



# NASEEJ 2: IMPROVING PROSPECTS FOR REFUGEES AND VULNERABLE HOST COMMUNITIES

## FINAL EVALUATION

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## ACRONYMS

<b>BML</b>	Beirut and Mount Lebanon
<b>CM</b>	Case Management
<b>CP</b>	Child Protection
<b>CSG</b>	Child Safeguarding
<b>DMFA</b>	Dutch Ministry of Foreign Affairs
<b>EVAWG</b>	Ending Violence against Women and Girls
<b>FGD</b>	Focus Group Discussion
<b>FSL</b>	Food Security and Livelihoods
<b>ISF</b>	Internal Security Forces
<b>KAP</b>	Knowledge, Attitudes, and Practices
<b>KI</b>	Key Informant
<b>MC</b>	Men Centre
<b>MEAL</b>	Monitoring, Evaluation, Accountability, and Learning
<b>MEHE</b>	Ministry of Education and Higher Education
<b>mhGAP</b>	Mental Health Gap Action Programme
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>Mol</b>	Ministry of Interior
<b>MoSA</b>	Ministry of Social Affairs
<b>NCLW</b>	National Commission for Lebanese Women
<b>NGO</b>	Non-Governmental Organisation
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>S/GBV</b>	Sexual and Gender-Based Violence
<b>SOPs</b>	Standard Operating Procedures
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>TOC</b>	Theory of Change
<b>TOR</b>	Terms of Reference
<b>UNSCR</b>	UN Security Council Resolution
<b>WGSS</b>	Women and Girls Safe Spaces

## PROJECT OVERVIEW

ABAAD's Dutch Ministry of Foreign Affairs (DMFA)-supported project, "*NASEEJ 2: Improving Prospects for Refugees and Vulnerable Host Communities*" aims to improve the protection prospects for refugees and host communities in Lebanon.

It is based off the following **Theory of Change**:

"If a protection space for vulnerable refugees and host communities is enhanced, and if the legislative frameworks and policies that affect them directly are addressed and modified, and if an enabling environment is created in which social norms around violence against women and girls will be shifted, then opportunities for development, prevention, safety, and protection for vulnerable refugees and host communities in Lebanon are ensured."

The project targeted the following key groups:

- *Women and children, survivors or at risk of GBV/CP violations and Men with abusive behaviours* of all cultural backgrounds, sexual orientations, and economic status through the provision of direct services, ensuring a national protection mechanism is in place, or support with resettlement programmes.
- *Host and refugee communities*, through services and activities that increase their resilience and improve their socio-economic conditions.
- *Media personnel, reporters, and Journalists*, through capacity building workshops on gender- and UNSCR1325-sensitive media coverage.
- *Official stakeholders, NGO actors and civil society practitioners, front-liners working in the Gender Based Violence (GBV) and Child Protection (CP) sectors in Lebanon, Mental Health practitioners and psychotherapists, and educators*, through capacity development on identifying and responding to all kinds of GBV.
- *Internal Security Forces (ISF)* in Lebanon, who are assigned to oversee national implementation mechanisms of the new law 293, and service memo regarding crimes of trafficking and sexual violence, targeted as a frontline entity to respond to women survivors' protection needs, and ensure proper implementation of the law through a set of capacity building measures and actions.

The project comprised two interventions:

- **Part I:** Regular grant which aimed to achieve the outcomes and outputs set forth in the original project proposal.
- **Part II:** Ad-hoc emergency grant (6 months, June 1 – November 30, 2020) which was tailored to meet the needs of affected communities at the height of the COVID-19 pandemic in Lebanon while remaining faithful to the original intervention.

## PART I: OUTCOMES AND OUTPUTS

### OUTCOME 1: Refugees and vulnerable host communities are better protected against violence and abuse

- **Output 1.1:** Holistic GBV service provision is ensured to women and girl survivors or at risk of GBV in life threatening situations
- **Output 1.2:** Emergency safe shelters for GBV survivors and their children and those with mental health disorders are running safely and effectively
- **Output 1.3:** Men with abusive behaviours have improved access to quality engendered psychotherapy or PSS services and act as GBV change agents
- **Output 1.4:** Women, girls, men, and boys have improved access to quality MHPSS and GBV services
- **Output 1.5:** General public have improved knowledge on gender-sensitive issues
- **Output 1.6:** Enhanced and sustained capacity of local authorities enabling vulnerable rights holders to enjoy rights and access to quality protection services.

### OUTCOME 2: Increased quality SRHR education among refugees and host communities

- **Output 2.1:** Protection for young women and men in refugee and host communities is strengthened through better accessibility to SRHR Knowledge
- **Output 2.2:** Educators and social workers have improved capacity on Sexual Education, SRHR & SGBV prevention
- **Output 2.3:** General public have improved knowledge and awareness on sexual assault

## PART II: COVID-19 OUTCOMES AND OUTPUTS

### OUTCOME 1: Refugees and vulnerable host communities are better protected against violence and abuse

- **Output 1.1:** Holistic GBV service provision is ensured to women and girl survivors or at risk of GBV in life threatening situations and COVID-19 Lockdown
- **Output 1.2:** Emergency safe shelters for GBV survivors and their children and those with mental health disorders are running safely and effectively during COVID-19 Lebanon
- **Output 1.3:** Men with abusive behaviours have improved access to quality engendered psychotherapy or PSS services and act as GBV change agents
- **Output 1.4:** Vulnerable HHs have improved access to food security

### OUTCOME 2: Increased quality of GBV services among refugees and host communities

- **Output 2.1:** Front liners have improved capacity on Mental Health
- **Output 2.2:** Enhanced and sustained capacity of authorities enabling vulnerable rights holders to enjoy rights and access to quality protection services

# EVALUATION OVERVIEW

## EVALUATION OBJECTIVES

In line with ABAAD's accountability principle towards the beneficiaries and the donor – The Dutch Ministry of Foreign Affairs - ABAAD is commissioning an evaluation to assess the NASEEJ 2 project's overall progress, results against the objectives and indicators of achievement, and impacts on the direct and indirect beneficiaries of the project within their respective communities.

In specific, the purpose of the evaluation is to:

- Assess the overall performance against the OECD-DAC evaluation criteria of relevance, effectiveness, impact, and sustainability.
- Explore the key factors that have contributed to achieving or not achieving the intended results, and test the proposed Theory of Change (TOC).
- Determine the extent to which the project is contributing to improving public service delivery.
- Understand whether the project succeeded in addressing crosscutting issues of gender equality and women's empowerment human rights on the advocacy level.
- Identify best practices, lessons learned, and actionable recommendations for future similar interventions.

**Note:** The assessed OECD-DAC criteria display a percentage which is the average value of KIs' rating, on a scale of 1 (weakest) – 5 (strongest), of the respective criterion in relation to the project's performance.

## TARGET AUDIENCE

- **Primary users:** Project stakeholders and partners, in particular DMFA.
- **Secondary users:** Other organisations operating in the same communities, especially those with a programmatic focus on gender.

## GEOGRAPHICAL SCOPE

The evaluation will assess activity implementation in Beirut-Mount Lebanon (BML), the Bekaa, and the North.

## METHODOLOGY

The methodology for this endline evaluation combines secondary data review and primary data collection – including a mixed method of both quantitative and qualitative types of information. The evaluation will focus on assessing progress against results, monitoring implementation and adaptive management to improve outcomes, early identification of sustainability risks, and formulation of supportive recommendations.

## SOURCES OF INFORMATION

**Secondary Data Review:** Comprised of project documentation such as the project proposal, progress reports, the results framework and activity plan, existing MEAL data (e.g. post-activity monitoring, pre/post-tests), and any publicly available documentation relevant to the project scope. This information contributed to the evaluator's understanding of the context and project background in order to develop this inception report, the Evaluation Matrix, as well as the tools to be deployed. It was also of use to triangulate information collected from the primary sources.

**Primary Data Collection:** Primary data was collected from key project stakeholders and beneficiaries according to the Evaluation Matrix, as approved by ABAAD ahead of initiating fieldwork. Targets were selected through purposive sampling in a manner that would ensure relevance and ability to respond to the key thematic questions against the OECD-DAC criteria of Relevance, Effectiveness, Impact, and Sustainability, as required by the TOR.

**Key Informant Interviews (20):** KIIs constituted one of the main sources of qualitative information. The mobilised tools were semi-structured, and focused on collecting feedback of stakeholders at the institutional and field levels. The interviews were designed to collect relevant information from the point of view of key informants about the overall project performance, taking into consideration the evaluation objectives, OECD-DAC criteria, and the key questions set forth in the TOR. Additionally, one former Al-Dar beneficiary who had completed her exit plan was also interviewed.

Stakeholder	KIs	Unit #
ABAAD	Executive Director	1
	Programme Team	2
	MEAL Department	2
	Media Department	2
	Men Centre Psychotherapists	2
	Al Dar Staff, and one former beneficiary	3
	WGSS Staff	3
Official Stakeholders	Ministry of Interior/ISF	3
	Ministry of Social Affairs	2
<b>TOTAL</b>		<b>20</b>

**Beneficiary Surveys (125; 84 women, 41 men):** This axis of data collection employed simple quantitative surveys which were either completed at the sites of service provision or through the phone. These surveys aimed to capture the changes in the situation of beneficiaries comparatively prior to and post activity and service delivery, their satisfaction level with services, major changes affecting their needs, their perceptions of ABAAD's COVID-19 response interventions, and direct feedback and suggestions for future similar programming. The surveys also included a brief KAP survey for which aimed to scope out possible ideological shifts as a result of the gendered psychotherapy and awareness-raising interventions. Beneficiaries were selected through random sampling from anonymised beneficiary lists which were shared by ABAAD.

A total of 84 women aged 18 to 79 years old (average age 40 years) from 6 WGSS (Naher Ibrahim, Labwe, Baalbek, Qobbeh, Ghobeiry, and Msaytbeh), with an equal representation of refugee and local communities were targeted.

The 41 targeted men were aged 18 to 55 years old (average age 40 years), and were based in the Bekaa, North, and BML. They were 64% refugee and 36% local community.

***Focus Group Discussions with Community Members (6 FGDs; 3 women and 3 men):*** This axis aimed to extract qualitative information to triangulate with data from individual surveys against OECD-DAC criteria. A total of 19 women who had received services at the WGSS and 16 men benefiting from the Men Centre and WGSS activities participated in the respective FGDs.

***Focus Group Discussions with Safe Sheltering Beneficiaries (2 FGDs):*** This component of primary data collection focused on collecting feedback of women beneficiaries residing in the MWHs supported under this project. The FGDs informed a qualitative understanding of beneficiary feedback, particularly regarding increased skills, knowledge, and a change in situation as a result of service provision. A total of 7 women currently receiving services at the Bekaa and BML safe shelters participated.

***Focus Group Discussions with Trained Front-Liners, Educators, and Social Workers (2 FGDs):*** These FGDs focused on the usefulness of the trainings, how they affected the quality of protection-related information accessible to communities, as well as access to protection response on the whole. It also extracted the stakeholders' recommendations and any suggestions for improvement. A total of 20 trained GBV staff from local organisations and MoSA SDCs participated.

***Systematic Debriefing of Enumerators:*** Regular reporting and semi-structured conversations with the field teams conducting the different data collection activities, which aim mainly to cover any information gaps and allow the enumerators to provide their own feedback on their observations. This tool has a significant value in the analysis phase, and is crucial to validate both collected data and compliance with ethical principles.

## DATA COLLECTION AND FIELD TEAM ETHICS

The consultant mobilised enumerators with the necessary skills and training to work with the target populations, including women, men, and youth from host and refugee communities. In addition to ensuring stakeholder safeguarding during data collection, the consultant also took into account informed consent, as well as preservation of rights, respect, privacy, and confidentiality. When speaking to beneficiaries, out of respect for cultural norms and feelings of comfort and safety, female and male beneficiaries are always interviewed by enumerators of the same gender. All field teams have signed non-disclosure agreements, and have received, at minimum, capacity building on:

- Ethics of field work
- Humanitarian principles, basic concepts of GBV, CSG, Do No Harm, Disability, and PSEA
- Interviewing skills and data collection techniques
- Data quality control and data security and confidentiality
- Identification and referral (*ABAAD focal point information to be provided in case referrals are needed*)

### Informed Consent, Preservation of Rights, Privacy, and Confidentiality

At the start of each data collection exercise, the researcher or facilitator:

- Explained who they are (independent, external third party with no connection to ABAAD), the purpose of the interviews, and what the data will be used for
- Guaranteed confidentiality to beneficiaries by confirming that their names in association with their answers will not be shared with any third party
- Requested frank and honest answers, clarifying that their opinions will serve to improve services, and will never affect their receipt of services or support
- Explained that they have the option to refuse participation, to decline responding to questions with which they are not comfortable, and to end the interview at any given point without providing a reason
- Clarified that participation is optional and voluntary, and does not provide any benefits or incentives
- Obtained verbal consent of voluntary participation

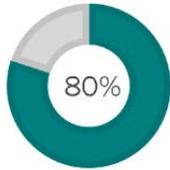
## CHALLENGES AND LIMITATIONS

**Challenges compiling and sharing beneficiary lists.** The main challenge during the inception phase were the difficulties in aggregating and sharing anonymised beneficiary lists in order to conduct random sampling ahead of initiating data collection. This issue was largely associated with the shift of activities to the online modality, which posed some obstacles to collecting and archiving beneficiary information. In some cases, it was not possible to reach some randomly selected beneficiaries over the phone, either due to numbers having been disconnected, or due to weak network coverage. As a result, several delays to launching and completing field work were faced. While the issue was ultimately mitigated, it is critical that ABAAD field teams and project managers liaise heavily with the MEAL Department in the future in order to centralise and adequately archive documentation. This is also particularly important in cases of staff turnover.

