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MIDTERM REVIEW

REFORM: TOWARDS A STRENGTHENED
QUALITY RESPONSE AND INCLUSIVE AND
DIGNIFIED DURABLE SOLUTIONS FOR GBV
SURVIVORS IN LEBANON

SEPTEMBER 2021

ACKNOWLEDGEMENTS

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Finally, we hope that the findings, best practices, and recommendations included in this report will contribute to informing and enhancing programme design for future similar initiatives.

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DISCLAIMER

Views expressed by the staff and community members are their own, and while included in this report, are not necessarily endorsed by the evaluator. The overall contents, analysis, and recommendations available in this document are the sole responsibility of the evaluator, and unless indicated otherwise, can under no circumstances be regarded as reflecting the positions of ABAAD or its donor, RDPP.

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ACRONYMS

CP	Child Protection
CRM	Complaints Response Mechanism
EVAWG	Ending Violence against Women and Girls
GBV	Gender-Based Violence
GBV CM SOPs	GBV Case Management Standard Operating Procedures
HH	Household
HQ	Headquarters
HR	Human Resources
IOM	International Organisation for Migration
ITT	Indicator Tracking Table (MEAL)
ISF	Internal Security Forces
KI	Key Informant
LBP	Lebanese Pounds
MC	Men Centre
MEAL	Monitoring, Evaluation, Accountability, and Learning
MENA	Middle East and North Africa
MHPSS	Mental Health and Psychosocial Support
MoPH - NMHP	Ministry of Public Health - National Mental Health Programme
MoSA	Ministry of Social Affairs
PSS	Psychosocial Support
RDPP	European Regional Development and Protection Programme
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TOT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
USD	United States Dollar
WGSS	Women and Girls Safe Spaces

PROJECT OVERVIEW

Start/End dates	May 1, 2019 – December 31, 2021
Duration	32 months
Locations	Lebanon (national scale): North, South, Nabatieh, Bekaa, Mount Lebanon, and Beirut
Donor	RDPP
Project Goal	Ensuring opportunities for development, prevention, safety, and protection for women and girl survivors and at risk of GBV in Lebanon through addressing and enhancing their abilities to cope with adversity, mitigating and deconstructing conflict in their direct environments and communities, and tackling the legislative frameworks and policies that affect them directly.
Thematic Outcomes	<ul style="list-style-type: none"> ○ Protection space for vulnerable refugees and host communities is expanded and sustained through enhancing capacity of local authorities and civil society actors by capacity building workshops, through providing a holistic package of GBV services to survivors or those at risk of GBV, and through social cohesion activities. ○ A more conducive environment for durable solutions through an evidence-based and context-specific policy dialogue with national actors for legislative changes, policy adjustments and initiatives that support reform and durable solutions, as well as public advocacy campaigns as a tool to induce behavioural change and social norms that are challenging the protection of women and girls in Lebanon, and the achievement to gender equality.
Beneficiaries	<ul style="list-style-type: none"> ○ Women and child survivors or at risk of GBV or CP violations ○ Men with abusive behaviours ○ Internal Security Forces Officers ○ Front-liners involved in providing protection services for women and girl survivors or at-risk of GBV/CP violations ○ General public

MIDLINE CALCULATIONS

1.2. % change in displacement affected communities perceived performance of local authorities and civil society actors' response and prevention of SGBV (RDPP B1.1)

Entity	Perceptions of Entities according to Female Respondents											
	Overall %	Overall n	Youth %	Youth n	Host %	Host n	Host Youth %	Host Youth n	Refugee %	Refugee n	Refugee Youth %	Refugee Youth n
Police	54%	47	48%	11	58%	32	63%	5	47%	15	40%	6
Religious court	14%	12	9%	2	22%	12	25%	2	0%	0	0%	0
Court	8%	7	4%	1	9%	5	0%	0	6%	2	7%	1
Hospital	3%	3	9%	2	2%	1	0%	0	6%	2	13%	2
Midwife	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0
Forensic doctor	1%	1	4%	1	2%	1	13%	1	0%	0	0%	0
NGO	95%	83	96%	22	96%	53	100%	8	94%	30	93%	14
Safe shelter	5%	4	4%	1	5%	3	0%	0	3%	1	7%	1
Community centre	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0
Midline	51%	44	51%	12	49%	27	48%	4	53%	17	53%	8
Baseline	63%	95	44%	15	63%	52	56%	10	46%	44	55%	9
Calculation Method	The midline values were calculated using the same questionnaire mobilised in the baseline assessment, where local and refugee women and girls were asked to select the top service structures from whom they and other GBV survivors would seek services. Next, they were asked to rate the extent of usefulness, safety, and responsiveness each selected structure provided on a 5-point Likert scale. The reported percentages were calculated on the basis of the total number of positive (very high or high) responses, and then divided by the relevant number of respondents to extract the n, which is rounded up to avoid decimals.											

1.3 % change in displacement affected communities perceived availability and access to SGBV services (RDPP B1.2)

Women					Men				
Overall	Host	Host Youth	Refugee	Refugee Youth	Overall	Host	Host Youth	Refugee	Refugee Youth
72%	71%	38%	75%	80%	33%	57%	71%	43%	25%
n = 63	n = 39	n = 7	n = 24	n = 12	n = 14	n = 8	n = 5	n = 6	n = 1
Midline Value – Overall (women and men)									60%
Baseline Value									55%
Calculation Method	Access and availability were measured through asking women and men beneficiaries to what extent they believed they had access to safe services related to GBV and stress and anger management, and considering only the positive values (very high or high access).								

Data collection for the baseline report took place during early January 2020, a very brief period after the October 2019 protests began. At that point, COVID-19 had not yet been declared a global pandemic, and the first confirmed case in Lebanon was recorded on February 21, 2020; 1.5 months after data collection. The tragic August 2020 Port Blast had not occurred yet. Additionally, the devaluation of the local currency could be considered extremely minor in comparison to the freefall that had hit the country by August 2021.

Given the extraordinary circumstances and the severe socio-political crisis in Lebanon at the time of midline data collection, ABAAD and the evaluator agreed, in the interest of clarity and transparency, that it was important to add questions aiming to scope out the reasons behind potential drops in values.

Indicator 1.2. % change in displacement affected communities perceived performance of local authorities and civil society actors' response and prevention of SGBV (RDPP B1.1)

As expected, women's perceptions of local stakeholders' performance when it came to the provision of SGBV services had dropped from 63% (baseline) to 51% (midline). Interestingly, positive perceptions of NGOs had significantly increased from 72% (baseline) to 95% (midline), as had ratings of Police and Internal Security Forces from 33% (baseline) to 54% (midline). In a debriefing interview with the data collector, she noted that the interviewed women and girls were rather insistent about the fact that NGOs had been providing the best response to GBV, emphasising the fact that the performance of ABAAD in specific was a major driver behind their positive opinions of NGOs.

Given the ISF's heightened engagement and campaigning when it came to supporting survivors, there was a notable increase in positive perceptions. This may be interlinked to their partnership with and relevant training by ABAAD. Unsurprisingly, more host women and girls reported they would turn to the ISF for support in comparison to refugees, in light of their fear of mistreatment or deportation due to possible issues with legal status.

Women and girls who voiced neutral or negative perceptions of different service providers were asked to elaborate on their responses. Similar reasoning was recurring across all mentioned actors except NGOs: they did not feel safe with male personnel who may treat them with disrespect, harass them, or "take the side of the man," sometimes because they believed they were contributing to keeping the family together. Additionally, the procedures often took time (especially when filing reports or pursuing legal action), and many service providers were considered incompetent. Some added that they would get nowhere if they did not have a "wasta" (connections to dignitaries), particularly when seeking judicial or security services. The minimal number of respondents who provided neutral or negative ratings of NGOs explained that staff members were often overloaded so their responsiveness was low. One noted that she felt that her values "clashed with those that NGOs promoted."

Indicator 1.3 % change in displacement affected communities perceived availability and access to SGBV services (RDPP B1.2)

The overall value of the indicator of perceived availability and access to services among both women and men had increased from 55% (baseline) to 60% (midline). However, there was a dramatic gender-based shift: at baseline, under half the sample of women (46%) had felt they could easily access services, while a significant 83% of men confirmed ease of access. The values at midline were almost completely reversed; the percentage of women had increased by over a quarter to 72%, while the men's value had significantly dropped to 33%. The heat map below details the reported barriers hindering access to services, disaggregated by gender. Respondents could select more than one obstacle, so totals do not add up to 100%.

Reported Barriers to Accessing Services	Males	Females
Due to the economic situation	82%	42%
Unable to secure transportation to the service delivery points (high cost, no petrol..)	57%	42%
Fear and stigma	0%	38%
Lack of awareness of existing services	11%	0%
Service providers are unable to deal with the heightened needs and related pressure	11%	21%
Due to COVID-19	7%	8%
Working hours have heavily increased; no time to seek out services	7%	4%
I do not have access to internet or a device to obtain services remotely	4%	8%
The services are too expensive/unaffordable	4%	4%
I do not have the privacy to obtain services remotely	0%	8%
Unpaid care work has heavily increased; no time to seek out services	0%	4%

EXECUTIVE SUMMARY

SCOPE OF MIDTERM REVIEW (MTR)

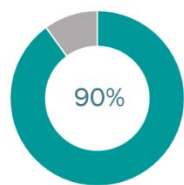
The purpose of the midterm review is to assess the overall performance of ABAAD’s RDPP-funded REFORM programme, with the aim of determining whether the action has reached its intended outputs and objectives against the OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, implementation, and sustainability. Findings will inform the development of best practices and actionable recommendations for the upcoming phase of programme implementation.

The methodology for this midterm evaluation combined project secondary data review and primary data collected between June and August 2021 from 17 key informants as well as 125 host and refugee women and men beneficiaries who consented to be interviewed.

The key challenges and limitations associated with the MTR were the local contextual challenges which affected methodology, data collection, and overall workflow: interviews were conducted remotely rather than in person at the service delivery points; external local governance stakeholders were unavailable for interviews; and beneficiaries were difficult to reach due to connectivity issues, lack of privacy, or preoccupation with children’s schooling – this not only limited the ability to reach longer-term participants who could provide more solid feedback, but also affected the achievement of an equal distribution of local and refugee participants.

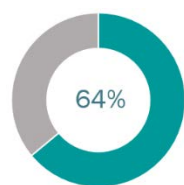
Below is an overview of the ratings of the different OECD-DAC criteria, as voiced by the different interviewed key informants and taking beneficiary feedback into account. A brief summary of findings elaborates on the overall rating. Additional details can be found in the full report.

RELEVANCE



The programme was considered relevant to the local context and target beneficiary’s needs by staff, partners, and service-seekers alike. The Theory of Change was reportedly valid, but all project assumptions were affected by contextual challenges such as the economic crisis, political vacuum and instability, the port blast, and organisational dynamics. While this disrupted the project’s implementation and achievement of several 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. COVID-19 lockdowns also hindered work on a national level, affecting coordination with governance structures and national rollout of planned trainings, but ABAAD managed to adapt activities in a manner that allowed the continuation of service provision. 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 with RDPP on the national level.

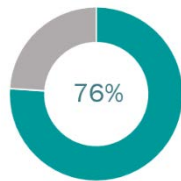
EFFECTIVENESS



The direct service component of the project effectively managed to provide a safe space 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. ISF officers also

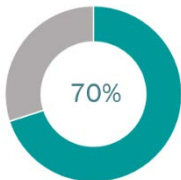
confirmed that the TOT improved their knowledge and skills to further convey the content to their colleagues. Regular internal monitoring exercises performed by the MEAL unit also played a role in improving service effectiveness. On the other hand, due to contextual issues, the project was unable to successfully liaise with the relevant government structures to achieve the advocacy and policy-related outcomes. Programme manager turnover also affected the wholesome nature of implementation; while activities are being implemented to the most feasible extent possible, work is somewhat “scattered” across different focal points. A cost extension was considered necessary to allow the project to achieve its outcomes.

EFFICIENCY



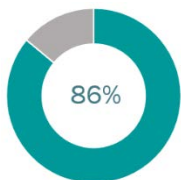
Implementation of the different project axes was not considered timely, but this was justified by the emerging challenges. The duration and frequency of activities were largely satisfactory to beneficiaries, with some exceptions who preferred that more time be allocated. Resources were largely sufficient for operations, but there was a national gap in senior leadership and credible researcher profiles. While ABAAD was able to absorb financial losses and ensure that activities remained on track, the currency depreciation did result in the occasional compromises to quality. Internal communication was well-rated. While external communication was also generally positive, there were some challenges in coordinating with government stakeholders and beneficiaries due to the local context. Beneficiaries echoed the positive behaviour and communication of the staff. However, at the time of data collection, familiarity with the Complaints Response Mechanism was low, which is a matter ABAAD needs to address. 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.

IMPLEMENTATION



Implementation was largely well-rated by KIs because it was contextually-responsive and informed by beneficiary needs and priorities. 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 awareness about services targeting men, thus increasingly garnering community acceptance. While the context affected policy and advocacy work, direct service objectives were achieved, and several positive unintended effects were reported. Minimal negative unintended effects occurred, such as conflict with women beneficiaries’ husbands, and therapy sessions highlighting negative and traumatic situations in the men’s lives.

SUSTAINABILITY



The project activities fall within ABAAD’s priority axes and strategic planning, which makes it highly unlikely that any of the interventions would not be sustained. Still, possible barriers to REFORM sustainability included war, political vacuum or unresponsive government structures to deal with operationalisation, funding gaps, as well as socio-economic, political, and security issues. Key exit strategies included handovers to relevant governance stakeholders. Beneficiaries generally felt that the activities in which they had participated produced a lasting impact on their lives. 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.

SCOPE OF SERVICE

MIDTERM REVIEW OBJECTIVES

The purpose of the midterm review is to assess the overall performance of ABAAD's RDPP-funded REFORM programme, with the aim of determining whether the action has reached its intended outputs and objectives against the **OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, implementation, and sustainability**. Findings will inform the development of **best practices** and **actionable recommendations** for the upcoming phase of programme implementation.

The review will also look at:

- The programme's overall quality and internal coherence
- The level of achievement of envisaged programme results and outcomes
- The efficiency of the management model in planning, coordinating, managing, and executing resources allocated for its implementation, through an analysis of its procedures and operational and institutional mechanisms. This analysis will seek to uncover the factors for success and limitations and make recommendations to guide future programming
- The programme's different MEAL system effectiveness
- The programme's outreach activities

TARGET AUDIENCE

The audience of this evaluation includes the programme donor – RDPP, ABAAD, governmental partners (MoSA, MoPH/NMHP, and ISF), and other relevant internal and external stakeholders who can use the findings and recommendations to improve the second phase of implementation, as well as inform considerations and design of future similar programming.

