

EXTERNAL EVALUATION REPORT

“Reduction and Mitigation
of Gender-Based Violence
among Syrian Refugees in Lebanon”

NORWEGIAN CHURCH AID

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Team Leader: Zuleyka Piniella
Senior Evaluator: Alberto Valea
Evaluation Assistant: Joely Thomas

zpiabella@gmail.com
+962 (0) 79 5651 261

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ACRONYMS

ABAAD	Resource Centre for Gender Equality
AIDS	Acquired Immuno-Deficiency Syndrome
CHS	Common Humanitarian Standards
CM	Case Management
CMR	Clinical Management of Rape
CoB	Close of Business
CP	Child Protection
DAC	Development Assistance Committee
ET	Evaluation Team
FG	Focus Group
GBV	Gender Based Violence
GE	Gender Equality
HRBA	Human Rights Based Approach
HIV	Human Immuno-Deficiency Virus
INGO	International Non-Governmental Organizations
ISF	Internal Security Forces
KAP	Knowledge, Attitude and practice
MEAL	Monitoring, Evaluation, Accountability and Learning
MC	Men Centre
MWH	Midway House
MFA	Ministry of Foreign Affairs of Norway
NCA	Norwegian Church Aid
NGO	Non-Governmental Organization
NOK	Norwegian Krone
OECD	Organization for Economic Cooperation and Development
PPT	Preliminary Results Presentation
PSS	Psychosocial Support Service
Q	Quarter
SM	Semi Structured Interview
ToR	Terms of Reference
TV	Television
UN	United Nations
UNFPA	United Nations Funds for Population Aid
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNSC	United Nations Security Council
UNW	United Nations for Gender Equality
WGSS	Women and Girls Safe Space
WHO	World Health Organization
WFP	World Food Programme

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01 | EXECUTIVE SUMMARY

In October 2017, Norwegian Church Aid (NCA) requested the submission of proposals to evaluate the project “Reduction and Mitigation of Gender-Based Violence among Syrian Refugees in Lebanon”.

The project is implemented in partnership with the Lebanese Civil Society Organization ABAAD. Funds have been provided by the Norwegian Ministry of Foreign Affairs (MFA) under the cooperation agreement on Reduction of Gender-based Violence in Conflict and Post-conflict settings as well as NCA’s own collected funds.

On the 11th of December 2017, the proposal submitted by the team composed of Zuleyka Piniella and Alberto Valea was selected and the service contract signed on the 20th of December 2017, with the addition of one evaluation assistant, Joely Thomas.

The external evaluation comprises two different actions:

Project code	Funding	Start	End	Title
330883	NOK 5,263,158	15/11/2015	30/11/2016	Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon
330983	NOK 6,400,000	01/01/2017	31/03/2018	

This external evaluation covers the two components, with an implementation timeframe from the 15th November 2015 until 31st March 2018¹ and total funding of NOK 12.7 million².

The two phases of the project have been designed with a comprehensive and multi-sectorial approach. The definition of the project overall goal and

¹ The initial ending date was the 31st December 2017. A Non-Cost Extension was approved until de 31st of March 2018. The evaluation will only refer to the data available until the 31st of December 2017.

² Approximately, 1.5 million USD.

outcomes clearly shows a mid-term perspective, the second phase building on the outputs and achievements of the first:

LOGFRAME	PHASE 1 (Nov 15- Dec 16)	PHASE 2 (Jan 17- March 18)
Title	+Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon	
Overall Goal	Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon.	Ensuring a better quality of life for women and children survivors of Gender Based Violence (GBV) through contributing to improved protection, prevention and service provision.
Outcome 1	Women and girls GBV survivors are protected in a safe environment	Women and girl GBV survivors are protected in a safe environment and have improved access to quality and inclusive services
Outcome 2	GBV survivors have received recovery and life-saving support services	The protective and preventive environment against GBV for women and children at risk has improved.
Outcome 3	Women and girls know their rights while social perceptions are changed	GBV service providers have improved capacity to provide quality GBV services and to coordinate
Outcome 4	Increased capacity, coordination and enhanced quality of Syrian network /LNGO GBV service providers	Networking, quality assurance and accountability of project implementation have been safeguarded by NCA's humanitarian response programme .
Outcome 5	Increased quality assurance and accountability of project implementation	n/a

1697 GBV survivors or at risk of GBV received support services by the WGSS, the MWH or the Mobile Services, targeting the 84% of the total planned at the moment of the evaluation .