**Difficulties reaching ministry stakeholders.** Mainly as a result of the contextual challenges in Lebanon, the unavailability of some stakeholders, as well as the necessity to obtain permission from the Directors ahead of interviewing staff, data collection was not only restricted to a limited number of representatives, but was also done “unofficially.”

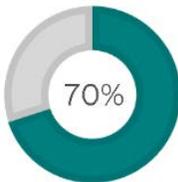
# SUMMARY OF FINDINGS

## Relevance



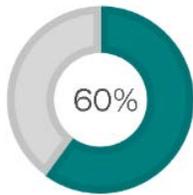
The programme was considered relevant to the local context and target beneficiaries' needs by staff, partners, ministry stakeholders, and service-seekers alike, especially since it adopted participatory design strategies. The Theory of Change was reportedly valid and relevant, but the assumptions were affected by contextual challenges such as the economic crisis, political vacuum and instability, and the Beirut Port Blast. While this disrupted the project's implementation and achievement of certain crucial activities, the heavily exacerbated incidence of GBV heightened the project's relevance and importance. The majority of female and male beneficiaries from refugee and local communities felt the services had responded to their key needs. However, the economic freefall left community members struggling to secure the basics, which reduced their ability to engage, and required increased referrals to humanitarian aid and economic support. Additionally, both the economic challenges and COVID-19 hindered work on a national level, affecting coordination with governance structures and national rollout of planned activities, but ABAAD managed to maintain strong partnerships and relationships with the ministry stakeholders, through which KIs were confident future advocacy and activities could be successfully implemented. Finally, while other local organisations are providing similar GBV and protection services, KIs considered the project to be a pioneer action in the sense of ABAAD's leadership and solid partnership with high-level stakeholders at the ministries targeted by the intervention.

## Effectiveness



In spite of a number of challenges associated with the complex crisis in Lebanon, the direct service delivery component of the project effectively managed to provide safe sheltering and holistic services for women and girl GBV survivors, as well as to support men in addressing issues with masculinities and aggressive behaviour, thus fostering nonviolence in beneficiaries' lives. Beneficiary perceptions of service quality, impact, privacy, and safety were positive, with minor exceptions who felt that further or more diversified types (especially financial) of assistance were needed. SDC staff believed that the trainings contributed to building their capacities, highlighting their readiness to attend further training on topics they deemed of importance to their roles. ISF officers also confirmed that the TOT improved their knowledge and skills to further convey the content to their colleagues. ABAAD managed to foster strengthened relationships with ministerial stakeholders, namely MoSA, MEHE, MoI/ISF, and the NCLW, who expressed their willingness and commitment to operationalising the planned activities on the national level. While this did not materialise during the life cycle of the project due to the resource and infrastructure limitations, ABAAD flagged that the political will exists, which is a positive indicator for the future.

## Impact

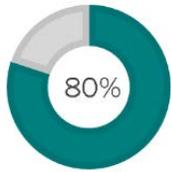


Implementation of the different project axes was largely well-rated by KIs because it was contextually-responsive and informed by beneficiary needs and priorities. The activities were largely satisfactory to beneficiaries, with some exceptions who preferred that more time be allocated. The project employed multiple innovative approaches including working towards addressing root causes of GBV, empowering government actors to improve local GBV service delivery and response infrastructures, and shifting services to an online modality. While the remote modality was less effective than in-person activities, its introduction did play a role in fostering participation where otherwise impossible. A good finding was that ABAAD had managed to raise community awareness through sessions and national campaigns, thus increasingly garnering community acceptance of topics related to GBV, gender sensitivity, and countering sexual assault. Food kits distributed during COVID-19 were considered timely and useful.

## Sustainability



Beneficiaries generally felt that the activities in which they had participated produced a lasting impact on their lives. Some mentioned the indirect added value of improved social cohesion as a result of combining participants from diverse backgrounds. Those with neutral or negative outlooks either felt that they needed further support, or noted that their contexts and realities were too challenging for the available services to make a meaningful impact. Findings from the KAP survey showed that while some women and men had positive attitudes in relation to gender roles and violence, more awareness-raising was required to combat normalising violent patriarchal ideology and practices.



## RELEVANCE

### OVERALL PROJECT RELEVANCE

NASEEJ II is a multifaceted project which builds heavily on NASEEJ I and on ABAAD's expertise in working on and advocating for gender equality and ending violence against women and girls.

While the project does entail service delivery, community engagement, and awareness-raising aspects, it does not merely focus on working with GBV survivors and perpetrators. Instead, it angles more heavily towards collecting data, producing research, as well as advancing policies on the national level, particularly through working with the Internal Security Forces (ISF) and the Ministry of Social Affairs (MoSA), in order to operationalise policy and GBV CM SOPs, and provide a "complete solution," according to all three management key informants. One KI added that the *"programme targets and ties work on two levels, the social (services, education, sensitisation, social norms, etc) and the legislative (social activities which lead to advocacy and effect transformation) levels."*

On the whole, programme design was considered to be relevant to both the local context, as well as beneficiaries' priority needs, according to staff members responsible for programme management and service delivery alike. However, management KIs noted that despite the strong partnerships forged with governance structures, the complex crises through which Lebanon is going hindered the full achievement of key national-level components which were planned to be completed in partnership with ministry stakeholders.

According to interviewed women, the support being provided by ABAAD was important and responded to priority needs. Of particular value were the distributed food baskets (deemed extremely relevant by 80% of the 63 women who confirmed receiving them), the awareness-raising sessions on GBV and SRHR (50%), and PSS sessions (50%). To a lesser extent, these were followed by life skills trainings, COVID-19 awareness, holistic case management, and helpline-based support. The majority believed that despite the challenges – namely the economic crisis – the services remained relevant. However, some noted that as a result of financial hardship, they were no longer able to prioritise participating in activities.

*"The phone and everything we need to pay for is more expensive now, so we prioritise differently."*  
– 56-year-old Local woman, Bekaa

*"If I have 50,000 LBP today and my children need something, I would rather spend that money for them instead of on going to a session."*

– 42-year-old Local woman, BML

*"We got more support in these hard times. We were no longer 'just Syrian refugees.'" Now we are all people who are facing the same issues stemming from shared difficulties nationwide."*

– 41-year-old Syrian woman, Bekaa

In addition to the above, female FGD participants found PSEA sessions, dignity kits, financial assistance, and MHPSS support important. As an unintended positive effect of group activities, the women have made friends and are gathering outside of ABAAD events. Several noted that this has made a positive impact on their lives because they feel less alone. Women at the Safe Shelters found

the life skills trainings (cooking, sewing, recycling, dancing, and self-care) critical in making them gain self-confidence and find their place in society. They noted that none of the activities had been irrelevant or unbeneficial because they were generally set based on their own suggestions.

Men were generally of the opinion that while the services they received were relevant to them. While some felt that the context had no effects on the programme or the relevance, a small proportion noted that the financial pressures had two main effects: i) some NGOs reduced their operations or ceased them completely, and ii) they no longer prioritised seeking mental health services, as their daily lives were *“plagued with other more important concerns like securing livelihoods.”* Interestingly, the activities they considered to have been most useful to them were awareness-raising on GBV (71%) and PSS sessions (64%). Of the 30 men who had confirmed receiving a food basket, approximately 72% considered the support extremely relevant. While only a few considered individual psychotherapy to have been *“the most relevant”* activity to them, none found it irrelevant.

On the other hand, ABAAD staff and some women noted that ABAAD was supporting community members (on a case-by-case basis) with data bundles and transportation costs in order to facilitate their participation. One management KI noted that the support covered by this grant was necessary to ensure the availability of such services, especially in light of the government breakdown, and the lack of services across the different formal structures, including hospitals, which were running on limited operations and were thus unable to provide women with healthcare. She added, *“through the support of DMFA, ABAAD was able to cover several gaps, especially when it came to safe sheltering. We were able to keep everything up and running even with the dramatic price and exchange rate fluctuations.”*

ISF and MoSA SDC staff also considered the training topics to have been fully relevant to and in line with their scopes of work. The modalities were contextually informed, and at the height of COVID-19, they were quickly adapted to a remote platform, which ensured continuity. ISF officers noted that while the online adaptation was helpful, they preferred in-person training, which was more effective. SDC staff felt that the theoretical components of the training were critical to their work and their own personal lives, but that more practical elements such as role-play exercises would elevate the curriculum even further.

## PARTICIPATORY DESIGN STRATEGIES

ABAAD HQ and field staff emphasised the importance placed on engaging community members through regular consultations conducted before setting activities and after conducting them, explaining that they evaluate impact, validate relevance and approaches – particularly in light of changing needs and priorities, and adjust according to findings.

*“Regular community consultations, rapid needs assessments, and an analysis of internal data help us understand what is happening in our beneficiaries’ surroundings and how their priorities are changing. For example, with the onset of the economic crisis and COVID-19, we noticed that the majority of hotline calls were to request basic services rather than GBV response (noting that GBV was later identified during the course of holistic case management). Women had less access to income-generating opportunities, and this emerging need had become critical. So, ABAAD partnered with other local FSL actors to whom we began referring women. This also fed into the implementation of Part II of this project.”*

- ABAAD Management KI

Staff reports were echoed by interviewed female and male community members: women from the Dar confirmed that they were always asked about their needs, preferences, and suggestions as part of a group through weekly meetings, as well as individually. In Dar ML, the women also highlighted the fact that the director regularly met with them to hear their needs and any concerns, which they appreciated. In Dar Bekaa, some women said that *“even when we do not accept certain activities or topics at the beginning, with the support of the team and open discussions, we are becoming more accepting and aware, and we feel integrated in all the activities.”*

Evaluations and opinion-sharing sessions occurred following activities, and a complaint box existed in case they needed to make anonymous suggestions or convey grievances to ABAAD management. They all expressed satisfaction regarding the participatory nature of the activities, noting that all beneficiary feedback was taken into consideration.

Both women and men FGD participants noted that ABAAD conducted needs assessments and tailored activities and awareness-raising sessions accordingly, adding that upon completion of activities, they conducted evaluation surveys. Among individual survey participants, 72% of men and 65% of women said that ABAAD applied a participatory approach when it came to setting and assessing activities. The key method used was FGDs and community consultations prior to setting activities, and evaluations following their completion.

Additionally, when it came to the development of resources such as new research and studies, training curriculums, sessions, and even campaigns, ABAAD reportedly validated content with community members with the purpose of making sure that materials are clear, easy to understand, and applicable to individuals in their daily lives.

Finally, ABAAD management staff regularly participate in cluster meetings (particularly the Protection and GBV working groups), and exchange information with other local actors and UN agencies in order to ensure consistent relevance and validity.

## INCLUSIVITY AND RESPONSIVENESS TO GENDER AND PROTECTION NEEDS

NASEEJ II was implemented in a manner that took different gender, nationality, and protection needs into account across its lifecycle, contextually adapting interventions as deemed necessary.

ABAAD HQ and field staff explained that when community members seek services at ABAAD, they attempt to cover all their needs – for example, when women come for case management, the holistic package aims to support them in different areas of their lives, from mental health and personal wellbeing, to healthcare, to legal support, to training. However, a management KI flagged that since the economic crisis and associated “brain drain” began, some difficulties have arisen due to a gap in specialised services, particularly in the field of psychiatry. On the other hand, ABAAD was able to support with certain emerging needs to ensure that women had continued access to protective interventions. One KI gave the following example: *“After speaking to GBV case managers, we learned that many women were no longer able to afford owning phones. As a response, ABAAD either provided financial support, mobile internet bundles, or agreed with the women to meet with a trusted person at a specific time to provide phone-based support.”*

In general, services and sessions are usually separated for females and males. However, in certain instances, it is beneficial to combine women and men. For example, the Men Centre supports male

beneficiaries on an individual level, but also engages their wives in couples therapy as needed. Similarly, the husbands of women who are receiving services at the WGSS are sometimes referred to the Men Centre for individual psychotherapy and couples counselling if this is something to which the couple is amenable.

On the whole, the vast majority of interviewed women and men confirmed that ABAAD offers support to everyone who needs it, without prejudice or discrimination. Only two females and males noted that they felt that ABAAD “favoured women,” and women community members from one FGD noted that ABAAD’s services insufficiently targeted men and boys, which they flagged as important and recommended as a necessity, especially since “the men in our community are interested in participating.”

FGD participants from both Safe Shelters affirmed that all activities responded to their protection needs, which were “always taken into consideration by the staff.”

