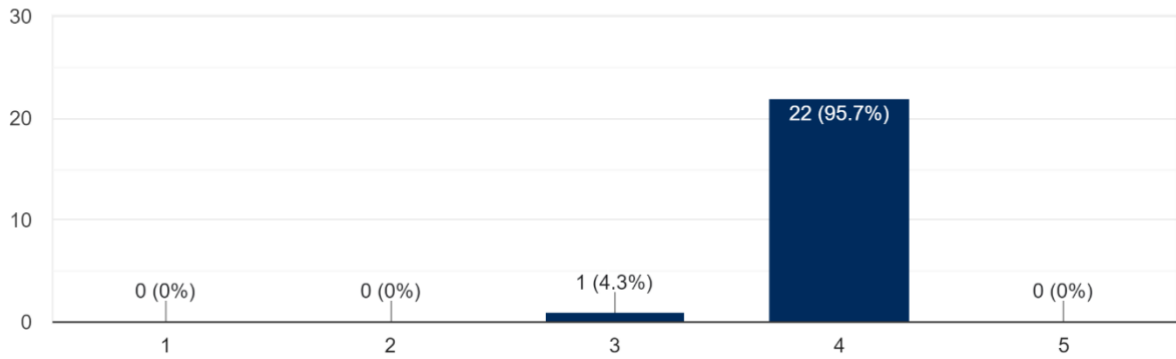
Westford Lebanon team asked the beneficiaries general question regarding overall satisfaction of the service, most beneficiaries experienced satisfaction and found the service was helpful (92.8%), and some beneficiaries found the services to be unhelpful and were dissatisfied (5.4%) due to challenges in communication and short-term time with the sessions.

Case Management at WGSS

The following questions were aimed at beneficiaries who took case management at WGSS.

13. EE4 - Your life has improved after benefitting from this service.

23 responses



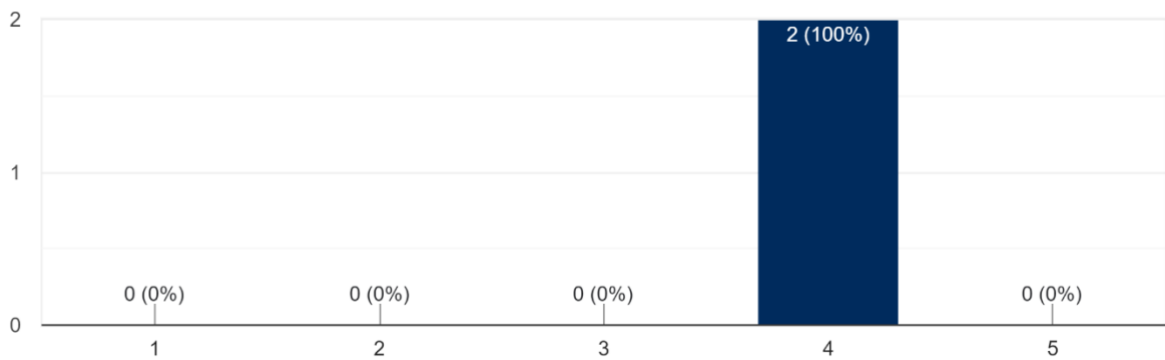
Most beneficiaries' lives have improved after benefitting from this service (95.7%).

Legal Counseling

The following questions were aimed at beneficiaries who took Legal Counseling. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 - The legal counselling met my needs (awareness and ability to report)

2 responses



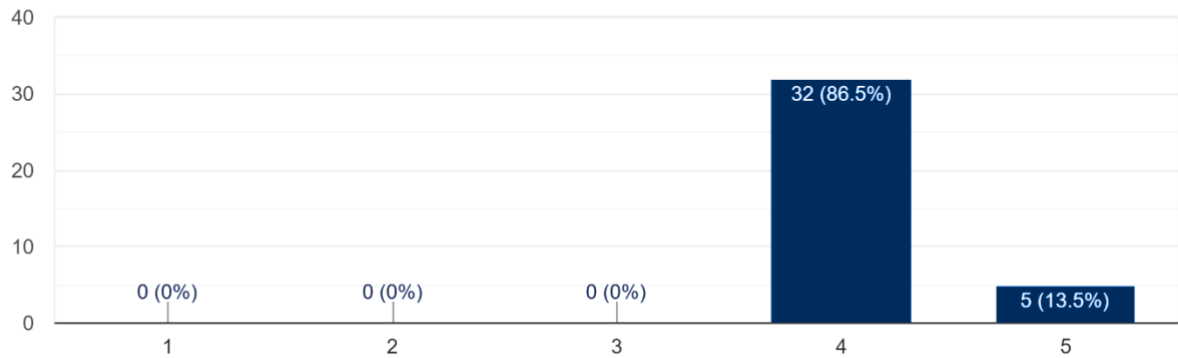
All beneficiaries experienced and reported their needs being met to legally protect themselves (100%).

Psychotherapy sessions

The following questions were aimed at beneficiaries who took psychotherapy sessions. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 - The psychotherapy sessions met my needs (mental health getting better).

37 responses



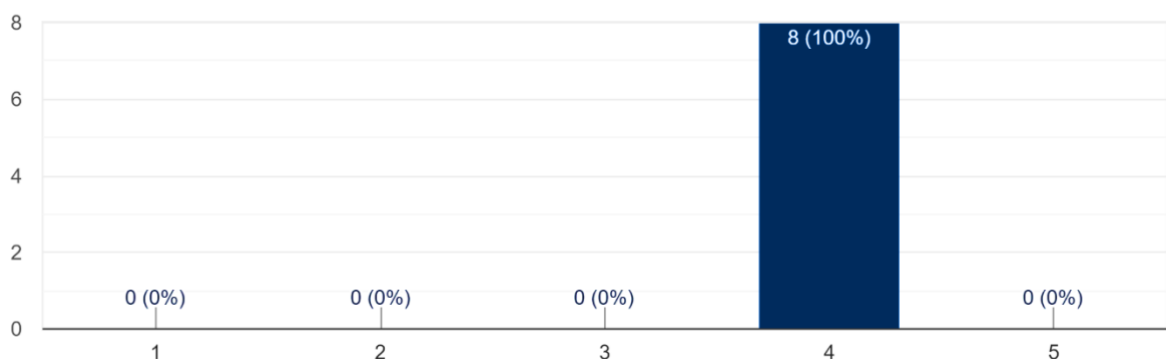
Most beneficiaries' Lives have improved after benefiting from this service (86.5%), beneficiaries were highly satisfied and their lives improved drastically from this service (13.5%).

Holistic GBV Service

The following questions were aimed at beneficiaries who took Holistic GBV Service. Beneficiaries were provided multi-sectoral services which included sheltering, multi-sectoral services, PSS and life skills sessions, and protection-sensitive referrals including cash assistance; The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service. All beneficiaries' Lives have improved after benefiting from this service and reported their needs being met (100%).

13. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

8 responses

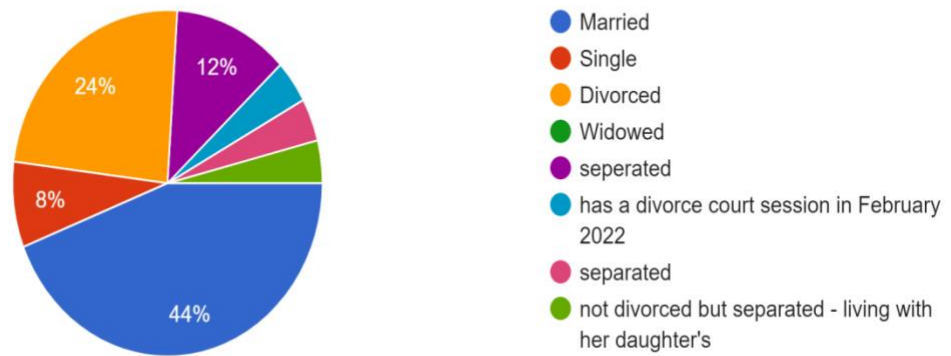


SURVEYS WITH BENEFICIARIES - MWH SHELTERING SERVICES

All participants in this survey were female respondents benefiting from sheltering services in Mount Lebanon and North Lebanon. The age range of the females in the shelters of ABAAD was between 14 and 50 years old. Concerning the marital status of the beneficiaries, the majority which were subject to GBV (44%) were still married while 24% were officially divorced. 12% were separated with no official divorce yet and 8% were still single.

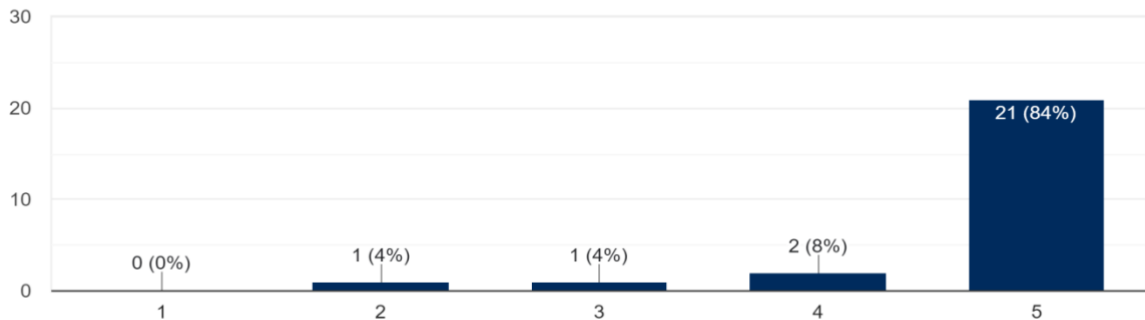
4. Marital status

25 responses



5. I1 - The shelter was convenient and safe.

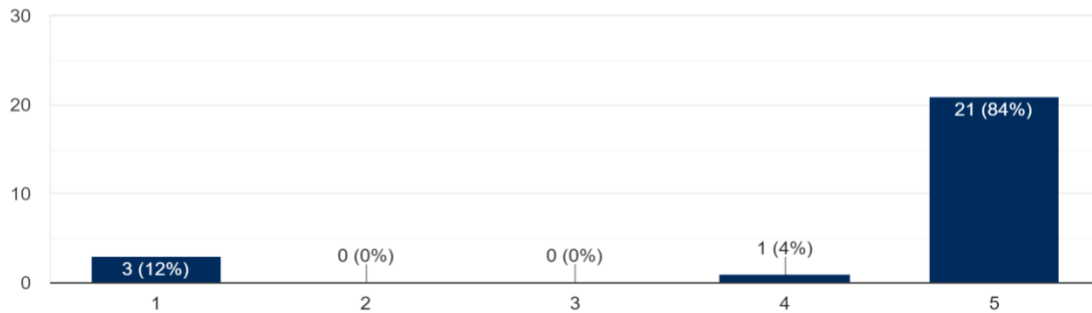
25 responses



Participants were asked if the shelter was convenient/ safe or not for them. (84%) highly agreed with the asked statement regarding the safety in the shelter. The remaining 16% answers were varying between agree (8%), neutral (4%) and disagree (4%) in regards of the treatment of the shelter team helpfulness and knowledge in which they were residing.

11. EE4 - I will recommend this shelter to any person at risk of GBV:

25 responses



Females benefiting from sheltering services were asked whether they will refer ABAAD sheltering services to others subject to GBV or not. The majority of participating females showed high initiatives in recommending ABAAD sheltering services to others. 4% normally agreed while 12% reported total refusal, since some females were in need for urgent help because she was subject to death and no reply when calling, and some stated that there was disrespect inside ABAAD, wishes to have more acceptance in the shelter, the treatment was too bad for her.

“Additional recommendations by beneficiaries:

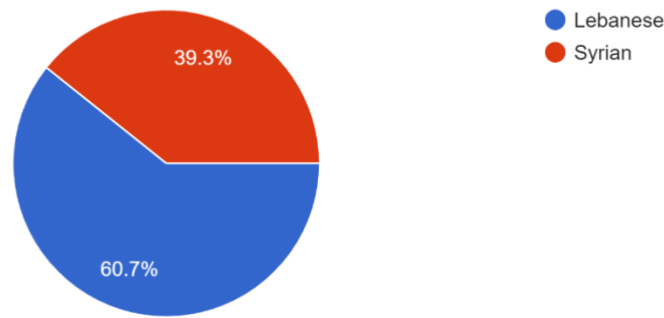
- *ABAAD should work on providing way better services*
- *needs more help outside*
- *needs urgent help due to suicide trials*
- *the was disrespect inside ABAAD, wishes to have more tolerance in the shelter, the treatment was too bad for her*
- *not able to reach ABAAD at all even the hired lawyer*
- *ABAAD needs to pay attention more to calls since beneficiaries are calling with no reply”*

SURVEYS WITH BENEFICIARIES - MEN CENTER SERVICES

All beneficiaries that conducted the survey were males 56 (100%). The beneficiaries age range was from 17 to 61, <30 = 41.07% and >30 = 58.92%. All male beneficiaries are from 2 different nationalities, Lebanese: (60.7%), Syrian: (39.3%)

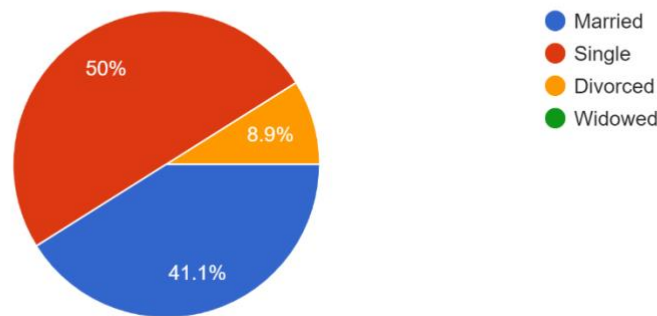
4. Nationality

56 responses



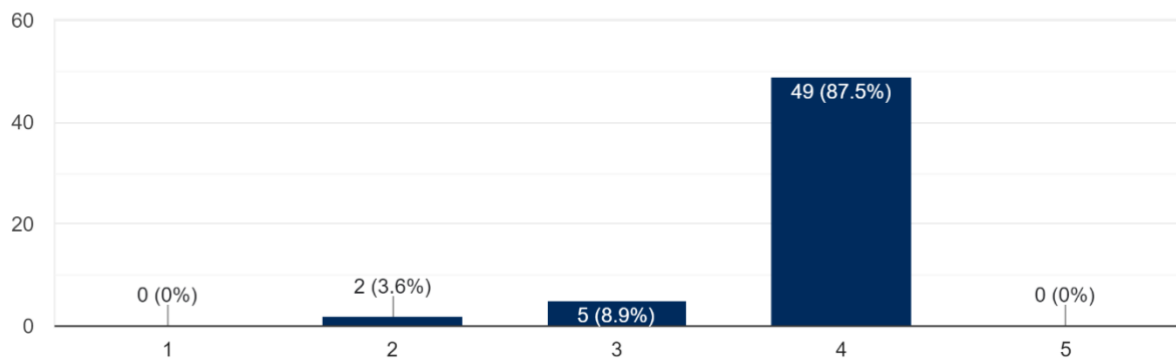
5. Marital status

56 responses



6. E11 - The psychotherapist was helpful, knowledgeable and open enough to help.

56 responses



Most beneficiaries experienced satisfaction and found the service was helpful, knowledgeable and open enough to help 49 beneficiaries (87.5%). Some Beneficiaries (12.5%) had neutral satisfaction due to short term time with the sessions, or were forced to complete the sessions as suggested by legal lawyer or woman centers.

SURVEYS WITH BENEFICIARIES - TRAINING ON ANGER & STRESS MANAGEMENT

All beneficiaries that conducted anger and stress management were Male

All Male beneficiaries that conducted the anger and stress management are from 3 different nationalities, Lebanese: 7 beneficiaries (58.3%), Syrian: 4 Beneficiaries (33.3%), Palestinian: 1 beneficiary (8.3%). The beneficiaries age range was from 14 to 70, <31 = 50.00% and >31 = 50.00%.

The beneficiaries were married, single and Married / Cohabiting

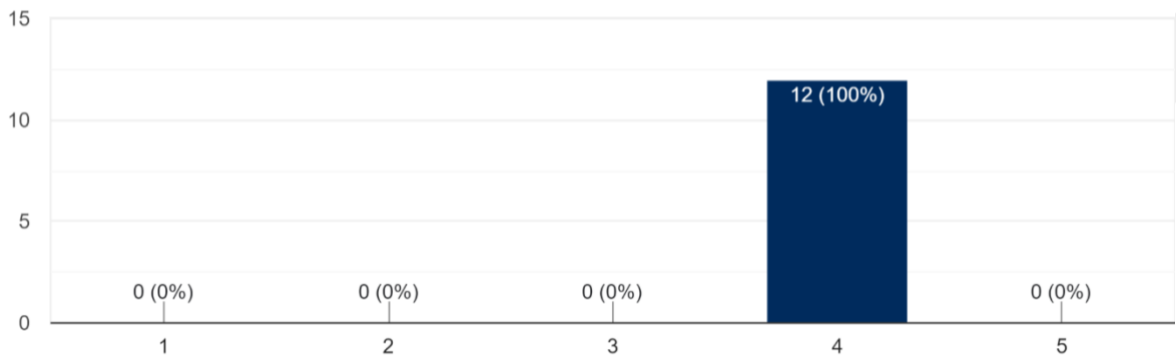
Married: 33.3% = 4 beneficiaries

Single: 33.3% = 4 beneficiaries

Married / Cohabiting: 33.3% = 4 beneficiaries

9. I3 - My expected outcomes (masculinities, positive anger, stress management, manhood, and gender relations relevant) compared to the results obtained were met:

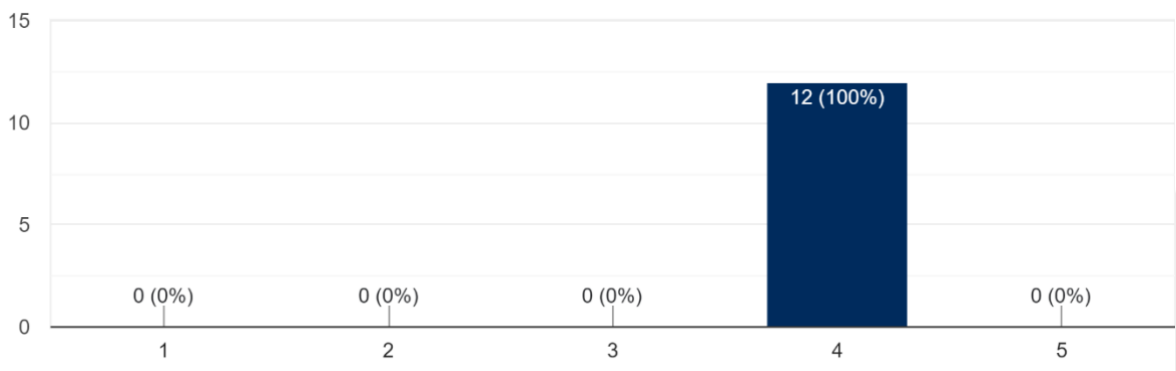
12 responses



All beneficiaries acknowledged and agreed that the expected outcomes compared to results obtained were met (masculinities, positive anger, stress management, manhood, and gender relations relevant), (100%).

12. EE4 - I will recommend these services to others

12 responses



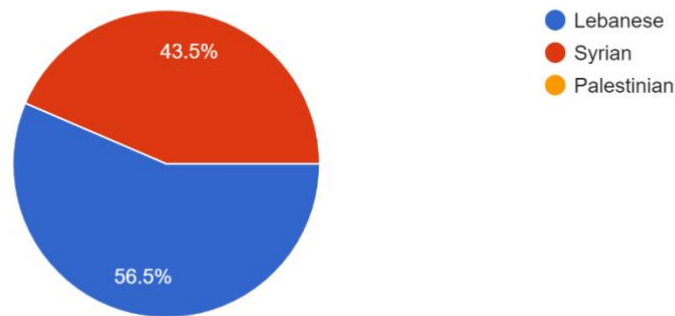
All beneficiaries acknowledged and agreed that they will recommend these services to others (Male friends) who struggle with the same issue, (100%).

SURVEYS WITH BENEFICIARIES - PSS AND LIFE SKILLS SESSIONS

Westford Lebanon conducted surveys with female beneficiaries, 100 %, which is 62 Female Beneficiaries, under PSS and Life Skills Sessions. The beneficiaries age range was from 16 to 60, <30 = 24.19% and >30 = 75.8%. The beneficiary’s nationalities were Lebanon: 56.5%, Syrian: 43.5%

4. Nationality

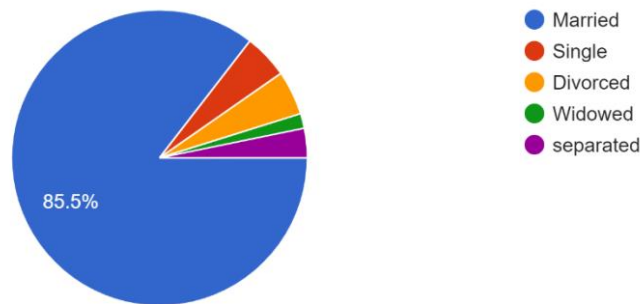
62 responses



The beneficiaries were married, single, divorced, separated and widowed.

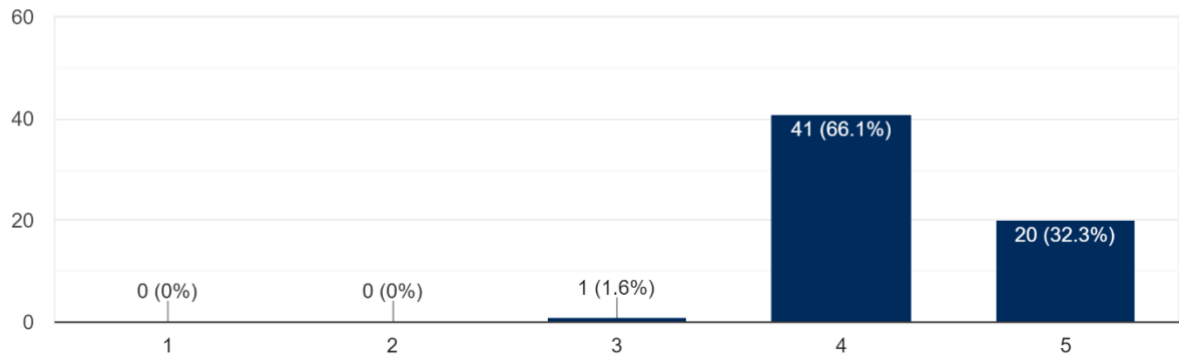
5. Marital status

62 responses



9. EE4 - The PSS and life skills sessions were satisfying (well-being and resilience).

62 responses



Most beneficiaries acknowledged and agreed that the sessions were satisfying, 41 beneficiaries (66.1%), 20 beneficiaries (32.3%) acknowledged that the sessions were highly satisfying and had an immense gratefulness towards them, and acknowledged that the sessions highly met their needs, increased wellbeing and resilience. few beneficiaries (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

Beneficiaries were also expressing their suggestions and recommendations of the services provided. Many Beneficiaries requested to keep on conducting and implementing more PSS sessions. and few beneficiaries with certain cases requested activities related to income gender.

“Additional recommendations by beneficiaries:

- Wants more PSS sessions*
- To talk alone to a psychologist*
- wishes to learn a craft to be able to work and generate money*
- ABAAD should keep communication with the beneficiaries”*

Sustainability

The REFORM project and its activities realized the ToC and yielded sustained improvement in the lives of beneficiaries and increased gender sensitive awareness, as asserted by surveyed beneficiaries (**Annex 4**).

AIOMIS development also provides a platform to support the project's outcome sustainability. AIOMIS will transform data management into a new level, whereby dashboard and reports will guide decision making and will enhance the impact of GBV related intervention activities, while protecting the data of the beneficiaries.

However, sustainability requires sustained resources. ISF asserted during interviews, for instance, that ABAAD needs to be continuously involved in GBV related activities to ensure continued stakeholders' involvement. Additional ToT need to be carried out, and more awareness campaigns and trainings have to be implemented for ISF, CSOs, and relevant stakeholders.

The socio-economic and political distress that governs the Lebanese landscape till the time of final evaluation, and that may project further into the future, threatens the sustainability of the project's impact. Government agencies have other priorities within such difficult national climate. This means that non-governmental organizations have to assume responsibility for driving gender equality and awareness further. Involvement of more CSOs and NGOs is crucial to the achievement of such sustainability. The involvement of ISF, MoSA, CSOs, and the execution of various awareness broadcast activities and campaigns aimed at sustained impact of the project's outcomes. While training was provided to ISF, MoSA, completed with the end of the project, and the impact is realized, still the final evaluation did not find any evidence on the integration of GBV related activities within their standard operating procedures.

Continued operation of the AIOMIS platform also requires the allocation of operators for software and hardware troubleshooting and updates, as well as data entry, database updates, and MEAL functionality. This cannot be transferred to government agencies within the current situation in Lebanon. The Lebanese Government is facing difficulties in financing its basic functions. Hence, external finance is required to ensure future sustainability of the REFORM project's impact. Continuous operation of the centers, such as Jina Al Dar, MWH, and WGSS will widely support the sustainability of the project's outcomes, provided that those centers have sufficient resources.

RESEARCH AND STUDY², covering regional comparative study on social norms & behavioural change strategies (Lebanon, Syria, Jordan, & Iraq) on GBV prevalence among Syrian families. Such baseline aimed to inform about behavioural change mass communication messaging in addressing misconceptions related to refugees and displacement. Such research is to ensure wider sustainability aspects of the project toward continuous efforts combined.