METHODOLOGY

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

Data was collected through web-based forms (Kobo Toolbox) between June and August 2021, aggregated into databases, cleaned, validated, and analysed according to an Analysis Framework which was developed by the evaluator and submitted to ABAAD and RDPP for feedback and approval. Data processing was exercised according to established benchmarks against the set indicators.

SOURCES OF INFORMATION

Secondary Data Review: comprised project documentation such as the project proposal, the baseline survey, the most recent progress reports, MEAL logframe and activity plan, and existing MEAL data (e.g. post-activity monitoring, training evaluations, staff web-based surveys, among others). This

information contributed to the evaluator's understanding of the context and project background, and was of use to triangulate information collected from the primary sources. It also informed the structuring of the inception and final reports.

Primary Data Collection: Based on a review of the progress report, and taking into consideration the challenges to implementation imposed by the local context (the protests and economic situation, COVID-19, and the Beirut Blast), the evaluator agreed with ABAAD that the review be conducted on an achieved activity level rather than on looking at the project as a whole.

Beneficiary sampling targets were initially proposed according to a confidence level of 95% and a margin of error of 7%. However, due to contextual challenges (*see relevant section below*), ABAAD and the evaluator agreed to set a minimum target per service delivery point that would allow the extraction of a representative overview of perceptions, satisfaction levels, and recommendations.

The primary data sources¹ were as follows:

- **Key Informant Interviews (17):** KIs constituted the main source of qualitative information. The mobilised tools were of a mixed methodology including mainly qualitative questions complemented by quantitative components, and focused on collecting feedback of stakeholders at the institutional and field levels. The main key informants were senior and project management staff, direct service delivery staff, mobile unit staff, and ISF officers. Additionally, one former Al-Dar beneficiary who had completed her exit plan was also interviewed.
Interviews were designed to collect relevant information from the point of view of the key informants about the overall project performance and impact, taking into consideration OECD-DAC criteria and the overall evaluation objectives.
- **Beneficiary surveys (125):** This axis of data collection employed quantitative surveys with qualitative elements to supplement responses with further information. These surveys aimed to capture the changes in the situation of beneficiaries comparatively prior to and during the intervention, their satisfaction level with services, major changes affecting their needs, and direct feedback and suggestions for the next phase of programming. The interviews targeted a total of 84 women (28 each from Ghobeiry, Msaytbeh, and Sin El Fil) and 41 men (Baalbek 16, Beirut 14, and Baysarieh 11).
- **Systematic Debriefing of Field Teams:** Regular reporting and semi-structured conversations with the field teams conducting the different data collection activities, which aimed to cover any information gaps and allow the enumerators to provide their own observations. This had a significant value in the analysis phase, and was crucial to validate both, collected data and compliance with ethical principles.

INFORMED CONSENT, PRESERVATION OF RIGHTS, PRIVACY, AND CONFIDENTIALITY

Female researchers were trained and deployed to interview female WGSS beneficiaries and the former Al-Dar beneficiary, while a male researcher interviewed men participating in trainings or receiving services at the MC. At the start of each data collection exercise, the researcher:

¹ See “Annex II – Sampling Details and Demographics” for a detailed disaggregation of key informants and beneficiary demographics.

- 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 had 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
- Clarify that participation is optional and voluntary, and does not provide any benefits or incentives
- Obtain verbal consent of voluntary participation

CHALLENGES AND LIMITATIONS

- Local contextual challenges and COVID-19 precautions significantly affected methodology, data collection, and workflow.** The process of primary data collection faced several delays. When it came to individual interviews, a number of longer-term project beneficiaries had moved or been resettled and were not reachable. The economic freefall which led to unemployment as well as school disruptions resulted in the loss of privacy for several beneficiaries who did not consent to be interviewed. Once initial consent was obtained by WGSS staff, researchers began contacting beneficiaries. Several of them asked for the interviews to be scheduled at a later date than the planned data collection period. Additionally, the initial intention was to interview an equal number of individuals from local and refugee backgrounds, but this was not possible due to the challenges reaching them. Instead, the focus was on beneficiaries who were reachable and provided consent to be interviewed. As such, the unequal distribution of resident status does not allow for an adequate comparative analysis and conclusion disaggregated by HH status. Finally, in several cases, the evaluator had to revert to ABAAD to obtain additional names and contacts in order to reach the minimum targets.
Because of the COVID-19-effected shift to the remote modality, all individual interviews were conducted over the phone or other VoIP channel (such as Skype or WhatsApp) rather than at the service delivery points.
During the inception phase, Focus Group Discussions were planned to take place at Al-Dar. However, at the time of data collection, there was only a small handful of beneficiaries present at the shelters, all of whom were new. As such, ABAAD and the evaluator agreed to replace the FGDs with two key informant interviews that would target former beneficiaries. Only one granted consent to be interviewed and is featured in the report as a testimonial.
Given that the data collection period was somewhat expansive, the evaluator also had to revert to ABAAD staff for updates to certain axes.
- Brief duration of some beneficiaries' participation affected quality of feedback.** As mentioned, at the time of data collection, a number of the beneficiaries who were interviewed had started seeking services with ABAAD rather recently, which affected their ability to provide solid feedback when it came to their perceptions of the services at large or the specific impact on their lives.
- Inability to target stakeholders from local governance structures.** ABAAD attempted to schedule interviews with ministry and other local governance stakeholders, but again, contextual challenges affected responsiveness. The only external stakeholders who were available for interview were from the Internal Security Forces. It is recommended – if the situation allows – to reattempt to target a wider range of KIs during the final evaluation.

RELEVANCE

The programme was considered relevant to the local context and target beneficiary's needs by staff, partners, and service-seekers alike. The Theory of Change was reportedly valid, but all project assumptions were affected by contextual challenges such as the economic crisis, political vacuum and instability, the port blast, and organisational dynamics. While this disrupted the project's implementation and achievement of several activities (especially those related to policy and advocacy work), the heavily exacerbated incidence of GBV heightened the project's relevance and importance. To a large extent, the project was able to create a safe space for female and male beneficiaries from refugee and local communities, the majority of whom 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. COVID-19 lockdowns also hindered work on a national level, affecting coordination with governance structures and national rollout of planned trainings, but ABAAD managed to adapt activities in a manner that allowed the continuation of service provision. 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 with RDPP on the national level. **Overall rating: 4.4**



RELEVANCE OF PROGRAMME DESIGN TO LOCAL CONTEXT AND NEEDS

REFORM is a multifaceted project which builds on ABAAD's expertise in working on gender-based violence. However, while it entails service delivery, community engagement, and aware-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 policy level, we are working to create a more gender-sensitive environment in the country to pave the way to create legislative change. This includes gender sensitisation for host and refugee families within the local social fabric, which are especially crucial since we are now falling back into harmful practices such as cheap sex work, child marriage, normalising beating wives, and polygamy, all of which had previously begun to dwindle, but began to rise since the beginning of the Syrian crisis and as the crisis in Lebanon exacerbates. While there is a service delivery overlap since other actors are providing similar types of support, it is important to mention that this project does employ pioneer interventions. It is also unique in the sense of ABAAD's leadership with RDPP on the national level."

- ABAAD Management Key Informant

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. In addition to baseline data, activities and service delivery interventions were regularly internally assessed and evaluated by the relevant staff as well as by ABAAD's MEAL

department, and findings informed implementation. For example, interviewed Al-Dar staff explained that awareness and capacity-building sessions were set based on the residents' requests and wishes. Similarly, WGSS team members explained that regular community assessments and feedback from introductory sessions provided inputs to improve and expand services. Jina Al Dar² formulated its activities based on the observed needs and "informal communication" within the different communities, coupled with recommendations from technical experts.

Men Centre staff and psychotherapists flagged the fact that the MC's key objective was to work with men on masculinity and the way they themselves perceive it, which was a topic to which the men were led progressively over the course of their therapy. In some cases, the men sought out the services on their own, while in others it was court-mandated. In the latter case, the psychotherapists observed some resistance, but most ultimately responded positively. There were very few exceptions where the men did not commit to the sessions.

The participatory approach was echoed by the ISF focal point, who explained that the partnership was launched in a collaborative manner, as ABAAD engaged the ISF in the development of the training module. They also regularly coordinated with him and took any feedback into consideration. All activities were customised to the ISF and the participating officers' needs. The two TOT participants also felt that the training content was clear and relevant to their roles, was always complemented with examples, and simulated real situations. They also received information which helped them interpret the pertinent laws and their implementation.

RELEVANCE OF THE ASSISTANCE TO BENEFICIARY NEEDS

The majority of **WGSS** respondents (93%) from all three WGSS found the assistance relevant to them and their needs, and voiced positive feedback about the different services they had received.

While no negative responses were collected, 7% did report neutrality about the services they had received³ in comparison to their needs. Based on their feedback, some felt that "PSS was *not very important*," others believed that while the activities "*could be important for some people, it was not a 'correct fit' for them*," and one said that at this point in time, what they needed was "*more practical support now instead of capacity building*." A 50-year-old local resident who participated in PSS and economic empowerment sessions said that "*The level of the sessions could be more advanced, as I can learn all of that on YouTube. However, my participation in the activities has had a positive impact on my life because it has been a way for me to meet other people.*"

A total of 85% of men found the support offered at the **MC** relevant to them. Two refugees were neutral; one from Beirut said his case was referred to UNHCR, and another from Baalbek said that the GBV topics were very helpful and effective, but the topics related to social aggression had not resulted in any improvement in his situation. All four (3 refugee and 1 local) who voiced negative perceptions had received individual psychotherapy sessions. The local said that the sessions had shed light on his core problems, which exacerbated his suffering. As for the refugees, responses differed. One said that he was told that his therapy was over after 6 online sessions because he no longer needed it, but he was of the opinion that he had only just begun improving and still needed support. Another reported that his therapist "at first thought he was abusing his children," but "other NGOs had also visited his home and this was not the case at all." Finally, one also felt that the severe trauma he had experienced

² Jina Al Dar is a mobile bus which visits difficult-to-reach locations to work with communities and raise their awareness about different topics through an interactive way. Its operations were halted for several months as a result of COVID-19, and operations resumed in September 2021.

³ With the exception of one 29-year-old, all were between the ages of 41 to 50 years old and came from all three WGSS. All had received online PSS sessions, while a couple had also participated in person. Another two had participated in socio-economic empowerment sessions.

caused him constant pain, anxiety, and severe phobias which could not be resolved with therapy only, and probably needed other types of interventions.

PROGRAMME CHALLENGES AND ADAPTATION TO CONTEXT

Theory of Change

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



“The overarching objectives of the programme were informed by the context itself, and largely aim to counter extremism, advance cohesion, work on resettlement or reintegration into communities of displacement, and create an enabling environment to advance the gender equality agenda in a gradual and smooth manner. It is more of a ‘long game’ because while it may not have immediate tangible effects, it is paving the way for future transformation.”

- ABAAD Management KI

Programme Management KIs felt that the project was addressing factors that aimed to address and 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 challenges posing obstacles to a significant proportion of 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 programme activities in specific, both due to national lockdowns as well as ABAAD’s wishes to safeguard beneficiaries and staff alike. For example, mobile unit (Jina Al Dar) activities were extremely effective in targeting hard-to-reach communities, but they had to be suspended due to the nature of activities which required travelling and crowding. Trainings with the ISF and the regional TOT targeting MENA GBV front-liners and social workers at shelters were shifted to an online modality, which according to staff and beneficiaries alike 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. Al Dar beneficiaries suffered from a backlog in cases at courts and other government infrastructures, and their exit plans were consequently delayed, while new arrivals had to be quarantined for 14 days at a transitional space that ABAAD secured before being accepted into the shelters.
- **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. Another **major issue** related to the economic freefall was the modality of issuing the funds for this project, as payment was 50% of the total value of the grant upon signature of the contract. After October 2019, the full amount turned into “*lollars*”⁴, which became a hefty burden on ABAAD as suppliers and consultants were not easily accepting the devalued currency.

- **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. Certain preparatory steps were taken, but progress remains hindered.
- **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.
- **Organisational Dynamics:** The component of the project which relied on a partnership with IOM was unexpectedly affected by a lack of cooperation and responsiveness from the latter’s team, in spite of the fact that they were aware about the project and had expressed a high level of interest and positivity. If IOM is ultimately not interested in engaging, possible mitigation measures suggested by ABAAD were to develop the gender module and share it with embassies who would be trained to do the inductions for refugees to be resettled on their own.
- **Adaptation of Services to Remote Modality:** The conversion of services from in-person to remote was an important step for which ABAAD quickly mobilised and adapted in the interest of Do No Harm and to keep an open line of contact with its beneficiaries. However, it was not devoid of challenges, especially since 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 become comfortable with video calls, although the majority 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.”*

Major cross-cutting issues attributed to COVID-19, the economic situation, as well as quarantines and lockdowns enforced as a protection measure dramatically exacerbated the incidence of GBV against women, many of whom were unable to contact ABAAD (or other service providers) due to the total lack of privacy resulting from termination of numerous individuals, including male HH members with abusive behaviour, increasing their domestic violence and aggression.

The issues mentioned above affected the entire set of key assumptions that applied to all the project’s outputs: availability and commitment of 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, stable relations across different communities. While this

⁴ A “lollar” is a US dollar that is stuck in the Lebanese banking system, which in reality has become a computer entry with no corresponding currency. The term was coined by Harvard economic fellow Dan Azzi after the onset of the severe economic crisis in Lebanon.

indeed created a chaotic situation in the country, it 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 other actors, collaborate with local authorities, and conduct important data collection and research. The updated data and information were crucial to inform next steps as well as readaptation of future activity design and implementation in close coordination with RDPP.

However, management KIs explained that mitigation measures were only possible to some 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.

PROJECT ABILITY TO CREATE SAFE SPACES FOR BENEFICIARIES

The project was successful in building safe spaces which were free of risk for beneficiaries of different background. When asked whether they felt safe at the service delivery points, 92% of women **WGSS** beneficiaries reported strong feelings of safety, security, respect of their privacy, and confidentiality. The remaining 8% had only participated in PSS sessions online, so they did not feel that the question was relevant to them. Similar sentiments were reported by Men Centre beneficiaries, where all but two respondents felt that their privacy and confidentiality was guaranteed at the MC and by the psychotherapists. The two exceptions reported neutrality: one had only participated in group sessions, while the other, a local respondent, said privacy *"was not a concept that mattered to him because he had lost his privacy a long time ago."*

Beneficiary responses were clearly justified through the key considerations explained by all different key informants: ABAAD staff members went to great lengths to ensure that the different locales and service delivery points provided the maximum level of safety for staff members and beneficiaries alike. In general, the HQ is equipped with security cameras and fortified gates, while the centres (MC, WGSS, Al-Dar) are selected in a manner that ensures either discreetness or isolation, and take their own safety measures from different equipment to coordinating with local authorities and neighbours in a way that guarantees, to the extent possible, safety and security. Still, one interviewed staff member explained that a certain WGSS was located in an area where there were many service shops, and male workers often catcalled female staff and service-seekers. It is recommended that ABAAD attempt to address this issue by working with the shop owners to ensure that their employees stop the inappropriate behaviour.