*“By raising awareness, building our capacities, supporting us, teaching us new skills, providing us with psychological services, and raising our self-esteem, they are protecting us. ABAAD is really empowering us. There is no discrimination, we are all treated the same.”*

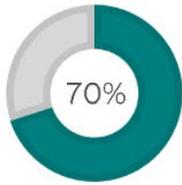
- Bekaa Safe Shelter FGD

*“They are covering all of our needs at the Shelter. Not only do they provide us with critical services like legal assistance and medical care, but they also cover our basic needs of a roof over our heads, food, hygiene kits, and even clothes for us and our children. They are really helping us overcome our difficult personal situations, and this is especially important in light of the current crisis in the country.”*

- ML Safe Shelter FGD

On the whole, Management KIs praised the DMFA grant for not having restricted targeting to a specific population. This enabled the organisation to support any individual who needed help, regardless of background, gender, or nationality. This level of flexibility is a best practice, as it allows interventions to be truly needs-based rather than indicator-based.

A WGSS KI also highlighted that the ability to provide support to local and refugee women simultaneously contributed to improving social cohesion. She explained, “During group sessions which were taking place 5 years ago, Lebanese participants had always felt discomfort in the presence of Syrian participants, but now this emotion has changed: locals have begun to accept the presence of refugees, and refugees have become more relaxed in the local context and are thus more engaged. Interestingly though, refugees are more motivated to speak out than locals, who in comparison are more discreet and require more motivation to participate.”



## EFFECTIVENESS

### EFFECTIVENESS OF THEORY OF CHANGE

*“If a protection space for vulnerable refugees and host communities is enhanced, and if the legislative frameworks and policies that affect them directly are addressed and modified, and if an enabling environment is created in which social norms around violence against women and girls will be shifted, then opportunities for development, prevention, safety, and protection for vulnerable refugees and host communities in Lebanon are ensured.”*

The Theory of Change was developed based on ABAAD’s longstanding knowledge and experience working in the Lebanese socio-political spheres, particularly when it comes to gender, GBV, and EAWG. All interviewed staff members considered it highly relevant to Lebanese society in that it attempted to highlight and address factors and root causes affecting violence and enhancing protection on the national level.

*“As a concept, the Theory of Change is **absolutely** on point. However, it is more of a ‘long game’ because while it may not have immediate tangible effects, it is paving the way for future transformation. During these past two years, as a result of public health and political crises, we have faced some roadblocks on the national and legislative levels, but the TOC remains valid.”*

- ABAAD Management KI

Senior Management flagged that *“the national context, which changed drastically over the past two years, cannot be a justification behind deprioritising or eliminating protection needs,”* emphasising the importance of continuing work on two key levels:

- i. Service delivery to ensure the continued support and protection of women, girls, men, and boys
- ii. Forging and strengthening relationships with key national stakeholders. ABAAD has already managed to create solid relationships and MoUs with different bodies including the Ministry of Interior – Internal Security Forces (Mol/ISF), the Ministry of Social Affairs (MoSA), the Ministry of Public Health (MoPH), the Ministry of Education and Higher Education (MEHE), and the National Commission for Lebanese Women (NCLW).

### ACHIEVEMENT OF OBJECTIVES AND RESULTS

The project succeeded in achieving the specific objective of enhancing protection spaces for vulnerable refugees and host communities, which was done through direct service delivery at the:

■ **WGSS** through holistic Case Management and referral, PSS sessions, raising awareness, life skills and socio-economic training, as well as providing in-kind support (food baskets) and financial assistance to ensure connectivity and thus access to remote services.

*“One woman came to the WGSS to participate in life skills training sessions. At first, nobody knew she was facing GBV issues, and she was not speaking about the matter. Eventually, the staff found out and motivated her to participate in PSS and awareness sessions. Later, with the encouragement of the team, she accepted to begin case management sessions. Gradually, she became more confident due to the counselling she received; she felt more comfortable and self-reliant. This helped her take life-changing decisions which resulted in positive transformations in her life, as well as on her own and her children’s wellbeing, who were also victims of abuse.”*

- WGSS KI

In general, most surveyed women (86%) said the services had positively contributed to their lives, especially when compared to before receiving WGSS services. They felt like they had a safe space where they could express themselves, share issues with other women who were experiencing similar problems, and, in general, feel less alone. Many learned methods to keep calmer, communicate better with husband, discipline children and deal with the pressures of constantly being around them during lockdowns/quarantines, and keeping them safe (*“especially daughters”*). Some said they had less anxiety about the future, and others learned how to stop relying so heavily on negative coping strategies. The remaining 14% were neutral, explaining that while they had experienced some changes in their lives, they still needed more information and support. One refugee respondent said that she still did not know how to deal with her son, who is very aggressive.

A possible trend was noticed among refugees, who seemed to have found the new information about women’s rights and self-confidence to stand up to others particularly important, while locals were happy to have found a pastime for which they could leave the house and occupy themselves.

■ **Al-Dar** through providing women and girls whose lives are at risk with a safe space and short-term accommodation as well as awareness-raising, a holistic care package catered based on need, life skills training to improve employability, as well as the development of a solid exit plan (including referral to income-generation programming) throughout their stay at the safe shelters.

*“Our multi-disciplinary team works with all the women hosted to respond to their varying needs. However, one fundamental intervention is tackling the individuals’ subjective beliefs and preconceptions to ensure they no longer justify and accept violence. Most of them not only consider GBV to be acceptable, but they also participate in victim-blaming: ‘if he hit her, he sure had his reasons.’ We work on countering this ideology. And once women realise that violence is not the aggressors’ right, things change.”*

- Al Dar KI

■ **Men Centre** through providing training on stress and anger management as well as masculinities, group therapy sessions, and individual psychotherapy to address masculinities and eliminate aggressive behaviour and perpetration of violence.

*“A man who was facing significant financial and psychosocial issues used to beat his wife and his children whenever they even spoke to him. Although their socio-economic situation did not change, we were able to work with him to reduce violence and gradually stop it altogether. Another beneficiary with narcissistic personality disorder was extremely abusive with his wife. Through therapy, we got to a point where he accepted to take the decision to divorce her, setting her free.”*

- Men Centre psychotherapist

A total of 78% of male beneficiaries considered the services to have made a positive contribution on their lives, while 12% were neutral, and 10% said that thus far, they had not experienced any significant changes. Based on the responses however, it became apparent that refugee men seemed less satisfied with this axis than locals were. This can be attributed to the fact that they were facing contextual issues and a lack of acceptance within their areas of residence, which limited their mobility and their ability to secure employment. As such, while they generally felt comfortable with their therapist and the cathartic process, the overall benefit was limited in the face of “*very real problems.*”

### Working with Local Stakeholders

On the national level, once again, the multifaceted crisis was reported to have hindered the full achievement of key set outcomes that involved government stakeholders. This included:

Stakeholder	Key Outcomes	Details
<b>Ministry of Social Affairs</b>	Roll-out of the National GBV SOPs and production of the Social Development Strategy.	As a result of the political vacuum and collapse, all MPs and Directors left their positions. The financial crisis also limited available budgets, which restricted operations and resources (including electricity availability) at MoSA and its SDCs. Thus, while the GBV SOPs were produced and endorsed, in light of the state failure, the roll-out was no longer realistically achievable and could not be launched on the national level due to this gap. Additionally, while the Social Development Strategy had been set, the drastic shift in context rendered it irrelevant, and in need of revision, adaptation, and validation prior to launching, which again could not take place. However, in spite of this, ABAAD noted that the will to continue this work existed, which was a positive indicator for continuity and sustainability.
<b>National Commission for Lebanese Women</b>	Not planned.	The NCLW signed an MoU with ABAAD committing to jointly working on national interventions and awareness-raising around UNSCR 1325, development and improvement of safe sheltering standards, and production of a National Strategy for Women in Lebanon.
<b>Ministry of Interior – Internal Security Forces</b>	Expansion of capacity building efforts and Training of Trainers for officers.	ABAAD managed to build a partnership with the ISF and initiate trainings and some TOTs. In response to COVID-19 and the crisis, the trainings were conducted using a hybrid modality (online/offline). While targets were lower than planned, ABAAD highlighted the importance of the fact that the ISF continued to commit to trainings, even though the officers were not even getting their (significantly devalued) salaries. Furthermore, ABAAD believed that the continued efforts with the ISF at this time is a fundamental entry point to understand the collapse of the security system, and to support with an indirect form of self-care.

<b>Ministry of Education and Higher Education</b>	Revision of the national educational curriculum to integrate SRHR and gender equality components.	The MEHE and ABAAD signed an agreement, and the Ministry had begun reviewing the national educational curriculum with the intent of integrating SRHR and gender components, a crucial effort towards raising awareness and contributing to primary prevention when it comes to GBV. Work was significantly slowed down due to contextual instability, but the efforts have not been scrapped, which again can be considered a positive indicator of an upcoming change.
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*“While we may not have been able to accomplish what we envisioned on the level of national and legislative reforms, we were able to build the foundations for strong partnerships with local stakeholders. The will to engage exists, which clearly demonstrates that we will be able to get the wheels turning again soon. And this is crucial, because now, more than ever, at a time of complex crises, Lebanon needs to have strengthened social protection and development strategies which will speak to the country 10 years from now.”*

- ABAAD Management KI

## KEY CHALLENGES AND MITIGATION

Programme Management KIs felt that the project was addressing factors that aimed to ensure the outcomes of the Theory of Change. However, given the existence of several challenges to be overcome on the national level, the project still requires time to achieve tangible results.

The predominant obstacles to programme activities, as listed by the different key informants, were chiefly related to contextual events which were out of ABAAD’s control, as follows:

- COVID-19:** The pandemic had a major impact on work in general, and on programme activities in specific, both due to national lockdowns as well as ABAAD’s wishes to safeguard beneficiaries and staff alike. Trainings with the ISF and GBV front-liners and social workers at shelters were shifted to an online modality, which according to staff and beneficiaries could have been more effective through an in-person modality. Similarly, MHPSS services, awareness-raising sessions, and trainings offered at the Men Centre and the WGSS also shifted to a remote support method. At the WGSS, staff sick leaves somewhat affected follow-up with cases; however, the Case Management Supervisors, who had access to all ongoing files, ensured continuity through reassigning them to available team members. This created heavier workloads and stress for a period of time. For Al-Dar beneficiaries, failure of complementary services (such as the judicial, forensic, and security systems) not only resulted in a backlog of cases at courts and other government infrastructures, but also created distress among them. Furthermore, their exit plans were consequently delayed, while new arrivals had to be quarantined for 14 days at a transitional space that ABAAD had secured prior to being accepted into the shelters. During this period, ABAAD was also providing free testing and medical care for women who had contracted the virus prior to and after being provided with safe refuge at the Dar.
- Adaptation of Services to Remote Modality:** The conversion of services from in-person to remote was an important step for which ABAAD had to quickly mobilise and adapt in the interest of Do No Harm and to keep an open line of contact with its beneficiaries. However, this was not devoid of challenges: the shift needed to happen rapidly, but working guidelines on how to provide remote services were globally inexistent. There were also no guidelines on how to update sheltering in light

of a pandemic response. ABAAD KIs reported that the organisation had managed to successfully make the shift, but it was a significant burden on the organisation and its staff. Upon the application of online services, it also came to light that it was not always easy for service-seekers to access the support, and many did not feel comfortable with the method. For example, Men Centre psychotherapists reported that it took some time for the men to adapt to and accept video calls, although the majority ultimately did. WGSS KIs mentioned that the shift was also difficult because it interrupted regular communication and follow-up; *“the consistent presence of children in the home created more chores (especially if they were attending school remotely on available devices), responsibilities, and stressful situations, while also making case management more difficult.”*

- **Financial Crisis:** The economic situation has, naturally, had a great impact on the situation of the country as a whole. The inflation, increasing unemployment, reduced access to cash and savings, and dramatic devaluation of the local currency has shifted beneficiaries’ needs and priorities from seeking PSS and GBV-related support to more basic material items such as food rations, hygiene kits, and similar. As such, it became increasingly difficult to target beneficiaries with interventions aiming to address their emotional, psychological, and safety needs without addressing their more basic survival needs. ABAAD had to explain the nature of its services to beneficiaries, and conduct referrals to other organisations to assist women and girls in securing needed assistance. On the operational level, the crisis also heavily affected budgeting. One KI noted that sometimes, as a result of the extreme exchange rate fluctuations, “we were finding ourselves with significant savings which we would have to reallocate into other activities.” Furthermore, not only were banks applying rigid and difficult policies, but the exchange rates were not unified on a national level (where it differed even between banks and government structures), and suppliers had different payment terms; some wanted to be paid exclusively in USD, others in LBP at the daily black market rate, and others still in a mixed modality of USD and VAT in LBP.
- **Staff Turnover and Attrition:** Human resource turnover and recruitment were reported to have become a major challenge nationwide. As a result of the brain drain that saw most qualified specialists (especially in the field of gender) leaving the country, the market has become extremely competitive. Trained staff were finding other opportunities or migrating, which has put Lebanon-based organisations under significant pressure.
- **Limited Resources at Government Structures:** While relationships with the ministries were rated to be positive, the severely limited resources available at the different structures created significant operational challenges on two levels: i) public servants were no longer receiving their salaries and lost their motivation or were unable to afford transportation to come to trainings, let alone to work, and ii) the MoSA SDCs, in which ABAAD’s WGSS were housed, were no longer able to fulfil their end of the MoU in providing the basic services such as water, heating, internet, electricity/generators, and basic equipment. This placed heavy constraints on the staff’s ability to work. Since no ministerial budget was available and ABAAD could not bear the financial burdens associated with securing these resources, ABAAD management made a strategic decision to phase out of the SDCs and secure other locales.
- **Political Vacuum:** The programme mainly works on the national policy level, and relies heavily on the cooperation of government structures. The continuing political vacuum feeding into bureaucracy challenges thus resulted in an inability to focus on advocacy, legislation, and operationalisation of the GBV CM SOPs. Partnerships were forged and strengthened, and certain preparatory steps were taken, but progress remains on hold, pending having a functional government in place.
- **Beirut Port Blast:** The August port blast which devastated Lebanon’s capital took a great toll on human life. In addition to the casualties, numerous individuals sustained injuries and required specialised support and care. Family homes were destroyed and needed repairs, the majority of

which were rendered unaffordable – to varying extents – because of people’s restricted access to their money deposited in banks. Once again, due to the political vacuum and low level of government response, for a period of time after the blast, Lebanese civil society had to shift its focus from regular programming to emergency response activities in order to cover gaps and support residents of affected areas.