The overall goal of this research study was to understand social norms and drivers, in addition to COVID-19 and economic factors associated with the perpetration of GBV among Syrian refugees primarily in Lebanon, while including a basic comparative aspect on the situation in Syria, Jordan, and the Kurdistan Region of Iraq (KRI). In specific, it focused on:

- ▶ *Formulating a comparative analysis of social norms and drivers of GBV in Lebanon, KRI, and Jordan versus Syria*
- ▶ *Investigating the effects of COVID-19 and the economic crisis in relation to GBV practices among Syrian refugees*
- ▶ *Understanding possible changes in GBV practices among Syrian refugees in Lebanon (including pre-departure situation), in comparison to practices in Syria (which aims to inform key target areas of programming)*
- ▶ *Scoping out whether and how shifts in gender roles and family dynamics affect GBV trends*
- ▶ *Formulating recommendations, informed by research findings, that detail key entry points and programmatic focus areas to address GBV among Syrian refugees, particularly women and girls.*

² *Norms and Reform: Social, Economic, and Public Health Drivers of GBV among Syrian Refugees in Lebanon, Syria, Jordan, and Iraq.*

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Citation: Feghali, Jay, 2022. “Norms and Reform: Social, Economic, and Public Health Drivers of GBV among Syrian Refugees in Lebanon, Syria, Jordan, and Iraq.” ABAAD and RDPP. Lebanon.

Recommendations & Conclusion

The REFORM project achieved success despite many challenges that prevailed during its implementation. Those challenges provided more insight into the development of strategies for improvement, whether in additional phases of the REFORM project or future projects dealing with GBV related concepts. This section outlines those recommendations based on the data collected and compiled upon conducting the final evaluation activities.

RECOMMENDATION 1:

CREATING COLLABORATION AMONG STAKEHOLDERS:

In the absence of proper governmental functioning in Lebanon, scattered attempts are done by various donors and non-profits towards advancing gender equality and gender sensitive awareness, combining all those efforts by government agencies, NGOs, and CSOs into one channel that benefits from the activities carried out by the REFORM project is recommended to ensure wider impact, higher effectiveness, and more longevity of the positive outcomes.

- ▶ *Different organizations, including CSOs and UN agencies are considered key actors in reducing GBV because they could hold awareness campaigns and sessions, accessible services and activities (mobile units, safe spaces, and family support centers). The key activities highlighted included awareness-raising through activities aiming to combat GBV, as well as through providing self-care and stress and anger management support.*
- ▶ *“ToT Trainings provided has led to new levels of knowledge and awareness to be shared with other workers and co-workers.”*
Focus Group Discussion – ToT with CSOs representatives.

RECOMMENDATION 2:

INTERNAL SECURITY FORCES ISF AND MINISTRY OF SOCIAL AFFAIRES MO-SA - ROLES:

MoSA and ISF constitute the formal stakeholders that can enforce gender equality, and GBV prevention and response. They can also play a vital role in advocating for new legislation to accelerate the development of formal laws that ensure adoption of the respective procedures and enforcement of their application. As a result, continued training of more MoSA social workers and ISF investigators, covering that governmental institutions have the adequate resources to take on GBV response, also continuing ToT trainings combined for legal and safe referrals, dealing with GBV woman survivors, perpetrators, roles, messages.

- ▶ *The governmental state's role in fighting GBV should be activated through issuing legislation that truly addresses and penalizes GBV and "imposes" women's rights. Together with security forces and key stakeholders by ensuring ISF members are trained and capable to properly receive and support survivors who come to report, regardless of their background, in a way that makes them feel safe from mistreatment or deportation.*

- ▶ *Training with the outpost chief (investigators) will be beneficial due to the higher role importance than others. Coaching and follow-up with ISF members as trainees and trainers over the trainings provided (Training content: dealing with GBV survivors, providing support to the victim, ways/techniques of investigation, human trafficking crime from a legal perspective) will be an important benchmark.*

- ▶ *"ABAAD should be kept on board during ToT trainings to ensure effective results."*
Key Informant Interview – ISF officer.

RECOMMENDATION 3:**AIOMIS:**

Sustained operation of AIOMIS is required to realize its effectiveness and sustainability. The platform can also increase the efficiency of GBV related intervention by providing a centralized database and avoiding work redundancy. A comprehensive plan for maximizing the benefit from the platform is a high priority.

"The resources needed to maintain the platform:

- ▶ *Funding for update and sustainability of platform*
- ▶ *Introduce AIOMIS as part of future projects design for capacity building components*
- ▶ *Have database officer fully dedicated to AIOMIS*
- ▶ *Follow up and feedback regularly with field and staff for data management*
- ▶ *Develop M&E unit to manage the system"*

Key Informant Interview – ABAAD MEAL and field Coordinator

RECOMMENDATION 4:**AWARENESS CAMPAIGNS:**

Wider spread of content in the form of videos or otherwise can maximize awareness reach. Hence, involvement of the Ministry of Information, the Ministry of Health, and the Ministry of Education can help in the dissipation of gender equality and gender sensitive concepts to more segments within both refugee and host communities.

RECOMMENDATION 5: **CONTINGENCY PLANS:**

While the challenges faced during the project implementation were massive and unanticipated, periodically preparing and updating a risk assessment and mitigation plan will ensure that any disruption can be overcome with minimum negative impacts. That plan shall encompass all possible risks and events that may affect the relevance, effectiveness, efficiency, impact, implementation, and sustainability, based on proactive planning and drawing from previous challenges and plans; corresponding to each risk, required activity to mitigate such risk should be specified to ensure better performance in the case that risk is observed.

“The resources and recommendations for project management:

- ▶ *Should have dedicated effort for data management and achievement of AIOMIS phase 3, having dedicated team working on it*
- ▶ *Should have management structure development of MEAL department*
- ▶ *Should have management structure development of ABAAD staff per departments*
- ▶ *Should have institutional development memories through standard operating procedures and policies for ABAAD*
- ▶ *Should have data policy for AIOMIS duties and responsibilities”*

Key Informant Interview – ABAAD MEAL and field Coordinator

CONCLUSION:

In conclusion, the REFORM project realized the ToC and achieved most of the targeted outcomes. The project implementation was disrupted by external unanticipated crises of massive magnitude such as the Lebanese political and economic crises, as well as the global Covid-19 pandemic. It was also impacted by internal matters related to ABAAD, mainly team members’ turnover and AIOMIS software development time consumption. Eventually, with the support of RDPP, ABAAD adopted highly flexible approaches to counter the challenges and completed the project marking highly satisfactory results in the project’s relevance, effectiveness, impact, and efficiency. Surveys carried out with beneficiaries confirmed general satisfaction with the project’s deliverables, knowing that the relevance of the project was leveraged by the prevailing external crises that led to higher GBV cases. Due to instability within the Lebanese governmental functions, the project’s sustainability is contingent on additional efforts that are required, as per the aforementioned recommendations.

Annexes

Annex 1 – Agenda of Implemented Workplan

“REFORM: Towards a strengthened quality response and inclusive and dignified durable solution for GBV survivors in Lebanon”					
Task name		Assigned to	Target date	Status	Rev.
1. Inception Phase			October 2022		
Level of effort: 3 days					
1	Kick-off meeting with ABAAD team	WL ABAAD	21 October	Complete	
2	Setting the final project plan	WL	01 November	Complete	
3	Review and approval	ABAAD	07 November	Complete	
2. Desk Review			October 2022		
Level of Effort: 6 days					
1	Review of ABAAD - REFORM Project Documents	WL	20 October	Complete	
2	Meeting with ABAAD team to validate desk review findings	WL ABAAD	28 October	Complete	
3	Meeting with ABAAD team and RDPP representative	WL ABAAD	31 October	Complete	
<i>Note:</i>					
3. Development of Evaluation Approach			November 2022		
Level of Effort: 6 days					
1	Development of inception report	WL	14 November	Complete	
2	Development of FGD, KIIs, and surveys questions tools	WL ABAAD	14 November	Complete	
3	Feedback and approval of ABAAD and RDPP team	ABAAD	20 November	Complete	
4	Revision of Inception report	WL	30 November	3 December	

“REFORM: Towards a strengthened quality response and inclusive and dignified durable solution for GBV survivors in Lebanon”					
Task name	Assigned to	Target date	Status	Rev.	
4. Data Collection & Analysis			December 2022		
Level of Effort: 16 days					
<p><i>Note:</i> ABAAD team (Mr. Mohamad Kallout) will coordinate with management authorities for meetings arrangement with project stakeholders, while Westford Lebanon team develop the inception report, so that the list of stakeholders involved in data collection is ready to implement.</p>					
5. Development of Final Report			January 2023		
Level of Effort: 12 days					
1	Development of draft evaluation report	WL	08 December	Complete	
2	Feedback and approval of ABAAD and RDPP team	ABAAD	16 December	Complete	
3	Elaboration of Evaluation results presentation	WL ABAAD	10 January	Complete	
4	Development of Final evaluation report	WL ABAAD	13 January	Complete	
6. Review and Closure			January 2023		
Level of Effort:					
1	Review of project deliverables	ABAAD	13 January	Complete	
2	Follow-up meetings as required afterward	WL ABAAD	13 January	Complete	
3	Project closure	WL ABAAD	18 January	Complete	

Annex 2 – Data Collection Plan & Sample Size Calculation

A2.1 Data Collection Plan

Table 1 - Data Collection Plan				
FGDs				
Topic	Sub-topic	Geographical area covered	Target for Area of focus	Quantity
FGDs with ABAAD team and Project staff		ABAAD office	6 to 10 of the project staff	1
FGDs with CSOs/INGOs representatives	TOT trainings to non-governmental institutions	Beirut-Radisson Verdun	6 to 10 civil society organizations working in the humanitarian sector	1
KIs				
KI with ABAAD Management		ABAAD office	Director	1
KI with ABAAD Management		ABAAD office	programs management	2
KIs with ABAAD MEAL		-	ABAAD MEAL staff	1
KIs with ABAAD field		-	ABAAD field staff	1
KIs with MWH representative	Temporary safe sheltering to women at risk or survivors of GBV	3 locations	Focal point of coordination	1
KIs with support centers representative	Women and Girls Safe Spaces (WGSS)	-	Focal point of coordination	1
KIs with Jina Al Dar representative	mobile intervention providing life-saving services	Across areas and villages in Lebanon	Focal point of coordination	1
KIs with Men center representative	psycho-therapy or PSS services	Beirut, Baalbeck	Focal point of coordination	1

Table 1 - Data Collection Plan

Kills with RDPP project staff		-	<i>RDPP project representatives</i>	2
Kills with ISF members	<i>TOT workshops and coaching sessions targeting ISF members</i>	<i>Beirut, Aramoun, ISF center</i>	<i>ISF representatives</i>	3

Table 1 - Data Collection Plan

Surveys

Emergency temporary sheltering services MWH	NA	3 locations Mount Lebanon, North Lebanon	90% women, 10% girls & boys Survivors of GBV	65 out of 330
GBV multi-sectoral services	<i>Holistic GBV services ABAAD's Safe Spaces</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>78 out of 3300</i>
	<i>legal counselling</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>45 out of 100</i>
	<i>Case management services</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>74 out of 920</i>
	<i>Psychotherapy sessions</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>53 out of 150</i>
	<i>emergency and protection cash assistance</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>69 out of 500</i>
PSS & life skills sessions	<i>women and girls survivors or at risk of GBV with PSS & life skills sessions</i>	<i>Sin el Fil, Ghobeiry, Msaytbeh</i>	<i>60% Women & 40% Girls (Host & Refugees)</i>	<i>71 out of 600</i>
Men center	<i>psycho-therapy sessions</i>	<i>Beirut and Baalbak</i>	<i>60% men & 40% boys</i>	<i>70 out of 540</i>
Anger and stress management	<i>men and male youth trained on positive anger and stress management</i>	<i>Beirut and Baalbak</i>	<i>60% men & 40% boys</i>	<i>66 out of 360</i>

A2.2 Sample size calculation

According to the “IOM MONITORING AND EVALUATION GUIDELINES”

margin of error 5%
 confidence level 95%
 sample proportion 50%

The recommended sample size calculated is n using the formula or the online calculator <https://select-statistics.co.uk/calculators/sample-size-calculator-population-proportion/>

This calculator uses the following formula for the sample size n:

$$n = N * X / (X + N - 1),$$

where,

$$X = Z_{\alpha/2}^2 * p * (1-p) / MOE^2,$$

and $Z_{\alpha/2}$ is the critical value of the Normal distribution at $\alpha/2$ (e.g., for a confidence level of 95%, α is 0.05 and the critical value is 1.96), MOE is the margin of error, p is the sample proportion, and N is the population size.

Total population = 6800 beneficiaries

The sample size calculated is 364, let it be 370 of the total population.

By applying this formula to the whole population, we obtain a sample proportion percentage of 5.5 %.

For the stratified sampling, we will use this sample proportion to calculate the sample size accordingly for each service targeted in surveys, using the calculator and the indicated inputs.

Sample size summary is stated in table 4 for results and table 1 for data collection plan.

Sample Size		
margin of error 5%, confidence level 95%, sample proportion 5.5%		
survey	Total population	Sample size
sheltering services MWH	3300	65 out of 330
Holistic GBV services ABAAD's Safe Spaces	3300	78 out of 3300
legal counselling	100	45 out of 100
Case management services	920	74 out of 920
Psychotherapy sessions	150	53 out of 150
emergency and protection cash assistance	500	69 out of 500
PSS & life skills sessions	600	71 out of 600
Men center	540	70 out of 540
Anger and stress management	360	66 out of 360
Total	6800	591 out of 6800

Annex 3 – Data collection instruments

Ref.	Title	Survey link
1	FGD with ABAAD team and Project staff	https://docs.google.com/forms/d/1FTPKWVWguiLbzI4cFJSEwCJCohGSNsTqyHWiTQs0xeM/edit?ts=638877ef
2	FGD with CSOs/INGOs representatives	https://docs.google.com/forms/d/1R1uFnglj4BpPIx32YYNV5SqM9WnSqVlh0PJaw9pp7M4/edit?ts=636cc9a7
3	KII with ABAAD Management - Director	https://docs.google.com/forms/d/1-Z06PUtBy-Y238I3a6GPD0hqE12kuOUxf8zeJvn23IM/edit?ts=6389f6e0
4	KII with ABAAD Management	https://docs.google.com/forms/d/1-glJFGI6VZHQgkM_qTX-XqPcbYxnZ-tVAJiv7Bvi9AM/edit?ts=6389f698
5	KIIs with ABAAD MEAL	https://docs.google.com/forms/d/1n9RwGB8pm7azWnLi5kv3QiObe3j92sDRo6DYqfQriRg/edit?ts=6389f726
6	KIIs with RDPP project staff	https://docs.google.com/forms/d/1kLnstWHLonfYItkCq8qC4jUjs8x6Mr8BHcD-twFtny8/edit?ts=63887ba4
7	KII with MWH representative	https://docs.google.com/forms/d/1EEUUVJwqbvOXOCGHIO0WsNThELYSUojucmZ5z3zmECc/edit?ts=63887fa4
8	KII with Jina Al Dar representative	https://docs.google.com/forms/d/1t8WBqmW8G6sILnTA3WwWkE8ovVDaAYiJCor_5UtPHjs/edit?ts=6389f762
9	KIIs with Men center representative	https://docs.google.com/forms/d/1Pkwxcck96qVtGpEOrxEtSZHfA4ela1wbTF3OCcpxYl/edit?ts=63887c9b
10	KIIs with ISF members	https://docs.google.com/forms/d/16GZELextJw2ggNU9E7qix7YcqA2CndFUdr0dxgPXxCM/edit?ts=6389f352
11	Survey for sheltering services MWH	https://docs.google.com/forms/d/1FoVXVye8ql7jCQOF_T9oi3nvTgCBREdQBOV2Lzxdtbho/edit
12	Survey for CM GBV Holistic services	https://docs.google.com/forms/d/14JSNXMfVdwAN5OckrLXf4yPXUOYXTuUcqPPPeeetMQI/edit?ts=638884aa
13	Survey for PSS & life skills sessions + Jina Al Dar	https://docs.google.com/forms/d/1Mn-uOjTrDhBU45yVbAxKymQXcFpPdCmDH3uy8zZtTPI/edit?ts=6374c8ac
14	Survey for Men center	https://docs.google.com/forms/d/18rzhzZyi5HRQimvbx8YltxkXTTNgzO-KwqFUlyPK_A0/edit?ts=6389f506
15	Survey for Anger and stress management	https://docs.google.com/forms/d/16Q_WNAcpYsppXD_D2JqTmmEdA5-cwsurBS_4dPQ-ngEE/edit?ts=6389f7ff

Annex 4 – Quantitative Data Analysis Detailed Results

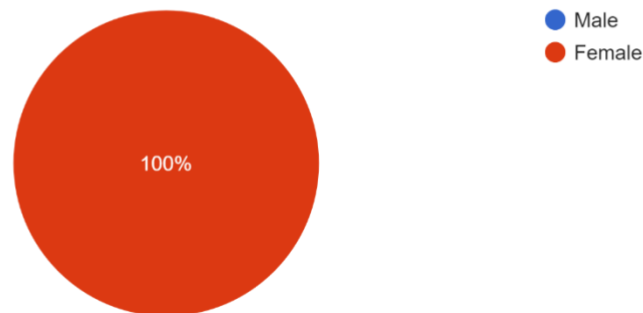
A4.1 Surveys with Beneficiaries - PSS and Life Skills Sessions

The purpose of Survey is to collect information From Project Beneficiaries who derived advantage from the project practices. Our Objective is to evaluate the impact, effectiveness and sustainability of the project, determining the extent to which the project is contributing to improving public service delivery while suggesting recommendations. Participating in this survey requires 15 mins maximum. Thank you for taking the time to participate in this questionnaire. We truly value and trust the information you provide. You are always free to refrain from answering some questions, although we encourage you to answer as completely as possible. ABAAD provided Westford Lebanon team with 70 Beneficiaries Data, however it was not possible to target all beneficiaries since many Beneficiaries did not want to answer, Phone was closed and Some beneficiary’s spouses was not allowing for a survey to be conducted.

1. Name:

First question was the name of beneficiaries which we will keep private and confidential for Discreet Reason

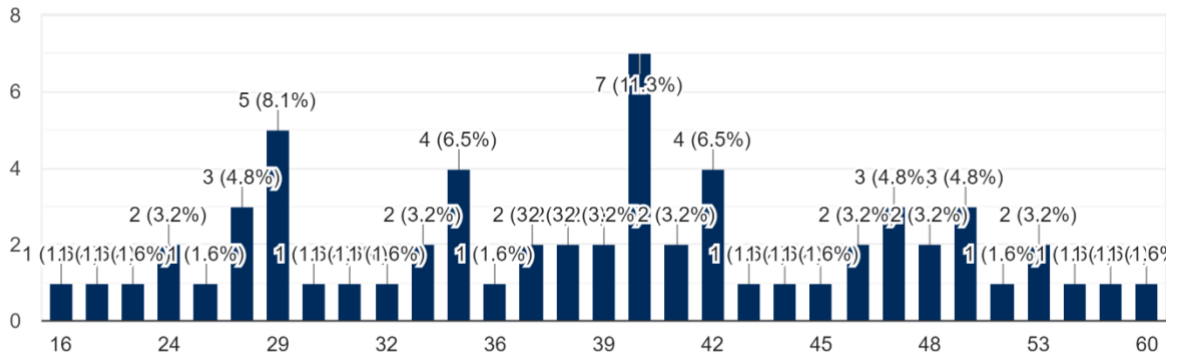
2. Gender 62 responses



Westford Lebanon conducted surveys with both female beneficiaries, as shown above, the percentage of females was 100 %, which is 62 Female Beneficiaries.

3. Age

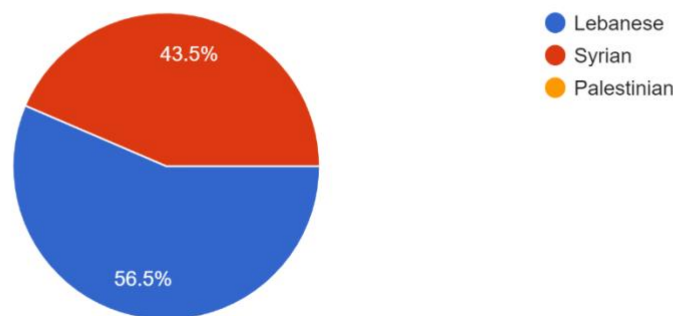
62 responses



The beneficiaries age range was from 16 to 60, with 15 female beneficiaries under the age <30 and 47 female beneficiaries above the age >30, <30 = 24.19% and >30 = 75.8%.

4. Nationality

62 responses



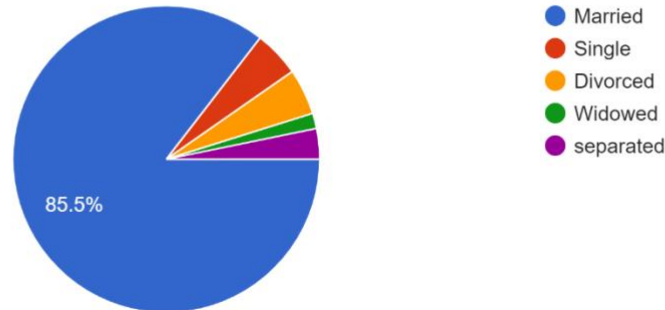
The beneficiary's nationalities were from Lebanon and Syria

Lebanon: 56.5% = 35 beneficiaries

Syrian: 43.5% = 27 beneficiaries

5. Marital status

62 responses



The beneficiaries were married, single, divorced, separated and widowed

Married: 85.5% = 53 beneficiaries

Single: 4.8% = 3 beneficiaries

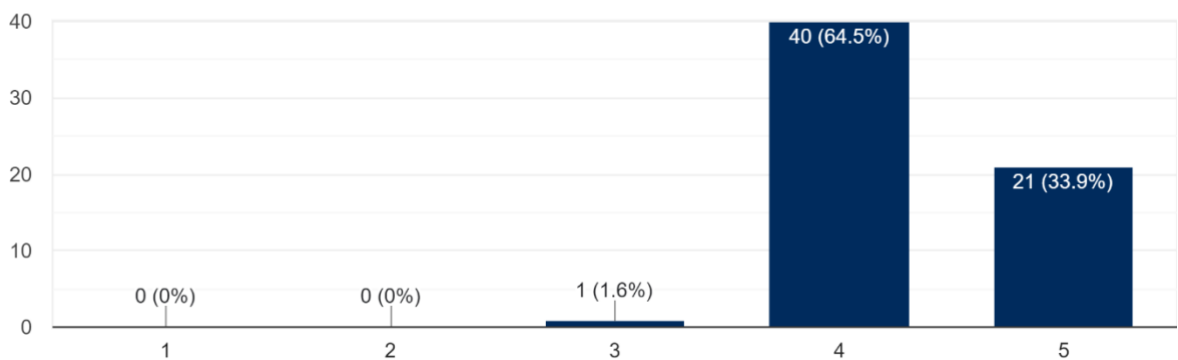
Divorced: 4.8% = 3 beneficiaries

Separated: 3.2% = 2 beneficiaries

Widowed: 1.6% = 1 beneficiary

6. E11 - The PSS and life skills sessions facilitator was helpful

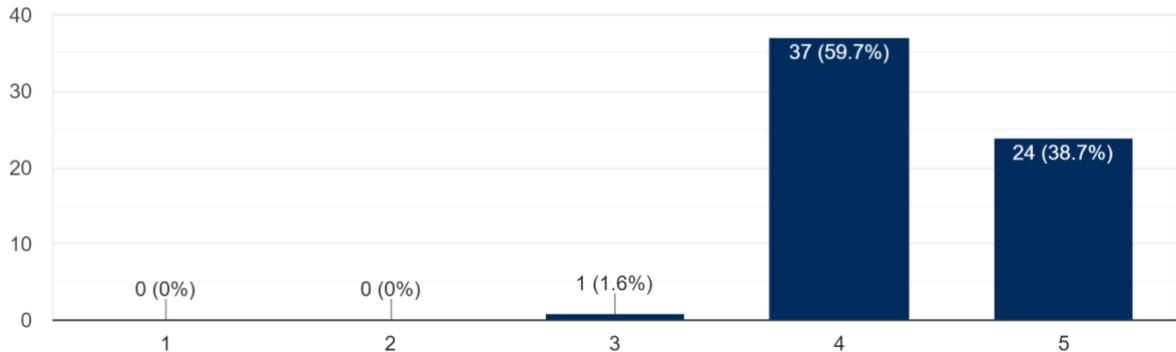
62 responses



Most beneficiaries acknowledged and agreed that the facilitator was helpful, 40 beneficiaries (64.5%), 21 beneficiaries (33.9%) acknowledged that the facilitator was very helpful and had an immense appreciation towards them. Only 1 beneficiary (1.6%) had acknowledged neutral help due to short term Know-how with the Facilitator.