When it came to engagement, at the MC, psychotherapists dedicated the first session to building rapport and working with the beneficiary to feel more comfortable, as well as on addressing concerns related to stigma and taboos when it came to seeking mental health services. Individuals who display signs of trauma are treated as necessary. One psychotherapist added that "beneficiaries came with the expectation that they are meeting a specialist or a doctor, so that increased their trust and openness to discuss problems. WGSS KIs said that the sessions are designed in a manner that aims to limit internal and external conflicts. For example, guidelines are always provided at the beginning of each session, and alternate wording is used for more sensitive concepts (such as child marriage and rape) to avoid provocation (internal). Session participants are also asked not to divulge compromising information, and relatives or members of the same family are not allowed to attend the same session. In addition, performance of activities and services is regularly evaluated, and beneficiaries are asked about their comfort, priority needs, and recommendations for improvement. All staff members and specialists were of the opinion that the created safe spaces have allowed beneficiaries to feel

comfortable communicating their daily problems during psychotherapy, PSS, awareness-raising, and/or case management sessions.

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. Community sessions conducted by the WGSS have involved men in PSS sessions, and in work on Programme P (positive parenting skills).



“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.”

- WGSS Key Informant



“The staff is trained to avoid and manage potential conflict during group sessions. When dealing with the disclosure of sensitive information, they act with professionalism and discretion while carrying out their duties. Some examples determining this are the fact that staff members take case management very seriously and never allow any third parties to enter the room during active cases (and all information is safely and carefully stored according to protocol), and if, for example, they ever had to take photos during group sessions, they would only do that after verbal and written consent from all the participants.”

- WGSS Key Informant

COVID-19 CONSIDERATIONS AND ADAPTATIONS

As previously mentioned, 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.

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, responded positively and committed to online activities.

At the WGSS, most respondents (91%) said that the services had shifted to a remote modality and remained effective. On the other hand, only 37% of men reported the same, noting that 22% also said that the facilities continued providing sessions normally through an in-person modality (45% in Baysarieh and 28% in Beirut, none in Baalbek).

Another 8% of women (more local than refugee, mostly participating in socio-economic empowerment activities and PSS sessions) and 29% of men (more refugee than local) reported that the services had shifted to an e-modality, but they were not as effective.

On the other hand, 12% of men (all refugees from Baalbek, average age of 38 years old, mostly training participants) and one 60-year-old local woman attending PSS and socio-economic empowerment

activities noted that they were no longer able to access activities and support since the onset of COVID-19; none had participated in remote 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, regular sanitisation measures, organising meetings and lunch breaks in a manner that avoids larger groups/staff using all facilities at the same time, and regularly sterilising shared surfaces.

OBSTACLES TO COVID-19 ADAPTATIONS



“A year and a half ago I would have told you that I would not work online, but now half the work that I am doing is online. After COVID-19, I think we should continue to provide online services for those who cannot reach the centre due to their location and transportation fees. Before this initiative, we could not take such cases. Now we can. However, not all cases can be handled remotely. Building trust online takes a lot of time and some people have communication issues, confidence issues... How can I really convince a beneficiary that no one will ever listen in on our sessions online?”

- Men Centre Psychotherapist

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. Further challenges were faced when it came to psychotherapy sessions, and those were the psychotherapists' inability to observe beneficiaries' body language, and the fact that some beneficiaries might not have felt at ease discussing their issues because they could not be certain that their privacy was guaranteed. Indeed, one refugee MC beneficiary from Beirut reported that he did not feel very comfortable with the remote method because during the four individual psychotherapy sessions in which he participated, he believed that his therapist “*had the phone on loudspeaker and there were other people in the same room who could hear him.*”

A large proportion of women (88%) and men (85%) from all centres had received remote support. When asked whether they felt that remote assistance was a good alternative to the in-person modality, almost twice as many women (55%) as men (26%) believed that it was. The percentage was somewhat opposite when it came to those expressing neutrality: 46% of men and 20% of women. Finally, almost equal numbers of men (29%) and women (25%) did not think that remote services were a good alternative. It is noteworthy to mention that among both women and men, more refugee than local respondents seemed to find remote services a good alternative to the in-person modality.

Those who replied they had a neutral or a negative outlook were asked to elaborate on the reasons behind their rating. The predominant concerns associated with the online modality as listed by both women and men were related to connectivity, where 70% of female and 54% of male respondents faced consistent power cuts and unstable internet. Women (55%) and men (38%) also found the in-person modality more effective than internet or phone-based services and activities.

Interestingly, more men (12%) than women (3%) felt that lack of sufficient privacy to participate was an issue. Another significant variance was related to the ability to follow the content of the sessions, where again, significantly more men (42%) tended to find the information more difficult to understand than women (3%). In general, there were no particularly noticeable trends among local and refugee communities.

Some women said they felt more comfortable to ask questions and interact when the session was face-to-face. Others had a differing opinion, elaborating that the “online modality offered them the advantage of feeling safe and more protected behind a screen.”

The heat maps⁵ in Figures 1 and 2 summarise the different issues reported by women and men.

Figure 1 - Challenges linked to remote modality services (source: WGSS)

	WGSS Ghobeiry	WGSS Msaytbeh	WGSS Sin El Fil	Total
Power cuts / internet cuts and lags	67%	86%	54%	70%
Internet unaffordable	83%	50%	46%	55%
In-person modality more effective	33%	64%	54%	55%
Other	0%	29%	38%	27%
No device to connect	0%	0%	15%	6%
Unclear/unable to follow	17%	0%	0%	3%
No privacy to participate	17%	0%	0%	3%
Inability to participate/ask questions	0%	0%	0%	0%

Figure 2 - Challenges linked to remote modality services (source: MC)

	Men Centre Baalbek	Men Centre Baysarieh	Men Centre Beirut	Total
Power cuts / internet cuts and lags	78%	38%	44%	54%
Unclear/unable to follow	67%	50%	11%	42%
In-person modality more effective	22%	50%	44%	38%
Other	11%	25%	33%	23%
No privacy to participate	0%	13%	22%	12%
No device to connect	11%	13%	0%	8%
Internet unaffordable	11%	0%	11%	8%
Inability to participate/ask questions	11%	0%	0%	4%

⁵ To note is that each female or male who reported challenges cited between one to four issues. Accordingly, the “Totals” in Figures 1 and 2 show what percentage of respondents listed each challenge (e.g. 70% of the total overall sample of female respondents faced issues with power cuts, while 55% felt the internet was unaffordable). Similarly, values per facility calculate the percentage of respondents within that particular facility who reported each challenge (e.g. on the facility level, 78% of men in Baalbek versus 38% in Baysarieh and 44% in Beirut were facing power cuts; while of the total sample, 54% reported outages to be an issue).



“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.”

- Female Refugee, 28 years old

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.

From their side, ISF KIs explained that the TOT was repeatedly delayed due to internal orders to postpone as a result of COVID-19 and were again delayed due to contextual circumstances and ISF priorities. The trainings only took place after securing an exceptional approval from higher ISF authorities, which was difficult to obtain. The focal point also added that further rollout to other officers is pending, and cannot be guaranteed as it also depends on the higher authority’s approval. The two TOT participants both complained about reduced focus and grasping of the content due to having to wear masks during the training. The number of training participants was also dramatically reduced per session as COVID-19 precautions. When it came to moving the trainings to an online modality, while the idea was broached, it remained tentative, noting that there were related challenges such as a very weak internet connection and the need to subscribe to a paid platform to carry out the trainings.

EFFECTIVENESS

The direct service component of the project effectively managed to provide a safe space 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 the domestic setting, and contributing to reducing violence in the service-seekers’ lives. Beneficiary perceptions of service quality, impact, privacy, and safety were largely positive, with minor exceptions who felt that further or more diversified types (especially financial) of assistance were needed. Regular internal monitoring exercises performed by the MEAL unit also played a role in improving service effectiveness. ISF officers also confirmed that the training improved their knowledge and skills to further convey the content to their colleagues.

*On the other hand, due to the socio-economic, political, and public health challenges associated with the local context, the project was unable to successfully liaise with the relevant government structures to achieve the advocacy and policy-related outcomes. Programme manager turnover also affected the wholesome nature of implementation; while activities are being implemented to the most feasible extent possible, the work was somewhat “scattered” across different focal points. In spite of the challenges, management KIs believed that an extension to the contract would allow the project to achieve its outcomes, as long as the overall project assumptions apply. **Overall rating: 3.2***



ACHIEVEMENT OF STRATEGIC OBJECTIVES AND OUTCOMES

The overall goal of the project is “to ensure opportunities for development, prevention, safety, and protection for women and girl survivors or at-risk of GBV in Lebanon through enhancing their abilities to cope with adversity, mitigating and deconstructing conflict in their direct environments and communities, and tackling the legislative frameworks and policies that affect them directly.”

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, as well as life skills and socio-economic training.
- **Al-Dar** through providing women and girls whose lives are at risk with a safe space and short-term accommodation as well as a holistic care package as needed, development of an exit plan, awareness-raising, and life skills training throughout their stay at the mid-way house.
- **Men Centre** through providing training on stress and anger management as well as masculinities, group therapy sessions, and individual psychotherapy to address and eliminate aggressive behaviour and perpetration of violence.

The project also managed to initiate training with the ISF, and build bridges with the Ministry of Social Affairs in terms of operationalising the GBV CM SOPs. However, national rollout of the SOPs, as well as planned policy, legislation, and advocacy work did not materialise, which was the reason that all management KIs gave the achievement of strategic outcomes and objectives an average rating, emphasising the fact that the project remains relevant, as does continuing the work.

Staff believed that during the coming phase, they would be able to achieve certain planned outcomes and objectives; they had already restarted coordination with partners. However, since the momentum has been and will continue to be affected by the new reality in Lebanon, they all recommended a cost extension to the project.

Key informants from the different service delivery points were all of the opinion that they had been able to create safe spaces for their beneficiaries, and that there were numerous impactful success stories. A WGSS KI gave the example of a woman who came to the WGSS to participate in socio-economic sessions. She elaborated that *“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 a positive transformation in her life, as well as on her own and her children’s wellbeing, who were also victims of abuse.”* A Men Centre psychotherapist listed several cases where remarkable changes were observed:

- A beneficiary was referred to the MC by court order to benefit from 20 sessions of “anti-violence rehabilitation.” The first 15 sessions were done with him individually, following which they moved to couples therapy. They were able to come to a written agreement between the man and his wife where he promised to commit to non-violence. The wife, after seeing the changes in her husband, decided to return home.
- Another man facing significant financial and psychosocial issues used to beat his wife and his children whenever they spoke to him. Although their socio-economic situation did not change, they were able to work with him to reduce violence and gradually stop it altogether.
- Another beneficiary suffering from narcissistic personality disorder was abusing his wife ‘in all possible ways.’ They were able to get to a point where he decided to divorce her, setting her free.



FORMER AL-DAR BENEFICIARY TESTIMONIAL

My body is mine; no one can come near me. Nobody has the right to hurt me. I now know that I have the right to defend myself, and that I can find someone to help me, like ABAAD did. I learned that I can rely on myself wherever I am, and now that I left Al-Dar, I am back in school, and I want to major in special education. I am not working at the moment, but since a working woman can defend herself better, I am considering finding a job. I want to be self-sufficient.

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 could talk about things more easily. I never felt threatened there. I used to voice my opinion on everything and engage in making decisions. I used to talk to the team whenever I was not feeling good.

At one point, we were five women at the centre, and we all caught COVID-19. Although everything that entered the Dar was sanitised, the staff always wore masks, and we did practice social distancing, we somehow managed to catch COVID-19 from an educator. We were all quarantined, and ABAAD gave us the necessary care and medication for 15 days. In spite of this, I have to say that I felt much safer at Al-Dar than I do now that I am outside. The fact that I had psychosocial support, the backing of the staff, and company at all times boosted my morale a lot. They also taught me not to run from problems, and they helped me understand that I can and should always talk to someone – I am not alone.

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

They also worked with me and helped me ensure I would be returning to a safe surrounding before leaving. I no longer feel at risk, but I do need some time to get over what happened to me and to get back to the way I used to be. I know that if I am ever at risk again, I can seek help from ABAAD.

I came to Al-Dar because my life was at risk. 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.

EFFECTIVENESS OF MANAGEMENT PROCESSES

On the organisational management as well as line management levels, programme team and service delivery point staff KIs were satisfied, explaining that senior and line management styles were responsive, flexible, and quick to adapt to the shifting realities.

On the other hand, when it comes to the programme as a whole, one management KI noted that *“the leadership management process was somewhat poor due to the turnover in programme managers, followed by the local contextual issues which affected all set work. The activities required people to be around each other, so the remote modality was not as effective. The rhythm was also slow and activities were scattered and not fully tied due to the local situation. Activities were indeed being run, but the management is not holistic. There is no “chef d’orchestre” holding the overall vision of the programme; rather, there are separate individuals handling different components. While the project is managerially poor, all activities are being executed.”*

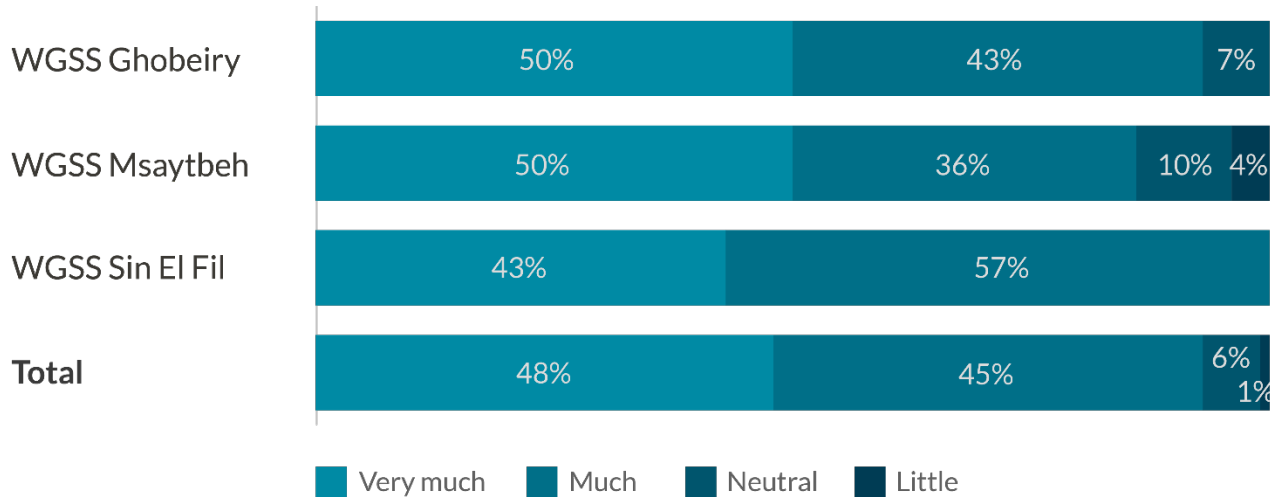
BENEFICIARY PERCEPTIONS OF SERVICE QUALITY

Overall Satisfaction with Model of Assistance

Beneficiaries receiving services at the WGSS and the MC were largely satisfied with the quality of services and the overall model of assistance. In fact, as shown in *Figure 3*, 93% of females all reported positive perceptions, as did all but one male (who felt that his “core issues” were surfacing as a result of his therapy, which was making him “feel worse”).