- **Cross-Cutting Issues:** Major cross-cutting issues attributed to COVID-19, the economic situation, as well as quarantines and lockdowns enforced as a precautionary measure against contagion dramatically exacerbated the incidence of GBV against women. During that period, a significant number of women were unable to contact ABAAD (or other service providers) to report violence or seek help. This was not only due to financial challenges, but also heavily associated with the total lack of privacy in the home as a result of all household members – including aggressors – being locked inside (state-mandated quarantines and/or loss of employment), often in tight spaces, which further exacerbated tensions and violence.

The issues mentioned above affected critical key assumptions that applied to the project’s outputs: availability and commitment of stakeholders as well as experts, many of whom migrated, refugee and host community willingness – both females and males – to participate in community activities and to seek services, a stable political climate, no force majeure, and stable relations across different communities. While this indeed created a chaotic situation in the country, it was reported to have exponentially increased the relevance and the importance of the project.

The aforementioned factors resulted in a positive shift on the local level: many other NGOs began focusing more heavily on GBV challenges, support, and protection services. This in fact complemented ABAAD’s efforts, and created a fostering environment for working on EAWG: KIs reported that they were able to build bridges with local actors, the media and public figures, forge relationships with local authorities, and conduct important data collection informing current and future actions.

Still, management KIs explained that mitigation measures were only possible to a certain extent, because the issues were heavily dependent on external factors, particularly when it came to the political climate’s effects on advocacy and policy efforts.

## APPLICATION OF DIVERSE APPROACHES IN COMMUNITY TARGETING

Given that ABAAD’s interventions aim to prevent, protect from, and respond to Gender-Based Violence, the organisation targets its activities to women and girls, men and boys, local stakeholders and decision-makers, front-liners and service delivery personnel, the media and change-agents, as well as society at large. Accordingly, its strategies need to be specially catered to each group to ensure relevance, clarity, engagement, usefulness, and acceptance.

*“ABAAD has been present on the ground in our different communities of work for several years now. We do not only work with women; our approach also includes men, girls, and boys. This allows the communities to feel included, and shows them that ABAAD is not exclusive. This improves our approachability among communities, and gives them a sense of ownership.*

*Additionally, our teams have focused their efforts on networking and relationship management with local stakeholders such as municipalities, religious leaders, and community leaders. We also ensure applying a bottom-up approach, and we take their opinions into consideration. This has allowed us to building good rapport with the communities, enabling our teams to access different locations and informal settlements in which we previously did not work.”*

The programme design, in and of itself, employed pioneer interventions. In addition to campaigning, raising community awareness, and engaging men and youth in an effort to address the root causes of GBV rather than merely the symptoms, the project worked to empower public sector employees and ISF officers via capacity building, thus contributing to strengthening national protection response. This was confirmed by interviewed MoSA SDC staff, who noted that the trainings were crucial to their scope of work. Some went further to request TOTs, which they said would enrich their own personal skills and also enable them to train other colleagues.

The implementation modalities were well-rated by KIs in general. The programme built upon best practices obtained through ABAAD's experiences when it came to catering activities to beneficiary and community needs, utilising MEAL data to improve interventions on a regular basis.

Following COVID-19, shifting the activities to an online modality was considered the most appropriate and contextually-responsive method, which later also proved extremely useful in light of the mobility restrictions (road closures, lack of financial resources to commute, difficulty securing fuel or even locating taxis/public transportation options). While beneficiaries generally tended to prefer the in-person modality, several did praise the availability of online services as an acceptable alternative in the absence of other options.

*"We adapted the implementation in such a way that allowed us to keep direct contact with beneficiaries and continue conducting activities which are supportive for the communities under the current circumstances. I would say that this was definitely an effective method of implementation."*

- ABAAD Management KI

Both interviewed MC psychotherapists emphasised that the different methods applied during individual psychotherapy, which always took into account each individual man's unique case and needs were effective in tackling the key issues being faced. The approaches used included Couple Therapy (systemic and family approach), Interpersonal Therapy (IPT), Cognitive Behavioural Therapy (CBT), or Psychodynamic Theory. They explained that they clarified the nature of the work they would be doing from the first session. Any needed referrals to additional assistance were made as needed, especially in light of the economic challenges. Confidentiality was emphasised, and beneficiaries' progress was tracked confidentially through unique IDs rather than names. Such precautions were communicated to the men and made them feel more comfortable, secure, and accepting of the services. One flagged that an important practice was not lecturing, and slowly introducing the men into the concepts of masculinity: *"We highlight the difference between what the society and social standards impose on men in the name of masculinity, and the role that the person himself would like to play. Some people are resistant, that is why we use psychotherapy. We accompany the beneficiary step by step to work with his fundamental beliefs. Sometimes, we manage to show them how psychotherapy is creating positive transformation in their lives and homes. On the other hand, some men's beliefs do not always change. Especially due to the crisis, a number of beneficiaries feel more violent due to the context. This has affected their therapeutic process."*

Both psychotherapists had noticed peer-to-peer referrals, which meant that *"the men were sensing the positive impacts in their lives and trusting us enough refer other people about whom they care."*

Similar comments were proffered by Al-Dar and WGSS staff who explained that the services, sessions, and activities were developed based on international standards and technical advice of senior staff and consultants with the aim of achieving the best possible outcomes.

ISF officers were satisfied with the training structure in general, but voiced some scepticism about the remote modality, which the focal point reported was still under internal study.

## CONTRIBUTION TO GENDER EQUALITY AND PROTECTION FROM VIOLENCE AND ABUSE

The vast majority of interviewed women and men confirmed that ABAAD's services had contributed to protecting women from violence and abuse and to promoting gender equality. Women flagged that the knowledge they were gaining was empowering them, adding that being exposed to this unprecedented information was changing their perspectives and teaching them how to be safe, protect themselves and their children, be stronger, and speak out – through seeking services, reporting, and dealing with harassment and abuse. Several added that ABAAD staff listen, are responsive, offer good guidance, and strong follow-up, and “we can always count on them.” Some said they had heard that “ABAAD was keeping many women safe.”

Men gave particularly interesting responses, where they confirmed that ABAAD have been changing men's perceptions of protection – particularly of girls – and they now encourage this as a result of the awareness-raising activities in their communities. Some said that they learned new information to which they were previously not privy, and “men were listening.” A couple added that the available hotline “was also making a big difference.”

*“I personally feel that the situation is 80% better now, ABAAD has helped with how men in the community deal with women, and we are more aware of our behaviour around them.”*

- 41-year-old Syrian male, Bekaa

While none expressed negative perceptions, 10% of women (*having insufficient information due to recently seeking assistance or joining a limited number of activities, or explaining that they had received awareness-raising and knowledge on how to protect themselves, but it was not sufficient*) and 7% of men (*having insufficient information on the matter, or noting that the efforts did not make much difference because “the way people think is different”*) remained neutral.

When it came to improving protection among men and boys, while more positive feedback was recorded among males (71%) than females (40%), it is important to note that 55% of women noted they did not have an opinion because they did not know what ABAAD was doing for men and boys.

In general, several women and most men said that “men and boys also face violence, but this is not a phenomenon which anyone really knows or talks about.” They praised ABAAD for also targeting its interventions to males and “raising awareness about these dangers.” Some women said that with the information they received from ABAAD, they were better able to protect their children, whether girls or boys.

*“My son has learned how to be stronger. Now, he even feels that he can speak out and not be embarrassed if anything happens.”*

- 35-year-old Syrian female, Bekaa

A WGSS staff KI mentioned that during PSS sessions, they had engaged women and men in the implementation of “Programme P<sup>1</sup>” sessions. Participating men discussed concerns which showed that most of them only felt worthy when they generated the household’s income. Apart from the breadwinning role, they had felt that they had no purpose in the family context. The sessions changed the beneficiaries’ perceptions, helping them realise that they had more to give than income, and despite their unemployment, they had another essential role in the household: fatherhood. Numerous became willing to better engage and communicate, fostering a healthier domestic environment rooted in more gender-equal relations, and contributing to improving the wellbeing of their families.

At the safe shelters, both staff and beneficiaries alike noted that the work being undertaken with women has contributed to a shift in mindsets, which addressed concepts of patriarchy and unequal power dynamics, promoted agency and self-confidence, and reduced the women’s tendency to justify violence against women and girls “as a right given to men.” At Dar ML, FGD participants said that “the capacity building and awareness on rights has empowered them to preserve their rights and be able to start living in dignity.”

A Management KI explained that the process applied began with conducting sessions with community members to discuss their understanding of gender equality, and this informed the formulation of messaging. According to her, the sessions did foster increased awareness about such topics in ABAAD’s communities of work, largely contributing to setting the building blocks towards improved gender dynamics. However, she flagged that:

*“In a country like Lebanon, gender equality needs many years to be achieved. Our laws are still outdated and we need structural improvements. Even though we encourage beneficiaries to report cases to formal structures, there is no adequate legal framework to protect them. This is why it is imperative that we continue advocating with national governance stakeholders and ensuring their buy-in when it comes to revising archaic laws rooted in inequality and discrimination, as well as legislating new, protective, gender-conscious laws.”*

- ABAAD Management KI

## EFFECTIVE SAFE SHELTERING FOR GBV SURVIVORS

*“Al-Dar was a very safe space. I had never felt a sense of safety like this before. Living there affected me a lot. It raised my self-confidence, and I started talking about things more easily. I never felt threatened there. I used to voice my opinion on everything and take part in decision-making, which was also a new experience. I also felt that I could talk to the team whenever I was not feeling good.*

*Staff members were very qualified to assist us. Their attitude was lovely, and they always spread a really positive energy at the Dar. They also taught me an important coping strategy, which was to always base every decision I took in high self-confidence.*

*They worked with me and helped me ensure I would be returning to a safe surrounding before leaving. Now, I no longer feel at risk, but I do need some time to get over what happened to me and to go back*

<sup>1</sup> Programme P (after “padre”) is a manual developed by Promundo for front-liners to work with fathers on a gender-transformative fatherhood methodology. It was adapted to the local context by ABAAD in partnership with Save the Children and Promundo, and rolled out with local and refugee fathers.

*to the way I used to be. I take comfort in that fact that if I am ever at risk again, I know I can seek help from ABAAD.*

*I came to Al-Dar because my life was in danger and I needed protection. But what I was not expecting was to meet new people and form a new social circle. And actually, if I had the opportunity to communicate with the ABAAD team on a regular basis, I absolutely would love to.”*

- Former Al-Dar Beneficiary Testimonial

ABAAD Management said that the safe shelters are running safely and effectively. They noted that since the Ukraine war began, numerous donors have diverted funding into Ukraine response. However, *“the DMFA grant was extremely helpful in ensuring the sustainability of the shelters – which require significant resources and responsibilities as a result of operating 24/7 – particularly at a time where there is extremely high HR market competitiveness and thus staff attrition.”*

In terms of considerations towards safety, three key elements were discussed:

- **General Shelter Safety and Security:** ABAAD has specific mechanisms to ensure the safety of the shelter, its staff, and its residents. All shelters are gated, and a verification of identity is applied before any individual is allowed inside. In addition, ABAAD has integrated the concepts of masculinities as part of the capacity building programme for the social workers on how to safely engage with men with violent behaviours, in case needed. The exact locations of ABAAD’s safe shelters are confidential, and are not shared with any unconcerned third-parties, not even organisational staff. When locations must be shared, it is done with GPS coordinates. Communication lines with the municipality in which each shelter is based (including municipal police), the Internal Security Forces, and sometimes political figures residing in nearby areas, are open. These stakeholders have been made aware of the shelters’ existence and potential threats to staff safety in order to ensure an added layer of protection, and they have committed to be on call should any dangerous situations occur. They are also available in case shelter staff need to coordinate with them about certain cases. Transportation to and from shelters is safe and secure. ABAAD and contracted taxi drivers are trained on PSEA, GBV core concepts, and confidentiality. Throughout their years of operation, ABAAD has not faced any security threats at the shelters.
- **Beneficiary Safeguarding and Security:** The shelters employ qualified multi-disciplinary teams who trained on relevant guidelines to ensure safety and effectiveness. They are capable of dealing with and diffusing different issues that may be faced at the shelters, including to women’s own safety (for example cases of self-harm, or threatening other residents). When it comes to individuals with mental health concerns, the shelters only receive moderate MH cases and support these survivors with therapy and their medication. Severe cases who may pose a risk to other survivors are referred to specialised organisations for support. ABAAD does not place any survivors in shelters that are based in their own communities. When conducting activities that may be triggering for beneficiaries based on their personal cases and circumstances, staff speak to the beneficiary ahead of time and advise her not to participate. Prior to implementing any survivor’s exit plan, her case manager works with her to fully ensure that she is not only leaving into a safe environment, but that she is also financially independent. In order to respond to the livelihood requirement, ABAAD not only offers vocational training within the shelter, but has also been creating linkages with organisations that support with TVET.