7. EI1 - The PSS and life skills sessions facilitator was knowledgeable

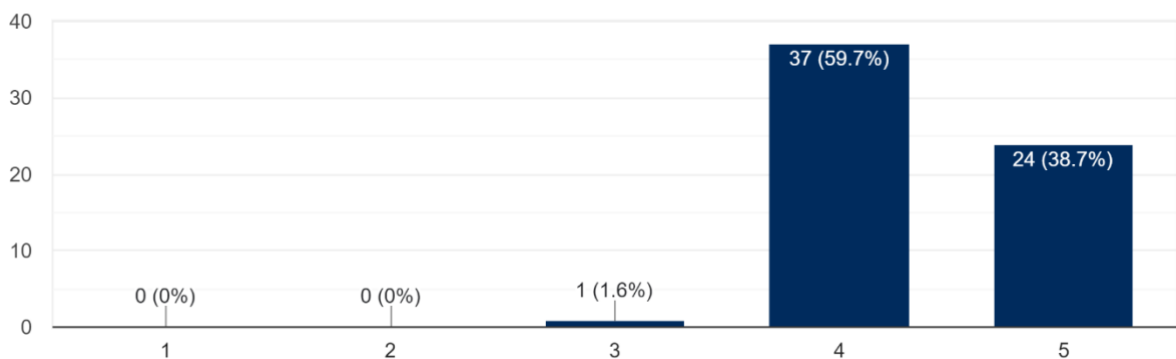
62 responses



Most beneficiaries acknowledged and agreed that the facilitator was knowledgeable, 37 beneficiaries (59.7%), 24 beneficiaries (38.7%) acknowledged that the facilitator was very knowledgeable and had an immense appreciation towards them. Only 1 beneficiary (1.6%) had acknowledged neutral knowledge due to short term Know-how with the Facilitator.

8. EI1 - The PSS and life skills sessions facilitator was open enough to help.

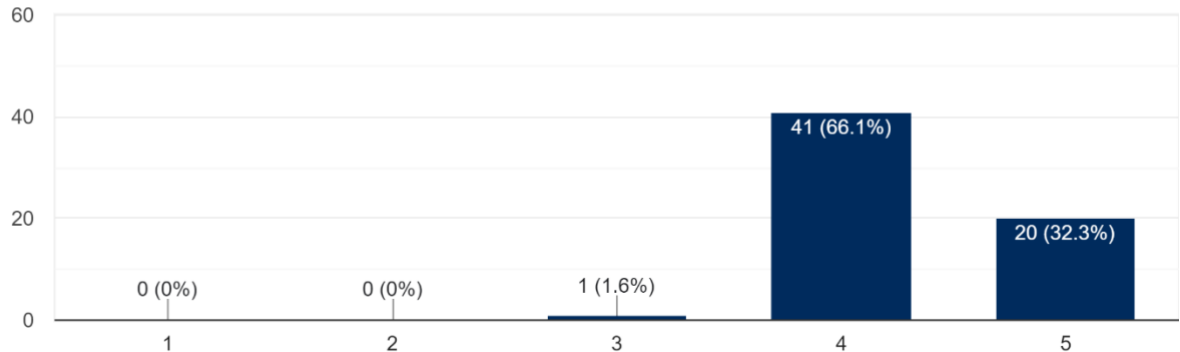
62 responses



Most beneficiaries acknowledged and agreed that the facilitator was open enough to help, 37 beneficiaries (59.7%), 24 beneficiaries (38.7%) acknowledged that the facilitator was very open for help, consideration and had an immense appreciation towards them. Only 1 beneficiary (1.6%) had acknowledged neutral perception of openness to help due to short term Know-how with the Facilitator.

9. EE4 - The PSS and life skills sessions were satisfying (well-being and resilience).

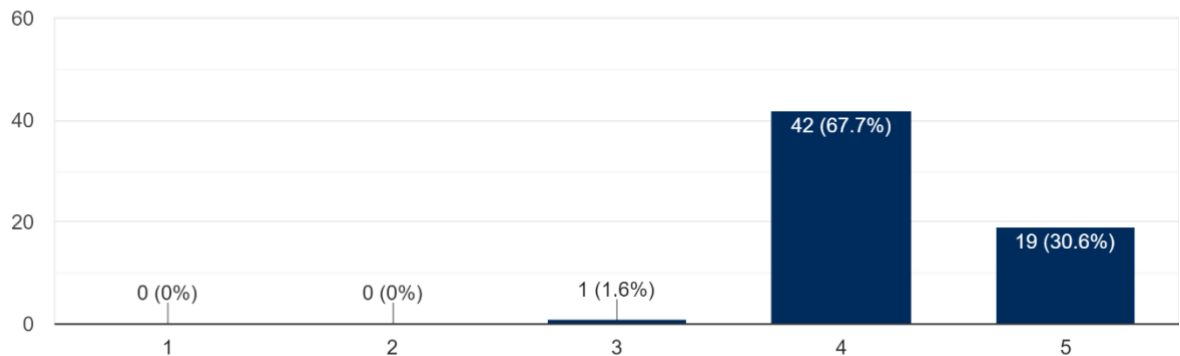
62 responses



Most beneficiaries acknowledged and agreed that the sessions were satisfying, 41 beneficiaries (66.1%), 20 beneficiaries (32.3%) acknowledged that the sessions were highly satisfying and had an immense gratefulness towards them. Only 1 beneficiary (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

10. EE4 - The PSS and life skills sessions met my needs (well-being and resilience).

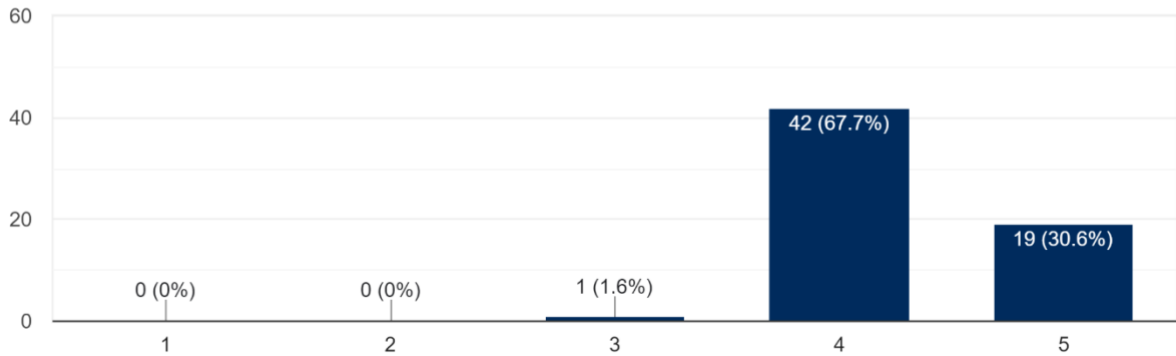
62 responses



Most beneficiaries acknowledged and agreed that the sessions met their needs, 42 beneficiaries (67.7%), 19 beneficiaries (30.6%) acknowledged that the sessions highly met their needs, increased wellbeing and resilience. Only 1 beneficiary (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

11. I1 - My expectations in terms of (well-being and resilience) compared to the results obtained were met:

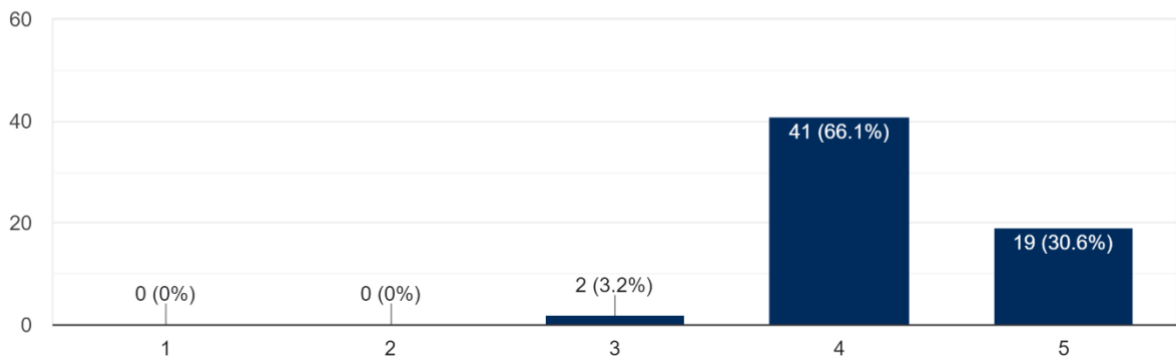
62 responses



Most beneficiaries acknowledged and agreed that the sessions compared to results obtained met their needs, 42 beneficiaries (67.7%), 19 beneficiaries (30.6%) acknowledged that the sessions compared to the results obtained highly met their needs, increased wellbeing and resilience. Only 1 beneficiary (1.6%) had acknowledged neutral satisfaction due to short term time with the sessions.

12. EE4 - My life has improved after benefitting from this service. I am able to carry out important tasks in my daily life

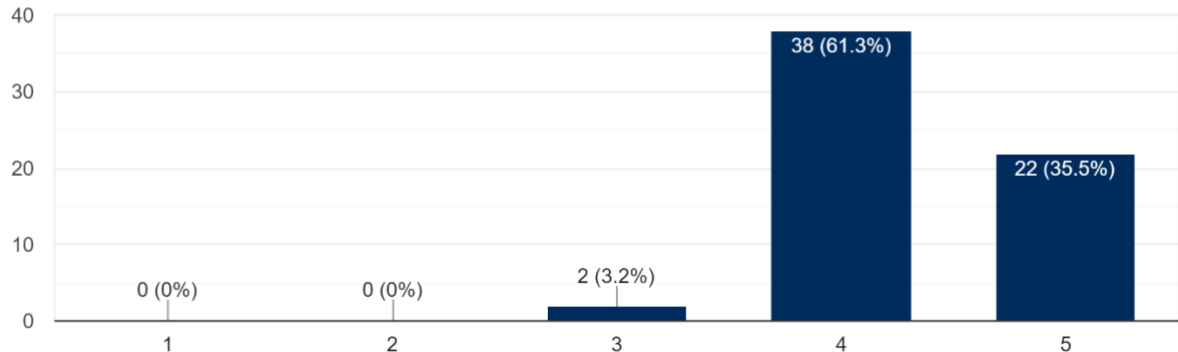
62 responses



Most beneficiaries acknowledged and agreed that their lives improved after this service 41 beneficiaries (66.1%), 19 beneficiaries (30.6%) acknowledged that their lives improved drastically increased wellbeing and resilience. Only 2 beneficiary (3.2%) had acknowledged neutral improvement in life due to short term time with the sessions.

13. EE4 - I am ready to report any danger I am exposed to:

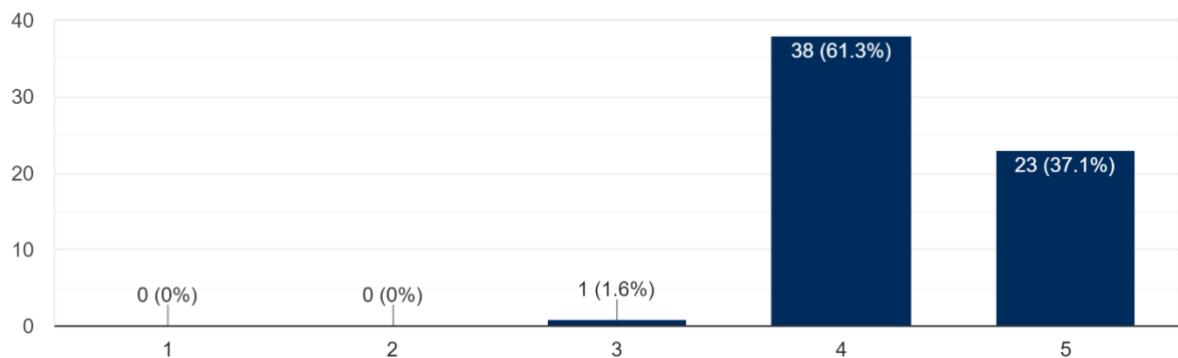
62 responses



Most beneficiaries acknowledged and agreed that they will report any danger exposed to their lives 38 beneficiaries (61.3%), 22 beneficiaries (35.5%) acknowledged that they will report of any danger exposed to lives. Only 2 beneficiaries (3.2%) will report to danger however were unaware since their short-term time sessions.

14. EE4 - I will recommend these services to others:

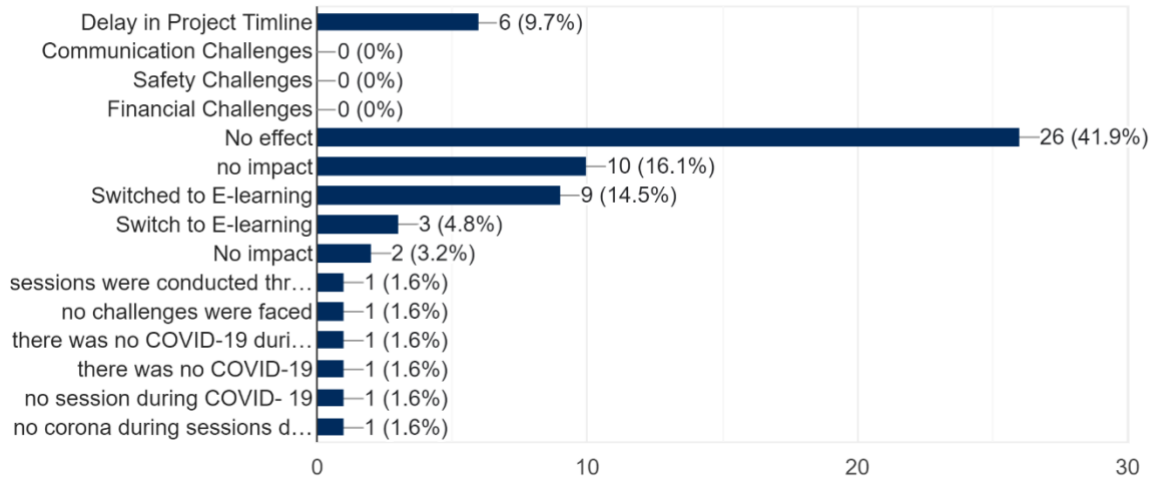
62 responses



Most beneficiaries acknowledged and agreed that they will recommend these services 38 beneficiaries (61.3%), 23 beneficiaries (37.1%) acknowledged that they will recommend these services to others. Only 1 beneficiary (1.6%) will recommend these services however is not too invested since their short-term time sessions.

15. I5 - What Variables COVID-19 have an effect on project implementation

62 responses



Most beneficiaries did not face any effect during Corona, since many beneficiaries did take the sessions via online or telephone, some beneficiaries had face-to-face sessions and then later switched to E-learning, and Some beneficiaries did not take any sessions during Covid-19 period. Only few beneficiaries faced delay in project timeline due to readjustments and scheduling for beneficiaries.

16. Additional recommendation or suggestion

No additional recommendation

Wants more PSS sessions since they were beneficial

To talk alone to a psychologist

wishes to learn a craft to be able to work and generate money

ABAAD should keep communication with the beneficiaries

wishes to have distributions like before (like materials and tools)

she needs some help (financial)

Last question asked was aimed at beneficiaries expressing their suggestions and recommendations of the services provided. Many Beneficiaries requested to keep on conducting and implementing more PSS sessions. Some did not provide any recommendation and suggestion, and very few beneficiaries with certain cases requested activities related to income gender.

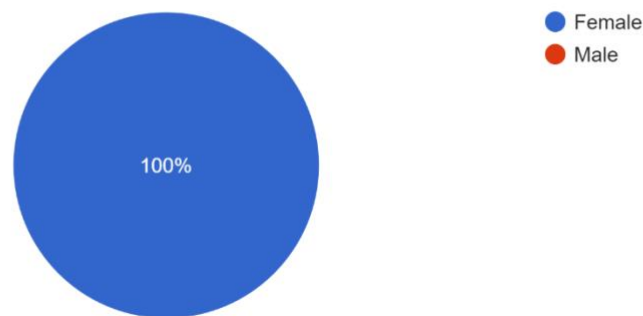
A4.2 Surveys with Beneficiaries - CM GBV Holistic Services

The purpose of Survey is to collect information From Project Beneficiaries who derived advantage from the project practices. Our Objective is to evaluate the impact, effectiveness and sustainability of the project, determining the extent to which the project is contributing to improving public service delivery while suggesting recommendations. Participating in this survey requires 15 mins maximum. Thank you for taking the time to participate in this questionnaire. We truly value and trust the information you provide. You are always free to refrain from answering some questions, although we encourage you to answer as completely as possible. ABAAD provided Westford Lebanon team with 350 Beneficiaries Data, however it was not possible to target all beneficiaries since many Beneficiaries did not want to answer, Phone was closed and Some beneficiary's spouses was not allowing for a survey to be conducted.

1. Name:

First question was the name of beneficiaries which we will keep private and confidential for Discreet Reason

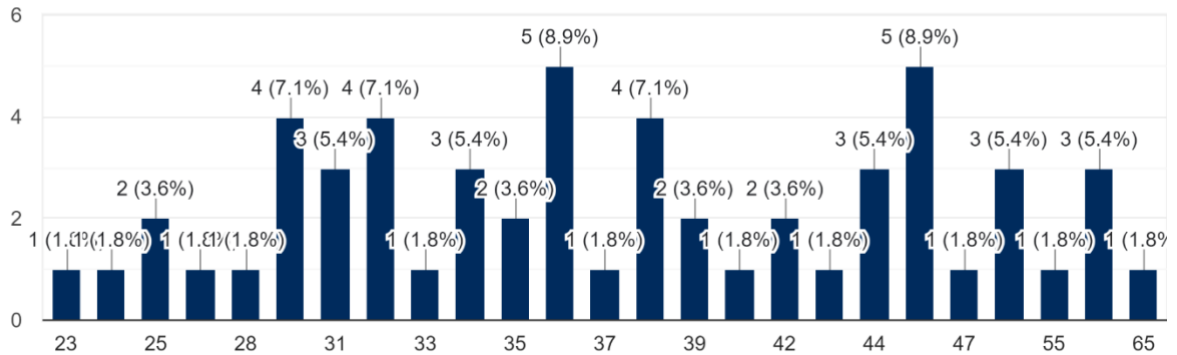
2. Gender 56 responses



All beneficiaries that conducted CM GBV Holistic services were Females.

3. Age

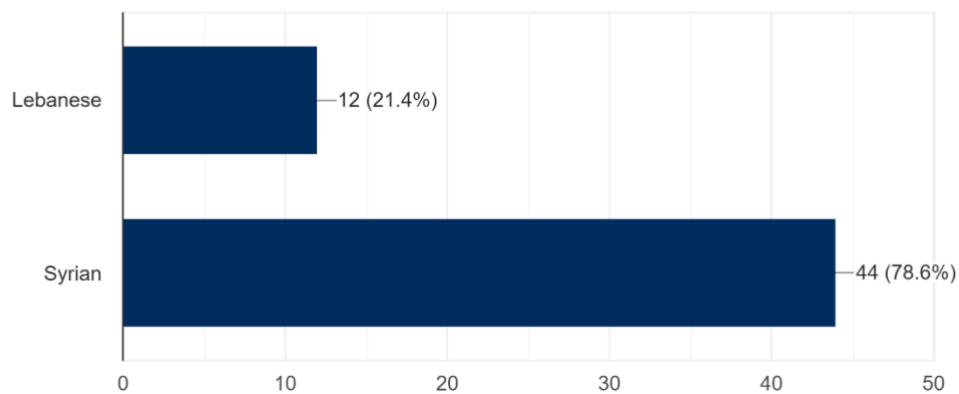
56 responses



The beneficiaries age range was from 23 to 65, with 13 female beneficiaries under the age <31 and 43 female beneficiaries above the age >31, <31 = 23.2% and >31 = 76.78%.

4. Nationality

56 responses



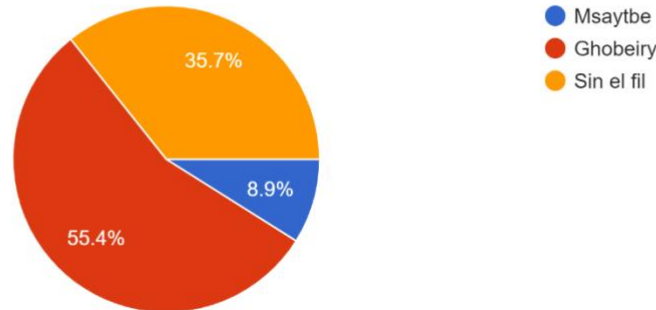
All Female beneficiaries that conducted CM GBV Holistic services are from 2 different nationalities

Lebanese: 12 beneficiaries (21.4%)

Syrian: 44 Beneficiaries (78.6%)

5. location of service

56 responses



All Female beneficiaries that conducted CM GBV Holistic services are from 3 different Locations

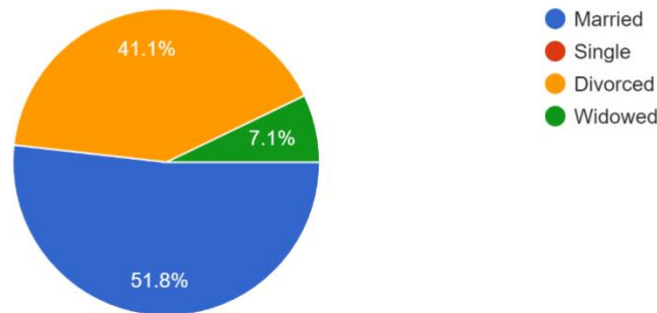
Ghobeiry: 31 beneficiaries (55.4%)

Sin el fil: 20 Beneficiaries (35.7%)

Msayteb: 5 beneficiaries (8.9%)

6. Marital status

56 responses



The beneficiaries were married, widowed and divorced

Married: 51.8% = 29 beneficiaries

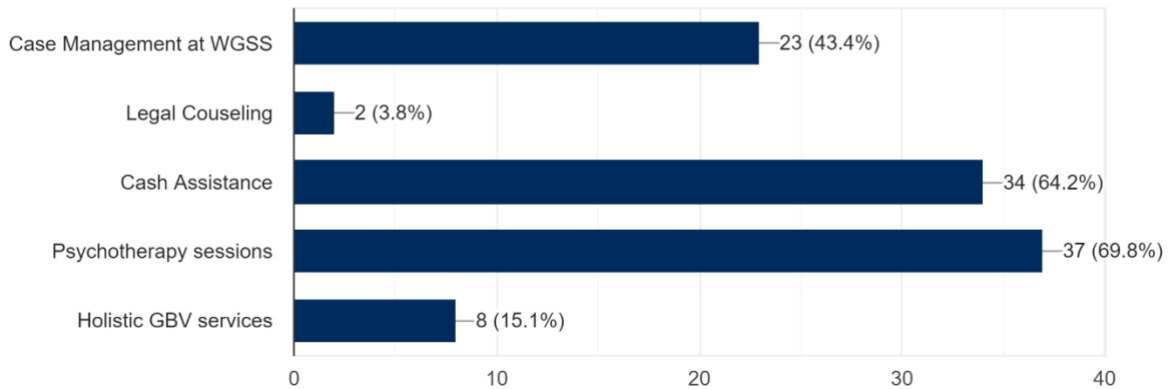
Single: 0% = 0 beneficiaries

Divorced: 41.1% = 23 beneficiaries

Widowed: 7.1% = 4 beneficiaries

7. Which services were provided for your support

53 responses



The beneficiaries were given different services, some beneficiaries had more than one service provided to them and is as follows:

Case management at WGSS 43.3% = 23 beneficiaries

Legal Counseling 3.8% = 2 beneficiaries

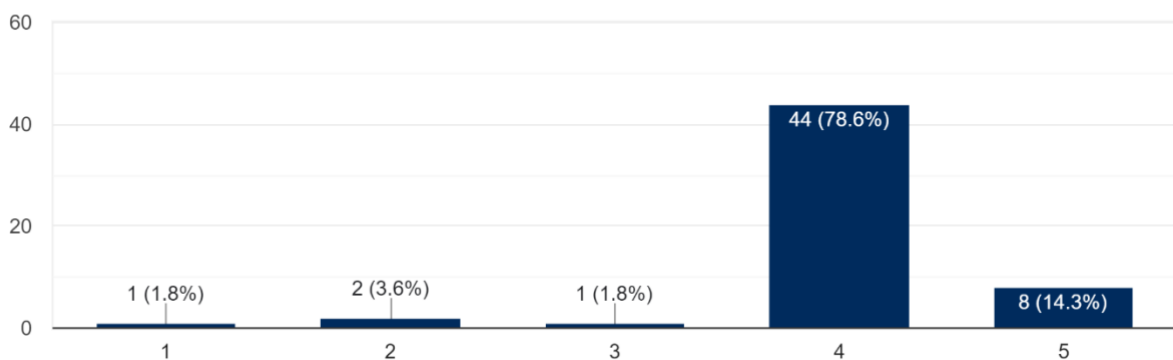
Cash assistance 64.2% = 34 beneficiaries

Psychotherapy sessions 69.8% = 37 beneficiaries

Holistic GBV services 15.1% = 8 beneficiaries

8. E11 - Was the Service Helpful

56 responses

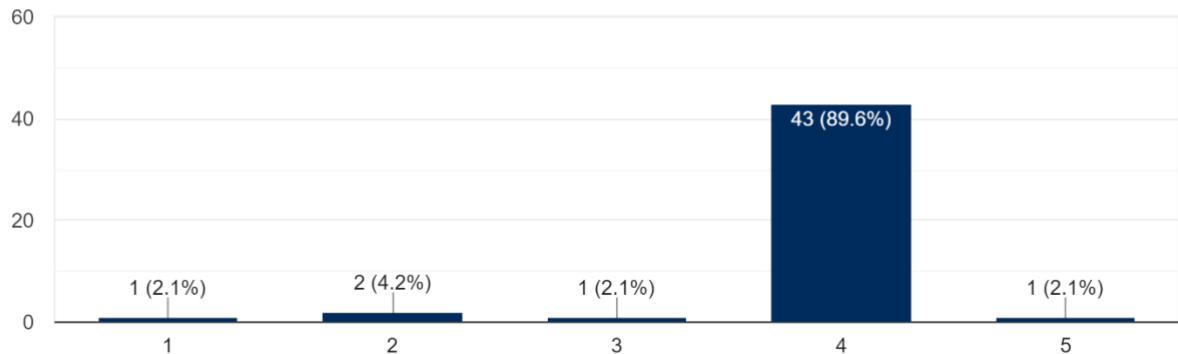


Westford Lebanon team first asked the beneficiaries general question regarding overall satisfaction of the service, most beneficiaries experienced satisfaction and found the service was helpful 44 beneficiaries (78.6%), Some beneficiaries were highly satisfied and found the service very helpful 8 beneficiaries (14.3%). 1 Beneficiary had neutral satisfaction since short term time with the sessions (1.8%), only few found the services to be unhelpful and were dissatisfied 3 beneficiaries (5.4%)