1818 children and men were sensitized on issues related to GBV and protection, reaching 135% of the total planned.

91% of GBV survivors felt safe while accessing the support services, the project achieving 23% more than planned.

This external evaluation pursued as an overall objective to: *Document and report on the achievement of results, intended and unintended, of project activities as a part of organizational learning and NCA's accountability to both target populations and donors.*

The ToR listed 12 evaluation questions. Also, in order to address the protection principles and concerns within the evaluation process, the Evaluation Team (ET) considered an additional set of questions regarding mainstreaming the Gender and Human Rights Based Approach.

To answer the evaluation questions the ET adopted a naturalistic approach, strengthening a non-judgemental perspective. Since GBV survivors suffer great pressure and show reluctance to question the gender norms and cultural patterns that cause GBV, such an approach is critical for addressing highly sensitive issues.

The evaluation used a mixed methodology of quantitative and qualitative data collection and analysis strategies and tools that reached a sample of 32 people involved in the project design and implementation: NCA staff, ABAAD staff and beneficiaries of the different activities of the project.

Data collection strategies	Sample
Semi-structured Interview	NCA staff ABAAD staff Beneficiaries of Midway Houses, Women & Girls Safe Spaces and Men Centre
Focus Group Discussions	Beneficiaries of Midway Houses Beneficiaries of Women & Girls Safe Spaces
Questionnaire	Beneficiaries of Midway Houses Beneficiaries of Women & Girls Safe Spaces
Participant Observation (Check lists)	Midway Houses Women & Girls Safe Spaces Men Centre

The **KEY FINDINGS** of the evaluation are summarized in the following table:

DAC CRITERIA	QUESTIONS (ToR)	KEY FINDINGS	HRBA	CROSS-CUTTING ISSUES		
				KEY FINDINGS	GENDER	KEY FINDINGS
RELEVANCE	The project was designed in a way that was relevant and appropriate to the context and the needs of the target group?	NCA- ABAAD's response incorporated an appropriate holistic GBV programming focused at individual, community and national level correctly addressing the underlying causes and the different needs of women, girls, men and boys. A comprehensive intervention was design promoting Human Rights and Gender Equality, mitigating the risks of GBV and providing specialized services for GBV survivors.	Was the intervention formulated according to international norms and agreements on Human Rights and to national and local strategies?	The project´s formulation strictly followed the Inter-Agency Standard Operation Procedures for SGBV Prevention and Response in Lebanon.	To what extent is the intervention informed by substantive and tailored gender analyses that identify underlying causes and barriers?	NCA-ABAAD´s intervention had a solid theoretical basis and showed substantial knowledge and capacity on the root causes and barriers underlying GBV.
	The project adhered to international standards and guiding principles for GBV programming and how it compares with current best practices or may contribute to such best practices?	The project accomplished 61% of UNFPA International Minimum Standards, partially accomplished 17% and 22%, which needs to be addressed. All the guiding principles of the Survivor-centred approach were upheld. GBV Mobile Services has been identified as one of the best practices in the MENA region by UNHCR. Although their analysis refers to IRC Mobile Services, the core elements are the same as ABAAD's.		The project completely aligned with 14 out of the 18 International Minimum Standards for GBV programming described by UNFPA.		
	Risks as described in the project risk matrix have been addressed.	70% of the risk detected in the formulation didn´t affect the project. In 40% of the risks, measures taken were insufficient due to the complexity of the situation. In 40% of the risks, the measures taken were successful.		Relevant Lebanese legislation and policies were also embedded in project´s design.	To what extent was the intervention informed by needs and interests of diverse groups of stakeholders through in-depth consultation?	
EFFECTIVENESS	The survivors assisted have been able to overcome the situation and/or experience of GBV?	100% of the beneficiaries interviewed greatly valued the services provided but 70% of the GBV survivors interviewed felt that they had not overcome the GBV situation. The lack of income generating opportunities has been identified as one of the major obstacles.	To what extent did the results framework integrate the HRBA?	All the actions of the project are oriented towards protection concerns, women´s rights and gender equality.	To what extent did the results framework integrated the Gender Perspective?	The gender perspective was fully integrated into the project design and logframe. The project was a pioneer in engaging men and boys.
	Awareness raising and outreach campaigns have contributed to changing the attitude of the community and the survivor's preparedness to access services and assistance?	8% of the GBV survivors interviewed knew about ABAAD´s services because of the media campaign. 80% were referred to these services by other organizations. The project has contributed greatly to the strengthening of the referral system. The outreach through WGSS and Mobile Services (above 10000 people) is one of the key tools to facilitate access to GBV services. Advocacy campaigns had a stronger impact on the male beneficiaries: 100 % of the beneficiaries of the MC agreed on the importance of the media campaigns.	Percentage of indicators related to Human Rights	53% are oriented towards fulfilling human rights, an outstanding figure.	Percentage of indicators related to gender	All the indicators are related to gender equality and 22% are phrased to include gender.
	The project has been implemented in accordance with its overall intention and in accordance with the approved results-framework.	The project has been implemented following its overall initial intention, improving specially during the second phase. Two amendments were made to surpass difficulties in the implementation and one activity wasn´t implemented (engaging religious leaders)	Was monitoring data collected and disaggregated according to relevant criteria?	The MEAL framework and tools were designed to collect relevant criteria from an Age, Gender and Diversity approach.	Did the intervention contribute to the empowerment of rights holders to demand equality and duty bearers to fulfil it?	The whole project focused on gender equality. Specialized services have been delivered to support and empower rights-holders (including legal services). Advocacy and lobbying aimed at duty-bearers has produced great results, such as the revocation of Article 522 or the capacity building of 250 members of the Internal Security Forces.