- **COVID-19 Precautions:** At the height of COVID-19, ABAAD took strict measures to limit contagion and protect residents of the safe shelters, which the residents themselves confirmed made them feel safer. An emergency grant was obtained from OCHA in order to rent quarantine apartments, in which any women needed to remain for 14 days prior to being admitted to the safe shelters. If they tested positive, ABAAD secured treatment for them, and if they were negative, they went to the Dar. Social distancing was applied and regularly emphasised. Staff members were regularly tested for COVID-19. In one instance, the virus spread in one shelter, and ABAAD immediately mobilised to secure treatment for staff and survivors alike. In general, any women who needed hospitalisation were provided with a medical treatment package.

## IMPROVEMENT OF LOCAL STAKEHOLDER CAPACITIES

According to Management KIs, *“what ABAAD tried to do within the framework of this project was to institutionalise GBV response in a way that it would no longer merely be an area to which NGOs respond.”* While the modification of legal frameworks is still pending, ABAAD did manage to train key stakeholders in national institutions such as MoSA SDC employees, and ISF officers, in addition to local civil society actors and ABAAD service delivery staff.

To note is that trainings for educators on SRHR are also still pending the revision of the curriculum which is planned to take place in partnership with the MEHE, and envisioned to be resumed later in 2023.

## FRONT-LINERS, SOCIAL WORKERS, AND EDUCATORS

ABAAD built the capacities of MoSA social and case workers, focal points, and nurses, among others, on how to work with survivors who seek their support at the SDCs.

The FGD participants all confirmed the importance of the trainings they had received, particularly because they *“regularly work with women and girls whose lives are affected by GBV.”* They remarked that ABAAD trainers had a very engaging approach which captured their attention and conveyed information clearly. In general, the majority felt that they were easily able to put into practice their new skills and knowledge with their target populations.

When asked about further training needs, the front-liners mentioned the following key areas:

- Mental Health
- Counselling and referral
- Skills associated with conducting field work
- Case management for children
- Case management for women
- Domestic violence
- Direct interventions with women survivors of violence
- Safety planning and implementation
- Improved knowledge on relevant legislation which would benefit the women they support
- Child marriage
- Information on drug use and addiction, and how to support drug users
- TOTs to enable staff to train peers on relevant topics
- How to collect, document, and disseminate testimonials from women survivors

Finally, a few noted that having more practical exercises including scenarios and role-play would allow them to more quickly and efficiently respond to cases they may encounter.

### INTERNAL SECURITY FORCES (ISF)

*“After participating in the TOT, my curiosity and motivation to implement what I had learned increased. I became more aware of GBV cases and ‘aggressors’ in my community, which was very important since it was coupled with the knowledge that I can take the aggressor into custody.”*

- Female ISF Officer, TOT Participant

In general, the interviewed ISF officers felt that they and the vast majority of their trained colleagues had obtained sufficient information about GBV core concepts and how to receive and deal with GBV survivors. They also gained the qualifications to replicate the trainings to other colleagues, *“especially if it should cover the implementation of the relevant law.”* They emphasised the importance of practical examples and role-play exercises between the investigator and survivor, elaborating that those helped them relate the theoretical information to their day-to-day service. However, they highlighted the fact that more training is required, emphasising the necessity of *“adding even more practical activities.”*

*“Through our partnership with ABAAD, our aim has been to train the largest number of officers who are in direct contact with the public. On the long run, participants who have received training and who are applying what they have learned will have consistently developed their capacities through practical applications, and would spontaneously know how to deal with GBV cases in the future. They are also training their colleagues indirectly and directly: on one hand, they are applying the new methods and SOPs they have learned in front of their colleagues who are observing their new approach, and on the other, they are offering on-the-job coaching.*

*Over the past few years, we have rolled out several trainings at the academy unit of the ISF, and we selected the strongest candidates as TOT participants, who are now training their colleagues. We also ensured selecting officers from remote and rural locations with the purpose of improving the prevention of GBV and the inclusion of women in such areas, for example in North Lebanon. Eventually, we want to ensure that our facilities become more gender equal.*

*Still, for the past two years, we have been faced with numerous challenges stemming from the volatile situation in the country. These have included public health challenges (mainly COVID-19 lockdowns and having to shift to online modalities of training), but more importantly the economic challenges which are affecting overall operations, availability of budgets and resources, and even the officers’ ability to secure fuel or transportation costs. ABAAD has been able to provide some support on that front, which has allowed us to continue training roll-out.*

*I would emphasise that a major achievement is that the ISF HQ has approved and validated the new policies, which in itself is a major step towards sustainability of this initiative. Additionally, since the capacity building efforts have already taught the officers a new way of approaching GBV – and they are applying it – this is something that cannot be undone. On the long run, what we need to ensure is continuous training and strategic follow-up to achieve a nationwide impact.*

*Overall, working with ABAAD is very fruitful. Whatever the ISF needs in terms of support or collaboration has always succeeded without facing any conflict or imposing ideas on one another. We look forward to building upon and expanding our efforts towards addressing GBV in Lebanon.”*

- Internal Security Forces Testimonial

While reports from ISF as well as ABAAD KIs demonstrate a certain level of increased capacity among the officers, data collected directly from community members showed that a number of women still hold onto the belief that *“ISF officers do not know how to respond to GBV cases, as they think that men can do whatever they want to a woman, especially if they are the husband.”*

Additionally, refugee women all noted that they *“do not trust local stakeholders, and especially not the ISF,”* explaining that they did not feel safe to go and complain for a number of reasons such as the belief that the officers did not respect women, did not support refugees, would take advantage of them, or did not have the capacity to deal with GBV cases. Others said it was out of fear of deportation due to legal status or lack of documentation, noting that a few mentioned that ABAAD is supporting them to secure legal status in Lebanon. Only one respondent mentioned that she knew someone who had benefited from ISF support, while another explained that she had personally tried to report, but it had been futile.

### ABAAD STAFF

In addition to the regular training provided to ABAAD team members who deal directly with community members (and especially GBV survivors), under this project, staff were further trained on identification and mhGAP (and how to incorporate it into case management, as well as knowing when to make a referral). Furthermore, coordination between different positions was bolstered in order to ensure that MH cases were being more effectively managed.

Feedback around ABAAD staff capacities, qualifications, responsiveness, and treatment from all interviewed men and almost all women was extremely positive. Only one woman said she was somewhat satisfied, because she *“sometimes felt that at the WGSS, some beneficiaries were given preferential treatment by trainers, and that allowed them to benefit from more opportunities or support.”*

*“The staff are professional, responsive, respect our different situations, are always supportive, and the directors always ask about our needs. They make sure that we and our children have all our basic needs. We feel like we are in a family.”*

- ML Dar FGD

Community members participating in FGDs also echoed the same feedback about ABAAD staff at the WGSS and Men Centre. One was very surprised that she had *“gone to ABAAD headquarters one day after 5 PM, and the staff still rushed to accommodate her and respond to her emergency.”* One women’s group noted that *“while the staff were always responsive, for the past few months, contact has been minimal.”*

### APPLICATION OF MEAL SYSTEMS

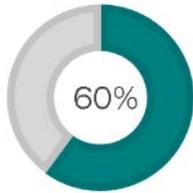
MEAL data collected by ABAAD directly from project beneficiaries and through coordination with the ISF focal point throughout the implementation demonstrated that they were mostly satisfied with the impact of the activities on their lives and capacities. When it came to beneficiaries, different types of monitoring such as individual surveys, exit interviews, and FGDs allowed the staff to collect feedback and suggestions to improve the services and cater them, to the extent possible, in the most relevant manner to community members’ needs. As for activities implemented with the ISF, ABAAD was present

at trainings, and close collaboration with the focal point ensured adaptations as needed; for example, extending the training duration when it was noticed that the initially allocated time was insufficient.

When it came to overall application of MEAL systems across the project, some weaknesses and gaps were flagged by ABAAD KIs. They noted that at the start of the project, coordination between Programme Management and the MEAL Department was rather weak. Management worked with staff who became more aware of the necessity of liaising with MEAL, and coordination improved over the course of the project. On the organisational level, ABAAD developed a centralised MEAL system, and created a platform on which all staff could submit their reports online.

On the whole, MEAL as a support function was considered acceptable but with room for remedial action and improvement:

- **Expand MEAL Unit:** The department remains small and requires expansion through HR recruitment. The department needs dedicated staff members working on procedures and processes, as well as data entry staff to input data as needed, check submitted reports and correct any errors, and regularly follow up with field teams.
- **Increase Training on MEAL Platform:** The online platform has helped centralisation of data. ABAAD trained the CMs to input data and psychological reports. More training is required.
- **Enhance Internal Monitoring and Trend Analysis.** MEAL staff was mainly responsible for collecting data rather than conducting regular internal monitoring. This is an element that should be developed and systematically conducted. Additionally, ABAAD currently conducts trend analyses, but on a “shy, project-based scale.” Expanding into data and trend analysis on an organisational level and issuing relevant reports would feed into enhancing programmes at large.
- **Improve Overall Data Collection and Quality:** Remote documentation proved difficult to collect during implementation. This created a demonstrable issue when it came to compiling beneficiary lists. Programme Management staff should ensure that information is regularly submitted to MEAL, who in turn should conduct quality control and request any missing information, or flag areas of improvement and offer recommendations.



## IMPACT

### CREATION OF AN ENVIRONMENT CONDUCIVE TO PROTECTION

*“On the TOC level, we are influencing the general attitude and political will towards the prioritisation of the GBV agenda and the implementation of protection. We have managed to make significant impact when it comes to providing services and raising awareness nationwide. However, we still need to implement the necessary political reforms, but once again, the contextual challenges have posed a barrier at the moment. Still, in spite of the major challenges that governance actors are facing, we have seen a dramatic change. Before, when we approached them to lobby for a cause, they would kick us out. Now, things are different. Now, there is political will, which means it is just a matter of time before the wheels start turning.”*

- ABAAD Management KI

### IMPROVED GENDER EQUALITY AND REDUCED TENSIONS

*“Women are becoming more active, even our husbands are saying that we changed. Men started seeing the importance of engaging women in all decisions and activities in the communities. Their respect towards us has increased, and with that, family dynamics have improved.”*

- Women FGD participants

All interviewed ABAAD and formal structure staff, as well as community members, believed that ABAAD’s programming was contributing to the creation of an environment that was conducive to the protection of women and girls, as well as boys and men, albeit it to a lesser extent that requires expansion.

In addition to protective service delivery and heightened awareness informing better gender relations and contributing to reducing GBV, women and men flagged an important unintended effect which was also promoting reduced community violence: ABAAD’s activities, which combined members of host and refugee populations, have contributed to **improved social cohesion** and enhanced relationships between the two groups, which has also **reduced inter-community tensions**, and by extension different forms of GBV.

*“They give opportunities to women and that is contributing to gender equality. They ask the right questions in the sessions and open our eyes to concepts and ideas that we otherwise would not have been aware of, and this has allowed us to better protect ourselves.”*

- 52-year-old Local female, North

### STRENGTHENED PROTECTION THROUGH INCREASED SRHR KNOWLEDGE

Interviewed women who had participated in sessions on SRHR said that ABAAD had been contributing to improved knowledge about SRHR through widely targeting community members with easily accessible activities (location or modality). The information was easy to understand, and proved useful

to them, as they previously did not have this information. A limited number also noted that the sessions were well-catered to the context and were thus accepted by participants. Only one woman remained neutral, elaborating that she had not managed to attend many ABAAD activities and would like to participate in more.

From their side, men also confirmed that ABAAD had widely targeted community members, including those in hard-to-reach areas, with useful and easily understandable information, and this contributed to largely increasing community awareness on SRHR. However, several felt that even wider targeting and more awareness efforts were needed in their communities.

## OVERALL IMPROVED COMMUNITY ACCESS TO MHPSS AND GBV SERVICES

### Men: Gendered MHPSS to Promote EVAWG

Through gendered psychotherapy and PSS sessions, the Men Centres and Family Support Units that targeted men had played an important role in slowly inducting men on concepts of masculinity, hegemonic gender roles and how to overcome them, and on ending violence against women.

One psychotherapist noted that some men came of their own accord, while others participated because it was a court-mandated requirement. The latter group was often resistant, but a good proportion gradually opened up, became more engaged, and noticed a difference in their lives. The therapist emphasised that the most impactful therapy was when they were able to engage the men's wives in order to capture a better idea of the household dynamics, following which couple therapy was initiated, producing excellent results when it came to reduced tension, violence, and aggression.

Almost all men who reported participating in PSS sessions or receiving MH support said that they had gained important information which they feel they should – and do – share with their friends and others in their community. Some said they always share it in order to help improve their communities and surroundings, while others noted they only shared advice when they felt it was needed.