Most beneficiaries experienced satisfaction and found the service facilitator was knowledgeable 43 beneficiaries (89.6%), One beneficiary was highly satisfied and found the service very helpful beneficiary (2.1%). 1 Beneficiary had neutral satisfaction since short term time with the sessions (2.1%), only few found the services to be unknowledgeable and were dissatisfied 3 beneficiaries (6.3%)

10. EI1 Was the facilitator open enough?

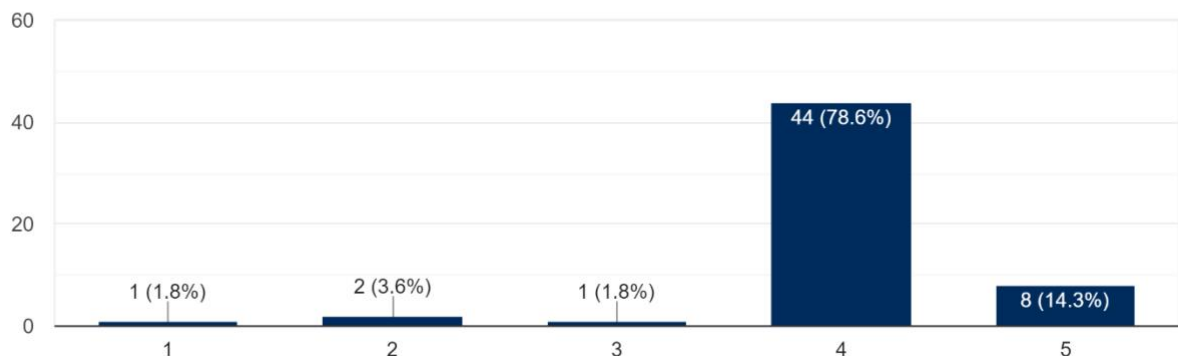
48 responses



Most beneficiaries experienced satisfaction and found the facilitator was open enough to help 43 beneficiaries (89.6%), One beneficiary was highly satisfied and found the service sincerely open enough to help beneficiary (2.1%). 1 Beneficiary had neutral satisfaction since short term time with the sessions (2.1%), only few found the services to be unopen for help and were dissatisfied 3 beneficiaries (6.3%)

11. EE4 - How satisfied were you from the services provided?

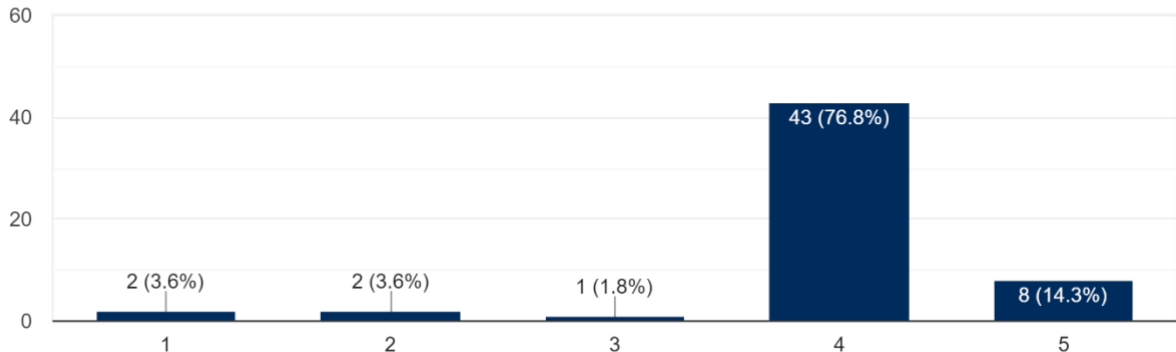
56 responses



Most beneficiaries experienced satisfaction from the services as complimentary result for helpful services provided 44 beneficiaries (78.6%), Some beneficiaries were highly satisfied from the services provided 8 beneficiaries (14.3%). 1 Beneficiary had neutral satisfaction since short term time with the sessions (1.8%), only few were dissatisfied from the services provided 3 beneficiaries (5.8%)

12. EE4 - You will recommend these services to others

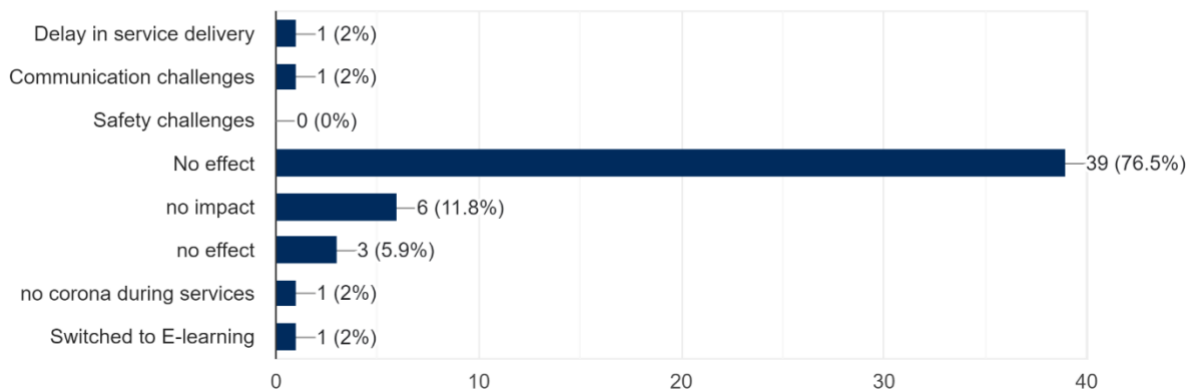
56 responses



Most beneficiaries experienced satisfaction and will recommend these services to others 43 beneficiaries (76.8%), Some beneficiaries were highly satisfied from the services provided 8 beneficiaries (14.3%). 1 Beneficiary had neutral satisfaction since short term time with the sessions (1.8%), only few were dissatisfied from the services provided 4 beneficiaries (7.2%).

13. I5 - Which Variables did COVID-19 have an effect on acquiring the services?

51 responses



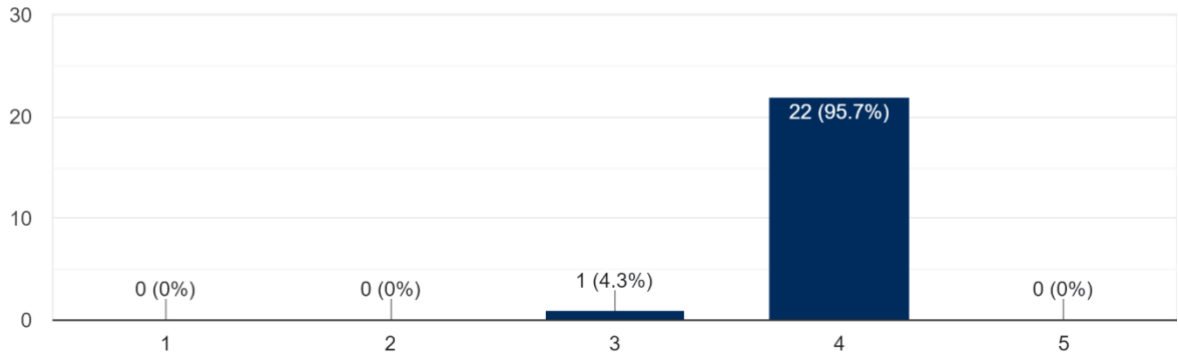
Most beneficiaries did not experience any challenges acquiring the services 50 beneficiaries (98.2%), Only few had the services delayed and there were communication challenges however the service was still acquired 2 beneficiaries (7.2%).

Case Management at WGSS

The following questions were aimed at beneficiaries who took case management at WGSS. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 - Case management met my needs (psychosocial functionality and feeling stigma)

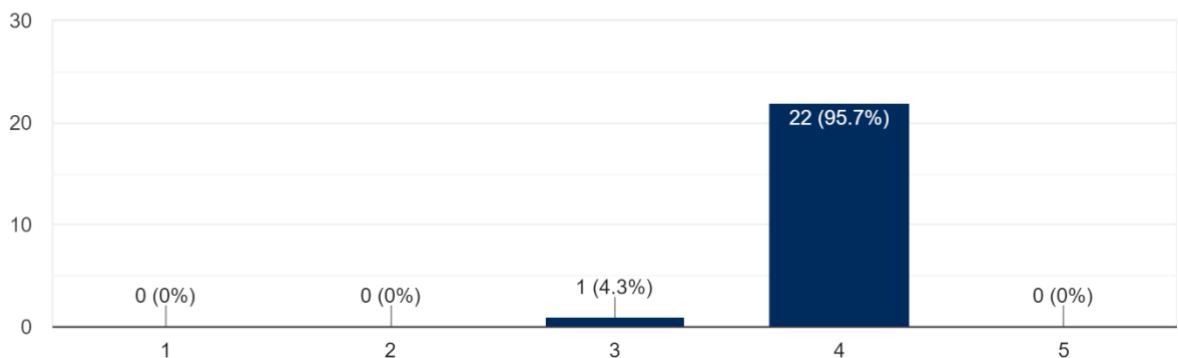
23 responses



Most beneficiaries experienced and reported their needs being met 22 beneficiaries (95.7%), Only 1 Beneficiary had neutral satisfaction towards service meeting their needs (4.3%).

12. I1 - Your expectations in terms of (psychosocial functionality and feeling stigma) compared to the results obtained were:

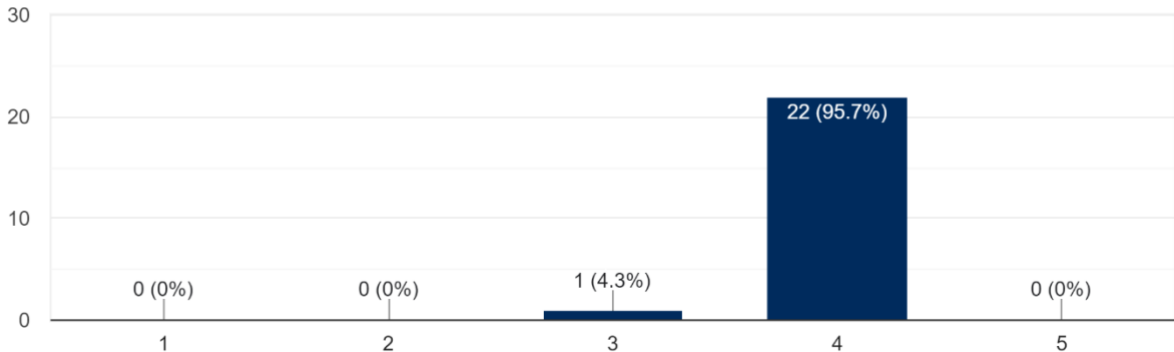
23 responses



Most beneficiaries' expectations compared to the results obtained were satisfied 22 beneficiaries (95.7%), Only 1 beneficiary had neutral response regarding expectations compared to results obtained (4.3%).

13. EE4 - Your life has improved after benefitting from this service.

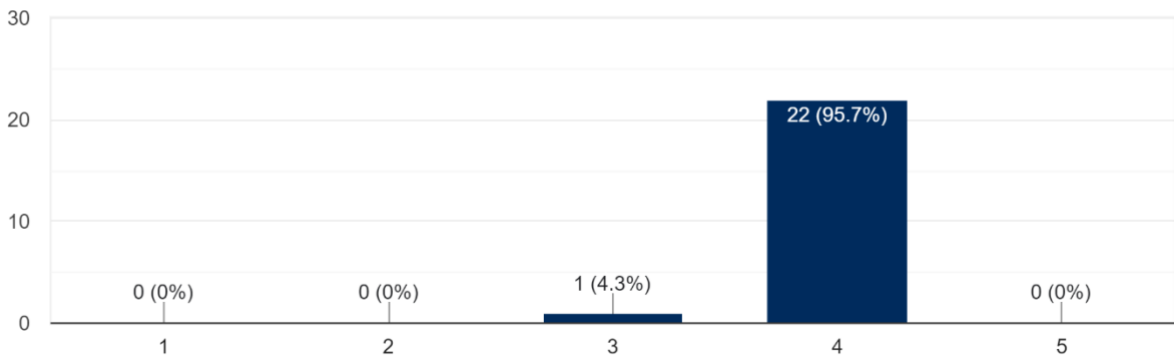
23 responses



Most beneficiaries' lives have improved after benefitting from this service 22 beneficiaries (95.7%), Only 1 beneficiary had neutral response regarding their life improvement after this service (4.3%).

14. EE4 - You are ready to report any danger you are exposed to

23 responses



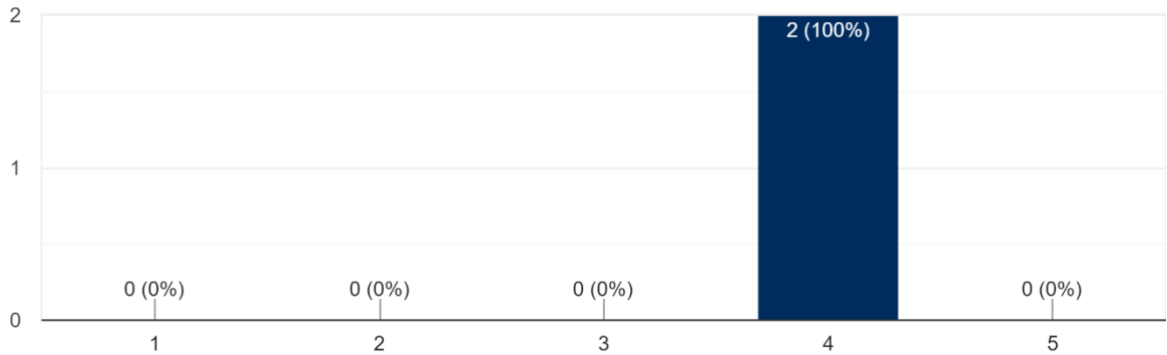
Most beneficiaries expressed that they will report to any danger exposed to 22 beneficiaries (95.7%), Only 1 beneficiary had neutral response regarding reporting to any danger exposed to (4.3%).

Legal Counseling

The following questions were aimed at beneficiaries who took Legal Counseling. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 - The legal counselling met my needs (awareness and ability to report)

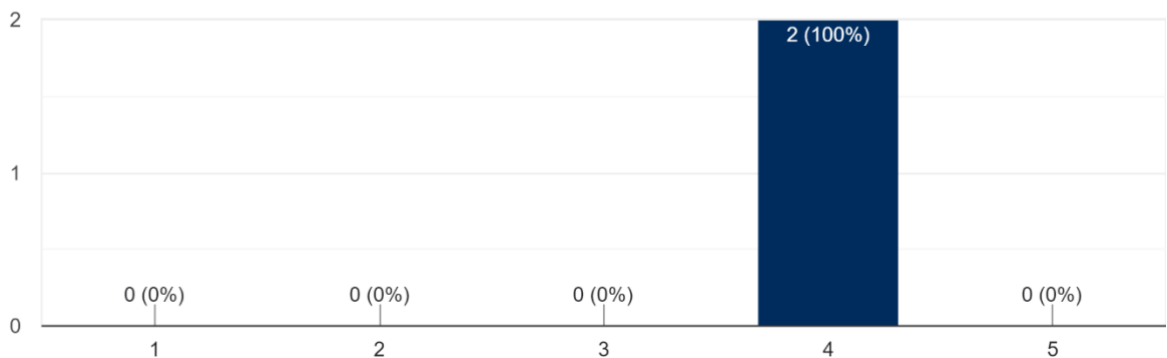
2 responses



All beneficiaries experienced and reported their needs being met 2 beneficiaries (100%).

12. I1 - Your expectations in terms of (awareness and ability to report) compared to the results obtained were met:

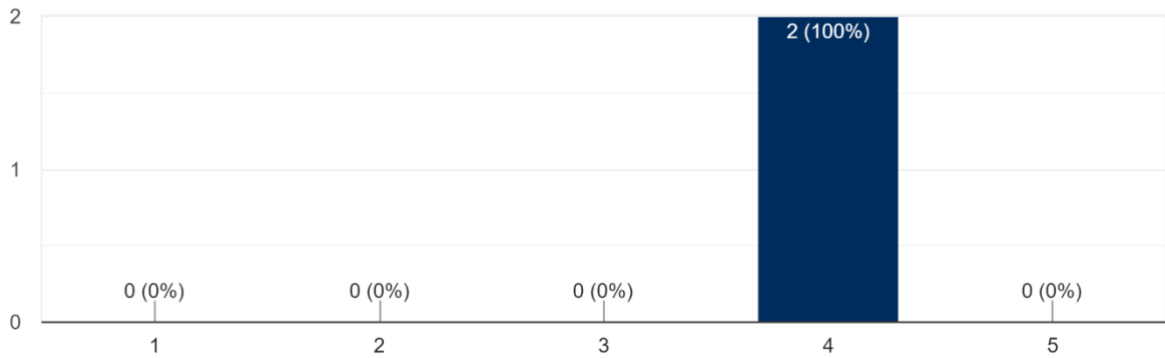
2 responses



All beneficiaries' expectations compared to results obtained were satisfied 2 beneficiaries (100%).

13. EE4 - My life has improved after benefitting from this service. I am able to economically sustain myself and my family Livelihoods

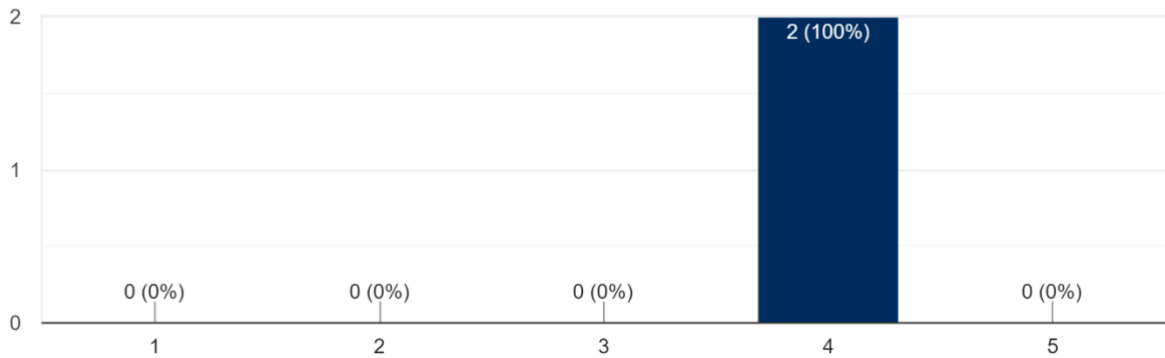
2 responses



All beneficiaries' Lives have improved after benefitting from this service 2 beneficiaries (100%).

14. EE4 - I have been provided with the needed advice to legally protect myself

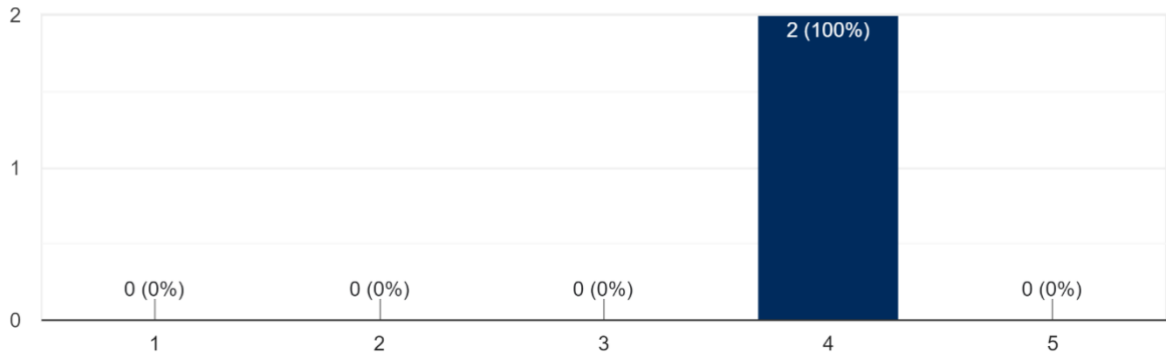
2 responses



All beneficiaries' have been provided with advice to legally protect themselves 2 beneficiaries (100%).

15. EE4 - I am ready to report any danger I am exposed to

2 responses



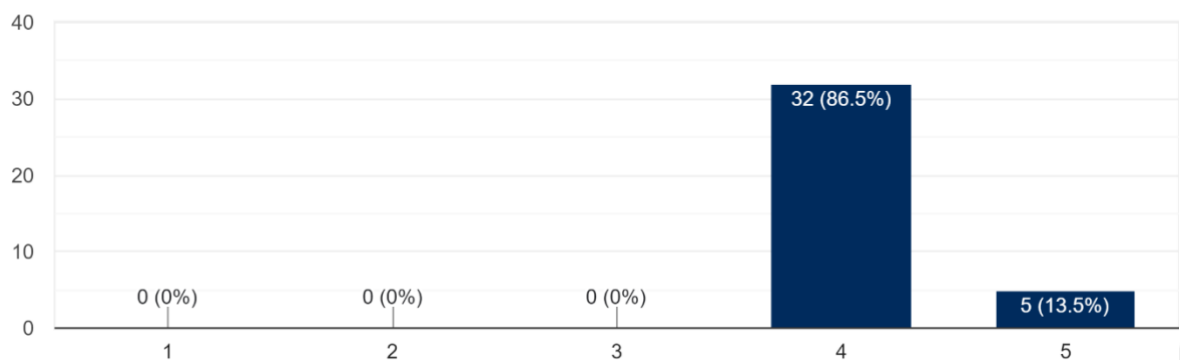
All beneficiaries expressed that they will report to any danger exposed to 2 beneficiaries (100%).

Psychotherapy sessions

The following questions were aimed at beneficiaries who took psychotherapy sessions. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 - The psychotherapy sessions met my needs (mental health getting better).

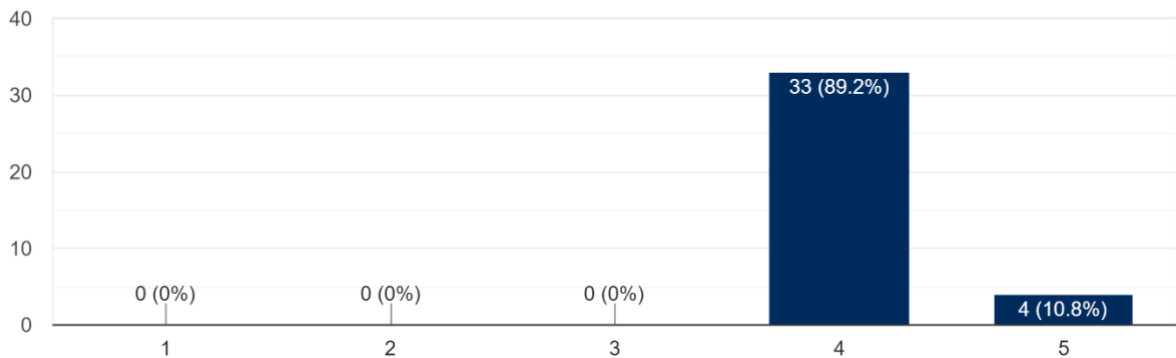
37 responses



Most beneficiaries experienced and reported their needs being met 32 beneficiaries (86.5%); 5 Beneficiaries were highly satisfied towards service meeting their needs (13.5%).

12. I1 - Your expectations in terms of (mental health getting better) compared to the results obtained were met:

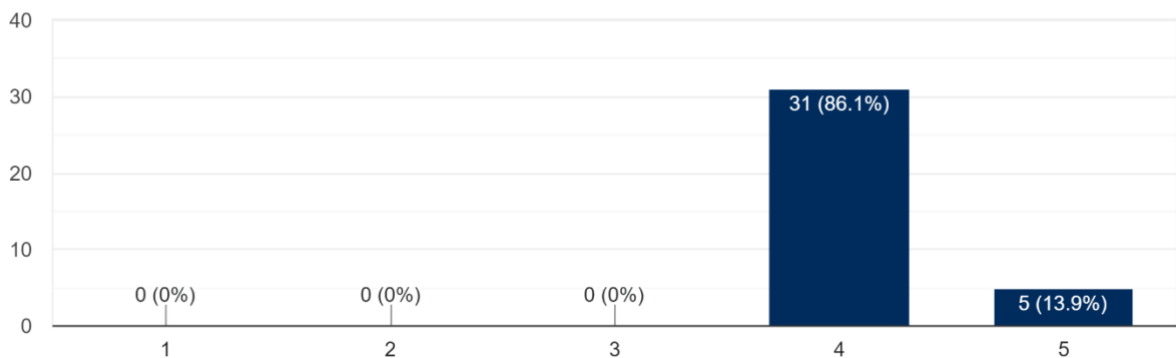
37 responses



Most beneficiaries' expectations compared to results obtained were satisfied 33 beneficiaries (89.2%), 4 Beneficiaries were highly satisfied from results obtained (10.8%).

13. EE4 - My life has improved after benefitting from this service. I tackle chores I put off

36 responses



Most beneficiaries' Lives have improved after benefitting from this service 31 beneficiaries (86.1%),

5 beneficiaries were highly satisfied and their lives improved drastically from this service (13.9%).