DAC CRITERIA	QUESTIONS (ToR)	KEY FINDINGS	HRBA	KEY FINDINGS	GENDER	KEY FINDINGS
	NCA's capacity building and quality assurance have been adequate	NCA has clearly identified ABAAD's strengths and weaknesses and supported appropriately. NCA's role in capacity building has been sustained and increased responding to the project's implementation and needs.				
IMPACT	The survivors' changed or improved situation has been sustained for the women supported in 2016.	There is no mechanism to follow up with survivors that left ABAAD's services and so limited data has been obtained. Testimonies clearly suggest that ABAAD's involvement and support makes a huge impact, although this is not reflected in the M&E of the projects. Without this mechanism it is not possible to measure impact.	Were there any positive or negative unintended effects on HR identified during implementation?	Positive: couples sessions in the MC Negative: school-aged children staying with their mothers at the Midway Houses are deprived of their right to education.	Were there any positive or negative unintended effects on gender identified during implementation?	Negative: Boys older than 14 cannot be living with their mothers in the Midway Houses.
	The men's group have contributed to sustained changed attitudes and behaviours towards family members as well GBV survivors in their communities.	66% of the men interviewed felt confident about a change in the distant future. 100% of them were aware of their role as sensitized men and their capacities to share the knowledge gained through ABAAD's services.				
	Results-framework and MEAL tools have sufficiently captures the impact and results of the project.	Several inconsistencies have been detected when comparing the project proposals, the MEAL framework and the different reports. The MEAL design sufficiently captured the impact and results of the project but the implementation of the MEAL was challenging. Significant improvements have been made in the second phase but the accuracy of data collection and reporting still needs to be addressed.	Did the intervention monitoring systems capture progress towards long-term results related to the fulfilment of human rights or protection indicators?	The M&E correctly captured short term results related to quality of service delivery and long term results related to change within the communities. The M&E lacks a monitoring tool to measure the impact of the intervention linked to the exit plan after the GBV survivors leave the Midway House.	Did the intervention monitoring systems capture progress towards gender equality?	The project strictly adhered to a gender-based approach. Different tools captured progress towards gender equality although some gaps in reporting still need to be addressed.
COHERENCE	Cross-cutting issues have been taking into account for the project implementation Table 1. Summary of key findings.	50% of the Core Humanitarian Standards have been accomplished while 50% have been partially achieved. The integration of diversity, especially people with disabilities, remains a challenge.	n/a	n/a	n/a	n/a