*“If I am in a position to do so, I tell the men around me about these things. People from my community are now discussing these topics because of ABAAD.”*

- 50-year-old refugee male, Bekaa

On the other hand, a minimal number were neutral or said that the interventions have not been very impactful, either because of the difficult living conditions which took priority above protection matters, or because of the pervasive patriarchal ideology in their communities (mostly in the North).

*“If I am searching for bread, I cannot give anyone advice; my mind is elsewhere.”*

- 47-year-old local man, North

*“I do not believe that people have the right to interfere between a man and his wife. If he is hitting her, it feels like nobody has the right to tell him that he should not do it.”*

- 34-year-old refugee man, Bekaa

## Women and Girls: Protection through Holistic GBV Service Delivery

TYPES OF SUPPORT	BENEFICIARY FEEDBACK
Safe Sheltering	<p>Women residing in the safe shelters as well as interviewed beneficiaries highlighted the importance of ABAAD's safe shelters in offering women and girls a refuge from violence which covers all their immediate and daily needs, empowers them, builds their capacities, and raises their awareness. Additionally, staff either supports them in setting their own unique exit plan which would ensure their safe and independent reintegration into society (along with their children, where relevant), or a safe return home (also through engaging and working with their husbands). Some noted that they learned about ABAAD's shelters from awareness sessions, but that more shelters are needed in Lebanon, recommending that ABAAD consider opening new ones.</p>
Women and Girls Safe Spaces (Holistic GBV Service Provision)	<p>Women's perceptions of the WGSS were extremely positive. They particularly found the proximity and thus facilitated access to the centres helpful. The case workers there supported women with holistic case management packages including mental health, legal support, medical assistance, life skills and vocational training, awareness-raising, and referrals to additional needed services. Some highlighted the importance of the info sessions being conducted in their communities, explaining that they did not know about ABAAD or its services before meeting the staff there and learning about the types of offered support. One FGD participant noted, <i>"ABAAD supported me in to have my legal documents and to rent my current house in order to be able to live safely with my 4 kids."</i></p>
Mental Health and Psychosocial Support	<p>Participants in different FGDs said that women facing challenging situations, especially when being subjected to GBV, are really depressed and stressed, so ABAAD's mental health and PSS activities in the safe spaces and in the shelters have greatly contributed to improving their self-confidence, ability to relax, and overall personal wellbeing. Dar ML FGD participants said that <i>"psychotherapy in the shelter is supporting us to understand our feelings and start managing negative reactions. Life is becoming easier."</i> Women community members expressed their satisfaction with the skills they were learning on how to better communicate with their spouses and families, and especially how to deal with and discipline their children using positive parenting methods. Finally, a notable proportion highlighted the importance of the availability of these services free of charge, as they otherwise would have been unable to afford and access them, especially in light of the crisis.</p>
Life Skills Trainings	<p>These trainings were of high interest to women, as they built their capacities and taught them new skills which they could use to generate income from their homes (interviewed community members) or after leaving the Dar (shelter residents). Trainings on sewing, handcrafts, upcycling, as well as soap and jewellery-making, among others, were well-rated because they allowed the women to generate their own income. Some women from Dar Bekaa said, <i>"We are feeling empowered and able to start our own businesses when we are back to our houses, it will be easy for us to start making things like anklets and necklaces from home."</i></p>

*"The activities in which we participate on a daily basis have helped us to feel more comfortable in society. They are empowering us to become more confident and able to overcome harsh situations."*

- Dar ML FGD

*"ABAAD is fostering a healthy environment by gathering women from many diverse backgrounds. There is no discrimination at their centres."*

- Women Community Member FGDs

## IMPACT OF MEDIA CAMPAIGNS ON PUBLIC AWARENESS

*“In Lebanon, laws not only do not protect women, but they actually victimise them. For decades, public discourse and advocacy around improving legislation to promote women’s rights has been too tame, making it easy to ‘bury’ or downright reject. With the support of our donors, especially DMFA, ABAAD’s campaigns over the recent years have become bolder, garnering popular support locally, regionally, and internationally. As a result, legislators could no longer ignore them, and this resulted in some extremely impactful changes on the national level: not only have we succeeded in sensitising the media on applying a rights-based approach when tackling violence, but we also managed to get certain laws repealed or modified.”*

- ABAAD Senior Management KI

The media campaigns run by ABAAD and supported by DMFA under NASEEJ I and II were reported to have logged immense successes, resulting in noteworthy impact on the ground:

- **Changes in Legislation:** As a result of ABAAD’s advocacy and campaigning, Law 522 (also known as the “marry your rapist” law) was repealed, and Law 205 which criminalises sexual assault “was passed in record time in comparison to previous lobbying initiatives.” According to a Management KI, “Prior to that, every time we brought up sexual harassment, it was met with mockery.”
- **Improved Political Discourse:** Some years back, the MPs’ discourse around SGBV was very negative and belittling. With ABAAD’s campaigning and bringing the conversation to parliament – with countless advocates also rallying behind the cause – their discourse has improved, and they have shown support for the proposed protective laws. One KI mentioned that *“there is now fear of naming, shaming, and public campaigning, and this has resulted in an improvement in attitudes in the public sphere.”*
- **Shift in Media Attitudes and Coverage:** Similarly, when the media used to address SGBV, coverage centred around victim-blaming, scandalising, and sensationalism. Following training efforts and lobbying, they are now utilising a rights-based approach rooted in improved awareness.
- **High Social Media Engagement:** According to ABAAD’s Media Department, ABAAD’s campaigns over the last two years have received tens of millions of views, have been reposted by more than 25 celebrities with millions of followers, as well as more than 250 influencers. A total of 80 local, regional, and global media outlets covered the campaigns, also contributing to an increase in ABAAD’s followers on different social media platforms.  
In conducting an engagement analysis, the Media Department identified a positive finding: 88% of engagement was positive, and only 12% was negative and resistant to concepts of gender equality and EVAWG.
- **Increased Public Awareness and Prioritisation of Protection:** An interesting note flagged by ABAAD Management was that a recent study based on primary data collection conducted with 311 non-beneficiary Syrian refugees across Lebanon found that 11% had learned about GBV from public campaigns. Furthermore, following ABAAD’s #Priority\_Too campaign,<sup>2</sup> which was also heavily circulated by a number of opinion leaders, influencers, media figures, and celebrities urging making women’s abuse a priority, ABAAD recorded a significant increase in survivors contacting the organisation’s hotline for help.

<sup>2</sup> The campaign came after 2021 statistics showed that 9 out of 10 women had stopped reporting abuse because it was “no longer a priority” in light of the Lebanese context.

*“The campaigns have raised public awareness, and this is a first step towards shifting perceptions of normalised violence. Before, society may have perceived a woman or girl having to marry her rapist as something that was acceptable, encouraged even, in order to protect her. People did not know that such laws existed in our constitution. We highlighted these issues through awareness-raising interventions, public stunts, promoting agency, and putting out calls to action – and we ultimately changed the law, and got Article 522 repealed.”*

- ABAAD Management KI

## DIFFERENTIAL IMPACTS ON PROTECTION FOR FEMALES AND MALES

### PART I: ORDINARY GRANT

According to a Management KI, ABAAD’s main target population is women and girls, *“so naturally, interventions targeted a larger female than male population, but we never excluded men and boys, who we tried to engage as much as possible.”*

She added that feedback received from women showed that the project had contributed to better gender dynamics, because they said they had personally changed some patriarchal practices that they were unknowingly applying, which helped them positively influence the gender dynamics in their own households. This was confirmed by the vast majority of interviewed women, who expressed higher levels of self-confidence, positivity, strength, empowerment, communication skills, and hope for the future. Several also took pride in the fact that they had been able to establish themselves as important members of their household who were able to set plans and take decisions. However, some FGD participants noted that *“both women and men are equal members of society, and activities should be equally inclusive of them. Activities already target young and adolescent boys, and while ABAAD has promised men group activities, we have not seen these materialise yet.”* Several of them mentioned that their husbands had voiced interest in participating.

Additionally, men who were participating in “Programme Ra<sup>3</sup>” sessions, as well as those engaged in psychotherapy did report changing their own ideologies, behaviours, and attitudes to varying extents. A minimal number felt that the sessions had not made any changes in their lives thus far, but the majority was of the opinion that the support they had received had been valuable in effecting positive changes in their own households, and in their wider communities, including as a result of their personal efforts.

*“We cannot say that we have changed society on the whole, but we are starting on the individual level and we are achieving small victories.”*

- ABAAD Management KI

<sup>3</sup> Originally Programme H (for “hombre”), the manual was adapted to the local context by ABAAD, and renamed Programme Ra (for “rajol,” the Arabic word for man).

## PART II: EXTRAORDINARY GRANT – COVID-19 INTERVENTION

*“When COVID-19 first appeared, it was strongly stigmatising. With time, our own internal data as well as public studies began highlighting the intersections of the virus and the incidence of GBV, particularly as a result of confinement. We began working on key messages and awareness-raising related to the virus and its effects on different aspects of life, which proved extremely beneficial because along the way, we received feedback from people that they had not made the linkage between these seemingly unrelated topics.”*

- ABAAD Management KI

### COVID-19 Adaptations, Limitations, and Impact

The project was contextually responsive, and both KIs as well as most beneficiaries confirmed that ABAAD was able to adapt its services and operations to respond to challenges imposed by COVID-19 and related national and organisational preventive measures. This included supporting women with internet bundles during the quarantines, and later with transportation in order to reach lifesaving services. Additionally, as previously mentioned, rather than turning away survivors who needed safe sheltering, ABAAD mobilised resources to ensure dignified quarantine accommodations and medical care (including PCR tests and hospitalisation).

Staff working directly with beneficiaries explained that it took a couple of weeks to shift to the online modality, and once the efforts were launched, they did face some resistance. However, most beneficiaries, with the exception of those who did not have access to internet and mobile devices, ultimately responded positively and committed to online activities.

At the HQ and service delivery points, KIs detailed numerous precautions that were taken to prevent contagion, including social distancing, wearing masks, limiting the number of staff per office, organising meetings and lunch breaks in a manner that avoids larger groups using all facilities at the same time, and regularly sterilising shared surfaces.

Key challenges associated with the online modality included power outages, weak or no internet, difficulty hearing one another, and participants dropping in and out of sessions which hindered their ability to adequately follow sessions.

*“It is better to be at the centre in person. I need to leave the house. I need to talk to other people. Seeing others would help me live with what I have to live with.”*

- 28-year-old refugee female, BML

Main issues reported by women were the lack of privacy to participate in sessions, limited time due to increased childcare responsibilities during quarantine, and reduced access to mobile devices (especially in households where children needed them to attend school remotely). A very limited number of women reported not knowing how to use technology or being unable to read.

*“As psychotherapists, we were against using the online modality for therapy. But COVID-19 showed us that it works, and there were cases of depression and PTSD that we able to treat online. Currently, while we have mainly shifted back to in-person sessions, we still use the remote modality with some men who are unable to secure transportation due to economic crisis.”*

- Men Centre Psychotherapist

When it came to men, both interviewed psychotherapists said that the main challenges were their inability to observe beneficiaries' body language, and the fact that some of them were not at ease discussing their issues because they could not be certain that their privacy was guaranteed. In fact, one beneficiary indeed reported that he had not felt very comfortable with the remote method because he believed that his therapist *“had the phone on loudspeaker and there were other people in the same room who could hear him.”*

On the whole, while most beneficiaries preferred the in-person method of support, many did believe that certain remote services should continue even post COVID-19, especially since it facilitated access in light of the challenges in securing fuel or paying for transportation, which is not always easy to come by.

### **Food Kit Distribution**

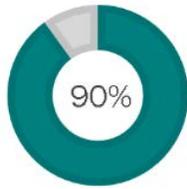
Amidst the pandemic, DMFA allocated EUR 1,000,000.00 to COVID-19 interventions among grantees who could effectively implement the activities. Accordingly, ABAAD mobilised to provide food baskets and COVID-19 awareness-raising.

ABAAD explained that the contents of the food kits were compliant with WFP indicators regarding content and nutritional value. They set a distribution plan which prioritised women but also targeted men. Kit distribution was mainly done through a door-to-door modality by ABAAD and different partner municipalities, but also partly took place at the WGSS, taking into account COVID-19 precautions and mitigation measures. There were no reports of any gender-based issues.

Furthermore, all respondents who had received food baskets suggested continuing this type of assistance, particularly in light of the economic hardship.

A significant proportion of interviewed women (75%) and men (72%) reported having received one food basket, with the exception of one local man from the North, who had received two baskets. However, this cannot be considered a finding because of potential memory gaps and the possibility that he may have received food baskets from different actors.

The majority of female and male respondents confirmed that the baskets came at the right time and were extremely helpful to their households. A very minor number said that the contents were insufficient and lasted for a very limited period. A good finding was that there were no complaints related to quality.



## SUSTAINABILITY

On the organisational level, senior and programme management KIs affirmed that there is a strong likelihood that interventions instated under this project continue.