14. Additional recommendation or suggestion

38 responses

No additional recommendation

continue with sessions

continue with the services regardless of location or end of the beneficiary project

do sessions as well for youth children

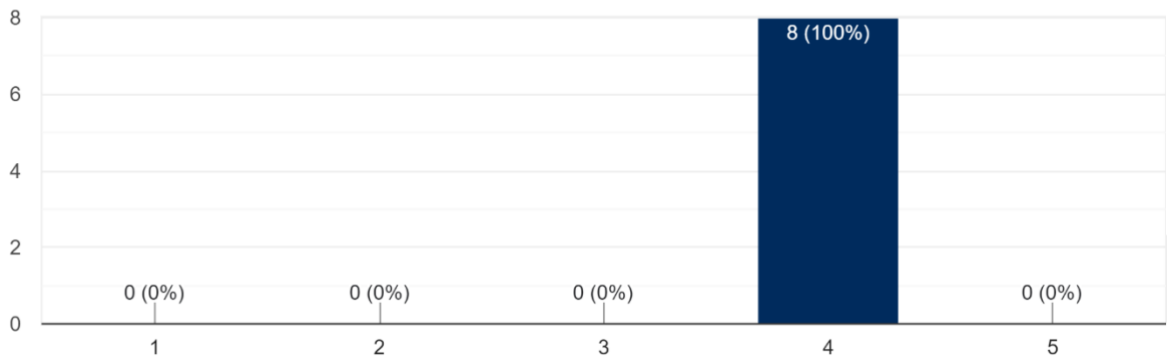
Most beneficiaries did not provide any additional recommendation or suggestion, however few beneficiaries asked for more sessions and some suggested to implement psychotherapy seasons with youth, and lastly however, 1 beneficiary was told that there was no service provided since it was promised after a phone call to schedule for a service needed.

Holistic GBV Service

The following questions were aimed at beneficiaries who took Holistic GBV Service. The following charts demonstrate responses regarding satisfaction, fulfilment and gratitude of the service.

11. EE4 -The Holistic GBV Service met my basic needs (Personal Plan).

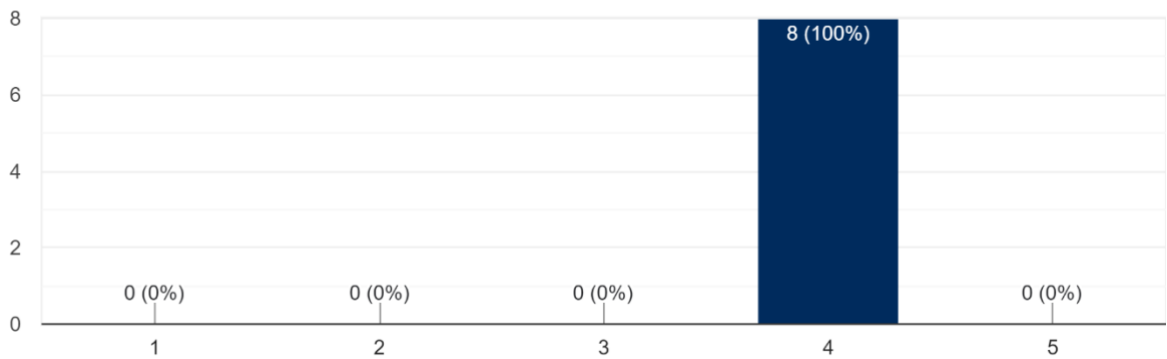
8 responses



All beneficiaries experienced and reported their needs being met 8 beneficiaries (100%).

12. I1 - Your expectations in terms of (Personal Plan) compared to the results obtained were met

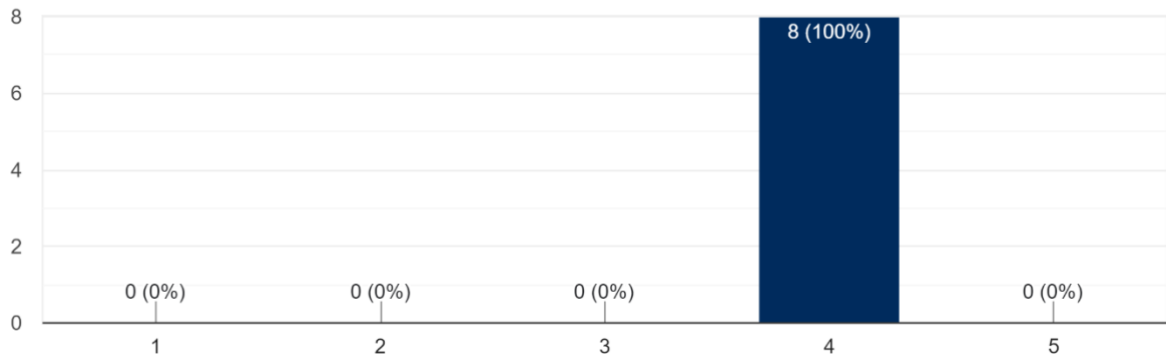
8 responses



All beneficiaries experienced and reported their needs being met 8 beneficiaries (100%).

13. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

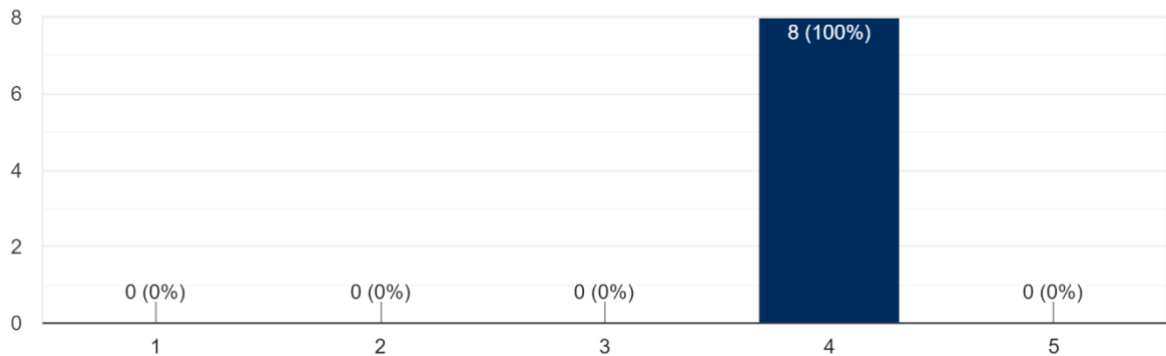
8 responses



All beneficiaries' Lives have improved after benefitting from this service 8 beneficiaries (100%).

14. EE4 - I am able with my Personal Plan to overcome obstacles.

8 responses



All beneficiaries benefited and are able to overcome obstacles by using the personal plan 8 beneficiaries (100%).

15. Additional recommendation or suggestion

No additional recommendation

A4.3 Surveys with Beneficiaries - MWH Services

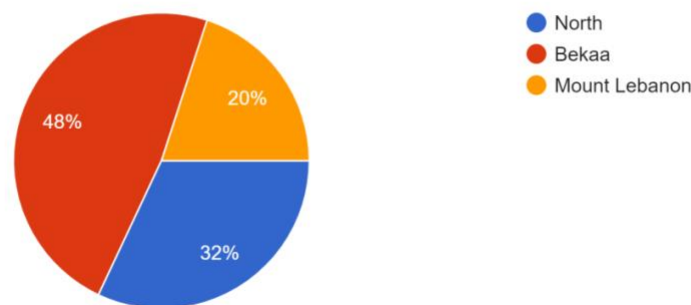
Surveys with Beneficiaries - MWH- Sheltering services

“The purpose of Survey is to collect information From Project Beneficiaries who derived advantage from the project practices. Our Objective is to evaluate the impact, effectiveness and sustainability of the project, determining the extent to which the project is contributing to improving public service delivery while suggesting recommendations. Participating in this survey requires 15 mins maximum. Thank you for taking the time to participate in this questionnaire. We truly value and trust the information you provide. You are always free to refrain from answering some questions, although we encourage you to answer as completely as possible”.

ABAAD provided Westford Lebanon team with 120 beneficiaries data, however it was not possible to target all beneficiaries due to many reasons. Many of the targeted beneficiaries did not answer the phone call after many rounds, some were not allowed to talk by their family members and others had phone numbers closed. All participants in this survey were female respondents benefiting from sheltering services in different locations.

For confidentiality reasons and as mentioned previously by Westford Lebanon, the name of the participants will not be shared in data reporting. All other questions are presented below with detailed data description and analysis in respect to the answers provided by the participants.

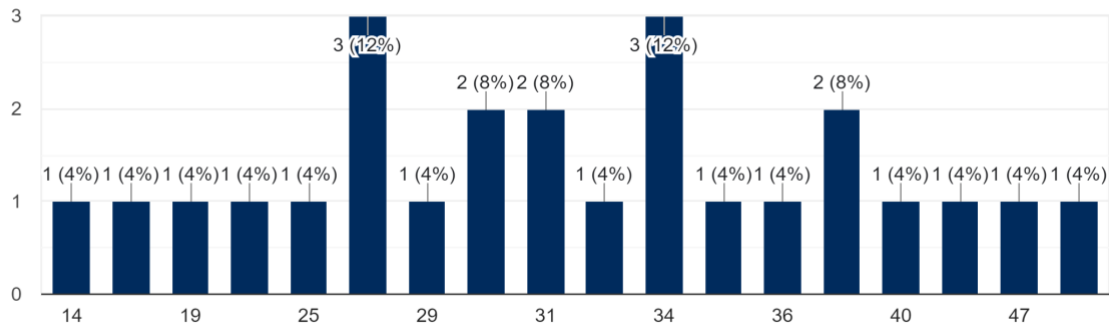
2. MWH shelter location
25 responses



As part of the questionnaire done with female participants benefiting from sheltering services in ABAAD, a question was dedicated to know in which shelter they were residing. Results showed that 48% of women were in Bekaa, 32% in North while the remaining 20% were in Mount Lebanon. (Data and locations provided by Abaad)

3. Age

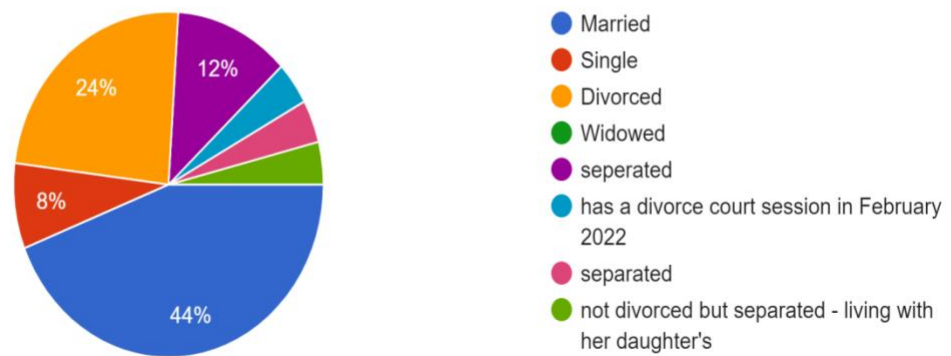
25 responses



Another question was about age of beneficiaries in order to show the age range of the females in the shelters of ABAAD. Age range was found to be between 14 and 50 years old. An equal percentage of 12% was shown for both age of 28- and 34-years old females.

4. Marital status

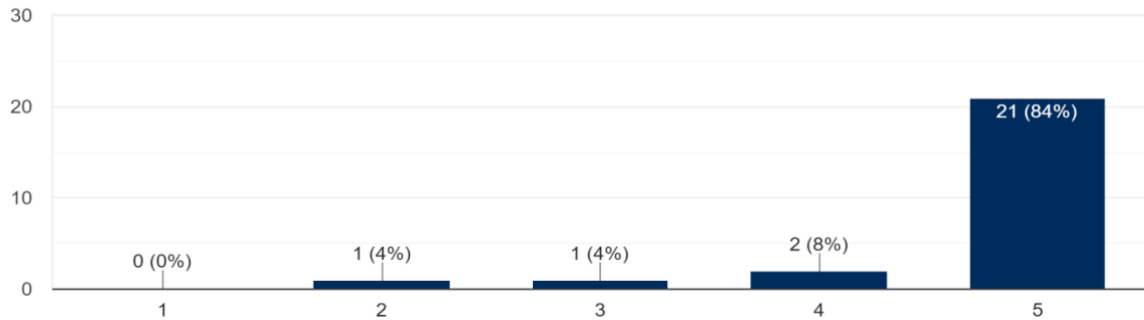
25 responses



Concerning the marital status of the beneficiaries, the majority which were subject to GBV (44%) were still married while 24% were officially divorced. 12% were separated with no official divorce yet and 8% were still single.

5. I1 - The shelter was convenient and safe.

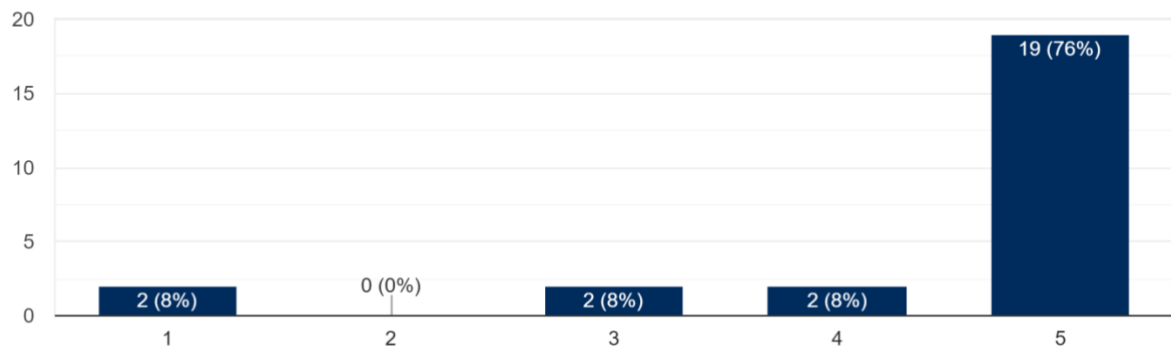
25 responses



Participants were asked if the shelter was convenient/ safe or not for them. The majority, more than 50%, (84%) highly agreed with the asked statement regarding the safety in the shelter. The remaining 16% answers were varying between agree (8%), neutral (4%) and disagree (4%).

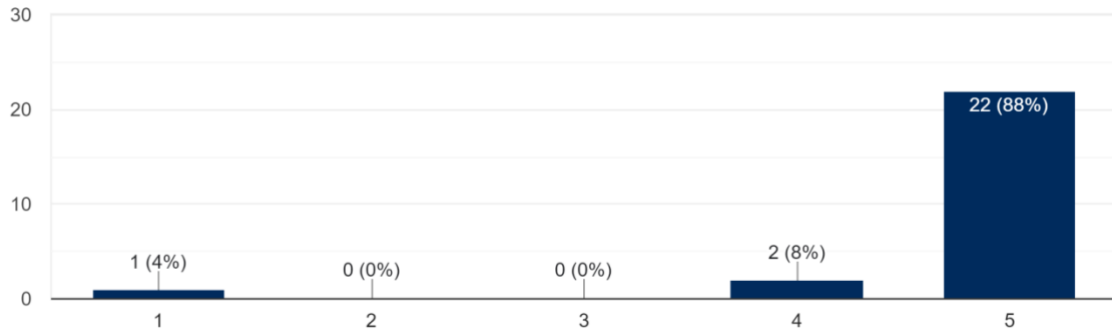
6. EE4 - The sheltering services were satisfying. (Safety, Well-being, Income Generation)

25 responses



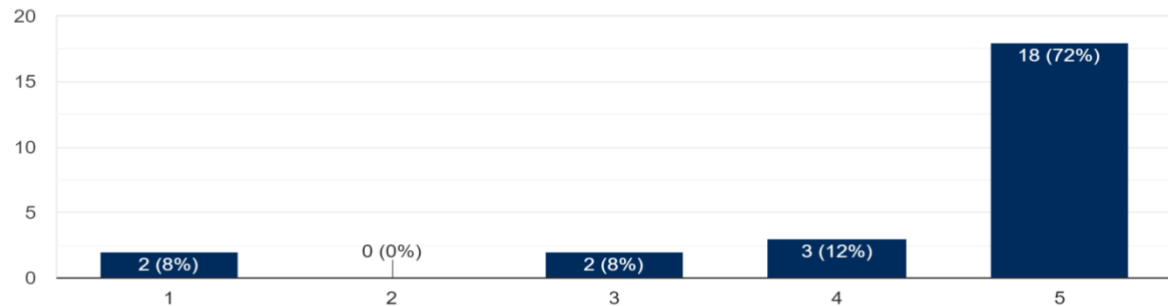
In addition, beneficiaries were asked about their satisfaction level regarding the sheltering services. 76% of females reported high satisfaction while 8% showed normal satisfaction in regards of the services provided within the shelters. Another 8% were neutral, while the remaining 8% were totally dissatisfied concerning safety, income generation and well-being in the shelter.

7. EI1 - The shelter team was helpful, knowledgeable and open enough to help
25 responses



The survey entailed questions about the employees/ team in the shelter centers. Participants were asked if the team was helpful, knowledgeable and open enough to help. 88% of beneficiaries highly agreed about the helpfulness and knowledge of the team and 8% showed normal agreement. On the other side, 4% were in high level of dissatisfaction in regards of the treatment of the shelter team in which they were residing.

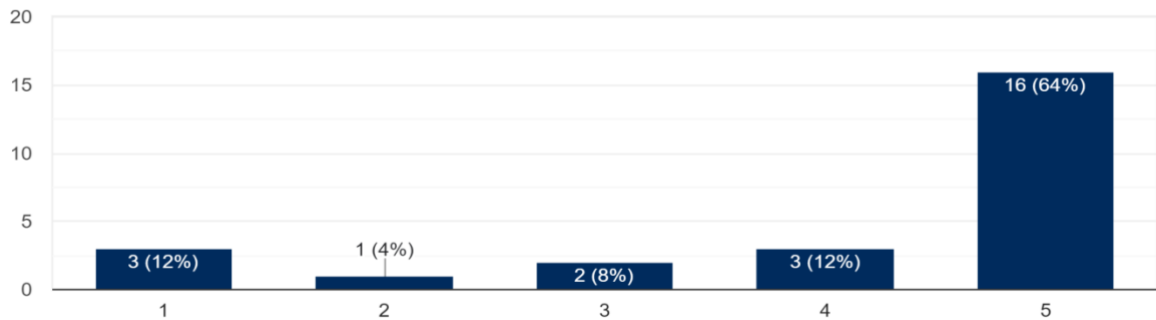
8. EE4 - The sheltering services met my needs (Safety, Income Generation)
25 responses



Concerning meeting their needs, 72% of female beneficiaries stated that their needs were highly met through the services provided by the shelters. 12% showed normal agreement while 8% were neutral in this regard. The remaining 8% were highly dissatisfied in concerns of meeting their needs.

9. I1 - My expected outcomes compared to the results obtained were:

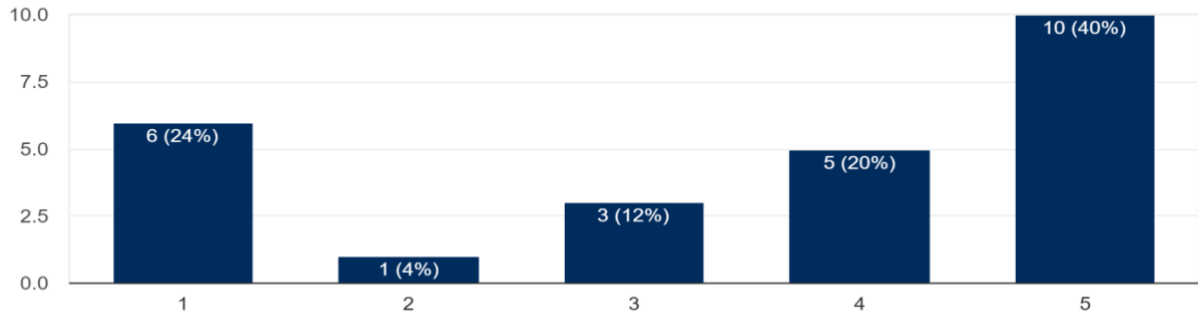
25 responses



Beneficiaries were asked as well about their expectations versus the actual results they have faced in the shelter centers. 64% highly confirmed that their expectation was similarly met while 12% showed normal agreement and 8% were neutral about the topic. On the other hand, 4% were dissatisfied while the remaining 12% reported high dissatisfaction.

10. EE4 - My life has improved after benefitting from this service. I am optimistic about rebuilding my life after GBV incident (Mental) and I am going to base a personal plan

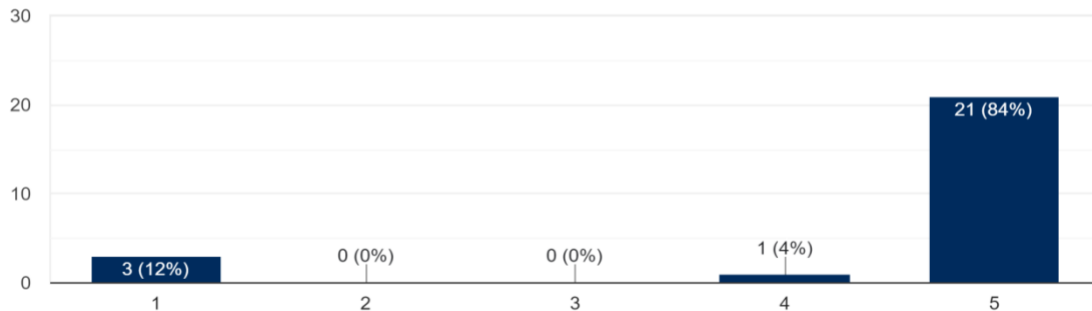
25 responses



In addition, female beneficiaries were asked about their life improvement after being serviced by the shelter centers of ABAAD. 40% stated full high benefits being able to mentally rebuild after GBV and to be ready to have a new life plan. 20% showed normal levels of agreement, 12% were neutral and 4 % were on a disagreement level. Besides, 24% were in total dissatisfaction concerning their life improvement after receiving ABAAD sheltering services.

11. EE4 - I will recommend this shelter to any person at risk of GBV:

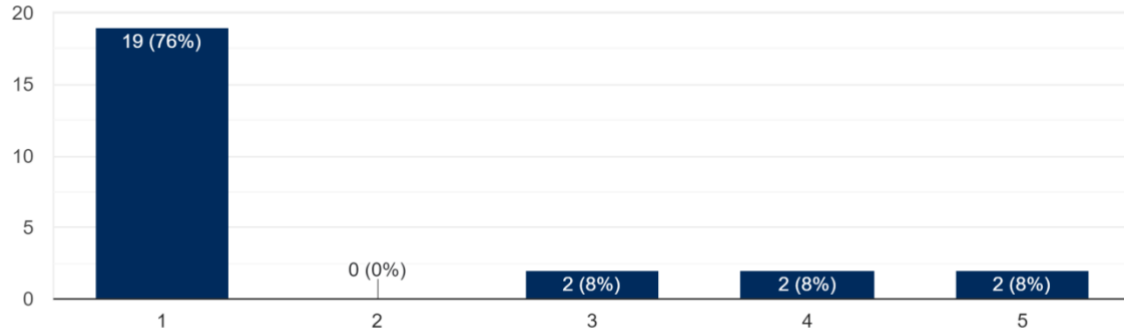
25 responses



Females benefiting from sheltering services were asked whether they will refer ABAAD sheltering services to others subject to GBV or not. The majority of participating females showed high initiatives in recommending ABAAD sheltering services to others. 4% normally agreed while 12% reported total refusal. (Refer to beneficiaries’ recommendation for feedback.)

12. I5 - To what extent did COVID-19 have an effect on project implementation

25 responses



Concerning the impact of COVID-19 on project implementation, 76% of participating females totally assured that COVID-19 was not a barrier for the project implementation by ABAAD. 8% were neutral about the issue, 8% reported normal impact while the remaining 8% said that COVID-19 highly impacted the implementation of the project of ABAAD.

Female beneficiaries were asked about what they wish to address ABAAD. Answers were variant regarding this question depending on the situation and needs of each beneficiary. Some just wanted to thank ABAAD for all the efforts with no additional requirements while others reported the need for help on many levels. Part of the shared answers were lack of communication with ABAAD after being out of shelter, need for learning an income generating job like crafting, cash assistance, psychotherapy sessions, help in travel and in legal services.

13. Additional recommendation or suggestion

nothing

ABAAD should work on providing way better services

Needs further support especially financial

wishes ABAAD has an open space for children

needs physiotherapy sessions

needs more help outside

cash assistance + physiotherapy sessions for her daughter

to provide work for victims

needs urgent help due to suicide trials

needs cash assistance + help to travel / needs to connect urgently with ABAAD

she needs help because she is subject to death

the was disrespect inside ABAAD, wishes to have more tolerance in the shelter, the treatment was too bad for her

no additional requirement

Continue with the same process

Speed up legal services

help in learning / finding job

not able to reach ABAAD at all even the hired lawyer

thank you for all Zahle team - ABAAD needs to pay attention more to calls since beneficiaries are calling with no reply

A4.4 Surveys with Beneficiaries - Men Center Services

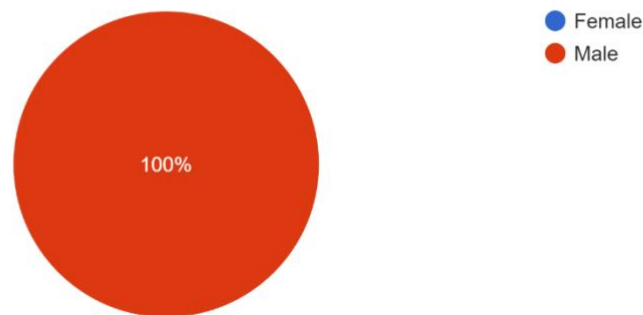
The purpose of Survey is to collect information From Project Beneficiaries who derived advantage from the project practices. Our Objective is to evaluate the impact, effectiveness and sustainability of the project, determining the extent to which the project is contributing to improving public service delivery while suggesting recommendations. Participating in this survey requires 15 mins maximum. Thank you for taking the time to participate in this questionnaire. We truly value and trust the information you provide. You are always free to refrain from answering some questions, although we encourage you to answer as completely as possible. ABAAD provided Westford Lebanon team with 70 Beneficiaries Data, however it was not possible to target all beneficiaries since many Beneficiaries did not want to answer, Phone was closed and Some beneficiary’s spouses was not allowing for a survey to be conducted.