RECOMMENDATIONS

In spite of the instability and the difficult situation in the country, the project “Mitigation and Reduction of GBV among Syrian refugees in Lebanon” was implemented with success. We recommend the continuation of the project with a third phase and we encourage NCA and ABAAD to consider the following recommendations:

RECOMMENDATIONS		KEY ACTIONS
Recommendation 1	Set the goal of "Full occupancy 365 days a year" at the MWH	Increase the occupancy through <ul style="list-style-type: none"> ▶ Reinforcement of referral system ▶ Partnerships with frontline CBOs reaching Syrian refugees ▶ Use of case studies ▶ Involving the MHW beneficiaries ▶ Tailoring the outreach
Recommendation 2	Improve the funding plan	Pilot one income-generating activity in one MWH / WGSS Take additional measures to guarantee ABAAD transparency in fund management
Recommendation 3	Shift operational procedures in the Men Centre	Introduce group or peer-to-peer support Tailor the outreach to target male Syrian refugees Engage boys Set a strategic plan
Recommendation 4	Specific activities for teenagers	Adapt WGSS so they are teenager-friendly Guarantee meaningful participation of female teenagers on decision making Promote an Adolescent Task Force
Recommendation 5	Streamline M&E data collection	Increase the quality of data, its accuracy and consolidation in line with the MEAL Framework, introducing digital tools
Recommendation 6	Engage religious leaders	Awareness raising and training of religious leaders at community and national levels
Recommendation 7	Improve participation and accountability	Set measures to comply with CHS 4 and 5, establish a systematic procedure to open participation, record complaints and track feedback.
Recommendation 8	Guarantee access to education	Explore possibilities of home schooling Address the right of education for children in Safe Shelters at the SGBV Task Force
Recommendation 9	Follow up system for beneficiaries of MWH	Establish a procedure of follow up to beneficiaries that left the MWH

02 | INTRO

In October 2017, Norwegian Church Aid (NCA) requested the submission of proposals to evaluate the project “Reduction and Mitigation of Gender-Based Violence among Syrian Refugees in Lebanon”.

The project is implemented in partnership with the Lebanese Civil Society Organization ABAAD. Funds have been provided by the Norwegian Ministry of Foreign Affairs (MFA) under the cooperation agreement on *Reduction of Gender-based Violence in Conflict and Post-conflict settings* as well as NCA’s own collected funds.

NCA and ABAAD started their response to protect, prevent and provide services to GBV survivors in Lebanon in November 2015 with the first phase of the project. The second phase started in January 2017 and was extended until March 2018.

On the 11th of December 2017, the proposal submitted by the team composed of Zuleyka Piniella and Alberto Valea was selected and the service contract signed on the 20th of December 2017 with the addition of one evaluation assistant, Joely Thomas.

Member	Role	Primary duties
Zuleyka Piniella	Evaluation team leader	Coordination and focal point Strength of the theoretical background Methodology suitability and rigor of the data collecting and analysing process, including design of data collection tools Overseeing the systematization of the information and the evidence-based outcomes
Alberto Valea	Senior Evaluator	Data collection and analysis. Ensuring the ethnographic approach in data collection and analysis. Identification of culturally appropriate recommendations to improve the project design and implementation. Fieldwork coordination
Joely Thomas	Evaluation Assistant	Fieldwork data collection (including verbatim and transcription) Translation Arabic- English Outputs review

Table 2. Evaluation Team members

The Evaluation Team based in Amman has a strong expertise in Protection, Human Rights and Gender with a very solid understanding of GBV in

Emergencies as well as the international standards and best practices in service provision to GBV survivors.

The evaluation timeframe was established between the 20th December 2017 and the 10th of March 2018³ with the aim of documenting and reporting on the achievement of results, intended and unintended, of project activities as part of organizational learning and NCA's accountability to both target populations and donors.

The evaluation team worked jointly with NCA's regional office in Amman (Jordan) and visited Lebanon three times for coordination with ABAAD and fieldwork.

³ See detailed work plan in Annex I.

03 | OBJECT AND CONTEXT

The object of this evaluation is the project “Reduction and Mitigation of Gender-Based Violence among Syrian Refugees in Lebanon”.