Women reporting neutrality (6%) were from both refugee and local populations. Refugees mainly explained that there were no negative effects resulting from the assistance and that they were learning new things, but that violence was everywhere and they could not control it. One mentioned that “*everything was great until the onset of the crisis, but since then, the staff sometimes feels absent.*” The local respondents had either not been part of too many activities and thus felt they could not appropriately judge the services, or they were “*expecting financial assistance in USD and received it in LBP, which is a critical issue at the moment.*”

Figure 3 - Overall Satisfaction with Model of Assistance (source: WGSS)

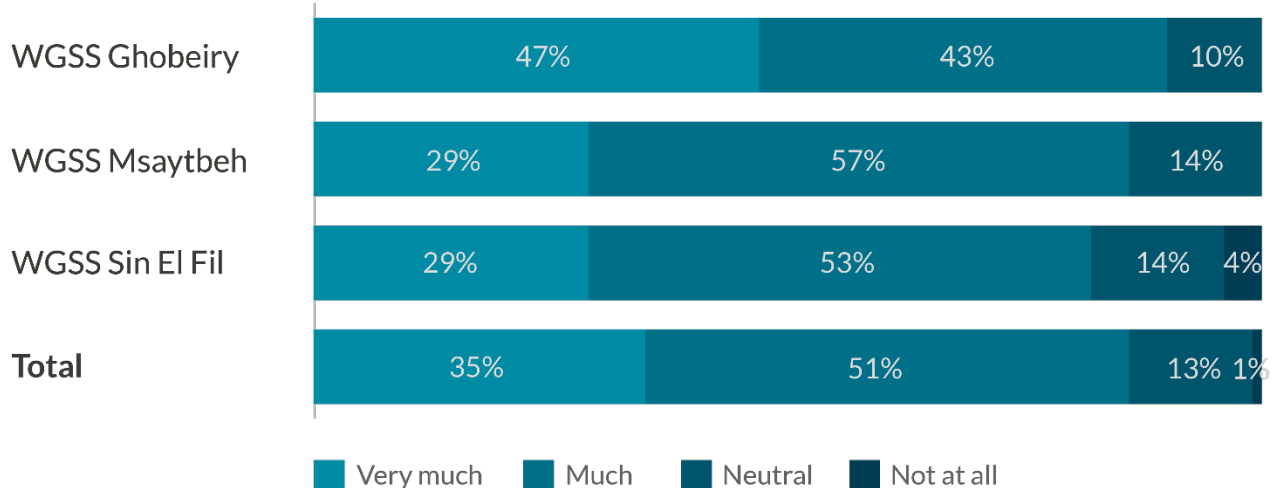


Positive Contribution of Services on Life

In general, most 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 no longer rely so heavily on negative coping strategies.

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.

Figure 4 - Positive contribution of services on life (source: WGSS)



The 13% who were neutral mostly said that they had experienced some changes in their lives, but could still use increased information and support. One refugee said that she is facing significant problems with her son who is aggressive, and she “does not know what he wants or how to deal with him.”

Only one respondent, a local from Sin El Fil, felt that the support was of no use to her because she was “too educated for such activities, but they were good for others who needed them.”

“I have a child with a disability. I now know how to deal with him calmly and properly. Before, I used to get angry with him easily and then get violent.”

- Female Refugee, 27 years old

“Unlike what people in my surroundings had previously led me to believe, I now know that I am strong and worthy. I know that I am not only here to clean and cook.”

- Female Refugee, 28 years old

“Before joining the activities at the centre, I was feeling very alone. Now I have found my group. I feel much better, and I am more integrated into my community.”

- Female Local, 60 years old

When it came to the Men Centre (Figure 5), a total of 78% of male respondents considered the services to have made a positive contribution on their lives. 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.”



“I live in Baalbek. As refugees, we are facing a lot of problems within the local context. For example, my community often does not accept the training content and considers it irrelevant to our way of life: child marriage and abuse are still ongoing, and this has also affected my family. Social aggression and racial profiling are not helping me improve my living conditions.”

– Male refugee, 40 years old



“The current challenges, overall situation, and the fact that I am unemployed and cannot find a job and thus staying at home all the time, my aggression and stress levels are increasingly difficult to control. Still, the Stress and Anger Management trainings have increased my awareness now, and I have become better at managing my stress and angry reactions.”

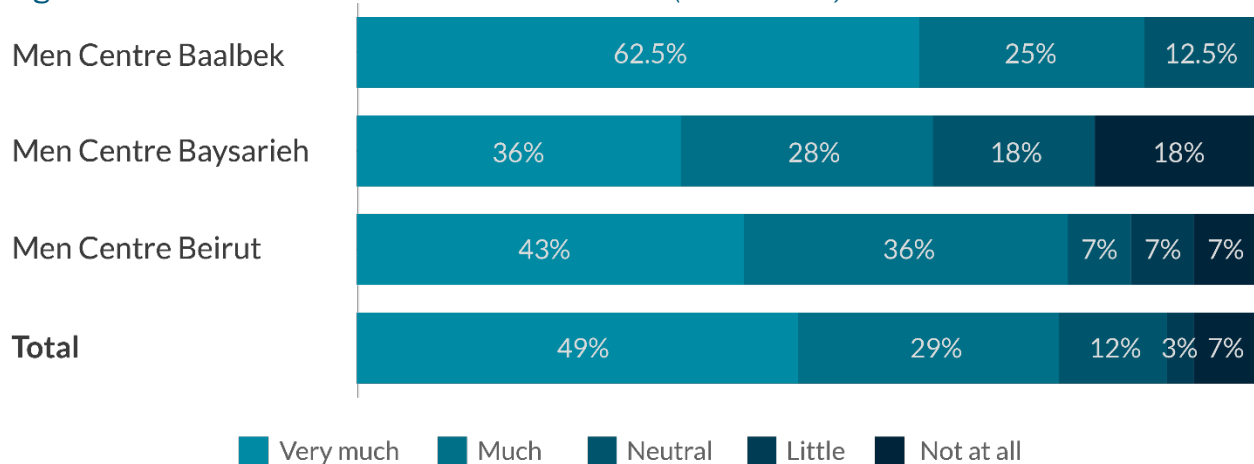
– Male refugee, 47 years old



“I was referred to ABAAD by the UNHCR because I needed protection. I started individual psychotherapy sessions at the Men Centre in Baysarieh. I am very comfortable with my therapist, but apart from sharing my worries and troubles, I do not feel that the sessions had tangible effects in solving my issues. I continue to fear for my security. I have to mention that while I did not give the best rating to the services, this is not a reflection on the services themselves, but rather on the fact that the current situation makes it very difficult for me to cope.”

– Male refugee, 37 years old

Figure 5 - Positive contribution of services on life (source: MC)



PREVENTION AND MITIGATION OF PROTECTION RISKS FOR WOMEN/GIRLS

Knowledge Increase on Violence Prevention and Coping Mechanisms

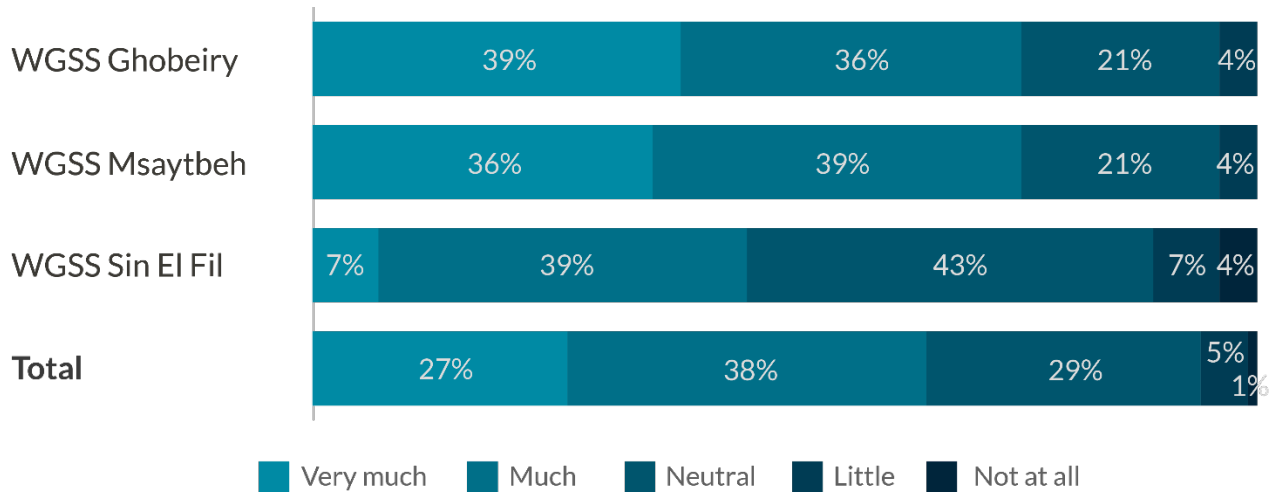
The sessions had provided 90% of surveyed women from the different **WGSS** with information which contributed to an increase in their knowledge on violence, its types, and positive applicable coping mechanisms. 8% were neutral. Of those, two were refugees and five were local population. One refugee reported that her situation was extremely difficult “because of polygamy which resulted in violence everywhere.” The other felt the training content was not sufficiently interesting or engaging. As for the local respondents, one said she had not attended any sessions on GBV, while the others

said that they were not violence survivors, so it was not relevant to them. The remaining 2% were a refugee who said she had only attended two sessions which enhanced her knowledge “a little,” and the same local who reiterated she was “*educated and already knew what to do.*”

As for the **MC**, 90% of individuals who had attended relevant sessions reported that their knowledge on violence prevention had increased. Two local respondents needed “more time to be able to judge,” while one refugee explained he was facing a serious family issue involving the rape of his wife and threats to his and his family’s safety, so the psychotherapy sessions had not been able to cover all his needs.

Reduction of Violence in Own Life

Figure 6 - Extent to which services helped reduce violence in life/HH (source: WGSS)



At the **WGSS**, 66% of women said that the services they had received had indeed reduced the violence they were experiencing in their daily lives, while 28% – most of whom had attended only PSS sessions, and the largest proportion of whom were from Sin El Fil – were neutral. 5% said the online PSS sessions in which they had participated had only contributed to a minor extent. Only one local said that the socio-economic empowerment and community group sessions she had attended had not contributed to reducing violence in her life at all. To note is that there were no particular trends among refugee and local respondents, and they were almost equally divided across the different response categories.

A WGSS staff KI mentioned that during PSS sessions, they had engaged women and men in the implementation of “Programme P⁶” 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’ perception, helping them realise that they had more to give than income, and despite their unemployment, they had an essential role: fatherhood. Numerous became willing to better engage and communicate, fostering a healthier domestic environment, and contributing to improving the wellbeing of their families.

⁶ 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.

PERCEPTIONS OF MOST EFFECTIVE INTERVENTIONS FOR BENEFICIARIES



“What we found to be very effective is any work that tackles the individual subjectively, and that boosts their ego. Most beneficiaries have prior beliefs that GBV is not only acceptable, but it should in fact be encouraged. If he beats her, he certainly has his reasons. The team works hard to counter these beliefs, and it has proven to be effective. When women realise that violence is not a right given to their aggressors, things change.”

- Al-Dar Key Informant



“We worked with a 10-year-old boy who was not behaving like a child, because he always felt that he needed to “look after” his sisters, which also entailed him consistently telling them what to do. Through sessions with the staff at Al-Dar, he realised that his sisters had the right to think for themselves, that he is not responsible for them, and that he too has the right to play.”

- Al-Dar Key Informant

Other service delivery teams echoed similar perceptions, emphasising the importance of life skills, PSS, psychotherapy, case management, legal support, and group support (which were halted due to COVID-19) sessions. Some added that the distribution of aid items *“made them feel valued as it touched their basic needs, so a lot of them became emotional about this initiative and thanked the centre afterwards for reaching out for them, which helped recruit more beneficiaries.”*



MEN CENTRE PSYCHOTHERAPIST TESTIMONIAL

Currently, the financial situation is very problematic, considering how our society perceives masculinity: the man’s role is to bring money in. When this is not happening, it creates a void. Most men (at least those who come to the MC) tend to fill this void with violence. We are trained on different approaches in psychotherapy, including analytical, systemic, Cognitive-Behavioural (CBT), and interpersonal (IPT). Depending on the patient and their unique needs, we shift our approach.

Due to COVID-19, men had to stay at home. They were “obliged” to get to know their wives and their children. The men started to learn how their wives deals with the children, how the children are studying, the messes they can make... Sometimes, this brings the men closer to their families, but sometimes it also complicates things. Here, we work with them on clarifying and unpacking the role of the father and the husband, which they often think is restricted to imposing discipline and order in the household. We explain authority and being a reference point for certain issues, and how their roles as fathers are not only to “procure money and fulfil their marital duties with their wives.” We go further with them, and sometimes this creates a positive change.