1. Name:

First question was the name of beneficiaries which we will keep private and confidential for Discreet Reason

2. Gender

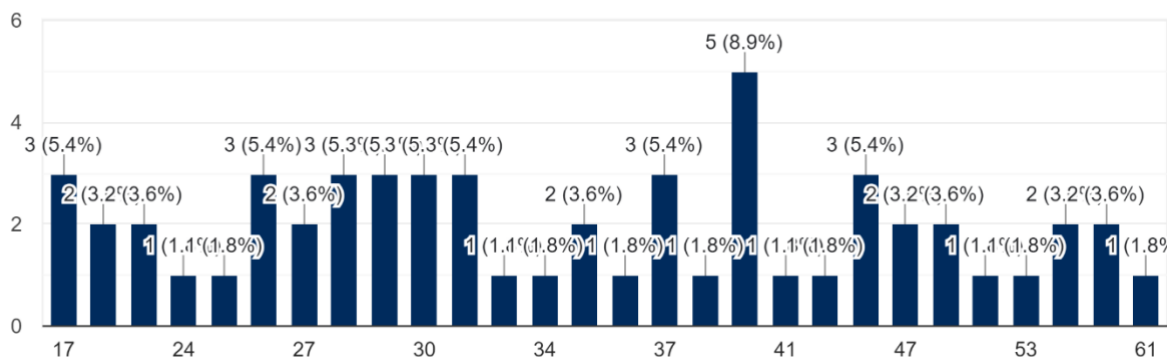
56 responses



All beneficiaries that conducted the survey were males 56 (100%)

3. Age

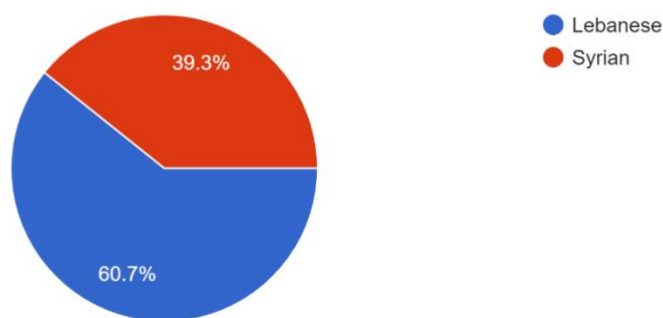
56 responses



The beneficiaries age range was from 17 to 61, with 23 male beneficiaries under the age <30 and 33 male beneficiaries above the age >30, <30 = 41.07% and >30 = 58.92%.

4. Nationality

56 responses



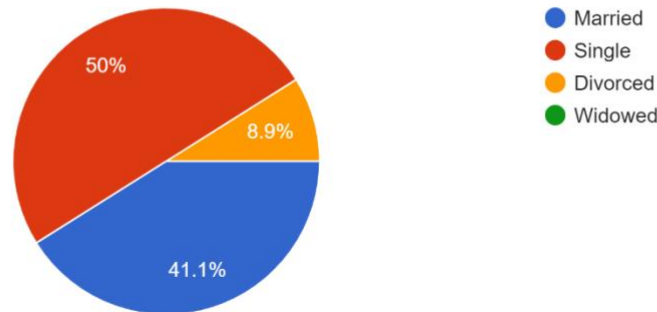
All male beneficiaries that were conducted to Men center services are from 2 different nationalities

Lebanese: 34 beneficiaries (60.7%)

Syrian: 22 Beneficiaries (39.3%)

5. Marital status

56 responses



The male beneficiaries were single, married and divorced

Married: 41.1% = 23 beneficiaries

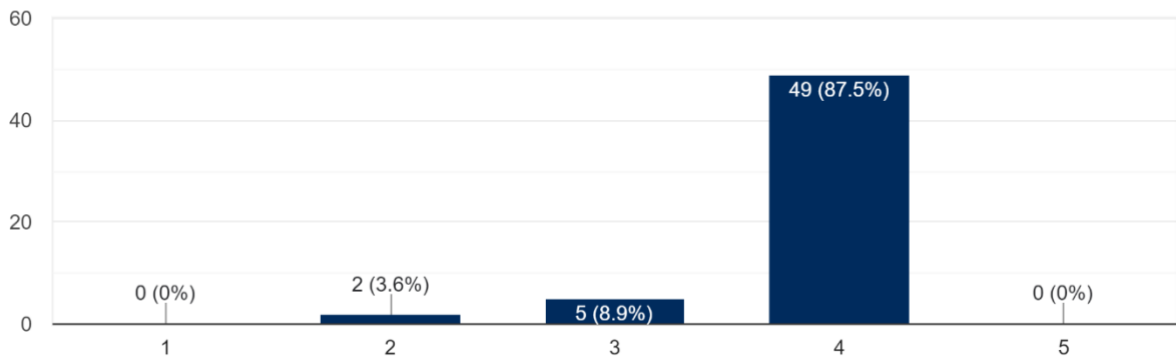
Single: 50% = 28 beneficiaries

Divorced: 8.9% = 5 beneficiaries

Widowed: 0% = 0 beneficiaries

6. E11 - The psychotherapist was helpful, knowledgeable and open enough to help.

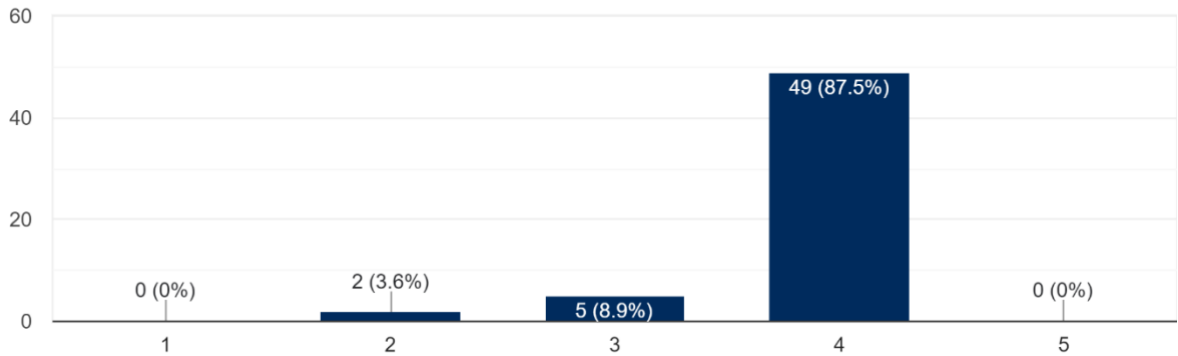
56 responses



Most beneficiaries experienced satisfaction and found the service was helpful, knowledgeable and open enough to help 49 beneficiaries (87.5%). 5 Beneficiaries had neutral satisfaction since short term time with the sessions (8.9%), only few found the services to be unknowledgeable and were dissatisfied 2 beneficiaries (3.6%).

7. EE4- The engendered psychotherapy sessions were satisfying (learning experience and change in behavior).

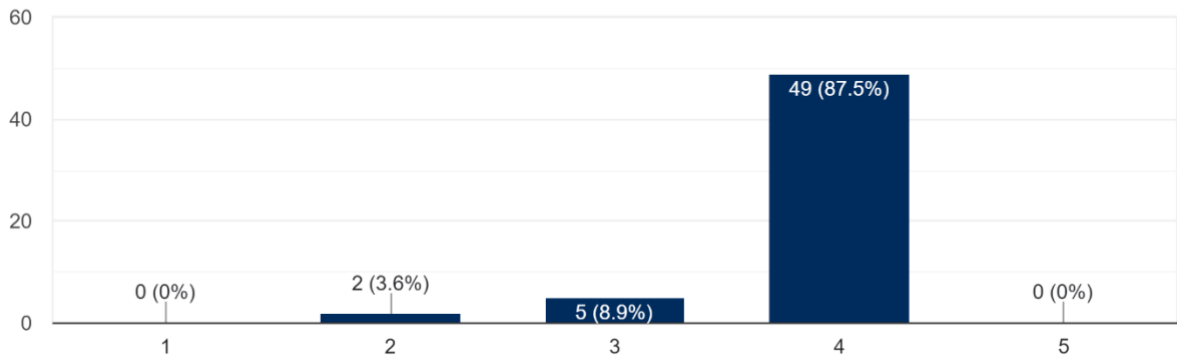
56 responses



Most beneficiaries experienced satisfaction and found the service changed their behavior and gained learning experience 49 beneficiaries (87.5%). 5 Beneficiaries had neutral satisfaction since short term time with the sessions (8.9%), only few found the services to be unimportant and were dissatisfied 2 beneficiaries (3.6%).

8. EE4 - The engendered psychotherapy sessions met my needs (learning experience and change in behavior).

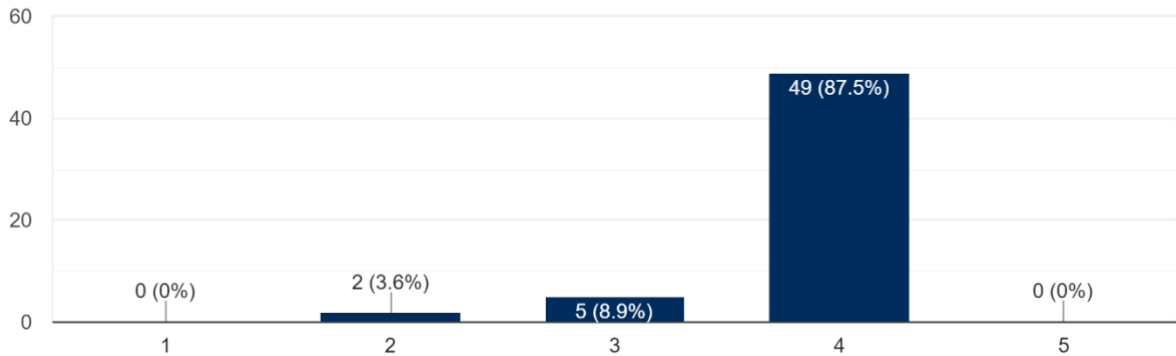
56 responses



Most beneficiaries experienced and reported their needs being met 49 beneficiaries (87.5%) 5 Beneficiaries had neutral satisfaction towards their needs being met since short term time with the sessions (8.9%) Only 2 Beneficiaries had neutral satisfaction towards service meeting their needs (3.6%).

9. I1 - Your expectations in terms (learning experience and change in behavior) compared to the results obtained were met.

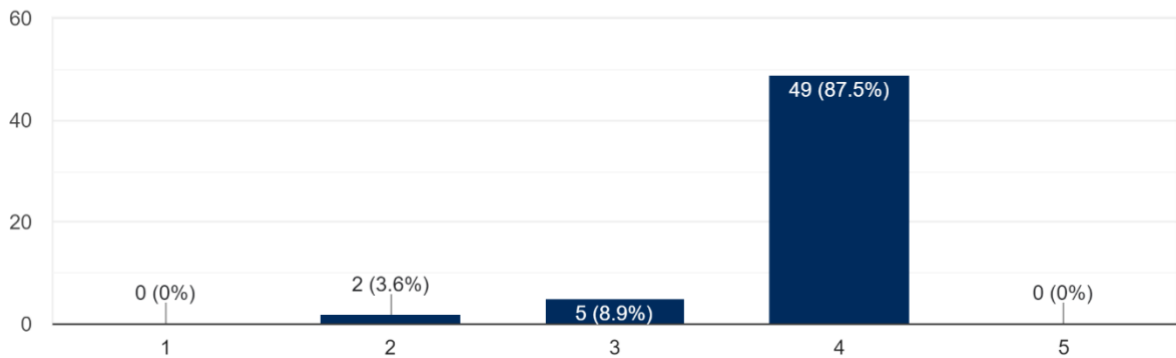
56 responses



Most beneficiaries' expectations compared to the results obtained were satisfied 49 beneficiaries (87.5%), 5 Beneficiaries had neutral satisfaction towards their expectations compared to results obtained (8.9%) Only 2 beneficiaries had neutral response regarding expectations compared to results obtained (3.6%).

10. EE4 - My life has improved after benefitting from this service. I no longer suppress my emotions

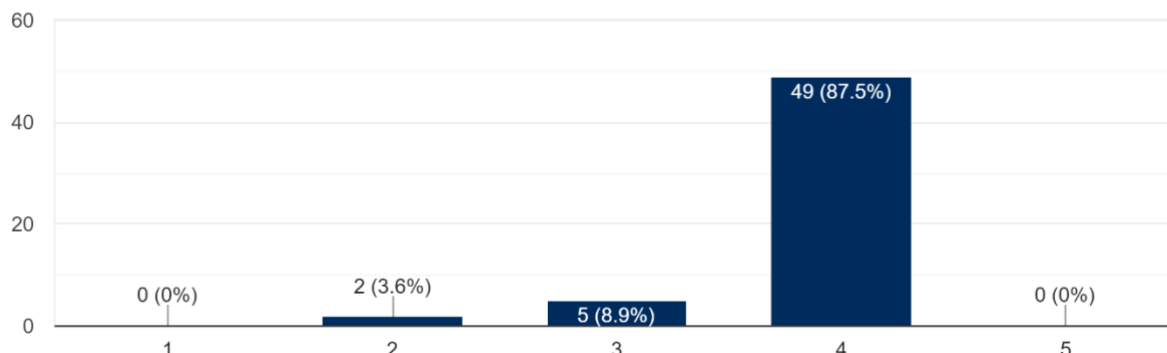
56 responses



Most beneficiaries' lives have improved after benefitting from this service 49 beneficiaries (87.5%) 5 Beneficiaries had neutral satisfaction towards their expectations compared to results obtained (8.9%) Only 2 beneficiaries had neutral response regarding their life improvement after this service (3.6%).

11. EE4 - I will recommend these services to others

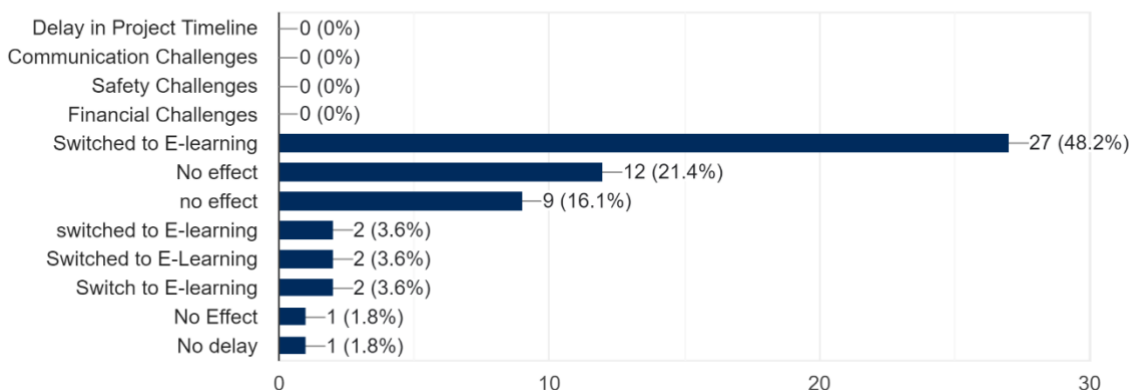
56 responses



Most beneficiaries experienced satisfaction and will recommend these services to others 49 beneficiaries (87.5%) 5 Beneficiaries had neutral satisfaction since short term time with the sessions (8.9%), only 2 beneficiaries were dissatisfied from the services provided and will probably not recommend the service to others (3.6%).

12. I5 -What Variables did COVID-19 have an effect on project implementation.

56 responses



All beneficiaries did not experience any challenges acquiring the services 56 beneficiaries (100%), Since Services was switched to E-Learning and Some beneficiaries took the service before or after Covid.

13. Additional recommendation or suggestion

Did not benefit from them, and mentioned that he felt that the trainer could not understand his needs and correlate to them.

Not satisfied with the sessions

Most beneficiaries did not recommend or suggest any objective; however, few beneficiaries were not satisfied with the services since they felt the service was not beneficial and felt the trainer did not correlate to their needs.

A4.5 Surveys with Beneficiaries - Training on Anger & Stress Management

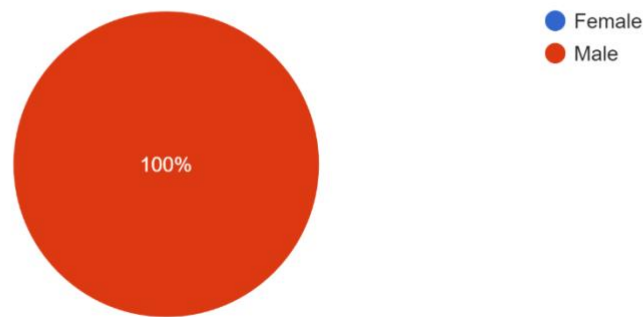
The purpose of Survey is to collect information From Project Beneficiaries who derived advantage from the project practices. Our Objective is to evaluate the impact, effectiveness and sustainability of the project, determining the extent to which the project is contributing to improving public service delivery while suggesting recommendations. Participating in this survey requires 15 mins maximum. Thank you for taking the time to participate in this questionnaire. We truly value and trust the information you provide. You are always free to refrain from answering some questions, although we encourage you to answer as completely as possible. ABAAD provided Westford Lebanon team with 50 Beneficiaries Data, however it was not possible to target all beneficiaries since many Beneficiaries did not want to answer, Phone was closed and Some beneficiary’s spouses was not allowing for a survey to be conducted.

1. Name:

First question was the name of beneficiaries which we will keep private and confidential for Discreet Reason

2. Gender

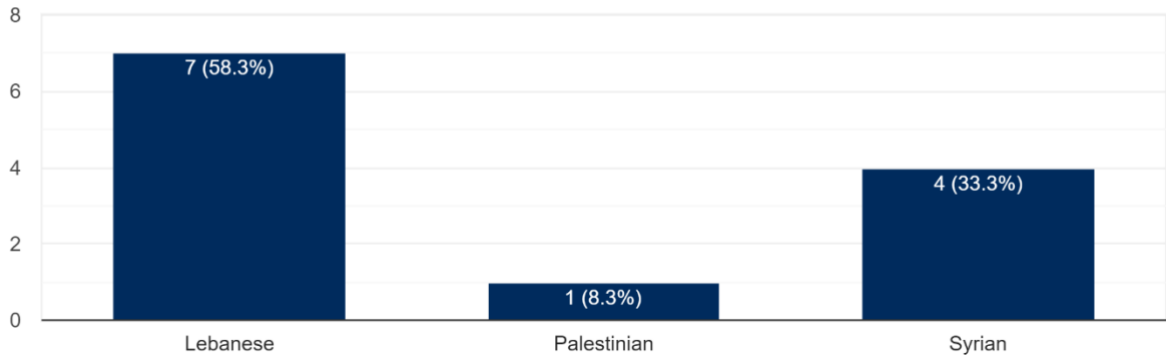
12 responses



All beneficiaries that conducted anger and stress management were Male

3. Nationality

12 responses



All Male beneficiaries that conducted the anger and stress management are from 3 different nationalities

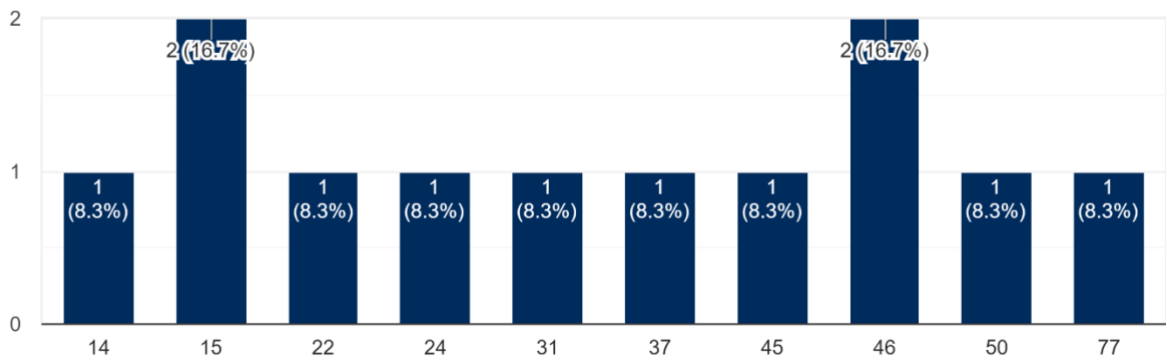
Lebanese: 7 beneficiaries (58.3%)

Syrian: 4 Beneficiaries (33.3%)

Palestinian: 1 beneficiary (8.3%)

4. Age

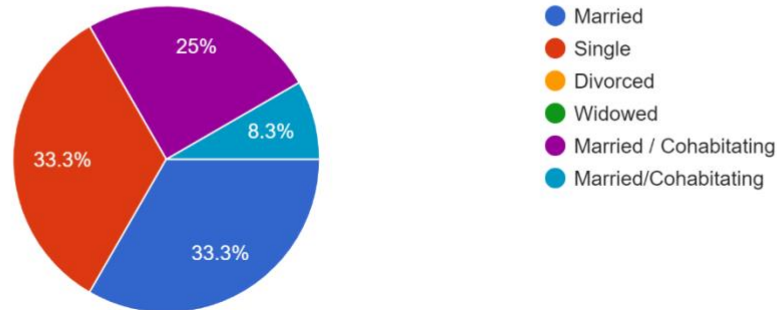
12 responses



The beneficiaries age range was from 14 to 70, with 6 male beneficiaries under the age <31 and 6 male beneficiaries above the age >31, <31 = 50.00% and >31 = 50.00%.

5. Marital status

12 responses



The beneficiaries were married, single and Married / Cohabiting

Married: 33.3% = 4 beneficiaries

Single: 33.3% = 4 beneficiaries

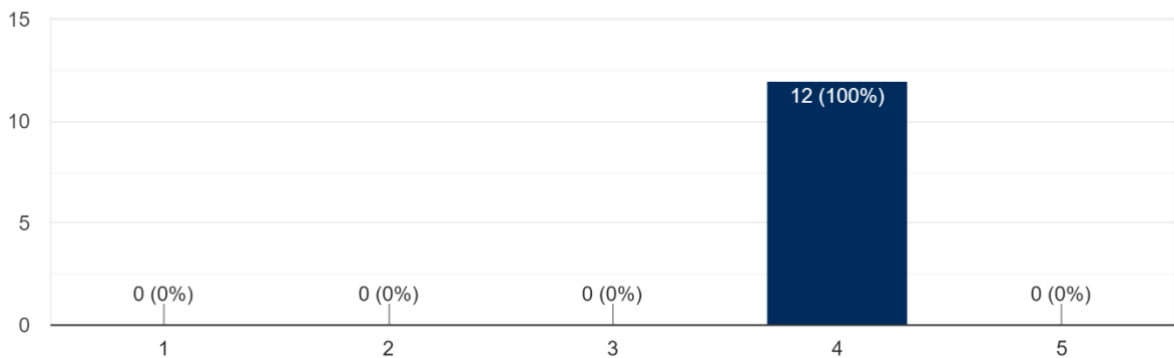
Divorced: 0% = 0 beneficiaries

Widowed: 0% = 0 beneficiary

Married / Cohabiting: 33.3% = 4 beneficiaries

6. R2 - The Trainer was helpful, knowledgeable and open enough to help.

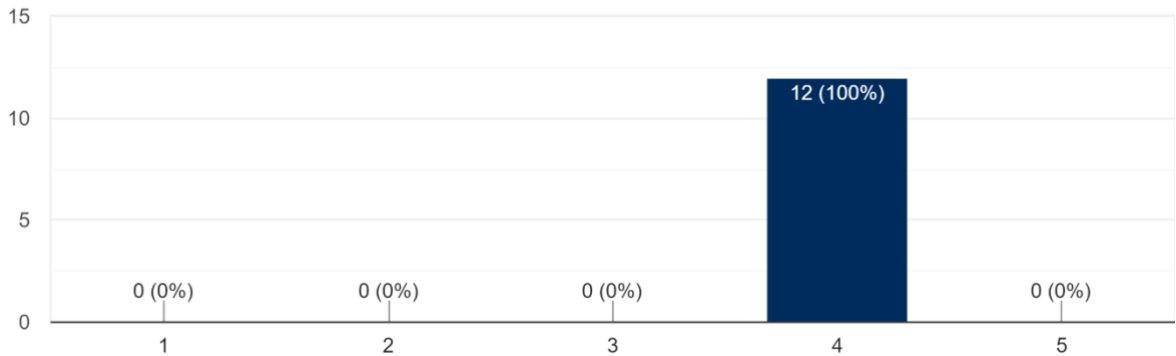
12 responses



All beneficiaries acknowledged and agreed that the Trainer was open enough to help, 12 beneficiaries (100%).