03|01 - PROJECT DESCRIPTION & CONTEXT

The project “Reduction and Mitigation of Gender-Based Violence among Syrian Refugees in Lebanon” is run by NCA in partnership with ABAAD and comprises two different actions:

Project code	Funding	Start	End	Title
330883	NOK 5,263,158	15/11/2015	30/11/2016	Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon
330983	NOK 6,400,000	01/01/2017	31/12/2017	

Table 3. Project components

This external evaluation covers the two components, with an implementation timeframe from the 15th November 2015 until 31st December 2017⁴ and total funding of NOK 12.7 million⁵. Funds have been provided by the Norwegian Ministry of Foreign Affairs (MFA) under the cooperation agreement on *Reduction of Gender-based Violence in Conflict and Post-conflict settings* as well as NCA’s own collected funds.

With around every third person living in Lebanon being a refugee, the country has the highest number of refugees per capita in the world. An estimated 1.5 million are Syrians⁴, whereof 1,017,4338 were registered by UNHCR before registration stopped in May 2015. The majority (78.5%) are women and children, with women between 18 and 59 years old representing 24.3% of the total registered refugee population and children below 18 years old representing 54.2%. Most refugees live within various host communities,

⁴ The initial ending date was the 31st December 2017. A Non-Cost Extension was approved until de 31st of March 2018, however, the evaluation only covers until the 31st of December 2017.

⁵ Approximately, 1.5 million USD.

primarily along sectarian lines, in the Bekaa valley (35%), Beirut (28%), the North (25%) and the South (11.5%). 71% live below the poverty line of USD 3.84 /person/day and only one in five households are able to pay for maintaining their legal residency permits.

The Syrian refugee load comes in addition to some 450,000 Palestinian refugees⁶ and several thousand Iraqis and other refugees. In addition, there are an estimated 1.5 million vulnerable Lebanese, whereof 1 to 1.2 million live below the poverty line. The Syrian war has contributed to higher competition for unskilled jobs and a reduction in income of up to 30% for certain categories of Lebanese workers. The influx of refugees has also put a significant strain on Lebanon's infrastructure with many host communities having a limited capacity to absorb refugees⁷.

Added to the fact that many Syrian refugees may have been subjected to GBV before entering Lebanon⁸, the project addresses the high prevalence of GBV rooted in the Lebanese context before the Syrian crisis. The pre-existent unequal gender relations have been augmented due to the conditions mentioned above, increasing the prevalence of Intimate Partner Violence or Domestic Violence, but also increasing other types of GBV linked to negative coping mechanisms such as Forced Marriage (including Child Marriage) or forced prostitution.

The project "Reduction and Mitigation of Gender-Based Violence among Syrian Refugees in Lebanon" seeks to *ensure a better quality of life for women and children survivors of GBV through contributing to improved protection, prevention and service provision* in the eight Governorates of Lebanon: North, Akkar, Balbek-Hermel, Beirut, Bekaa, Mount Lebanon (ML), Nabatieh, South.

GBV prevention and service provision has been channelled through 4 different structures:

1. Midway Houses (MWH) (3 different facilities)
2. Women and Girls Safe Spaces (WGSS) (8)
3. Men Centre (MC) (1)
4. Bus to provide mobile services (1)

Each of these structures has provided a variety of services targeting women, girls, men and boys, and all of them have been supported by nation-wide efforts in advocacy campaigns aimed at increasing access to services,

⁶ According to the Census of UNRWA in 2011, the number of registered Palestine Refugees in Lebanon was 465,798. However, in December 2017, a study carried out by both Lebanese and Palestinian statistics bureaus and the Lebanese-Palestinian Dialogue Committee established the number of Palestine Refugees in Lebanon in 174,422.

⁷ 17-00157-1 NCA application to the MFA, 17th January 2017.

⁸ UNHCR, Syria Refugee Response, Lebanon Syrian Refugees Registered, 14 July 2017, available at: <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&Language%5B%5D=1&Country%5B>

behavioural change regarding GBV, and decision-making of duty-bearers towards effective protection.