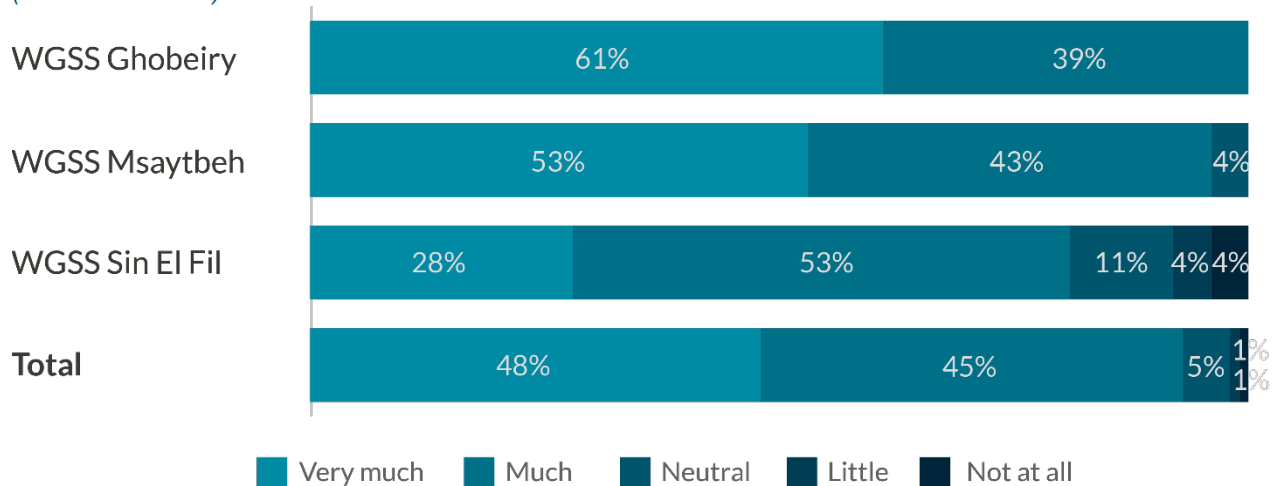
Unfortunately, women do not always respond positively to the changes they observe in their husbands. They perceive masculinity the way traditional societies perceive it. Sometimes when we work with the man on his role as a **man**, the woman resists and does not accept the change; she may even begin provoking her husband. This is a big challenge. In this case, if the wife accepts, we include her in the efforts and begin couples or family therapy.

Syrian refugees are facing terrible acts of discrimination and violence at the hands of the locals. Some men do not dare to leave their homes. Sometimes, I cannot even recommend that the man take a walk in the neighbourhood because so many times he goes back home beaten up. There is nothing we can do here, we are helpless. These people are living in a hostile environment and there is little that we can do about it.

ASSISTANCE CONTRIBUTION TO BENEFICIARY PERSONAL GROWTH AND WELLBEING

Women: Improved Sense of Safety and Wellbeing

Figure 7 - Extent of assistance contribution to women's physical and mental wellbeing (source: WGSS)



Most women (93%) felt that the assistance at the WGSS had contributed to supporting and improving their physical and mental wellbeing.

Of the 5% who said they were neutral, only one was a refugee who had participated in socio-economic empowerment training and said they had *“just learned how to do make-up.”* The rest were locals who did not have any strong sentiments about the PSS sessions. The local respondent from Msaytbeh who was neutral said that the PSS sessions were somewhat helpful because she could *“at least let some things out,”* but *“the situation is too bad for the sessions to make a real difference.”*

This was echoed by a refugee from Sin El Fil (1%), who said there was little effect on her wellbeing because, *“when I talk, I feel better, but then things just get worse again.”*

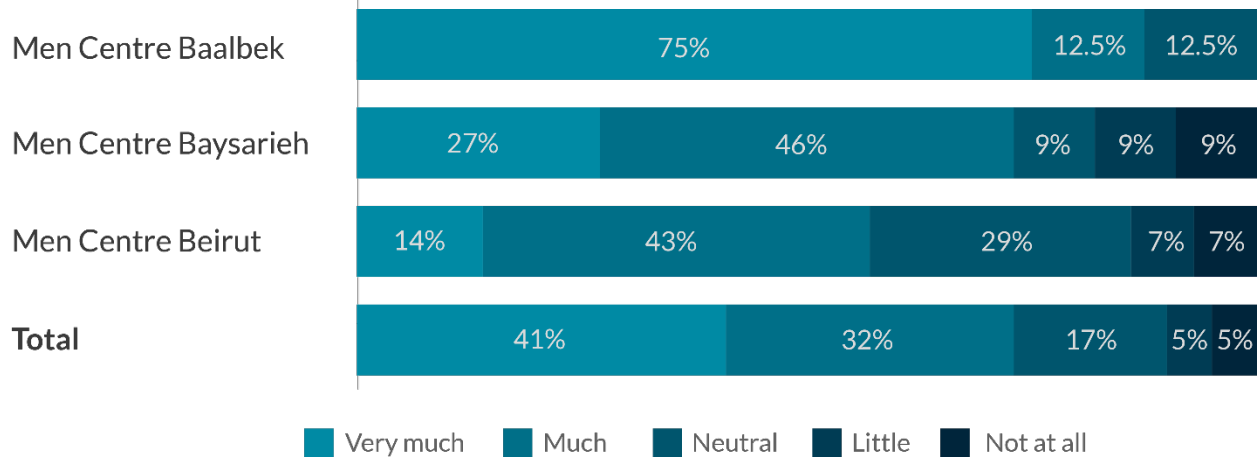
Only one local respondent from Sin El Fil (1%) felt that the assistance had not contributed to her wellbeing at all, because while *“the support is important for other people”* she was *“an educated woman who did not need such activities.”*

A good finding was that none of the WGSS beneficiaries reported having been exposed to any risks or concerns to personal security as a result of participating in or being assisted by the programme, which confirms that the KI-reported measures being taken by ABAAD have managed to create a safe space and improve safety conditions.

Men: Improved Management of Stress and Aggression

A good proportion of men (73%) felt that the trainings and services they had received supported their ability to manage their stress and aggressive behaviour. The 27% who voiced neutrality or negative feedback mainly felt that this was not an issue that applied to them, or had not attended a sufficient number of sessions to enable them to adequately judge potential improvements. Only one said it was *“impossible to control his anger all the time, especially when there were triggers pushing him to resort to violence.”* Finally, one noted that the session frequency was limited, elaborating that he believed if he had attended sessions at a private centre, he would have achieved better results.

Figure 8 - Service contribution to stress and aggression management (source: MC)



Internal Security Forces Officers: Enhanced Knowledge and Skills on GBV



“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

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 had the qualifications to replicate the trainings to other colleagues, “especially if it should cover the implementation of the relevant law.” They emphasized 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. They added that more training is required, highlighting the necessity of “adding even more practical activities.”

ABAAD MEAL ASSESSMENT OF EFFECTIVENESS ON BENEFICIARY LIVES

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.

EFFICIENCY

Implementation of the different project axes was not considered timely, but this was justified by the challenging local context. The duration and frequency of activities were largely satisfactory to beneficiaries, with some exceptions who mainly preferred that more time be allocated. Resources were largely sufficient for operations, but there was a national gap in senior leadership and credible researcher profiles. While ABAAD was able to absorb financial losses and ensure that activities remained on track and “value for money,” the currency depreciation did result in the occasional compromises to quality. Internal communication was well-rated, and while external communication was also generally positive, due to the local context, there were some challenges adequately coordinating with government stakeholders and beneficiaries (especially due to the remote modality in case of the latter). Beneficiaries echoed the positive behaviour and communication of the staff at the relevant facilities in which they received services. However, at the time of data collection, familiarity with the Complaints Response Mechanism was low, which is a matter ABAAD staff need to address. 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. Further pioneer efforts are planned for implementation during the upcoming phase. **Overall rating: 3.8**



TIMELINESS OF IMPLEMENTATION

On the whole, programme management and MEAL staff members noted that they could not consider project implementation to be “very timely,” due to the numerous delays that took place as a result of COVID-19 lockdowns and the national crisis. Additionally, the Port Blast resulted in some HR constraints because ABAAD mobilised emergency response activities in order to respond to the unprecedented needs on the ground. However, a KI pointed out that in recent months, “things have gone back to normal,” and the teams were operating, once again, at full capacity.

A MEAL KI further emphasised that while there had been a sizeable modification in the timeframe where activities and trainings got postponed, all implementation gaps had been reliant on and justified by the local context. As such, ABAAD had not received any negative feedback from the donor in terms of achievements. However, on the MEAL level, work and implementation were occurring on time.

OVERALL EFFICIENCY OF SERVICES (DURATION, FREQUENCY, AND SCHEDULING)

When it came to time allotments for activities, the various KIs explained that session duration (individual psychotherapy at the service delivery points, group activities, and beneficiary trainings) was set based on best practices and/or international standards, in a manner that kept the beneficiaries focused and engaged.

An average of 63% of **WGSS** respondents from each of the three centres felt that the *duration* of sessions was sufficient, while 35% felt more time was needed. Only 2% (one each from Msaytbeh and Sin El Fil, both local population, who had participated in PSS and socio-economic empowerment sessions) said that less time was needed.

On the other hand, the number satisfied with the *frequency* of sessions was lower; 48% felt they were taking place often enough, while 51% noted they should be taking place more frequently. Only one older local Msaytbeh beneficiary participating in PSS (online/in person) and socio-economic empowerment sessions said a lower frequency was needed.

In general, activity *scheduling* was perceived positively by most women from all WGSS – only a minor number said the sessions sometimes or usually clashed with their daily lives and activities, and they were of mixed ages, locations, and backgrounds.



“Psychotherapy sessions which are too long are counter-productive. Keeping them limited to 45 minutes ensures that beneficiaries do not lose attention and interest, and feel more self-reliant, in a sense that they need to make their own efforts to learn more after the session ends. Therefore, on the long run, the current standard keeps them in the loop, always motivated.”

- Men Centre Psychotherapist

When it came to the **MC**, 71% of respondents from all three Men Centres felt that the *duration* per session was sufficient, confirming the appropriateness reported by psychotherapists and staff. Around 29% felt more time should have been allocated, because they “*needed more support*” with the issues they were facing.

As with the WGSS beneficiaries, the *frequency* was considered less satisfactory, with over half the sample, 56%, feeling that the sessions should be taking place more often.

Scheduling also appeared to be adequate for almost all men; less than 10% said that the timing only sometimes clashed with their schedules, but was otherwise good.

Perceptions regarding the ISF trainings differed: A KI from the ISF noted that at first, the days allocated for the TOT had not been enough, so an extension was requested and added, which made the training comprehensive on the theoretical and practical levels. On the other hand, another KI expressed that while the project was “*an excellent initiative, but we need longer trainings and more practice. The trainings should also happen internally, especially with investigators.*”

A Jina Al Dar KI noted that “*while the duration of the sessions implemented by the mobile bus was enough, the time for overall implementation (and sometimes the medium/modality) are not always adequate. The needs are high, especially in more remote areas such as Akkar, where there is insufficient targeting at large. The programme should also find a way to tackle people’s emotions, which would ensure they are more heavily engaged.*”

RESOURCE SUFFICIENCY AND GAPS

Staff from service delivery points (Al-Dar, MC, and WGSS) were satisfied with the resources available to them, as they had the necessary guidance from managers and technical advisors. They also held joint meetings on a regular basis to share experiences, best practices, lessons learnt, and success stories.

ABAAD also trains staff periodically, and capacity building needs are always addressed. One WGSS KI said that even during remote working periods, they were “receiving trainings via KAYA Connect on topics such as effective communication, implementation, management, and even self-care.” One MC KI emphasised that an important training which they should receive is on Mental Health during adversity (including local context and COVID-19).

There were also no reported gaps when it came to having the necessary resources to develop sessions for beneficiaries, as well as to allow adequate day-to-day operations. One MC KI added that “as long as beneficiaries are supported with transportation and internet costs, then interventions will remain optimal.”

When it came to the mobile unit’s activities, a Jina Al Dar KI reported several gaps: “We always need additional technical support and resources to expand the capacity of the team, which is currently too small for this kind of work. While two staff members were available, we ideally needed six. If we had more resources, the team would be less exhausted and be able to perform more efficiently. We also need additional resources and support to engage specialised experts such as lawyers and gynaecologists. Sometimes we contact other NGOs for these kinds of assistance.”

On a more overarching level, senior management mentioned that there was a gap in qualified human resources on the national level due to emigration, which made recruiting staff with senior leadership profiles difficult. Similarly, researchers who could provide high-quality and reliable services were scarce.

PROJECT OUTCOMES AND VALUE FOR MONEY

Some programme management KIs explained that project costs were justified and “value for money,” because all implemented axes resulted in strong outcomes for beneficiaries and stakeholders in general, and largely met contextual gaps and demands. However, they noted that it was early to fully judge, again due to the interruptions and delays in implementation.

Senior management was of the opinion that due to the currency depreciation that hit following the October 2019 revolution, resources became extremely stretched, and ABAAD had to absorb the losses and sometimes compromise on supplier quality or standards due to the insufficiency of resources.

RATING OF COMMUNICATION AND COORDINATION

Communication and coordination were rather well-rated on both the internal and external levels. Staff were generally satisfied with their senior management, line managers, area managers, and support departments. External communication was also positive when it came to the donor; RDPP, as well as with sectoral stakeholders (clusters, other NGOs, partners), with the exception of IOM, which they noted was a pending issue to be solved. Communication with government stakeholders was also good, especially since ABAAD had longstanding partnerships with the engaged actors (ISF, MoSA, and MoPH) – however, it was delayed due to national and hierarchical challenges. Communication with beneficiaries was strong, but the remote modality resulted in some interruptions and the need to further communicate issues and problem-solve, especially in light of the economic crisis and the consequently increased basic needs of the different community members at large.

External Communication and Coordination Overview

Donor	Government Stakeholders	Sectoral Stakeholders	Beneficiaries
<p>Coordination and communication with RDPP was well-rated by all relevant ABAAD team members. They were particularly satisfied with the responsiveness.</p>	<p>Coordination with government actors (MoSA, ISF, MoPH) was longstanding and fruitful, but it was inefficient and regularly delayed by hierarchy and interruptions imposed by the local and public health crises.</p>	<p>Project presentations, announcements of trainings and calls were efficient and well-received by different sectoral actors. The only reported issue was IOM's lack of engagement.</p>	<p>All service delivery as well as mobile unit teams felt that communication with beneficiaries was generally consistent, strong, empowering, and informative. The crisis sometimes impacted communication, especially at a distance.</p>

Internal Communication and Coordination Overview

Senior Management	Line Managers	Area Managers	MEAL Team	Logistics and Operations Department
<p>Staff were satisfied with senior management members' "open-door policy" and their ability to reach them for guidance and support as needed.</p>	<p>All interviewed KIs had positive feedback about the guidance and communication of their line managers. An Al-Dar KI's manager was new, but "things were good so far."</p>	<p>The introduction of Area Managers enhanced coordination and responsiveness, and service delivery staff praised the move.</p>	<p>Coordination with the MEAL team was weak at the beginning, but since the DOP and Project Support staff joined, it significantly improved. Increasing MEAL staff would further enhance efforts.</p>	<p>The programme team felt that coordination with the department was acceptable, but "there was room for improvement."</p>

When it came to beneficiaries' rating of the staff behaviour and communication (professional, qualified, respectful, adhering to confidentiality, responsive...), the vast majority of both females and males were satisfied. The exceptions were three women who did not have any particular feedback because they had only participated in sessions online and never met the staff in person, and one male who said he was somewhat satisfied without providing further detail.

NEW AND INNOVATIVE APPROACHES WITHIN PROGRAMME IMPLEMENTATION

The programme design, in and of itself, employs 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 aims to empower government actors via capacity building and enabling them to strengthen national infrastructure through mainstreaming the GBV CM SOPs.