7. EE1 - The Training was satisfying. (masculinities, positive anger, stress management, manhood, and gender relations relevant).

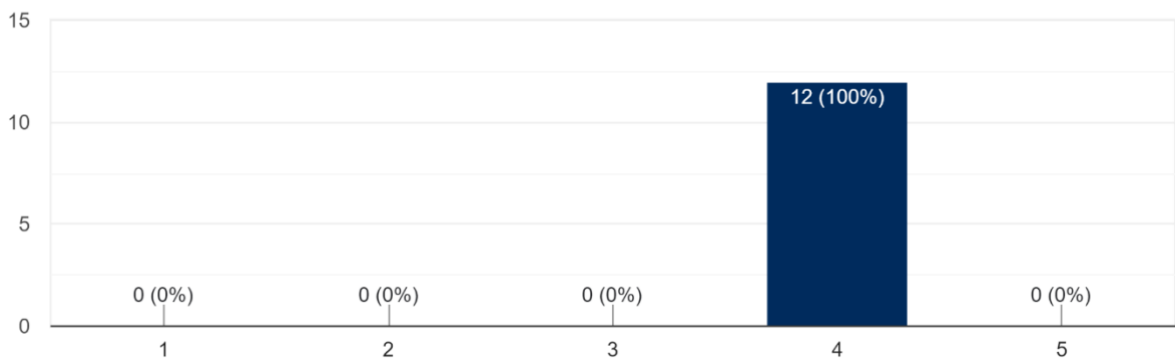
12 responses



All beneficiaries acknowledged and agreed that the Training was satisfying, positive and improved emotional health, 12 beneficiaries (100%).

8. EE1 - The Training met my needs (masculinities, positive anger, stress management, manhood, and gender relations relevant).

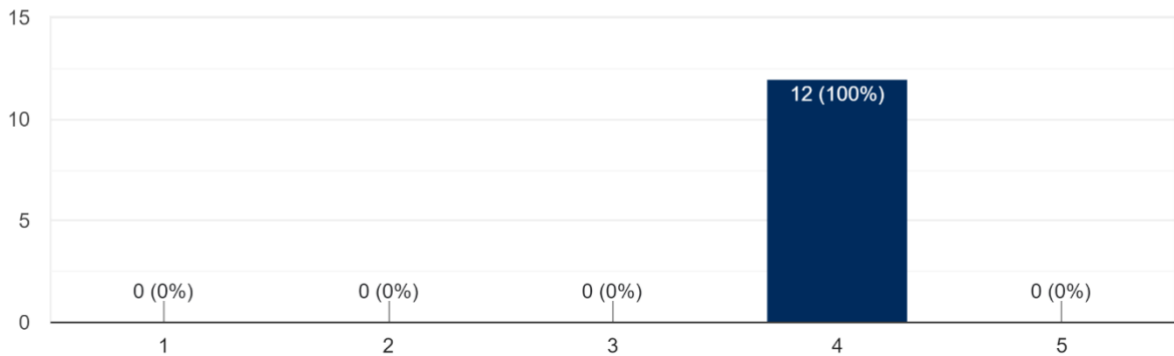
12 responses



All beneficiaries acknowledged and agreed that the Training met their needs, positive reinforcement and improved emotional health, 12 beneficiaries (100%).

9. I3 - My expected outcomes (masculinities, positive anger, stress management, manhood, and gender relations relevant) compared to the results obtained were met:

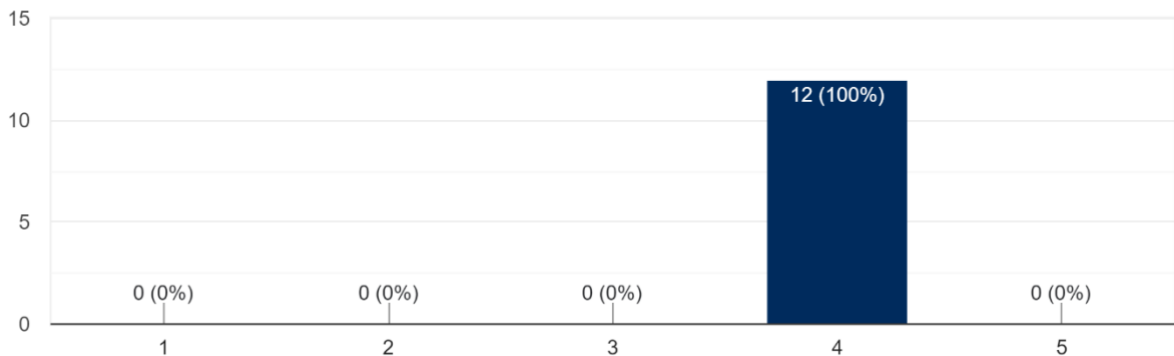
12 responses



All beneficiaries acknowledged and agreed that the expected outcomes compared to results obtained were met (masculinities, positive anger, stress management, manhood, and gender relations relevant), 12 beneficiaries (100%).

10. EE1 - I no Longer suppress my emotions

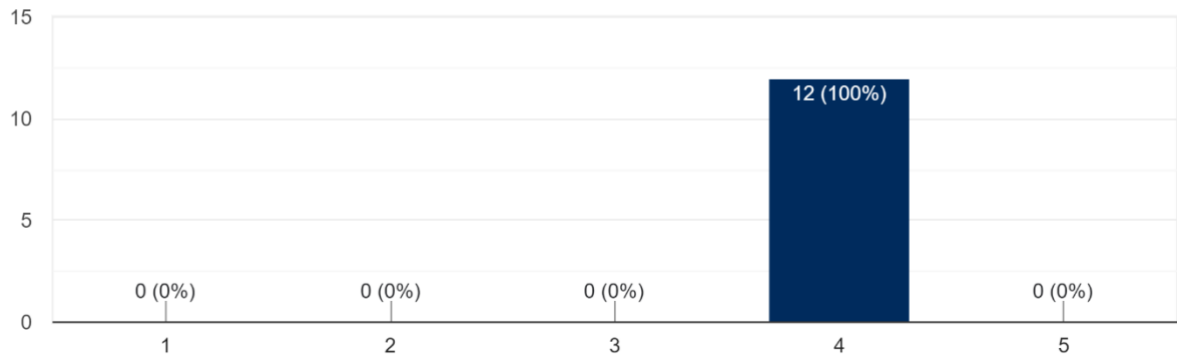
12 responses



All beneficiaries acknowledged and agreed that they no longer suppress their emotions, 12 beneficiaries (100%).

11. EE1 - I can Control My anger

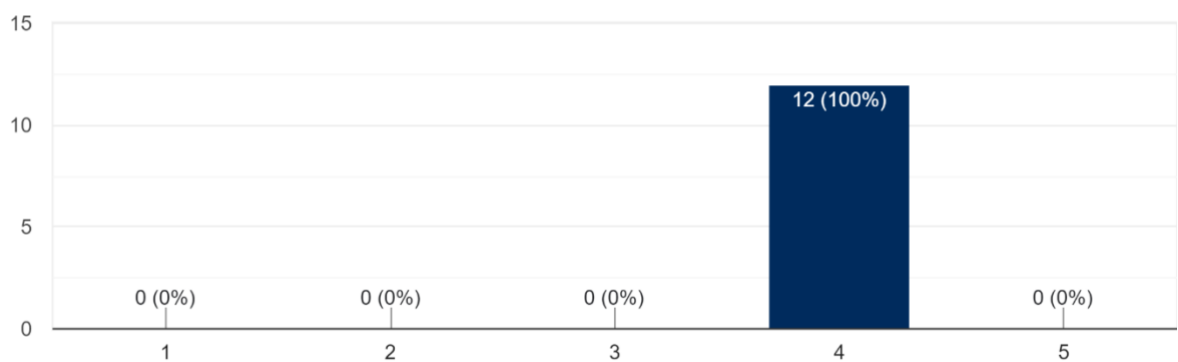
12 responses



All beneficiaries acknowledged and agreed that they can control and manage their anger, 12 beneficiaries (100%).

12. EE4 - I will recommend these services to others

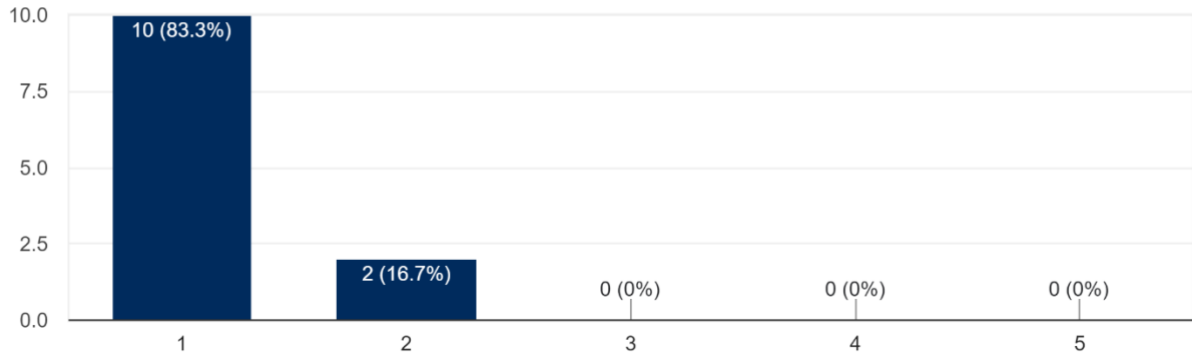
12 responses



All beneficiaries acknowledged and agreed that they will recommend these services to others (Male friends) who struggle with the same issue, 12 beneficiaries (100%).

13. I5 - To what extent did COVID-19 have an effect on project implementation)

12 responses



Most beneficiaries 10 (83.3%) acknowledged and agreed that Covid had no impact on the services provided while 2 (16.7%) beneficiaries mentioned covid having a low impact on these services due to scheduling and booking appointments.

14. Additional recommendation or suggestion

12 responses

No additional recommendation

Last question asked was aimed at beneficiaries expressing their suggestions and recommendations of the services provided. All Beneficiaries did not provide any recommendation / suggestion; however, all Beneficiaries were satisfied and thankful for these services.

Annex 5. Evaluation Matrix & Qualitative Data

Evaluation Matrix				
1	OECD Criteria	Relevance		
Rel 1	Evaluation Question: <i>Did the project's theory of change clearly articulate assumptions about why the project approach is expected to produce the desired change? Was the theory of change grounded in evidence? And if not why not?</i>			
	Sub-questions	Responses	Data Collection Methods	Data sources
	Did the project's theory of change clearly articulate assumptions about why the project approach is expected to produce the desired change? Was the theory of change grounded in evidence? And if not why? How was both the action and the result clearly formulated? What clear approach is being utilized? What are the assumptions and explain why the approach was suitable? How do these reflect the intervention's problem analysis?		FGD KIIs	ABAAD ABAAD team Qualitative
	A) RDPP Reform to adopt new ideas related to the pillars = Safe space and Gender equality targeting the roots of safe space, which is the ISF, Training the ISF, to fix and target all components of Safe space to Women. B) The action and result were based on cause and roots that play a role and have an impact on Women safe space and equality C) Approach was to focus and work on all Stakeholders related to Women laws that enhance safe space and gender equality which include but are not limited to ISF and MoSA D) Assumptions was to create a safe space for women and girls that are in need of protection and security for their own lives, which explains why approach targets ISF and MoSA because it's a big part of women safe space since it's the law that stands for protections and safety in the community and society E) These interventions are a major play in women safe space and protection, all stakeholders especially ISF and MoSA contribute to the improvement and betterment of women and girls' lives "			
	- the contribution of ISF within REFORM is very successful, coordination and contribution with ISF concerning GBV, getting in touch with the main roots of GBV issues, most places covered with masculinities, and especially, ISF are the main front liners with GBV survivors. - approach: ABAAD holistic approach, all the stakeholders concerned in woman's protection against GBV are reached, based on direct services provided to woman - ISF role is very important in this contribution, in addition to the need of ISF members to these trainings.			
	theory of change adopted, - develop and enhance ABAAD direct services - capacity building of ABAAD, data management software AIOMIS - involvement of all stakeholders and advocacy with the community - a holistic approach with REFORM, socioeconomic empowerment, and involvement in parallel with stakeholders			
	- the theory success factors were marked at different angles and with different stakeholders - development of ToC was built according to the recent context and subsequent studies by ABAAD - the approach is strengthening the national system, and outputs were aligned with tangible results formulated and expressed by refugees, to the aim of bringing a change to refugees in terms of GBV			
	- Flexibility in the project during implementation was one of the main points adopted within the field since GBV programs need high levels of flexibility due to diverse scenarios. - Also, it was mentioned that COVID-19 contributed to a switch in the approach used using online platforms and working in complementary services with all parties.			
Rel 2	Was the project relevant to the needs and priorities of the target groups/beneficiaries? Were they consulted during the design and implementation of the project?			

Was the training relevant to the needs of the target ISF personnel? Were they involved in the implementation of the trainings?		FGD	ABAAD	Quantitative
<ul style="list-style-type: none"> - training with ISF is very impactful, ISF officers are delivering trainings to members, and they are continuous to the aim of reaching all ISF members - the work with ISF should not be stopped, all concerned institutions and authorities should continue the work with them, all stakeholders should remain involved to have all the efforts combined and reach the desired big change in the community - During the crisis, stress has increased leading thus to more GBV cases. So, there was an improvement in GBV cases, - GBV component remains existent in Lebanon so ABAAD should always perform this role/ program. 				
As per, the resettlement component, it was not clear to what extent this component was based on expressed needs of refugees who are planning to move to a third country. Would you brief us about this component? What will be the alternative propositions within the purpose of sensitization of refugees on GBV issues in destination countries of resettlement?		FGD	ABAAD	Qualitative
<ul style="list-style-type: none"> - project coordinator turnover of these activities - coordination issues with UNHCR and waste of time till the end of the project timeframe - embassies issues due to local context <p>lessons learned / proposition:</p> <ul style="list-style-type: none"> - redesign of resettlement output and activities and adaptation - involvement of relevant embassies in the awareness for refugees held 				
- person in charge of coordination from UNHCR failed, and the replacement by IOM was too late				
What were the main shown characteristics/ behaviors of men receiving services in the men's center prior to program implementation?		KII	Men Center	Qualitative
<ul style="list-style-type: none"> - Aggressiveness, Unable to control and understand their reaction, unaware of the issues - underlying aggression - After a couple of sessions, men continue with the program and benefit their relationships with their spouses + satisfaction result tools 				
Was the training relatively important to the Public?		FGD	CSOs INGOs	Qualitative
yes, there was increased awareness and knowledge about GBV (new information was taught and learned)				
To what extent are NGOs and CSOs going to implement the provided training practices? how?				
NGOs will discuss and train employees on how to deal with and better understand GBV cases				
Rel 3	Was RDPP funding used to leverage political/religious, windows of opportunity for engagement? in what ways this was done? And how well does this fit the objectives and influence targeted partners?			
Was RDPP funding used to leverage political/religious, windows of opportunity for engagement? in what ways this was done? And how well does this fit the objectives and influence targeted partners?		FGD	ABAAD	Qualitative

<p>A) Before Reform, ABAAD contributed to Advocacy with religious leaders in different sectors and areas in Lebanon, Advocacy is one of the pillars of ABAADs Vision B) By initiating awareness and development campaigns with religious and political leaders C) Fits the objective to increase knowledge and awareness for the respective partners and influence the community for a better understanding of Gender equality</p>				
<p>- coordination with ISF and MoSA went out of political or religious factors - ABAAD approach is a holistic approach, conducting advocacy activities in the community to cover all stakeholders</p>				
<p>- engagement was under advocacy activities with community and local government - advocacy was done for legislation, and with representatives from religious and political backgrounds to facilitate social norms, campaigns, and outputs</p>				
Rel 4	Was the project well-timed to address a conflict factor or capitalize on a specific window of opportunity?			
What is the nature of the current situation in terms of GBV against women and girls and its manifestations?		FGD	ABAAD	Qualitative
<p>- training with ISF is very impactful, ISF officers are delivering trainings to members, and they are continuous to the aim of reaching all ISF members - the work with ISF should not be stopped, all concerned institutions and authorities should continue the work with them, all stakeholders should remain involved to have all the efforts combined and reach the desired big change in the community</p>				
<p>- During the crisis, stress has increased leading thus to more GBV cases. So, there was an improvement in GBV cases, - GBV component remains existent in Lebanon so ABAAD should always perform this role/ program.</p>				
Was project Implementation, in terms of time management, running in according to the planned timeframe?		KII	Jina Al Dar	Qualitative
<p>- Delay in Time management, due to commitment issues from team members, external crises, however, only a small percentage of delay was projected (5%)</p>				
Rel 5	Does the intervention meet the practical and strategic gender, status of origin (refugee/host community), and protection needs of all genders? What can be improved?			
What is the main support needed for women and girls to enhance their living conditions? What facilities might be needed? What knowledge and skills are lacking for women and girls to change their life?		FGD	ABAAD	Qualitative
<p>A) Socio-economic activities, to enhance life skills and knowledge B) Knowledge to advertise products/ services done by women C) Education for girls/children to increase knowledge and understanding</p>				
How do you see the change provided by the shelter center (in terms of percentage of improvement)?		KII	MWH	Qualitative
<p>- The program has saved lives, protected lives, and had a big impact on girls and Women - The percentage of improvement is 70%, After Exiting from the shelter, women and girls will need resources to continue sustainably</p>				
What are the causes and roots of the men's Behavior (Cultural, Economic, Social, and environmental)?		KII	Men center	Qualitative
<p>The causes and roots of men's behavior stem from stress and anxiety that result from economic issues such as poor living</p>				
Which gender showed a higher need for the services provided by Jina Al Dar? Why?		KII	Jina Al Dar	Qualitative
<p>Females focused on gender sensitivity, females were more prone to know and learn from these services</p>				
Rel 6	How well does the capacity building of local authorities and community partners fit their needs?			

Why should CSOs/INGOs be involved in the process of “enabling vulnerable rights holders to enjoy rights and access to quality protection services”?		<i>FGD</i>	<i>CSOs INGOs</i>	<i>Qualitative</i>
CSOs and NGOs should be involved more many reasons: - increase in GBV cases - to protect victims - to reinforce the right of knowledge about such topics - to reply to community needs				
What do you think is the main role that should be undertaken by CSOs/INGOs as an Organizational Impact?				
- Increase culture about GBV - Ensure sustainability - Increase awareness in rural places				
And what kind of change should happen?				
Change should occur by providing awareness and promoting gender quality through training, awareness sessions, and PSS				
2	OECD Criteria	Effectiveness:		
Efe 1	In what ways the capacity building did/did not influence both the accessibility and the performance of the GBV protection services they provided?			
How do you rate your enhancement in terms of dealing with abusive behaviors and/or women survivors? Explain		<i>KII</i>	<i>ISF</i>	<i>Qualitative</i>
- ISF members have good and positive initiatives concerning training - Interaction between ISF and ABAAD was very good - they provided complementary services (ABAAD provided psycho/ social/ medical services while ISF provided legislative ones) - offering efforts for victims - Giving the ISF members the knowledge about identifying crimes and about the best way to deal with victims - No actual change is observed because ISF personnel receiving the training do not deal directly with GBV victims - ISF personnel delegated to attend trainings are not concerned with GBV cases (as stated by ISF member). - change in the current concepts of GBV and dealing with survivors - a high number of talented and trained people is now present - internal systematic mechanisms were established - Mainly ISF members have more understanding of the victim concept but there is still some resistance - Training remains even if there is no NGO support.				
A. what are RDPP insights about the impact of each service provided? B. what are the reasons behind the impact? C. why it happened, and what factors helped/challenged the implementation of activities?		<i>KII</i>	<i>RDPP</i>	<i>Qualitative</i>
impact: - credibility and expertise of ABAAD, advocacy positive impact - very important work, shared values - direct services delivered and how fast they act and respond - remain up to date on best practices challenges: - the non-existence of government - failure of national structure - turnover of staff managing part of REFORM - no proper handover for newly recruited staff to continue access to work				

<ul style="list-style-type: none"> - lack of ABAAD ownership for staffing - weak management structure for REFORM - no one was managing the whole project - loss of resources, time, and opportunities 				
Was there any resistance from the men beneficiaries? (Willingness to adapt and learn)		<i>KII</i>	<i>Men Center</i>	<i>Qualitative</i>
<ul style="list-style-type: none"> - Resistance observed only from men who were referred by their wives due to violent incidents - (However, did complete the program and benefited from it) 				
Efe 2	What factors (internal or external) have contributed to achieving or not achieving intended project outputs and outcomes?			
Can you provide us with further clarification about the ISF coaching sessions component: Are the 6 coaching sessions with ISF achieved? If not, for what reasons? What was the plan for coaching sessions? in terms of content and objective. It was mentioned that alternative activities will replace the cascading training that was required from the ISF trained members, would you mind sharing with us the proposed alternative activities? Purpose and potential impact.		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>TOT:</p> <ul style="list-style-type: none"> - training combined for legal and safe referrals, dealing with GBV woman survivors, perpetrators, roles, messages - ISF offices deliver training to members - achieved, - amendments in the budget due to changes in the local context, target reached. 				
Training with the outpost chief (investigators) will be beneficial due to the higher role importance than others.				
<ul style="list-style-type: none"> - Coaching and follow-up were done with the trainees and trainer - ABAAD should be kept on board during training to ensure effective results 				
<p>Training content:</p> <ul style="list-style-type: none"> - providing support to the victim - ways/techniques of investigation - human trafficking crime from a legal perspective 				
What are the obstacles that hindered CSOs/INGOs role for these GBV project?		<i>FGD</i>	<i>CSOs INGOs</i>	<i>Qualitative</i>
The main obstacles are the mentality of beneficiaries and the resistance from religious parties				
How are you contributing to supporting and investing in GBV awareness and women's rights?				
<ul style="list-style-type: none"> - PSS sessions - cash assistance - vocational training - Sheltering services - social protection 				
Were there any challenges to entering some Lebanese regions (resistance, security, and safety reasons...)		<i>KII</i>	<i>Jina Al Dar</i>	<i>Qualitative</i>
some challenges were faced, in Bekaa the school camps were too small for activities (small space), to perform the services and sessions				
What factors have affected reach to different sites (Gasoline, Roadblocks, checkpoints, Protest)		<i>KII</i>	<i>Jina Al Dar</i>	<i>Qualitative</i>

Roadblocks, Heavy rain in some areas, and protests				
Efe 3	what are the factors that contributed to achieving or not achieving change in reported SGBV cases as a result of enhancing reporting systems and activities			
what are the factors that contributed to achieving or not achieving change in reported SGBV cases as a result of enhancing reporting systems and activities?		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>factors helped:</p> <ul style="list-style-type: none"> - the collaboration with ISF - very successful work, impactful training - discipline and willingness of ISF members to complete the training - engagement and interaction of ISF within the process, a safe space for ISF members to make a positive impact <p>challenges: MoSA</p> <ul style="list-style-type: none"> - bureaucracy in the local government authorities, difficulty in arranging papers and meetings - late responses and processes in coordination with MoSA representatives, - limited number of MoSA social workers were delegated by the ministry be involved with the training - all trainings with MoSA are completed but they are constrained by the delay in bureaucracy and approvals <p>challenges: ISF</p> <ul style="list-style-type: none"> - ABAAD criteria for ISF members to participate in the training for the desired purpose were not observed, since ISF leadership specifies names of trainees - no control over the criteria of participants (investigators), due to approval processes and chain of command 				
<p>Challenging factors:</p> <ul style="list-style-type: none"> - external factors - covid 19 - Lebanese revolution, inflation, lack of resources with local authorities, local context breakdown <p>Supporting factors:</p> <ul style="list-style-type: none"> - flexibility of REFORM - MEAL and RDPP flexibility in adaptations - lessons learned from external factors and propositions in this way of flexibility - good programming and implementation of activities 				
<p>Challenging factors:</p> <ul style="list-style-type: none"> - covid 19, Lebanese revolution, inflation, lack of resources with local authorities, local context breakdown <p>Supporting factors:</p> <ul style="list-style-type: none"> - lessons and plans led to continuous and credible relationships with stakeholders, cumulative results, and continuous training tot after REFORM, the pool of people and community reached 				
Efe 4	To what extent has the project succeeded in fulfilling female and male beneficiaries' practical and strategic needs including but not limited to improved access to services, enhanced practical capacity, and gaining new skills?			
How did you maintain the shelter environment (safety, cleanliness, and wellness)		<i>KII</i>	<i>MWH</i>	<i>Qualitative</i>
<p>Safety: providing high protection</p> <p>cleanliness: Nurses take care of hygiene and clean clothes</p> <p>wellness: care for the well-being of girls and women</p>				
3	OECD Criteria	Efficiency:		
Efi1	To what extent has there been a reasonable use of financial and human resources? Have resources (funds, human, resources, time, expertise, etc.) been allocated strategically to achieve outcomes? If not, what can be improved?			
What are the mechanisms adopted for female beneficiaries residing in the shelter?		<i>KII</i>	<i>MWH</i>	<i>Qualitative</i>
<p>Holistic package</p> <ol style="list-style-type: none"> 1) PSS Activities 2) Socio-economic activities 3) Case management 4) and care services such as food, clothes, and clean beds 				
What are the built-in mechanisms/methods adopted for different services provided?		<i>KII</i>	<i>Jina Al Dar</i>	<i>Qualitative</i>