	WGSS – Zahleh (Bekaa)	WGSS – Ghobeiry (ML)	WGSS – Mouseitbeh (Beirut)	WGSS – Choueifat (ML)	WGSS – Rahbeh (Akkar)	WGSS – Qobbah (North)	WGSS – Bent Jbeil (South)	WGSS – Jbeil (ML)	MWH – North Lebanon	MWH – Bekaa	MWH – ML
PSS/awareness activities	X	X	X	X	X	X	X	X	X	X	X
Case Management services	X	X	X	X	X	X	X	X	X	X	X
CMR	X	X	X	X	X	X	X	X	X	X	X
Mental health services	X	X	X	X	X	X	X	X	X	X	X
legal services	X	X	X	X	X	X	X	X	X	X	X
sheltering services									X	X	X
hygiene kits/livelihood services									X	X	X
basic-life skills/emotional support groups	X	X	X	X	X	X	X	X	X	X	X

Table 4. Project services and geographical coverage. Source: ABAAD.

03 | 02 - PROJECT FRAMEWORK

The two phases of the project have been designed with a comprehensive and multi-sectorial approach. The definition of the project overall goal and outcomes clearly shows a mid-term perspective, with the second phase building on the outputs and achievements of the first:

LOGFRAME	PHASE 1 (Nov 15- Dec 16)	PHASE 2 (Jan 17- March 18)
Title	Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon	
Overall Goal	Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon.	Ensuring a better quality of life for women and children survivors of GBV through contributing to improved protection, prevention and service provision.
Outcome 1	Women and girls GBV survivors are protected in a safe environment	Women and girl GBV survivors are protected in a safe environment and have improved access to quality and inclusive services
Outcome 2	GBV survivors have received recovery and life-saving support services	The protective and preventive environment against GBV for women and children at risk has improved.
Outcome 3	Women and girls know their rights while social perceptions are changed	GBV service providers have improved capacity to provide quality GBV services and to coordinate
Outcome 4	Increased capacity, coordination and enhanced quality of Syrian network /LNGO GBV services providers	Networking, quality assurance and accountability of project implementation have been safeguarded by NCA's humanitarian response programme.
Outcome 5	Increased quality assurance and accountability of project implementation	n/a

Table 5. Project results framework per phase.

04 | SCOPE OF THE EVALUATION

04|01 – OBJECTIVES

This external evaluation pursued as an overall objective to: *Document and report on the achievement of results, intended and unintended, of project activities as a part of organizational learning and NCA’s accountability to both target populations and donors.*

Purpose 1: Under an accountability framework, the evaluation will provide sound data and conclusions on the design, implementation and outputs as well intended and/or unintended outcomes of the project “Reduction and Mitigation of Gender Based Violence among Syrian refugees in Lebanon”.

Purpose 2: Framed by an evidence-based approach, international guidelines and NCA’s strategical approach to the region, the evaluation will provide findings, lessons learnt, and feasible and culturally appropriate recommendations to increase relevance, ownership, effectiveness, impact and coherence of activities, and to improve the project’s logical framework and MEAL tools deployed.

04|02 – EVALUATION QUESTIONS

According to the Terms of Reference of the evaluation, 4 of the OECD criteria must be taken into consideration, namely:

- ▶ **Relevance:** The extent to which the objectives of an intervention are consistent with beneficiaries’ requirements, country needs, global priorities and partners’ and donors’ policies.
- ▶ **Effectiveness:** The extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance.
- ▶ **Impact:** The positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

- ▶ **Coherence:** The need to assess security, developmental, trade and military policies as well as humanitarian policies, to ensure that there is consistency and, in particular, that all policies take into account humanitarian principles and human rights.

The ToR listed 12 evaluation questions that the Evaluation Team re-structured to match with the 4 DAC criteria presented above. Also, in order to address the protection principles and concerns within the evaluation process, the ET considered the addition of a set of questions to mainstreaming the Gender and Human Rights Based Approach. Therefore, the final evaluation questions that are answered under Key Findings⁹ are as shown in Table 6 below.