Other innovative activities include the two planned research activities, which are expected to “*yield great outcomes*” and should result in recommendations that they can build upon for future projects and activities.

The national TOT will also be a “*great opportunity to build the capacities of MoSA social workers, which should be followed through in order to reach an objective where the trained participants themselves will be able to champion the activity’s sustainability.*”

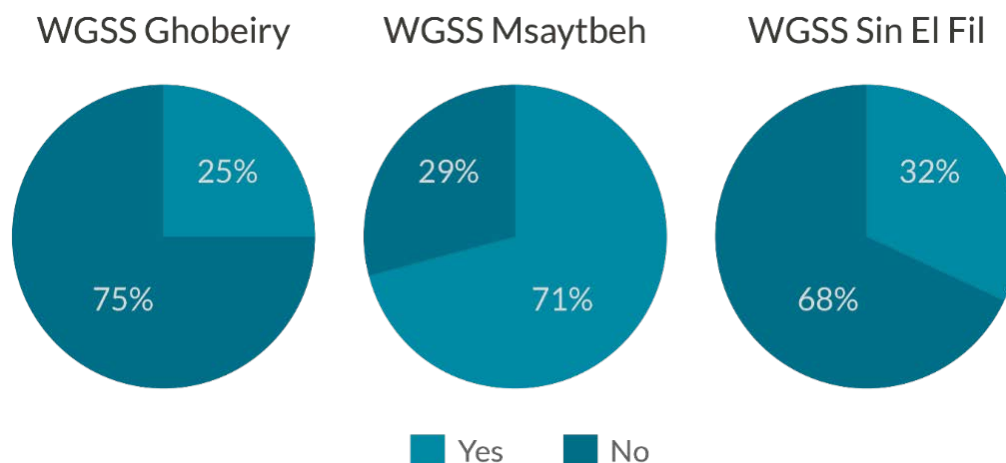
An unintended innovative approach was the adaptation of services to the remote modality, which was brought upon by restricted movement associated with COVID-19 (and further exacerbated by the fuel crisis), allowing many beneficiaries continued access to services in spite of the numerous challenges.

RATING OF THE COMPLAINTS RESPONSE MECHANISM (CRM)

Women and men beneficiaries were asked if they knew how to lodge a complaint if they faced any issues with staff, other beneficiaries, or even activities.

Under half the overall sample of **WGSS** women respondents (43%) knew how to lodge complaints if needed. The majority of those who reported familiarity with the Complaints Response Mechanism were from Msaytbeh (71%). At Ghobeiry (25%) and Sin El Fil (32%), awareness of the CRM was much lower.

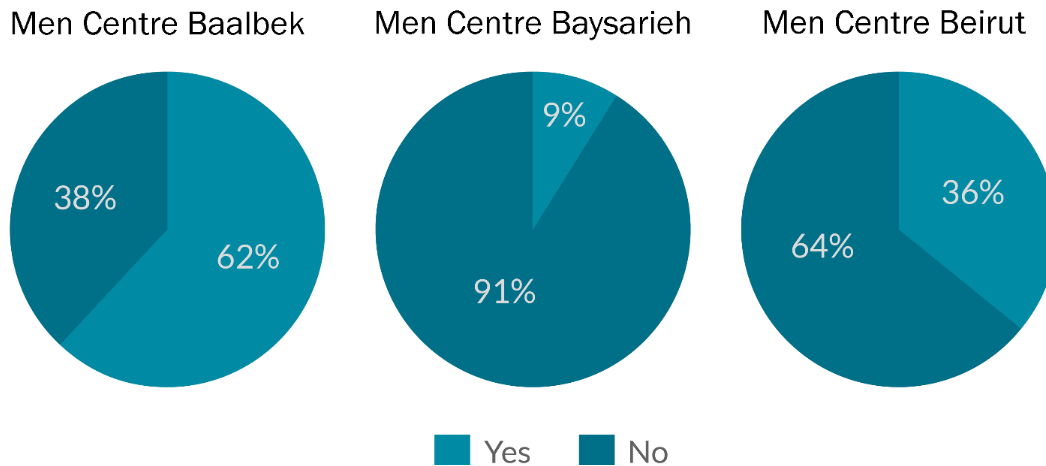
Figure 9 – Familiarity with the CRM (source: WGSS)



Of the 43% reporting familiarity, most had learned about it directly from staff members, who had explained it during sessions/activities. The remainder were two respondents from Sin El Fil who had made their own efforts to find out how to complain, and one from Msaytbeh who had seen the WhatsApp number on social media.

An even smaller sample of **MC** men respondents (39% of the total sample) were aware about the complaints response mechanism. The centre with the highest recorded level of familiarity with the CRM was Baalbek, where 62% knew how to make complaints if needed. This was followed by 32% in Beirut. In Baysarieh, only one respondent (9%) knew how to make complaints.

Figure 10 - Familiarity with the CRM (source: MC)



As with women, the 39% of men had mostly learned about the CRM from staff members; only two had learned about it through personal effort, and one from Baysarieh saw the information on a poster at the Men Centre.

The key CRM methods listed by both women and men, in descending order of frequency, were WhatsApp/complaints hotline, directly speaking with staff members, the complaints box, and social media.

Of the entire sample, only one local respondent from WGSS Msaytbeh and one from MC Beirut had filed a complaint using the CRM. They were both satisfied with the way the complaint was handled by ABAAD.

IMPLEMENTATION

Implementation modalities were largely well-rated by KIs because they were contextually-responsive and informed by beneficiary needs and priorities in light of shifting realities and challenges. 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 awareness about services targeting men, thus garnering an increased level of acceptance, noting that more work was needed on this front. When it came to direct service delivery, in addition to achieving set objectives, several positive unintended effects were reported by staff and beneficiaries alike, with a couple of negative unintended effects such as conflict with women beneficiaries' husbands, and therapy sessions highlighting negative and traumatic situations in the men's lives. **Overall rating: 3.5**



APPROPRIATENESS OF IMPLEMENTATION MODALITIES

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).



"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."

- Programme Management KI

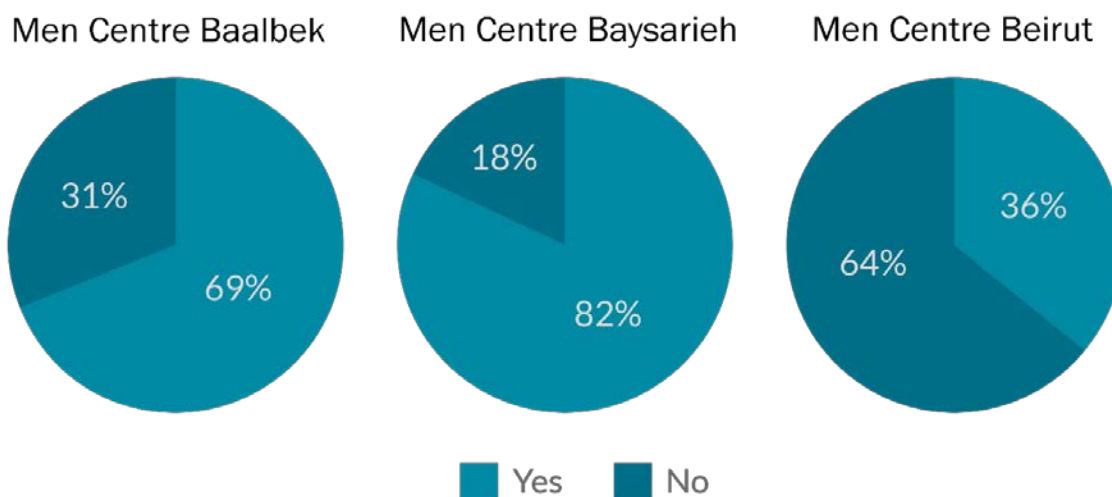
While beneficiaries always tended to prefer the in-person modality, as mentioned in the section on COVID-19 (under "Relevance"), several did praise the availability of online services as an acceptable alternative in the absence of other options.

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. They also 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.

Given the facts that i) ABAAD had considered the acceptance and engagement of men a key assumption in the success of the interventions, and ii) staff had reported that during the establishment of the Men Centres some community resistance was faced, interviewed men were asked whether they believed that the trainings and services being provided by ABAAD were accepted by other men in their communities. Findings were positive, as a good 61% of the overall sample confirmed that ABAAD had managed to raise awareness about the work being undertaken, and gradually garner increased acceptance.

Figure 11 - Men's acceptance of MC services and activities (source: MC)



Interestingly, the highest level of reported community approval of the MC services (especially individual psychotherapy) and trainings was in Baysarieh (82%), followed by Baalbek (69%). The lowest positive perceptions were reported by both local and refugee men in Beirut, at 36%.

Both local and refugee men explained that the idea of receiving therapy is still taboo for men, who believe that they might be judged or viewed as “mentally ill.” They generally agreed that in order to target the incorrect preconceptions, more awareness-raising and motivation to accept mental health interventions is necessary.



“There is still a lack of awareness on mental health in the Lebanese population. Therapy is considered a luxury and not a necessity, and people usually believe that a man should be able to deal with his problems on his own, without the need for a therapist.”

- Male Local, 20 years old



“The men consider cases of mental health an illness which should be referred to religious authorities instead of specialised institutes or services. I was not with the idea of such support at first. Now I have changed my mind, but men in general reject it due to ego and cultural context.”

- Male Refugee, 20 years old

CONSIDERATIONS OF LOCALISATION DURING IMPLEMENTATION AND ENGAGEMENT OF PARTNERS

Senior management reiterated that the project engaged and partnered with different government stakeholders (MoSA, ISF, MoPH – NMHP), and localisation considerations theoretically apply with government partners, however, since the activities have not fully materialised, no localisation has taken place. As for running partnerships with other NGOs and CBOs, localisation is not relevant.

POSITIVE AND NEGATIVE UNINTENDED EFFECTS

On the organisational level, management KIs said that an overarching positive unintended effect was the strengthened coordination with other stakeholders, which led to stronger partnerships and more fruitful implementation.

A WGSS KI proudly noted that in several cases, they had worked with women who had gone “above and beyond” the objectives of the services, and who had been encouraged by the team to focus on “turning their lives around.” For example, *“a woman was attending an awareness programme some time back. She became much more self-confident, and was empowered to continue expanding her knowledge. She sought out further awareness-raising sessions and socio-economic trainings at ABAAD and other organisations, until she built a strong skill-set and qualifications which helped her secure a job in Italy. It was a life-changing event and a big success story.”*

A KI from Al-Dar said that a major unintended effect was the fact that they were able to engage *“many violent men who ended up listening and thinking of the problem. This actually inspired the team to work harder to find new ways to tackle GBV in the communities.”*

A Men Centre psychotherapist added that *“sometimes, misunderstandings occurred due to scheduling changes or the therapist’s delayed arrival to the session, which can disappoint the beneficiary or make them feel uncomfortable. However, the great thing is that over the course of their treatment, many men have developed stronger communication skills, and they were able to mention how they feel and elaborate on the issues with their therapist. This also indicates the relationships of trust that have been built.”*

The activities carried out by Jina Al Dar also exceeded expectations; the KI noted that they had *“not been expecting that the project would bring people together like this. We discovered a lot of ‘hidden potential’ in the communities from both host and refugee populations alike, like scouts for instance.”*

Local and refugee **women** also voiced positive effects such as meeting others (*“I made the best friends through this project”*) and feeling less alone, as well as improving their surroundings through conveying the information they had learned about nonviolence, positive discipline and communication, and COVID-19, among others. **Men** from both communities also said they made friends and other social contacts, and were able to learn from other people’s cases. A couple of local men emphasised that the sessions had *“created a space for host and refugee communities to mingle and share their challenges and concerns, which brought them together and created an acceptance of one another which previously did not exist.”* One refugee said that as a result of his participation, he learned about child marriage and made the decision not to repeat the same mistake with his second daughter; his first had been married to her cousin at the age of 12 years old.



“The community in which I live is full of different tribes which are in conflict. The sessions combined members of the different families and built bridges among them. ABAAD’s interventions indirectly mitigated many of these conflicts. The trainings taught methods of resolving conflicts and managing anger, and the participants themselves addressed their issues. Some even became friends.”

- Male Refugee, 26 years old

As for negative effects, very few were mentioned. One WGSS KI mentioned that at times, the case workers have to deal with husbands who follow their wives to centre, which may create conflict. However, she added that they had a plan for such incidences and know how to mitigate the danger in such situations. Additionally, two men, one local and one refugee, noted that their therapy sessions had opened their eyes to their deep-rooted issues or made them relive their days in captivity, respectively. The local said he started having suicidal feelings which he still has not overcome, while the refugee said that while this initially caused outbursts of violent rage at home with his wife and children, in time the situation was under control and he felt a significant improvement.

SUSTAINABILITY

*The project activities fall within ABAAD's priority axes and strategic planning, which makes it highly unlikely that any of the interventions would not be sustained. However, the different informants were aware that possible barriers to sustainability included war, political vacuum or unresponsive government structures to deal with operationalisation, funding gaps, as well as socio-economic, political, and security issues. The key exit strategies included handing over SOPs and developed material to the relevant stakeholders and government bodies. Most women and men beneficiaries generally felt that the services and activities in which they had participated had indeed produced a lasting impact on their lives. Those who had neutral or negative outlooks either felt that they needed further support (longer duration of engagement), or noted that their contexts and realities were too challenging for the nature of available services to make a meaningful impact. **Overall rating: 4.3***



PROJECT SUSTAINABILITY POTENTIAL AND BARRIERS

On the organisational level, senior and programme management KIs affirmed that there is a strong likelihood that the project's interventions 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 RDPP-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 planned research initiatives will also yield recommendations that will shape future upcoming projects.

On the service delivery level, "ABAAD will not stop working with GBV survivors, and there will always be ways to fund and maintain relevant activities and interventions." From her side, one WGSS KI said that they were "building the capacities and skills of strong community-based groups to ensure that they can sustain the project in the future. Capitalising on these individuals who have shown willingness to engage and offering them internal and external recurrent training will enable them to lead community outreach and awareness initiatives."



INTERNAL SECURITY FORCES TESTIMONIAL

Our aim is to train the largest number of officers who are in direct contact with the public. On the long run, the participants who have received training and who are applying what they have learned will have developed their experience, and would spontaneously know how to deal with GBV cases in the future. They are also expected to indirectly train their colleagues who would not only be observing their new approach, but would also be receiving on-the-job coaching.

We already have trainings at the academy unit of the ISF, and eight or nine of them were selected as TOT participants. One officer from Batroun was also purposely included in the training because we are currently working with the UN on a vast project focusing on the prevention of GBV and the inclusion of women in North Lebanon. Eventually, we want to ensure that the facility in Batroun becomes more gender-equal.