<p>for different services, different mechanisms were adopted awareness sessions: 2 days lecture with interactive tools PSS: Sessions with curriculum Psychosocial support: Sessions with curriculum Peacebuilding: Through Theater play activity</p>				
Efi2	Were there any constraints to more cost-efficient ways? What prevented the team from adopting those ways?			
<p>How would you describe the cost efficiency of REFORM project? What are the constraints faced? What are the strategies adopted by ABAAD to avoid cost inefficiency in reporting? Are the strategies implemented? Explain.</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>A) The reform project was cost-efficient, it did not exceed project budget, however, did face challenges during economic crisis during which amendments were made to ensure budget spending B) Inflation, Transportation prices, and lockdown due to Covid, canceled resettlement component and fund's part returned to RDPP, still amendments were made, and the budget was not exceeded C) Budget analysis to report and divide the budget to where it will be spent and the amount required and needed quarterly reports coordinated and sent to RDPP D) Yes, strategies were implemented and there was no cost inefficiency</p>				
<p>- constraints: covid 19 - Lebanese revolution, bank issues and money loss during crises, caused the delay in the delivery due to priorities affected by context, trainings held off - strategies: continue the trainings, paid transportation allowances to ISF members, adaptation of modalities to not lose implementation and be beyond the control, and cost amendments</p>				
Efi3	To what extent have the MEAL systems utilized by ABAAD enabled effective and efficient project management and reporting?			
<p>To what extent have the MEAL systems utilized by ABAAD enabled effective and efficient project management and reporting? Whether the results are measurable, and if so, what would be a good source of verification for this? How would this be monitored and how would can sources of verification for this result be attained? Is the result realistic and achievable given the scale of action, resources, and time frame? Is the result observable? How will the result be measured? Are there any logical gaps between a modest action and an ambitious result?</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>it is a project over 5 years - multiple projects coordinators and MEAL officers were part of the project and left due to turnover - no clear handover properly between project team - no unified MEAL plan design was adopted from the start - external factors challenged the implementation - MEAL plan faced many constraints, long time, and back and force with RDPP to set the indicators and agree on the MEAL plan - no consistent update on the MEAL plan along with implementation - absence of management structure for REFORM - recruitment process took time and was not well processed for replacement - challenges affected the relationship and trust with Donor - project held off for different services temporarily for different components - lack of representative enough quantitative and qualitative database to tackle the impact of services on beneficiaries</p> <p>Adaptations: - MEAL and management structure updated</p>				

<ul style="list-style-type: none"> - combined efforts raised for MEAL plan by MEAL responsible - revision and updates on project objectives and outputs status - coordination in place with RDPP for progress review and replacement <p>Recommendations:</p> <ul style="list-style-type: none"> - to set and agree on the indicators, outputs, timeline, and MEAL plan from the design phase 				
<p>challenges:</p> <ul style="list-style-type: none"> - team turnover - 3 MEAL officers on the project - project coordinators turnover and recruitment - no handover properly handled on project wise - MEAL plan was not in place at the initial stages of the project implementation, and it took time until a new MEAL coordinator in ABAAD prepared a plan and validated it with RDPP - AIOMIS data management by MEAL, negatively impacted the team through stress and delay in MEAL deliverables - turnover in the cost amendments - amendment in meal plan due to time and cost 				
Efi4	<p>In reference to the overall goal and TOC approaches (enhancing direct beneficiary abilities to cope, or, enhancing the capacity of the service providers, or tackling the legislative frameworks and policies that affect them directly), which pathways were more cost-efficient? Why?</p>			
In regard to the ToC testing, how well are the agreed project objectives and outputs defined fit with the cost-efficient model for the project? What strategies or changes did you implement to control the cost? Why are they not adopted from start?		FGD	ABAAD	Qualitative
<p>A) In regard to Cost Efficiency, the project met the budget price with no cost overload, however, there was a delay in the project timeline B) Cost was met; however, delay in the Timeline due to external factors such as corona C) The external factors faced such as Covid-19 and the economic crisis in Lebanon and there was no Backup plan as this was a sudden world crisis that everyone faced and challenged with it.</p>				
<ul style="list-style-type: none"> - ToC testing, only the resettlement component canceled - there was a time extension due to the lockdown, only resettlement was canceled due to a change in priorities in the Lebanese context and delay in dealing with UNHCR, IOM, and Constraints from respective embassies 				
<p>the model was cost-efficient from the perspective of the field during the implementation in concern with services, tools, and others.</p>				
4	OECD Criteria	Impact:		
Im1	<p>How did the REFORM project intervention enhance protection space for vulnerable refugees & host communities? What types of change were observed at the impact level as a result of different outcomes/contribution?</p>			
Why should ISF members be involved in the process of “enabling vulnerable rights holders to enjoy rights and have access to quality protection services”?		KII	ISF	Qualitative
<ul style="list-style-type: none"> - Investigators dealing directly with GBV cases need to highly participate in the training to ensure impact. - An ISF member was part of the training development and TOT execution. - Also, the member participated in the coordination with ABAAD and other NGOs in order to support GBV and sexual crimes in society. - In addition, ISF member coordinate the names of employees who will participate in the training. - ISF are conducting trainings autonomously on GBV related investigation techniques - Defining the concept of violence and human trafficking - ISF is the first party benefiting from such training and promoting such purpose 				
What are the obstacles that hinder this role?				
<ul style="list-style-type: none"> - Some people are repeating the training for the third time (transportation fees are paid by the trainee + no efficiency) - ISF personnel involved in ISF GBV training are not yet the investigators who deal directly with GBV cases. - No proper monitoring for the selection and attendance of training participants through computerized system for easy sharing and evaluation. 				

<ul style="list-style-type: none"> - no investigators participated in the training, who are the right ISF target dealing with GBV survivors and fitting the criteria objectives of ABAAD - Trainers from ISF are just reading content material not like when ABAAD team delivered the training before - ABAAD approach was motivating with simple yet specific training delivery techniques. - No more brochures and references are given to the trainee - Low commitment by the trainees due to lack of motivation and financial / economic challenges - no clear information is given to trainees about transportation fees (miscommunication about transportation fees) - Training has stopped due to COVID- 19 and now it is being continued. - political pressures, lower salaries, and women's submission to GBV are all challenges that affect the role of ABAAD in a negative way 				
<ul style="list-style-type: none"> - with ABAAD no problems were faced - ABAAD was an added value to ISF - there were obstacles due to social perceptions of masculinity - no gender balance is present in the training - obstacles are beyond the power of ABAAD and ISF concerning the choice of candidates - gap and lack of suitable candidates within ISF centers 				
<ul style="list-style-type: none"> -there is no satisfaction in the training because not the right people are involved (investigators for example) -Irrelevant people are taking the training -participants can only help in humanitarian cases not on the job side. 				
And what kind of change should happen?				
<ul style="list-style-type: none"> - Trainees should not participate in the training more than once. - People should be made more aware of GBV subject. - Protection for ISF members working directly on GBV cases against possible political / religious influence or threat. - Efficient training should be done for ISF members and society as well. - Directly involved members like investigators and higher ranks should be approached for training since they are the key people who can make a change. - TOT and trainings should have always representative from ABAAD 				
To what extent has the training enhanced awareness and exposure to the Public		FGD	CSOs INGOs	Qualitative
Training has led to: new levels, new knowledge, and new information which will pass on to other workers and co-workers				
Im2	To what extent did the media campaign change the public's opinion regarding gender sensitivity, and gender equality issues?			
It was mentioned that 8 out of 13 community videos have been produced. Can you brief us about this experience and its expected impact?		KII	RDPP	Qualitative
finished on 8, the impact was that more people in the community are aware and know more about gender equality and that there is help and protection by ABAAD, 5 videos are still a work in progress.				
The videos changed the perspectives of people as well as awareness about GBV was raised				
Im3	To what extent have the projects' objectives and impacts contributed to equal power relations between men and women? And how did it influence men's perceptions and attitudes toward gender roles?			
Who is responsible for following up with the beneficiaries (specifically the survivors)? How will they be protected for a long time? How will their progress be tracked?		FGD	ABAAD	Qualitative
Follow up was implemented by the MEAL Team, the data management software AIOMIS has the info of all beneficiaries, the follow up will ensure their wellbeing is protected and their progress is being tracked on AIOMIS software.				
During COVID- 19, the follow-up was done remotely with beneficiaries. It was noticed during that period that the reach of the hotline ABAAD increased. In normal times, follow-up was done through self-referral, peer-to-peer, presence in the field, and reaching stakeholders.				

Beneficiaries' details and progress are recorded within the operations on AIOMIS no clear revisions and clear tracking carried by MEAL				
Facing challenges getting beneficiaries' data from ABAAD Data is not complete, accurate, and not ready for the data collection plan				
Beneficiaries are recorded on excel sheets (before AIOMIS) Beneficiaries' data were constraining the feedback and evaluation process because of restructuring of ABAAD centers and turnover of staff M&E and field and difficulty to access and collect data (no handover), and many cases did not approve sharing contact for protection and security issues				
What barriers are preventing further increase in awareness regarding GBV?		<i>KII</i>	<i>RDPP</i>	<i>Qualitative</i>
How do you Perceive your programs reach to Men's Behavior (Aggressiveness, control management, mental health)?		<i>KII</i>	<i>Men Center</i>	<i>Qualitative</i>
Outreach of Programs though different channels 1) Helpline 2) Campaigns 3) Referrals Provide individual and couple therapy through an assessment that identifies the needs of each Participant				
Im4	Does the platform AIOMIS created as part of the capacity development component meet ABAAD's needs and is it in line with its strategic vision?			
To what extent did ABAAD assess how this component has and will impact their operations? How would the team describe the introduction of the AIOMIS platform to ABAAD operations? Is it supporting ABAAD implementation and reporting of projects? Did RDPP team with ABAAD team share their recommendations and feedback based on expectations with similar platforms? How would RDPP and ABAAD see the impact of AIOMIS in terms of sustainability and impact?		<i>FGD</i>	<i>ABAAD RDPP</i>	<i>Qualitative</i>
A) AIOMIS is a software hub that contains all data for all beneficiaries with reports to each beneficiary, showcasing name, age, nationality, services provided etc... its impact positive to all operations because it will simplify and gather all data under one place. B) It describes the AIOMIS as a tool to help and better improve all data and to simplify the data for all required Operations C) yes, it simplifies the data management for ABAAD D) Coordination was done between RDPP and ABAAD Meal (Details provided from ABAAD and MEAL RDPP) E) Impact was monitored between RDPP and ABAAD Meal (Details provided from ABAAD and MEAL RDPP)				
Introduction to AIOMIS: - limited access for 2 persons only at the initial stage, without the contribution of other stakeholders from ABAAD team to get the best of data centralized Phase 1: - marked a loss of efficiency and the impact was not observed and realized by the team - no clear vision for the tools and data gathering - faced challenges with the technical aspects and forms Phase 2: - consecutive coordination meetings were arranged to manage the inputs, access to information and software, to set the expectations shared with team - started with CM component and CM forms were introduced to team - technical tools for CM completed - technical team was involved within the process to not double the work				



<ul style="list-style-type: none"> - after teamwork and combined efforts, ABAAD team rebuilt the communication of AIOMIS with team and RDPP, marking an advancement of 85% compared to phase 1 <p>Phase 3:</p> <ul style="list-style-type: none"> - in process - centralized database, have - have the visualization of data using the software - have SOPs manuals for complete processes on AIOMIS - provide trainings for ABAAD staff - implement AIOMIS as ABAAD system secure for all beneficiaries' data on one platform
<ul style="list-style-type: none"> - centralized database protected for ABAAD - data management software for all services around Lebanon - reporting indicators, reporting of all WGSS centers and services are generated and directly sent ABAAD MEAL, introduction and trainings done, - 2 phases are completed with AIOMIS: (a) data entry – beneficiary details (b) generating reports from the software and sharing them - now with phase 3: update of all progress on the software - RDPP is following up with case workers on data entry
<p>transform ABAAD from limited quantitative data to a data management system, dashboards, and resources center for data</p>
<ul style="list-style-type: none"> - AIOMIS helped in the reporting process as well as in reducing the duplication of work by unifying the reporting. - Also, time consumption was decreased due to the usage of AIOMIS. When amended, training was done for the team to ensure smooth usage.
<p>capacity building output to benefit from the platform on the institutional level, a platform for data collection</p> <p>a lot of changes affected this output:</p> <ul style="list-style-type: none"> - turnover, long time, 2 - 3 years for phase 1 and phase 2 in months, other partners took less time for platform - no clear handover of employees and no policies, institutional developed memories through sops or policies for data and processes - a lot of recommendations were given but ABAAD did not respond to them as expected, and no time availability to work on them - the progress and work on AIOMIS were not efficient as expected - management coordination took long time and went beyond the work on the platform - external challenges

Im5	How did COVID-19 impact the project's implementation?			
<p>What Variables COVID-19 have an effect on project implementation?</p> <p>Delay in Project Timeline</p> <p>Communication Challenges</p> <p>Safety Challenges</p> <p>Financial Challenges</p>		FGD	<p>ABAAD, RDPP, ISF, CSOs, MWH, Men center, Jina Al Dar</p>	Quantitative
Delay in Project timeline				
Financial Challenges				
Safety Challenges				
Switched to E-platforms				
<p>Delay in Project timeline</p> <p>Communication challenges</p> <p>Safety Challenges</p> <p>Financial Challenges</p>				

	Which Variables did COVID-19 have an effect on acquiring the services? Delay in service delivery Communication challenges Safety challenges		Survey	beneficiaries	quantitative
Im6	To what extent did the project tackle the legislative frameworks and policies, and what type of impact resulted if any? Why / why not.				
	What do you think is the main role that should be played by ISF as a local authority?		KII	ISF	Qualitative
- Investigators dealing directly with GBV cases need to highly participate in the training to ensure impact.					
- An ISF member was part of the training development and TOT execution. - Also, the member participated in the coordination with ABAAD and other NGOs in order to support GBV and sexual crimes in society. - In addition, ISF member coordinate the names of employees who will participate in the training.					
- ISF are conducting trainings autonomously on GBV related investigation techniques - Defining the concept of violence and human trafficking - ISF is the first party benefiting from such training and promoting such purpose					
Im7	To what extent has the project supported innovative solutions, employed rights-based approaches, and contributed to increased local ownership of issues and solutions?				
	How would you describe the TOT/workshop delivered by ABAAD?		KII	ISF	Qualitative
- before COVID-19, 1500 trainees were involved - approximately reached 10% of ISF members (considered low) - need to increase the reach to 50%					
-New topic - TOT should be done with specialists from ABAAD					
	To what extent has the project supported innovative solutions, employed rights-based approaches, and contributed to increased local ownership of issues and solutions?		FGD	CSOs INGOs	Qualitative
New solutions and perceptions were learned, and now there are better ways to engage and better understand GBV cases					
5	OECD Criteria	Sustainability:			
Su1	Did the intervention contribute to greater gender equality within a wider social scale? If so how, and to what extent?				
	What are your personal insights about the project afterwards (Do you see a change in women's and men's behavior....)		FGD	ABAAD	Qualitative
Success and achievement to the pillars of ABAAD mission and vision, this project has raised awareness of gender equality by targeting all components from different levels to reach a widespread effect and success.					
on a sustainable level, ISF and MOSA and community stakeholders should be kept involved and increased because their impact on project activities is observed and important, and to have parallel coordination with all community stakeholders and direct services					
ABAAD effort and the program should be always sustained					
	What would you propose as an intervention and tool to make the project more impactful and sustainable?		KII	ISF	Qualitative

<ul style="list-style-type: none"> - Partnership with ABAAD should be kept on an ongoing basis - MOSA should do its work in a more effective manner 				
<ul style="list-style-type: none"> - continue with training - enlarge the scope of the training (airport employees, hospitals...) - Move to a wider level in terms of training content 				
<ul style="list-style-type: none"> - Partnerships with ABAAD should continue due to professionalism (answer by ISF Officer) - no events were done since 2019 (funding is a must here) - raising awareness in the Security about the topic - Visibility awareness events (not only trainings) - Do the trainings with the right and influential ISF members - ABAAD should be the one conducting training due to expertise 				
Su2	Are there any social or political risks that may threaten the sustainability of the project's outputs?			
<p>Are there any social or political risks that may threaten the sustainability of the project's outputs? How have the multiple ongoing and compounding crises affected ABAAD project implementation? which risks caused delays in implementation? How did ABAAD adapt its modalities to the needs of communities in light of the changing and evolving context? What are the lessons learned from these risks and challenges, and how ABAAD will adopt planning to address the challenges and be proactive?</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>A) No risk factor has threatened sustainability, however there was a Time extension due to lockdown, only resettlement was held off due to change in priorities in Lebanese context and delay in dealing with UNHCR, IOM and Constraints from respective embassies B) It has caused delay in project implementation due to Lockdown, Inflation in dollars which caused high Transportation Cost C) Covid Lockdown, Inflation in dollar which caused high Transportation costs D) ABAAD prepared and implemented a mitigation plan to overcome obstacles which meant setting new protocols and adhering to remote work E) the lessons learned was to overcome challenges from external factors, in which means to deliver training and services despite the challenges faced during Covid, such as delivering e-training services. ABAAD will be more proactive as the challenges faced were a lesson to keep the objective clear and to be determined to reach results regardless of challenges faced</p>				
<ul style="list-style-type: none"> - constraints: covid 19 - Lebanese revolution, inflation, lack of resources with local authorities to conduct the activities, caused delay in the delivery due to priorities affected by context, - modalities: due to focal coordination with ISF Aramoun center only, difficulty to conduct e trainings, trainings held off, so trainings are postponed only and completed by end of 2022 - MoSA trainings are completed and the target number of MoSA members provided are reached 				
<ul style="list-style-type: none"> - not affected the outputs, unless the resettlement - affected the modalities of activities, revised plans and mitigation plans - training held off, no events, no Jina Al Dar, <p>adaptations:</p> <ul style="list-style-type: none"> - mastery of e-case management services held with manuals, developed content and curriculums and training materials - affected plans, proactive plans for risks along the way - reach the most unreachable beneficiaries - cost efficiency savings for e-training - building the capacity of shelters for GBV survivors day by day - training for CSOs on sheltering for GBV survivors 				
<ul style="list-style-type: none"> - Social norms that inhibit disclosure of GBV cases - Political intervention in some cases to shelve a GBV case - Insufficient number of MoSA social workers - Lack of proper monitoring of ISF training 				

<p>external factor - state breakdown with local centers and ministries</p> <p>internal factor - increased turnover due to immigration - proactive plans, sustainability goals for 2023, create a safe space for women and girls that are in need of protection and security centers for ABAAD</p>				
<p>Road closing, protests were the main causes of delay in the project but a mitigation plan was used to solve problems. Within the field, proactive approaches and assumptions were adopted from what was learned on the ways to face eternal risks.</p>				
Su3	To what extent have relevant Ministries or national offices integrated project outcomes/ outputs into ongoing policies and practices?			
<p>It was mentioned that alternative solutions will replace the A.1.1.2 such as updating the SOPs and rolling out the training to non-governmental organizations. Why did you propose these solutions based on what? What kind of adaptation/ updates will take place in the SOPs? What are the criteria/profile of non-governmental institutions that will be targeted by the training? What is the expected outcome from these activities? How will these activities positively affect the project?</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>- it is not an alternative solution, it was included in the project tot for MoSA and CSOs, - criteria and qualifications of teams per ingos, case workers team</p>				
<p>- training with MoSA is completed for their staff - social workers are not committed, tot was done and MoSA representatives did not conduct their own trainings - training provided for CSOs for sustainable CM activities</p>				
<p>The causes of the shift were because of the absence of MOSA teams in addition to the retirement of some individuals.</p>				
Su4	In what ways would this result in any anticipated long-term sustained changes?			
<p>How would this integration lead to any desired long-term, sustainable changes?</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>
<p>- it is essential to involve INGOs and CSOs in the desired long-term changes, sharing all protection and case management services standards under GBV interventions - and because case management workers are very specialized, it is important to have them on board with the tots provided</p>				
<p>- expansion of these activities after REFORM - the ability to plan and adapt implementations modality and management - flexibility in the empowerment and protection</p>				
<p>- stakeholders in charge of setting operationalism of GBV - local government is not able to tackle it in the current situations</p>				
Su5	What are the sustainability prospects of the AIOMIS platform? are there enough resources at the organization to sustain and maintain the platform?			
<p>What are the sustainability prospects of the AIOMIS platform? are there enough resources at the organization to sustain and maintain the platform? What are the resources required to support and maintain the platform? Does ABAAD have the resources to support and maintain the platform?</p>		<i>FGD</i>	<i>ABAAD</i>	<i>Qualitative</i>

<p>within the capacity building of ABAAD, sustainability annual plan 2023</p> <p>case management data on AIOMIS, all activities on AIOMIS, reporting and visuals, database officer for AIOMIS resources:</p> <ul style="list-style-type: none"> - MEAL and officer responsible for data management - budget for updates and development
<p>AIOMIS integrated within ABAAD in 2023</p> <p>limitations in resources for the next phase</p> <p>issues with skills and MEAL inputs to make a success</p>
<p>Resources:</p> <ul style="list-style-type: none"> - training - fund for update and sustainability of platform - introduce AIOMIS as part of future projects design for capacity building components - have database officer fully dedicated to AIOMIS - follow up regularly with field and staff - develop M&E unit to manage the system <p>Lessons and recommendations:</p> <ul style="list-style-type: none"> - phase 1 challenges spotted the light on AIOMIS impact and coordination with team to combine efforts - learned how to manage and deal with team resistance through proper planning and coordination - did an internal exercise with all department to be involved in the work directly and to centralize all department data - have kind of workshops and discussions with team and discuss duties and responsibilities and follow up on the progress - have proper testing and planning internally then provide the software to the field to start implementing it - have RDPP involved in the design and implementation, flexibility and following up on progress
<p>the resources needed to maintain the platform are funding, feedback from the field, and capacity building in addition to the presence of a specialized person from ABAAD team.</p>
<p>Additional recommendations</p>
<ul style="list-style-type: none"> - to continue the work with ISF - review and add on the tot content and materials - reach more of ISF members - coordinate on the control of criteria of participants - refresher training with MoSA, continue with coaching of case workers, - contribution of all ministries and institutions involved in the project to make the desired change
<ul style="list-style-type: none"> - Partnership with ABAAD should be kept on an ongoing basis - MOSA should do its work in a more effective manner
<ul style="list-style-type: none"> - continue with training - enlarge the scope of the training (airport employees, hospitals...) - Move to a wider level in terms of training content
<ul style="list-style-type: none"> - Partnerships with ABAAD should continue due to professionalism (answer by ISF Officer) - no events were done since 2019 (funding is a must here) - raising awareness in the Security about the topic - Visibility awareness events (not only trainings) - Do the trainings with the right and influential ISF members - ABAAD should be the one conducting training due to expertise
<p>continuing the work on sops and national system with local governments</p> <p>operationalism of GBV with relevant stakeholders should not compromise for it</p> <p>GBV direct services with all stakeholders</p>
<p>The external factors faced such as Covid-19 and the economic crisis in Lebanon and there was no Backup plan as this was a sudden world crisis that everyone faced and challenged with it.</p>
<p>Road closing, and protests were the main causes of delay in the project but a mitigation plan was used to solve the problems.</p> <p>Within the field, proactive approaches and assumptions were adopted from what was learned on the ways to face eternal risks.</p>
<p>to sustain this platform:</p> <ul style="list-style-type: none"> - need to keep the platform up, keep benefitting from this for institutional level, and upgrade it for data, analysis, and sustainability - update the tools that fit the institution and advocacy <p>resources and recommendations:</p> <ul style="list-style-type: none"> - should have management reinforcement of platform with ABAAD

- should have dedicated team working on it
- should have dedicated effort for data entry and completion of phase 2
- should have management development of MEAL department
- should have management development of ABAAD staff per departments
- should have institutional development memories through sops and policies for ABAAD
- should have data policy for ALOMIS duties and responsibilities

Annex 6. Risk Matrix

PROJECT NAME: Evaluator Consultant **ACTIVITY:** REFORM project - ABAAD
PROJECT NUMBER: 2253 **ASSESSOR:** Westford Lebanon

Item	Risk	(No Mitigation)			Mitigation	Risk Assessment (With Mitigation)		
		P	S	R		P	S	R
		1	Stakeholders and interviewees don't respond to make the meeting	2		2	D	Have direct and immediate reporting with ABAAD
2	Respondents don't understand the questions	2	1	-	Interview process and choice of word will be explained and properly understood to ensure mutual response validity	-	-	-
3	Respondents try to give quick responses to complete the survey quickly	2	2	D	Respondent will be communicated that if busy and has no enough time to focus and complete the interview, rescheduling of meeting or replacing with other respondent representative will be addressed	1	1	-
4	The sample doesn't represent all population results to address all expected impact	2	1	-	Have coordination with ABAAD team to ensure sample representativeness	-	-	-
5	Respondent avoids answering a sensitive question	2	2	D	Respondent will be communicated with by a trained data collector of same gender	1	1	-
6	Respondent is not equipped to conduct the interview (phone, laptop, internet connection, ...)	2	2	D	Respondent will be asked to check with ABAAD centers and connect appropriately	1	1	-

Probability (P)	Severity (S)	Risk level (R) P/S	S1	S2	S3	S4	Conclusions	
1 = Improbable	1 = Negligible		P1	-	-	D	C	A = Hazard MUST be avoided (or level of risk reduced significantly & reliably by controls)
2 = Remote	2 = Minor		P2	-	D	C	B	B = Hazard SHOULD be avoided (or level of risk reduced significantly & reliably by controls)
3 = Possible	3 = Severe		P3	D	C	B	A	C = Risk to be controlled as far as reasonably practicable
4 = Probable	4 = Extreme		P4	D	B	A	A	D = Risk is controlled as far as reasonably practicable
								- = No control measures necessary