On the advocacy and policy level, ABAAD's long-term partnership and collaboration with the ISF and MoSA preceded but was also further cemented by the DMFA-supported project, and efforts towards fostering and enhancing a safe space for durable solutions will not stop as long as the national infrastructure requires support and backstopping. Additionally, the information gathered across the life cycle of the project through MEAL activities (including third-party exercises) have also contributed to increased knowledge that will shape future upcoming projects. Management reconfirmed that *"the TOC remains valid in its envisioned sustained impact, hence pursuing the operationalisation of interventions on the national level is still the way out for the creation of an effective system for GBV response in Lebanon."*

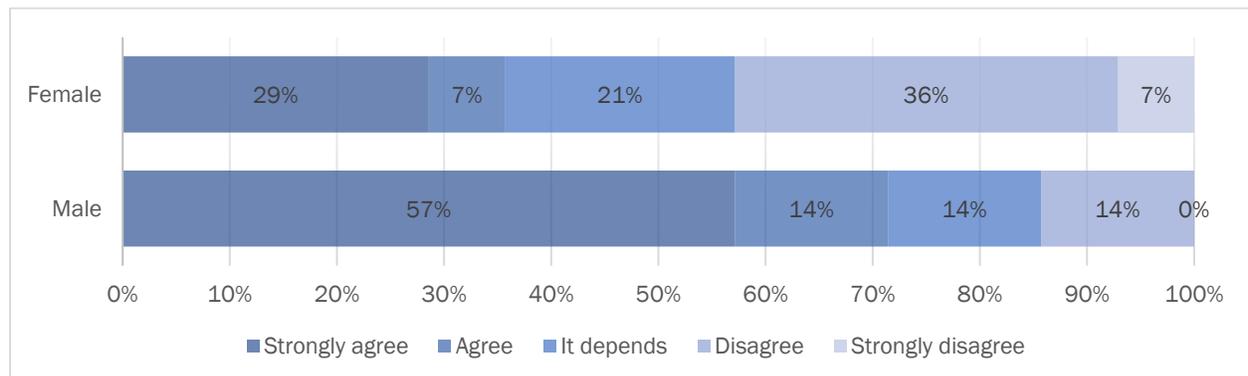
### INFLUENCES ON KNOWLEDGE, ATTITUDES, AND PRACTICES

As an additional exercise to scope out men's attitudes towards gender role, masculinities, and GBV elements, the quantitative household survey included a brief list of six questions covering key areas that were developed in coordination with the Men Centre psychotherapists. In the interest of providing a comparative layer, the questions were also asked to interviewed women.

Each statement was read out to respondents, and they were asked to rate their level of agreement or disagreement on a five-point Likert scale. No qualitative elaboration was requested, but the enumerators noted down any details voluntarily provided by the respondents.

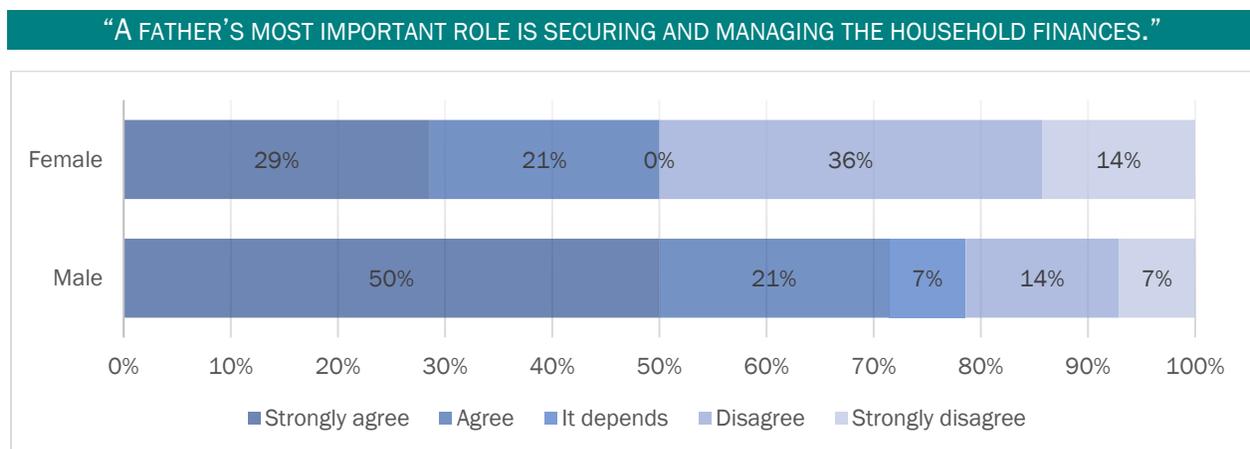
**Important Note:** This exercise was not a part of the evaluation scope, and there are no baseline values with which to compare in order to be able to assess potential changes in attitudes. Accordingly, the objective of this section is to provide ABAAD with an idea around beneficiaries' respective KAP in order to inform the development of future messaging for communities.

**"A MOTHER'S MOST IMPORTANT ROLE IS TAKING CARE OF THE HOUSEHOLD, HER HUSBAND, AND THE CHILDREN."**



A notable 71% of men strongly agreed (57%) or agreed (14%) that a mother's most important role was taking care of her household, husband, and children, as opposed to a significantly lower 36% among women. Some female respondents who said it depends explained that the statement depended on the angle with which the role was being assessed: *"if we consider what she has to do for the house, then yes, that is her most important role. But, if we look at the subject where she is her own person, and a woman who happens to be a mother, then no, it is not her most important role."* Among women who disagreed, one noted that her *"mother, who was employed and an active member of her community, was proof that a woman is just as important outside the household as she is inside it."*

- Messaging should further focus on gender roles, highlighting the importance of sharing household duties without attributing them to a certain gender. Caring for other household members can be promoted as the "human" thing to do out of love and a sense of responsibility towards one's family, rather than a "feminine" trait.

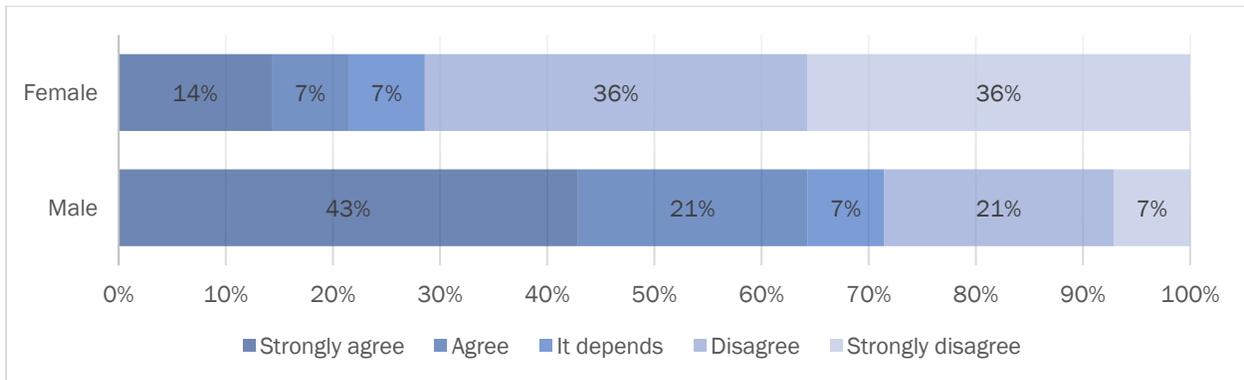


Interestingly, among females, the sample was equally divided between those who agreed and those who disagreed with the father's most important role being securing and managing household finances. The relative majority (36%) agreed.

On the other hand, 71% of males agreed, with half the sample expressing strong agreement. The 7% who said "it depends" explained that both women and men can work, and women should have the freedom to do so. One flagged that decision-making should be joint.

- Messaging should promote joint household decision-making as a precursor to improved household dynamics, where communication is key. Both spouses can express their opinions, respectfully agree or disagree, and ultimately make the decisions based on the overall wellbeing of the entire family. Women should not be restricted from working if they wish to and/or if it is financially necessary. Previous data collected from Lebanese and Syrian communities has shown that men often deny their wives the right to work out of fear of extramarital relations, women becoming independent and leaving them, or out of protection concerns. These axes can be addressed with men through working on improving their self-confidence and their temperament in how they treat their wives (i.e. "she will not leave you if she is satisfied with the relationship and in her household").

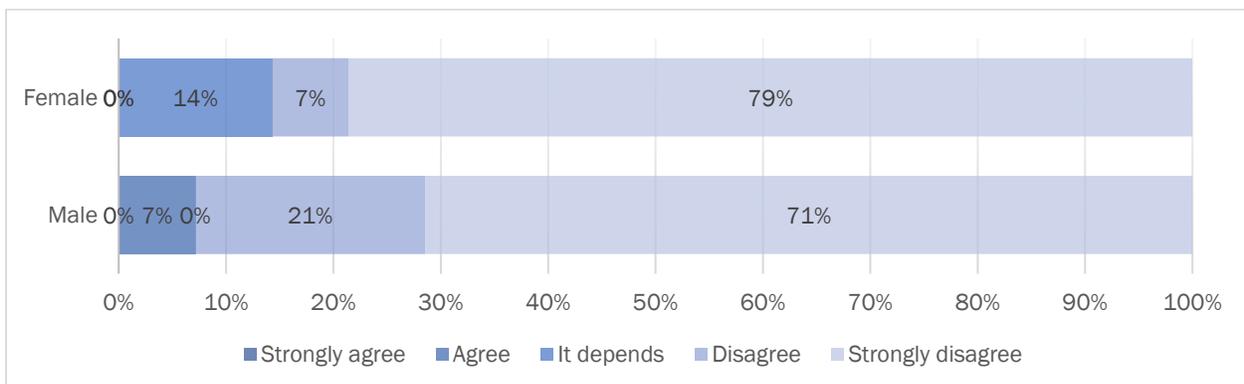
“THE CHARACTERISTICS OF A REAL MAN ARE BEING STRONG, PRACTICAL, AND UNEMOTIONAL (DOES NOT CRY).”



The clear discrepancy in responses according to genders is remarkable: while 64% of men agreed (with almost half *strongly* agreeing), 72% of women disagreed that a real man’s character centres around being strong, practical, and unemotional. Furthermore, even among men who agreed, there seemed to be two main differing opinions: some said that “*the man should never break down or show weakness (such as crying) in front of his wife and kids,*” while others said that “*men should not show weakness, but they should at least be able to express themselves or cry in front of their wives.*”

- Interestingly, men who did provide elaborations seemed to centre their opinions around women’s perceptions of them. This demonstrates that simultaneously engaging women and men (especially through couple or family systemic therapy) in discussions on masculinities may contribute to reducing men’s rigidity when it comes to hegemonic masculinities. Furthermore, they can be shown that a man showing some weakness or emotions or asking for help does not make women believe that they are “lesser men.”

“SOMETIMES, IT IS ACCEPTABLE FOR A MAN TO RESORT TO VIOLENCE WHEN HE NEEDS TO ESTABLISH HIS AUTHORITY AND KEEP HIS HOUSEHOLD IN ORDER.”



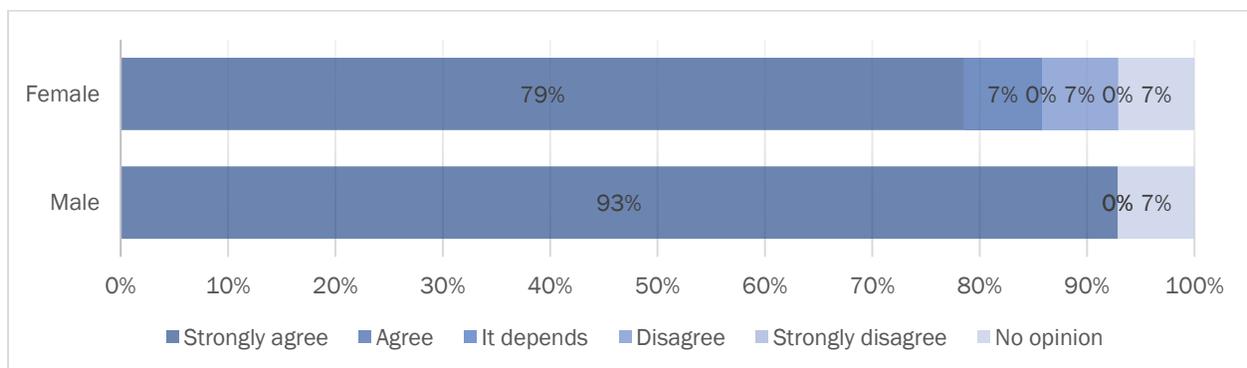
Responses to this statement show a very positive trend, as the majority of women (86%) and almost all men (92%) disagreed that resorting to violence was acceptable if men needed to discipline their wives or children and re-establish his authority.

However, a small proportion of men agreed that it was acceptable on conditions (if absolutely necessary, or if not harsh violence and only used as a warning). One man who disagreed said that “*Violence is not acceptable. What I do to protect my kids is shout at them.*”

Additionally, while none of the women expressed agreement, 14% did feel it could be justified, depending on the type of violence. One stated, “A little beating is fine, but there are limits. Still, we cannot say that we do not understand, especially because of the stressful times we are living.”

- While collected data makes it clear that ABAAD’s efforts have influenced some change when it comes to no longer normalising violence (particularly among men who are in therapy for aggressive behaviour), it appears that certain concepts need to be further explained – for example, emotional and verbal abuse are forms of violence. Messaging on concepts of domestic violence should also be targeted to women, who sometimes continue to consider it a man’s right to beat his family members.