The big challenge is that the ISF is operating in a volatile situation, facing health, security, and all kinds of internal and external threats. This instability and unpredictability makes it difficult for the ISF to make solid plans ahead of time, and for this reason, hybrid e-learning and in-person training will play a big role in resolving many limitations, while at the same time contributing towards sustainability of the initiative.

Another important consideration to take into account is that due to the current economic crisis, most of the officers who need to travel from remote areas are finding it difficult to secure fuel or pay transportation costs. Accordingly, relying on e-learning facilitates and speeds up the rollout. Another potentially feasible idea, conditional to securing the necessary budget and ISF HQ approval, is for trainers to travel to different areas across Lebanon and roll out the sessions to regional groups of TOT participants. We have done this before and it has proved successful, but it was limited to a handful of projects.

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 initiative has 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 needs to be done is continuous training and follow-up in a strategic manner which will achieve a nationwide impact.

Overall, working with ABAAD is very fruitful. They are very professional, and coordination with them is excellent. 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 the efforts towards addressing GBV in Lebanon.

KI-reported possible barriers to sustainability were war, a political vacuum or no responsive government to deal with operationalisation, a shift in donor's funding priorities and related challenges, as well as the socio-economic, political, and security issues.

EXIT STRATEGY PLANNING

The main exit strategy is the handover of the GBV CM SOPs to the relevant government bodies, and the gender modules to embassies to apply with refugees who will be resettled. ABAAD is currently considering alternative solutions to activities or interventions which might not be easily implementable

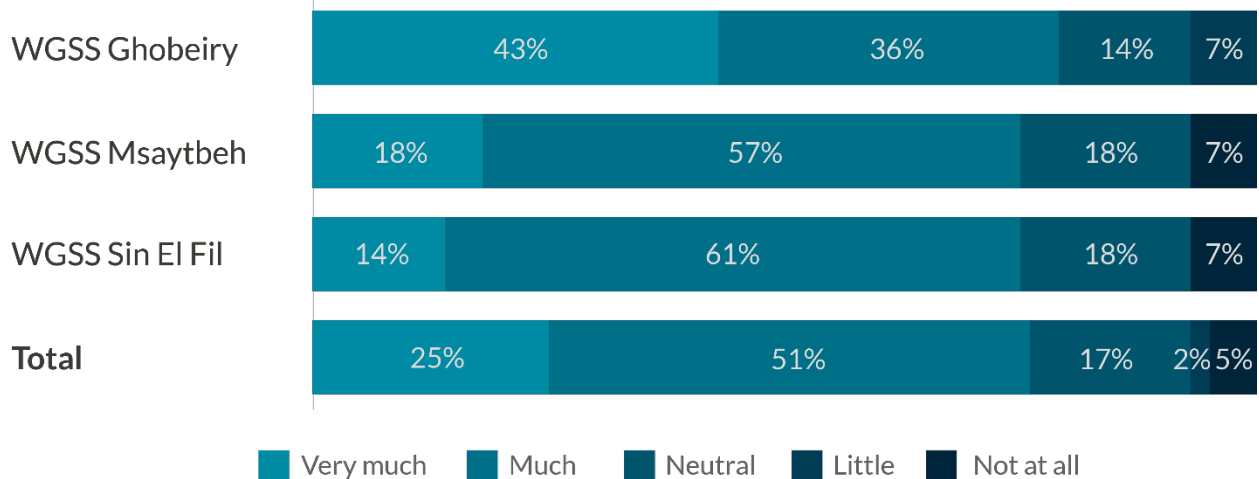
after exit; still, because of the collaboration and partnerships with MoSA, the risks of not being able to sustain GBV-related projects is very low.

The ISF confirmed that they intend to continue the training and awareness-raising interventions, and hope to self-sustain the initiative in the near future. However, an ISF KI flagged that *“it would be important to implement study visits within ABAAD or ISF centres so that officers can observe how GBV cases should be dealt with and what should actually happen in the field.”*

BENEFICIARY PERCEPTIONS OF LONG-TERM EFFECTS OF ASSISTANCE ON OWN LIFE

Women and men were asked whether they believed that the services and activities in which they had participated have created a lasting impact in their lives. In both cases, the majority affirmed that they had noticed positive changes that would remain with them.

Figure 12 - Extent to which project has made lasting impact on beneficiary lives (source: WGSS)



At the WGSS, 76% of respondents believed that the project had made a lasting impact on their lives – a change that would stay with them even if the project ends and does not restart. They explained that it provided them with significant new information, skills, and awareness – this included coping strategies and methods of dealing with GBV, life skills that they could use to improve their financial independence, information about their own rights and responsibilities, tips on how to communicate with their children and husbands and how to discipline their children without the use of violence, information on personal health and preventing COVID-19 contagion, as well as character-building (reduced shyness, more self-confidence, increased strength...) among others. Two refugees emphasised that they had been deprived of an (adequate) education, and the information they had gained was extremely useful – from English language classes to the different awareness-raising topics.

The 17% who were neutral had either not participated in enough activities to form an opinion, or felt that they had not made a *“huge difference,”* or noted that the *“relief was momentary during the activity, but did not make a lasting impact on their lives.”* One refugee said she *“could not even think one month ahead, let alone far enough to assess possible impact on her life.”*

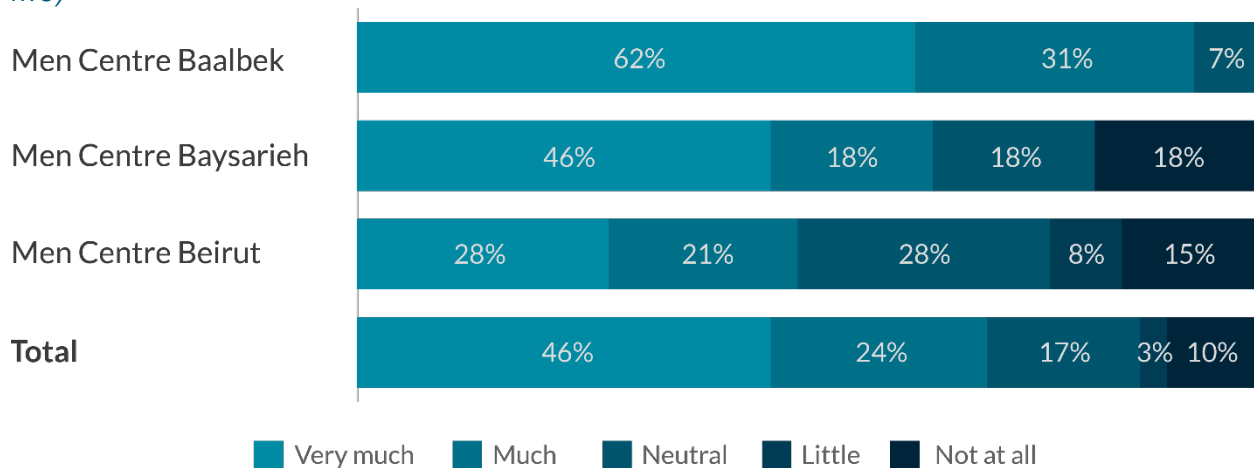
The final 7% who felt little to no potential lasting impact either believed that they needed to learn more information, or that they did not learn anything new. A couple did not want to provide details, while one refugee said that *“what they needed most was financial support.”*

Figure 13 - Women’s self-reported information and skills gained from the different activities and services (source: WGSS)



A total of 70% of men participating in Men Centre services and trainings confirmed that the project had produced a lasting impact on their lives. On the whole, most explained that they had become more aware of their situation, and their “*journey helped them develop better ways to handle stress and aggressive emotions and behaviour.*” Several said they were less violent with their wives and children, and were able to “*control the majority of stressful or challenging situations.*” Some went further to “*become advocates against GBV*” and assist other people in their circles who “*were in need of moral support or guidance on dealing with their anger.*” Others still said they were now more emotionally stable, relaxed, and feeling more optimistic.

Figure 14 - Extent to which project has made lasting impact on beneficiary lives (source: MC)





“I come from a tribe with its own traditions. One of those was arranging children’s marriages, and I married one of my daughters at the age of 12 years old. After the sessions I attended, the information I learned made me regret my decision. It was a moment of paradigm shift, and I decided not to repeat this mistake with my other daughter. She can decide who her partner will be when she is 21 or 22. Another positive impact is that numerous preconceptions rooted in tribal traditions now have less influence in my life. In fact, my wife and my family were very surprised and are extremely supportive of these changes.”

- Male refugee, 48 years old



“I feel very comfortable with my therapist, who helped me change my way of thinking to a very positive one. He helped me stop attempting suicide. I want my sessions to continue up until I feel confident that I no longer need help and I can do this on my own.”

- Male refugee, 41 years old



“My sessions with the psychotherapist had such a great impact on me and my life that if the therapy and services stop, I would definitely seek help elsewhere. I have become a believer in the importance of this kind of support.”

- Male local, 26 years old

Most of the 17% who expressed neutrality said that they had observed some differences in their lives, but they still needed further intervention and follow-up. One was a refugee who said that it was “difficult for the sessions to make a real difference in his life as a refugee in the current challenging context.”

Similarly, most of the 13% who felt little to no impact also reported that they needed further intervention for actual transformation to materialise in their lives. The exceptions were two refugee men who did not feel that individual psychotherapy responded to their needs.

RECOMMENDATIONS

RELEVANCE	
STAKEHOLDER	RECOMMENDATIONS
RDPP, ABAAD	Practice caution when it comes to funding transfers. The funding modality was reported to be 50% upon project initiation, which resulted in a major burden on the organisation upon the onslaught of the banking crisis. Due to the ever-changing banking policies in Lebanon, it is recommended that payment modality is switched to more frequent smaller payments, to limit losses in the event of future changes.
ABAAD	Ahead of recruiting participants to set activities, clearly explain purposes of activities and manage expectations. Define the axes and objectives of the different activities to be conducted ahead of initiating sessions or inviting beneficiaries to participate in services. During opening sessions, ask beneficiaries about their expectations, and explain how the sessions will or will not meet them. If certain needs are feasible for integration, it is recommended to do so. This will not only improve relevance, effectiveness, impact, and communication, but will also increase beneficiary retention.
ABAAD	Ensure that beneficiaries in group sessions/trainings are at similar levels of knowledge and awareness. This recommendation arises from the comments of one beneficiary who, throughout her interview, consistently emphasised that she was “too educated” to participate in these sessions. In order to avoid any potential pressure on or negative dynamics between participating beneficiaries, it is strongly recommended that individuals with similar levels of knowledge about the session topic are grouped. A possible way forward can be to rely on pre-tests to assess the level of awareness, provide a ‘basic concepts’ session to those who do not have sufficient information, and then include participants whose pre-test results were higher.
ABAAD	Capitalise on regular internal MEAL exercises to maximise relevance and community acceptance. 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 quantitative monitoring activities and qualitative spot checks 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 them of the fact that it 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.
ABAAD	Target communities in areas surrounding service delivery points with awareness-raising activities. In order to reduce possible GBV that female staff and women service-seekers are being subjected to, it is recommended that ABAAD engage its Masculinities Department to work with shop owners and male employees on ending inappropriate behaviour. Participation may be encouraged through holding brief sessions with refreshments or other symbolic incentives.
ABAAD	Consider alternative methods of reaching women who may not be skilled at using technology. The introduction of the remote modality was a strong point which increased access to services across different communities, especially in light of the pandemic and the economic and fuel crises. However, certain target populations, including older persons, mentioned that they were not tech-savvy and could thus no longer participate. It is recommended that ABAAD identify

	alternate means of outreach and implementation, especially as a contingency plan in case of further crisis exacerbation.
ABAAD	COVID-19: Continue enforcing strict COVID-19 policies within enclosed spaces and offices. Team members who have regular contact with beneficiaries, especially mobile staff members who enter and exit the safe shelters, should be especially cautious about precautionary measures in their daily lives, and not take off their masks while on the premises. Regular sanitisation of shared surfaces or items is crucial, as is providing regular updates related to the virus and its impacts to beneficiaries (especially taking into account several women's comments that prior to the sessions, they had no information about COVID-19 and its risks).
EFFECTIVENESS	
STAKEHOLDER	RECOMMENDATIONS
RDPP, ABAAD	Apply a cost extension to the project. In spite of the challenges faced, ABAAD staff believed that with additional time, they would be able to achieve most planned outcomes. As such, they considered an extension to be necessary for implementation, especially on the advocacy, policy, and research levels, to continue. The duration can be bilaterally agreed-upon between RDPP and ABAAD, following consultations with government partners and agreement on how to handle the component which was originally planned with IOM.
RDPP, ABAAD	Set a contingency plan to ensure that activities are completed to the extent possible in light of contextual challenges. The situation in Lebanon is rapidly degenerating, and with the increase in poverty, uncertainty, and unemployment, reports of GBV, DV, and IPV have also risen. Services provided by women's rights organisations are more crucial now than ever, where further violence is expected. As such, on the services level, it is necessary to set contingency plans that allow work to continue in the face of political challenges, socio-economic crises, and public health issues. On the other hand, when it comes to advocacy and policy, due to the nature of the work and its dependence on external factors (including national stability), ABAAD noted that it is not possible to set actionable contingency plans.
RDPP, ABAAD	Continue the good practice of preceding programme design with baseline assessments. Ahead of designing interventions and launching activities, ABAAD commissioned a baseline study 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 effectiveness of services, support, and activities.
ABAAD	Introduce additional topics into staff training plans. While staff members already receive trainings, some noted that they could benefit from increased and more diversified training topics; e.g., psychotherapists asked for a training on Mental Health in Adversity (including local context and COVID-19). Technical training on different awareness-raising topics that would be useful to beneficiaries (for example, dealing with aggressive children, nonviolent discipline, etc) can also improve perceptions of activities. Rapid training needs assessments can be conducted during initial planning phases as well as at service delivery team meetings, and a systemic plan can be put in place and updated to respond to any self-identified gaps.
ABAAD	Raise community awareness about the importance of MHPSS. Some women felt that PSS was unnecessary, but they also later expressed being stressed in the current situation. Similarly, men reported that MH services were associated with stigma and weakness in their communities, and their comments demonstrated that these issues are rooted in hegemonic masculinity. It is recommended that ABAAD continue its awareness-raising, outreach, and campaigning to improve perceptions of MHPSS and development of positive coping strategies, highlighting their importance for individuals of all backgrounds in situations of crisis.