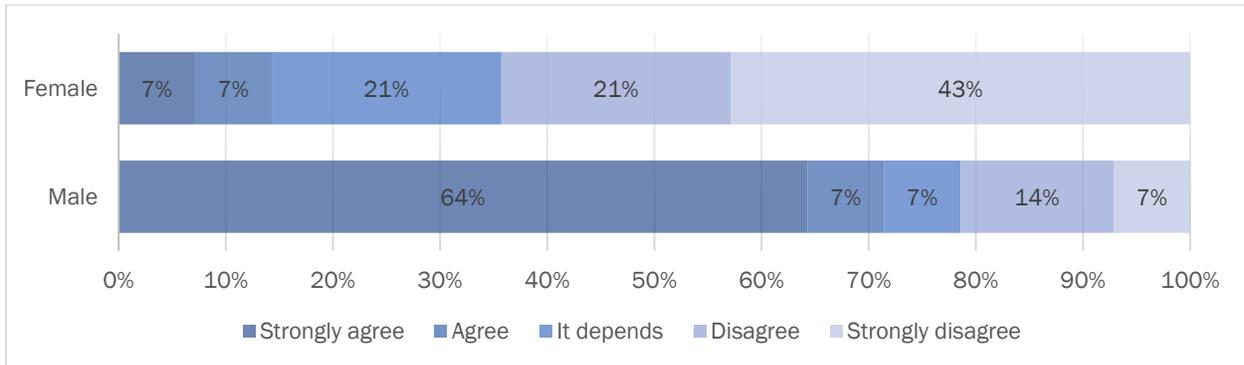
#### “PERSONS WHO HAVE RELATIONSHIPS WITH SOMEONE OF THE SAME SEX ARE THREAT TO SOCIETY AND PUBLIC MORALS.”



The extremely negative reactions to this statement show that more work needs to be done when it comes to human rights-based acceptance of others. Not only did 93% of men and 86% of women (strongly) agree that LGBTQI individuals were a threat to “society and public morality,” one male went further, saying that “they are not just danger to society, but they are also a danger to themselves.” A total of 7% each did not wish to express an opinion on the matter, and one married refugee male noted, “to each his own.”

- While this is a more difficult axis to address, particularly due to associations with religious beliefs, it is important to at least work with communities to foster a certain level of tolerance based in human rights, with the objective of reducing potential gender-based violence targeted at LGBTQI (especially men with feminine expression).

“WHEN A HUSBAND HAS TO DEPEND ON HIS WIFE TO BE THE BREADWINNER OF THE HOUSEHOLD, THIS AFFECTS HIS DIGNITY AND STATUS IN THE HOUSEHOLD.”



Once again, perceptions of dignity associated with traditional male gender roles yielded significantly stronger levels of agreement from men versus strong levels of disagreement from women.

Where men made statements such as “*he is the man, so he should be working,*” and “*if a man does not work, he becomes useless in the eyes of his wife and his household,*” women affirmed that “*the husband and wife should be able to help each other with everything equally,*” and “*the burden of household expenses should be shared.*”

Among those who said it depended, responses included the following:

“*Sometimes the situation may require the woman to work, but the man must try his best not to make this happen – he cannot just sit there and watch.*”

- 31-year-old Lebanese male, BML

“*It depends on the reason he is or is not working. If he is merely being lazy, then this absolutely affects his status and any respect towards him.*”

- 63-year-old local female, BML

“*The way our society operates does not help the man accept that he has to stay home while his wife works.*”

26-year-old refugee female, North

- Messaging should highlight the effects of complex crises, migration, and other extraordinary circumstances on households, and use PSS sessions to promote positive coping strategies. Using these as an indirect entry point, facilitators can discuss women’s fundamental rights to work, the importance of sharing household duties, financial burdens and decision-making, income generation, and childcare, as equal partners, emphasising that this does not affect the man’s or woman’s dignity; on the contrary, it contributes to healthier dynamics within the household.

## LONG-TERM IMPACT ON OWN LIVES

On the level of long-term impact on their own lives and capacities, feedback from interviewed community members and the SDC staff was overwhelmingly positive.

Residents of Al-Dar said they had already begun living their lives differently, with some feeling more confident to continue their lives alone. They reported that the skills they had learned would feed into leading better lives, flagging the added value of the life skills training which would enable them to generate income and *“no longer have to depend on others for allowance.”*

Women community members largely expressed a more positive outlook towards life, with improved hopes for the future. They said that ABAAD had *“opened their eyes to the fact that they could take care of themselves and have their own thoughts”* and had given them critical tools to improve their own personal wellbeing and self-care, their communication, treatment, and disciplining of their children through nonviolent methods. Some said that ABAAD had been able to support them and their husbands to improve their relationships, while others noted that they obtained help in getting divorced and regaining control of their lives. Several mentioned that the sessions had helped them conquer their depression.

*“The fact that I felt so much support at some point in my life means that when I need help again, I know that I can seek it, and I will.”*

- 32-year-old refugee female, BML

*“I found the information I got in the sessions so important, and that encouraged me to spread awareness in my community. I would be more than willing to volunteer with ABAAD if they allow it.”*

- 48-year-old local female, Bekaa

A minimal number of women reported limited effects on their lives, either because they had not yet gotten a chance to participate in many activities and expressing an interest in doing so, or because the support had not “fully” been able to help with their individual cases, so they “could not rate it as life-changing.”

A good proportion of men mentioned that the activities in which they participated *“taught them a lot of new information that they could not comprehend before,”* and this has helped them create better dynamics in their households, work, and communities. One mentioned that ABAAD’s centres were the first place he felt he was “somewhere wanted” as a refugee, while another local said that ABAAD had given him better perspectives, and he was now aware of issues to which he previously did not give any importance. He added, *“I am sure they are the best NGO we have gotten to know!”*

*“I almost killed myself, but they stood by me and now I do not think that way anymore. I am not alone.”*

- 31-year-old local male, BML

*“My wife and I now connect better. We remember what they taught us, even about matters related to raising the kids.”*

- 38-year-old refugee male, North

*“I never got an education, so I always felt like I was lacking. But the awareness and psychotherapy sessions have helped me learn so much, and now I know more things which have been so important in dealing with my family.”*

- 50-year-old refugee male, Bekaa

Similarly to women, only a couple of men reported minor effects: one said that there were a lot of things that he already knew or practiced, while another said, *“Everything goes day by day, so I cannot assess a real impact – besides, I need something different than the type of help they can offer.”*

## CONCLUSIONS AND RECOMMENDATIONS

### KEY COMMUNITY RECOMMENDATIONS

- Create a socio-economic programme to teach women more skills that would improve their employability and assist them in finding work or launching their own ventures. They emphasised the importance of accredited trainings which provided certifications at the end, which they flagged are important to secure work.
- Provide financial support to women who need it.
- Provide awareness-raising at schools (especially public) for children and adolescents on topics such as sexual education, HIV, and GBV.
- Engage men and boys in sessions to raise their awareness on GBV and teach them the importance of nonviolence.

SDC staff members asked for more in-depth trainings with a longer duration, more practical exercises, and varied information to regularly update knowledge and provide the skills needed to deal with diverse beneficiary cases. Several also asked for Trainings of Trainers.

### EVALUATOR RECOMMENDATIONS

STAKEHOLDER	RECOMMENDATIONS
ABAAD	<p><b>Capitalise on regular internal MEAL exercises to maximise relevance and community acceptance.</b> In order to ensure that activities are consistently inclusive and relevant to community members' priority needs, ABAAD should expand and continue relying on internal MEAL exercises to identify changes in context and consequent effects on beneficiaries, arising gaps, and overall satisfaction levels. In satisfaction surveys and exit interviews, it is important that MEAL staff emphasise the importance of honest feedback and assure respondents of the fact that this would neither affect the services they are receiving, nor would they face retaliation; the information they provide would remain anonymous and would only serve to improve delivered services. Activities and referrals can then be adapted according to beneficiaries' inputs. This would play a key role in attracting more community members and fostering a higher level of tolerance, including among men.</p>

DMFA	<p><b>Maintain the good practice of flexibility when it comes to contextual responsive and/or grassroots programming.</b> ABAAD praised DMFA's flexibility when it came to the grant. They noted that the fact that "it was not very earmarked" facilitated their ability to invest in the arising needs they were identifying throughout implementation and in light of the evolving context. Prioritising grassroots interventions and allowing evidence-based modifications to scope is a best practice by DMFA which is especially important in unstable contexts.</p>
DMFA, ABAAD	<p><b>Continue the good practice of preceding programme design with community consultations, add baseline assessments.</b> Ahead of designing interventions and launching activities, as well as during implementation, ABAAD conducted community consultations and based activities on key findings. This is a good practice which should be mainstreamed. Additionally, in volatile situations, regular rapid assessments and MEAL exercises are recommended to ensure maximising the relevance and effectiveness of services, support, and activities.</p>
ABAAD	<p><b>Build upon successful partnerships in future phases of NASEEJ (if any), or similar projects.</b> According to ABAAD staff, partnerships with the ISF and MoSA already existed and should be continuously strengthened through applying the different lessons emerging along the course of implementation. The National Commission for Lebanese Women (NCLW) was also reported to be working on safe sheltering and related research, and this is another partnership that ABAAD has been able to build. Finally, within the scope of NASEEJ, ABAAD also partnered with MEHE. The relationship with these four stakeholders, in addition to other partners like the MoPH and MoJ can prove useful in future lobbying initiatives.</p>
ABAAD	<p><b>Revisit and strengthen documentation to generate knowledge that improves implementation and identifies lessons.</b> A staff member had noted that operations were occurring in a shifting context, with interventions from several projects happening simultaneously over a very short period of time. Direct needs were being rapidly assessed while moving at a very fast pace. Accordingly, it is crucial to revisit and document what has been done to track lessons and best practices, as well as situational impacts on beneficiaries and interventions. This will ensure that better results are consistently produced. Additionally, ABAAD can consider publishing identified best practices to assist other stakeholders who are working on or wish to integrate similar sectoral interventions into their mandates.</p>
ABAAD	<p><b>Coordinate with the justice system regarding court-mandated psychotherapy.</b> Several men with violent behaviour have been referred to ABAAD for court-mandated rehabilitation at the Men Centre. The psychotherapists believed that when the perpetrators' wives also join in the therapy process, results are much more impactful and transformative. Accordingly, it is recommended that ABAAD consider working with courts to encourage or even mandate spousal involvement.</p>
DMFA, ABAAD	<p><b>Sustain multi-year funding to ensure the achievement of longer-term objectives.</b> NASEEJ I and II were multi-year projects, which is extremely important when working on projects that aim to effect social behavioural transformation. This is a good practice, and it is recommended that ABAAD continue proposing multi-year projects when covering such scopes of work.</p>
ABAAD	<p><b>Continue working towards building the capacities of local stakeholders and governance structures to advocate for better legislation.</b> Staff emphasised that the key sustainability consideration, apart from securing funding, is to continue focusing on strengthening policy and advocacy efforts, especially peer-to-peer advocacy on the ministerial level, i.e. political advocacy for changes on the legislative level, and supporting them with knowledge-building so that they are able to better lobby for protective legal frameworks.</p>

ABAAD	<p><b>Widen the scope of community knowledge and engagement.</b> This recommendation stems from three key findings: i) a number of women were unaware whether or how ABAAD was targeting men and boys, ii) some men felt ABAAD gears all its efforts towards women, and iii) commentary on ABAAD’s social media campaigns which shows that some men are still resistant to concepts of gender equality and women’s rights. It is recommended that ABAAD better communicate its interventions for men and boys within its communities of work, emphasising that anyone interested in participating is welcome. ABAAD should also consider possible options and activities to engage men who are actively promoting misogyny in dialogue.</p>
ABAAD	<p><b>Strengthen messaging in a manner that responds to negative community ideology that may potentially normalise, justify, or accept GBV.</b> While the brief KAP component within this evaluation cannot be considered fully indicative, especially since there are no baseline values for comparison, findings show that more messaging and awareness are needed to raise men’s awareness and steer them away from ideology based in hegemonic masculinities and femininities. Additionally, ABAAD should encourage men (and women) who witness abuse – including between spouses – to report it, as their action could save lives.</p>
ABAAD, DMFA	<p><b>Cash for Work and Job Placement programmes.</b> ABAAD should consider integrating cross-cutting livelihoods interventions into its programming, especially within safe sheltering and holistic case management components. This would be especially useful for survivors’ exit planning, and would serve to truly empower women and increase their agency and independence. Possible axes can include TVET, cash for work, job placement through partnerships with other actors (or even the private sector following training). Given that some respondents mentioned their willingness to volunteer with ABAAD on community outreach and peer-to-peer awareness-raising, ABAAD may also wish to consider capitalising on volunteering programmes which could provide participants with stipends that would be welcome during the financial crisis.</p>
ABAAD	<p><b>Develop guidelines on capturing survivor testimonials.</b> Some SDC staff members noted that they needed training on how to collect, document, and disseminate testimonials from women survivors. As numerous considerations are involved in this process, including consent and safeguarding considerations, ABAAD can utilise its expertise to develop contextually-relevant guidelines that can be circulated among SDC staff and other local and national stakeholders. The manual can be accompanied with training sessions for roll-out.</p>
ABAAD	<p><b>programmes.</b> More training, and more visibility around ISF improvements. This also needs to be put into practice, because campaigns without proven action will not encourage survivors to report until they see that they will be able to get justice.</p>