ABAAD	<p>Build upon successful partnerships in the next phase of REFORM. According to ABAAD staff, partnerships with the ISF and MoSA already exist and should be 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 ABAAD can build upon. Additionally, some staff members felt that the partnership with IOM should also be solidified, while others noted that due to IOM’s lack of engagement, the component should be modified to target other partners, namely embassies.</p>
EFFICIENCY	
STAKEHOLDER	RECOMMENDATIONS
RDPP, ABAAD	<p>Ensure that overall project MEAL frameworks are simplified and measurable. The logical framework and indicator tracking table of the project were reported to be “needlessly complex,” which posed some difficulties when it came to capturing and reporting on them. For the next phase of implementation, MEAL staff recommended the restructuring and simplification of the overall MEAL plan, as well as the creation of a project indicator tracking table (ITT).</p>
ABAAD	<p>Improve coordination and communication flow - both internally among management and MEAL staff, and externally with beneficiaries. Given the management turnover and reallocation of tasks to different coordinators, it is recommended that a regular coordination meeting is set to ensure that the overall vision of the programme is upheld. Coordination with the MEAL department for monthly findings from activities and services (especially through mainstreaming the ITT) will also serve to identify corrective action and strengthen the overall efficiency and relevance of work. On the external level, in order to maximise accountability towards beneficiaries, it is recommended to be clear when communicating the scope of activities, as well as any issues or changes. This will reduce misunderstandings as well as possibly inaccurate negative perceptions the beneficiaries may form.</p>
ABAAD	<p>Ensure that team workloads are acceptable; hire additional human resources or capitalise on volunteer capacities. Particularly for Jina Al Dar (mobile outreach and awareness unit), the staff mentioned being overloaded and needing a larger team. It is recommended that ABAAD allocate a larger number of staff members to support the efforts, or to integrate a component that builds community member/volunteer capacities to assist with tasks as needed. Relying on community members for raising awareness can also strengthen community acceptance at large, especially if men are championing GBV causes.</p>
ABAAD	<p>Revisit and strengthen documentation to generate knowledge that improves implementation and identifies lessons. 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 very 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>
IMPLEMENTATION	
STAKEHOLDER	RECOMMENDATIONS
ABAAD	<p>Expand targeting and provide needed tools and resources to improve implementation. MC staff noted it would be important to extend the geographical scope of Men Centres to target larger numbers of men. A helpful resource for improving implementation of MH services would be to</p>

have psychometric tools to back up the work. This can also support ABAAD’s knowledge generation and improvement of interventions. WGSS staff sometimes faced issues with space and clashes with other activities being scheduled by MoSA; it is recommended that ABAAD look into possible solutions directly with the ministry. Finally, Jina Al Dar may benefit from additional equipment and material including COVID-19 PPE and tents for implementation of activities without being restricted to outdoors spaces or having to secure locations within the communities.

SUSTAINABILITY

STAKEHOLDER	RECOMMENDATIONS
ABAAD	Continue working towards building the capacities of local stakeholders and governance structures to independently carry out future work. Staff emphasised that the key sustainability consideration, apart from securing funding, is to continue focusing on strengthening policy and advocacy efforts, working on handing over components that require mainstreaming and localisation to the relevant governance structures (ministries and embassies), and engaging them in mobile outreach and awareness-raising plans on a national scale.

EMERGING LESSONS AND BEST PRACTICES

SOURCE	LESSON OR GOOD PRACTICE AS IDENTIFIED BY STAFF
PMT	<i>“RDPP had a good understanding of the situation and the various challenges. They allowed ABAAD to apply a flexible and contextually-responsive approach to activities; nothing was rigidly set in stone. This was a crucial good practice which allowed fast adaptability (including the e-modality) in relation to the lifesaving services at the beginning of the pandemic.”</i>
PMT	<i>“Activities at the national level involving MoSA or the ISF are either facilitated or hindered based on what priorities the government has at any given point.”</i>
MC	<i>“The most important and genius thing that ABAAD did was to target men. Most of the existing initiatives focus on women. But we tend to forget that men are also victims of their society. We cannot approach a man as if he is only an oppressor, he is also oppressed. ABAAD by itself is making change, but this is not large-scale enough. If this initiative is adopted by other NGOs across the country, we can change things. A violent man is often the victim of his father, his mother, his environment. We are observing the change in the lives of these men.”</i>
MC	<i>“The men centre resembles a private clinic, which makes work more effective and facilitates the therapy. This is not something that other NGOs apply (based on personal experience) but is a best practice which should be mainstreamed.”</i>
WGSS	<i>“We have distributed kits (such as hygiene kits) before, and we found this activity effective in recruiting new beneficiaries. At the same time though, we need to always make sure that distributions do not send out the wrong message and we need to continue educating the people on use of the kit material and their overall purpose.”</i>
MC/WGSS	<i>“Awareness-raising should go hand-in-hand with all other activities, from life skills trainings to MH services. These efforts should not only target beneficiaries, but also staff members, to ensure that they always have the most updated information on any particular ‘hot topic’ as relevant. An example of this is COVID-19 and its effects on mental health.”</i>
ISF	<i>“If a trained person from a certain facility encounters a GBV survivor, s/he knows how to deal with her, ensuring good reception and validated protocol. Nevertheless, this neither guarantees the constant availability of that the trained person at the facility nor occurrence of the desired outcome. Thus, we need to scale up the trainings to cover all untrained personnel.”</i>



ANNEXES

ANNEX I – SWOT ANALYSIS

The section below provides a brief SWOT analysis of the project, based on key informant responses.

S

STRENGTHS

Flexibility, adaptability, and responsiveness of the project and its activities

General budget and resource availability

ABAAD pre-existing experience; team able to utilise best practices from other projects and partnerships and apply them to the RDPP project

Flexibility of ABAAD management and of internal processes in a manner that allows work to flow smoothly despite challenges

Numerous and diverse components (direct services, trainings, advocacy, research, campaigning)

Multi-disciplinary team that adopts a holistic approach to respond to all GBV survivors' needs through a one-stop-shop modality, significantly reducing their burdens

Regular capacity building and mentoring to staff through technical support and training; supervisors always response, good team synergy

Strong community outreach, awareness of services and activities, and overall engagement of community members of different genders, backgrounds, ages, and locations

Good geographic distributions of service delivery points, facilitating beneficiary access nationwide

W

WEAKNESSES

Necessity to adapt activities and modes of operation due to the shift in context, which resulted in a trial-and-error period, and required some time to structure and adapt new processes.

Lack of budget flexibility, and inability to reallocate expenditure depending on shifting needs.

Difficulty managing remote sessions offered by the WGSS and MC (limited ability or willingness of beneficiaries to engage, connectivity issues, power outages).

Dependency on government structures' bureaucracy resulting in difficulty meeting certain timelines and project outputs.

Al-Dar offers a transitory solution only, so beneficiaries – especially refugees – sometimes face difficulty when it comes to setting a realistic exit strategy. There are insufficient institutions who would take in and support beneficiaries.

Ministerial management and budget issues affecting hours of operation of the WGSS*.

The Ministry of Social Affairs, where the WGSS are hosted, sometimes prioritises other activities which are in conflict with the WGSS' schedules. This results in limited or no space to conduct sessions.

** For example, the WGSS Director is a ministry employee who has not gotten paid for several months, so she closes the centre at 13:00. ABAAD WGSS employees have to make long commutes back home and continue working from there, which affects beneficiary access and is exhausting to the team.*

O

OPPORTUNITIES

Networking

Staff and organisational capacity and flexibility to adapt, which fosters successful interventions and training

Capitalising on the increased emphasis and focus on GBV by the media, government structures including the ISF, and other civil society actors to build bridges, spread awareness, and strengthen advocacy efforts; increased understanding around GBV in recent years; higher acceptance rate of related topics among beneficiaries in local and refugee communities

Building upon research and data collection to design and implement future initiatives

The project offers staff members great opportunities for individual development and progress

Expanding upon the economic empowerment activities conducted with women to support them in shifting their gained skills into actual work on the ground, possibly building a network of vendors, ateliers, restaurants, corporations, and other NGOs for job placement

Ability to implement the project in neighbouring countries, because the structure and model have been developed over the course of several years to respond to different needs and succeed in the face of adversity

The contextual pressure that resulted in adapting the sessions to an online modality can now assist in continuing ABAAD's response in light of the continuing local economic and public health crises

The baseline, midline, and regular evaluations provide information that allows the programme team to revisit implemented and planned activities to improve them in next phases and future initiatives

T

THREATS

The instability of the local context (socio-political and economic crises, limited resources on the national level, security concerns, and COVID19-) have already affected implementation and can continue to do so. Additionally, the project may also be affected by new, unexpected conflicts or situations which can hinder the achievement of project targets.

Possible lack of renewed funding, which would halt implementation and service provision.

Staff wellbeing is at risk due to dealing with difficult cases which can pressure them on a psychosocial level, affecting their work and the project on the whole. They need to receive psychotherapy, staff care, and R&R to evade burnout. Additionally, beneficiaries' husbands have sometimes threatened ABAAD staff at HQ or the centres if they did not want their wives there, which poses a risk to staff.

Preconceptions among women and men, as well as lack of awareness about relevant topics.

ANNEX II – SAMPLING DETAILS AND DEMOGRAPHICS

BENEFICIARY INTERVIEWS

Ahead of initiating interviews, informed consent was obtained from all women and men. They all confirmed that they were beneficiaries of ABAAD, and listed the different services in which they had participated. Each individual may have benefited from several different activities, so percentages reflect the number of women and men who reported participating in a service, and totals do not add up to 100%. All respondents affirmed that they had understood the purpose of the data collection and how the information would be used, and that all interviews were completely voluntary and anonymous.

Interviews with Women

Facility	Total Interviews	Local	Refugee	Average Age	Age Range
WGSS Ghobeiry	28	7%	93%	33.9	22-79
WGSS Msaytbeh	28	82%	18%	47.3	30-70
WGSS Sin El Fil	28	54%	46%	40.3	18-60
Total	84	48%	52%	40.5	18-79

The services and activities in which women reported having participated were:

- PSS sessions (online) 83%
- Socio-economic empowerment session 39%
- PSS sessions (in-person) 36%
- Group psychotherapy sessions 11%
- Community group sessions 6%
- Individual psychotherapy sessions 1%

Interviews with Men

Facility	Total Interviews	Local	Refugee	Average Age	Age Range
MC Baalbek	16	25%	75%	41.3	30-55
MC Beirut	14	71%	29%	31.4	18-53
MC Baysarieh	11	27%	73%	31.5	19-47
Total	41	39%	61%	35.3	18-55

The services and activities in which women reported having participated were:

- Individual psychotherapy sessions 71%
- Training on stress and anger management 29%
- Community group sessions (topics such as GBV, child marriage...) 17%
- Group psychotherapy sessions 15%
- Training on masculinities 5%

KEY INFORMANT INTERVIEWS

Senior and Programme Management Staff	# of interviews
Executive Director	1
Programme Support Coordinator	1
Programme Coordinator	1
MEAL Department	1
Service Delivery Points	# of interviews
Al-Dar Safe Shelters	
Al-Dar Directors (Mount Lebanon, North)	2
Former Beneficiary	1
Women and Girls Safe Spaces (WGSS)	
WGSS Coordinators (Ghobeiry, Msaytbeh, Sin El Fil)	3
Men Centre (MC)	
MC Coordinator	1
MC Psychotherapists	2
Jina Al Dar Mobile Unit	
Coordinator	1
Internal Security Forces	
Focal Point	1
TOT Participants (female, male)	2
Total	17

ANNEX III – ANALYSIS FRAMEWORK

Indicator Code	OECD-DAC Criterion	Suggested Indicator / Question Topic	BNF survey	Al-Dar KII	KIIs HQ	KIIs service delivery
A.	Relevance	<i>This section shows in which tool each axis is to be included</i>				
The extent to which the project objectives and interventions correspond to the local context	Overall relevance of programme and objectives to local/BNF needs	✓	✓	✓	✓	
	Appropriateness of programme design strategy re: achieving results	X	X	✓	X	
	Contextual effects on project design	X	X	✓	✓	
	Local coordination, project novelty vs. duplication/overlaps	X	X	✓	X	
	Project ability to create a safe space for bnf of different backgrounds	✓	✓	X	✓	
	Validity of project assumptions and Theory of Change	X	X	✓	X	
B	Effectiveness					
A measure of how effectively the project has thus far achieved its outcomes and outputs	Extent of achievement of project strategic objectives and outcomes	X	X	✓	X	
	Likelihood of ability to achieve all outcomes/outputs during coming phase	X	X	✓	X	
	Quality of GBV services including BNF satisfaction, sense of privacy and safety	✓	✓	X	X	
	Contribution towards preventing and mitigating protection risks for women and girls	✓	✓	X	✓	
	Perceptions of most effective interventions for males/females		✓	X	✓	
	Improved sense of safety and wellbeing	✓	✓	X	X	
C.	Efficiency					
The extent to which resources/inputs led to achievements + cost-efficiency	Timeliness of implementation	✓	✓	✓	✓	
	Resource sufficiency and gaps	X	X	✓	✓	
	Rating of communication and coordination	X	X	✓	✓	
	Value for money, focusing on the outcomes of the project and value for input	X	X	✓	X	
	Presence of new, innovative approaches contributing to better implementation	X	X	✓	✓	
	Rating of the efficiency of the provided services	✓	✓	X	X	
	Rating of the complaints response mechanism	✓	✓	X	X	

Indicator Code	OECD-DAC Criterion	Suggested Indicator / Question Topic	BNF survey	Al-Dar KII	KIIs HQ	KIIs service delivery
D.	Implementation					
Overall appropriateness of implementation + SWOT	Appropriateness of implementation modalities		X	X	✓	X
	SWOT of implementation processes		X	X	✓	✓
	Consideration of localisation during implementation and engagement of partners		X	X	✓	X
	Positive and negative unintended effects		✓	✓	✓	✓
E.	Sustainability					
Probability that project benefits continue on the long-term	Potential for continuity and sustainability of activities		X	X	✓	✓
	Possible barriers to sustainability		✓	X	✓	✓
	Long-term impacts on life/Exit strategy planning		✓	✓	✓	X
	Available or potential solutions to continue assistance upon project conclusion		✓	X	✓	✓
	Perceptions of long-term effects of assistance on own life		✓	✓	X	X
F.	Recommendations and Corrective Action					
Identification of emerging lessons, corrective actions, and best practices	Successful activities/partnerships to build upon in next phase		X	X	✓	X
	Recommendations for enhancement of implementation/operational strategies		✓	✓	✓	✓
	Corrective action (design, implementation, MEAL) + different approaches		X	X	✓	✓
	Key factors for improvements of sustainability		X	X	✓	X
	Emerging lessons/best practices for consideration in next phase		X	X	✓	✓
G.	COVID-19 Adaptations					
COVID-19 considerations, adaptations, and effects	Ability of the project to adapt in light of the pandemic		X	X	✓	✓
	Effects of potential adaptations on service delivery		✓	✓	✓	✓
	Obstacles to responsiveness/adaptations		X	X	✓	✓
	Rating of remote modality and COVID-19 adaptations		✓	✓	X	X