DAC CRITERIA	#	QUESTIONS (ToR)	CROSS-CUTTING ISSUES	
			HRBA	GENDER
RELEVANCE	R1	The project was designed in a way that was relevant and appropriate to the context and the needs of the target group?	Was the intervention formulated according to international norms and agreements on Human Rights and to national and local strategies?	To what extent the intervention is informed by substantive and tailored gender analyses that identify underlying causes and barriers? To what extent is the intervention informed by needs and interests of diverse groups of stakeholders through in-depth consultation?
	R2	The project adhered to international standards and guiding principles for GBV programming and how it compares with current best practices or may contribute to such best practices?		
	R3	Risks as described in the project risk matrix have been addressed.		
EFFECTIVENESS	E1	The survivors assisted have been able to overcome the situation and/or experience of GBV?	To what extent did the results framework integrated the HRBA?	To what extent did the results framework integrate a gender perspective?
	E2	Awareness raising and outreach campaigns have contributed to changing the attitude of the community and the survivor's preparedness to access services and assistance?	Percentage of indicators related to Human Rights	Percentage of indicators related to gender
	E3	The project has been implemented in accordance with its overall intention and in accordance with the approved results-framework.	Was monitoring data collected and disaggregated according to relevant criteria?	Did the intervention contribute to the empowerment of rights holders to demand equality and duty bearers to fulfil it?
	E4	NCA's capacity building and quality assurance have been adequate		
IMPACT	I1	The survivors' changed or improved situation has been sustained for the women supported in 2016.	Were there any positive or negative unintended effects on HR identified during implementation?	Were there any positive or negative unintended effects on gender identified during implementation?
	I2	The men's group have contributed to sustained changed attitudes and behaviors towards family members as well GBV survivors in their communities.		
	I3	Results-framework and MEAL tools have sufficiently captures the impact and results of the project.	Did the intervention monitoring systems capture progress towards long-term results related to the fulfilment of Human Rights or Protection Indicators?	Did the intervention monitoring systems capture progress towards gender equality?
COHERENCE	C1	Cross-cutting issues have been taking into account for the project implementation		

Table 6. Evaluation questions including DAC, HRBA & GE

⁹ See page 19. on page 21

04 | 03 – GEOGRAPHICAL COVERAGE

The evaluation team was based in Amman, Jordan, and travelled to Lebanon on three different occasions, per planning and deliverables. The ToR established the number of facilities that should be visited by the ET (details in the table below). Nevertheless, after the fieldwork was cut from two weeks to one week due to budgetary constraints, the new minimum requirements were agreed and included in the inception report.

Country	Region	Facilities visited	Facilities required in ToR
Jordan	Greater Amman Municipality	NCA Regional Office Princess Taghreed Mohammed Street Sayyed Ahmad Building #48 2 nd floor Sweifieh 11185 Amman	None required. 3 visits (20 th December 2017, 11 th January, 25 th February 2018)
	Lebanon	Beirut	ABAAD Head Office 51 Bustani Street, Sector 5, Najjar Building, Furn Chebbak Beirut
		Men Centre	Required 1 Men Centre in 2/3 regions. ABAAD only has one Men Centre, based in Beirut.
Zahleh (Bekaa)		Midway House 1	Required 1-2 Midway Houses.
Einab (Mount Lebanon)		Midway House 2	Visited 2 and interviewed beneficiaries from a third one.
Ghobeiry (Beirut)		Women & Girl Safe Space 1	Required 3-5 WGSS.
Jbeil (North)		Women & Girl Safe Space 2	Visited two and interviewed beneficiaries from a third one.
	Zahleh (Bekaa) North Lebanon	Women & Girl Safe Space 3 Midway House 3	Participants from these facilities were interviewed in Beirut by ABAAD's request

Table 7. Geographical coverage of the evaluation. Exact locations of the facilities are not disclosed due to confidentiality and safety of the beneficiaries.

04 | 04 – RISKS AND LIMITATIONS

The following risk and limitations were identified by the ET to carry out this external evaluation.

	DESCRIPTION	MITIGATION
RISKS	The situation in Lebanon is volatile and access to some of the facilities can change from one day to another due to security reasons or even weather conditions	The evaluation team kept open the final selection of the facilities that could be visited during the fieldwork so ABAAD selected them according to the feasibility of the visit (including accessibility due to weather conditions)
LIMITATIONS	<p>The fieldwork has been limited to 5 working days.</p> <p>ABAAD could not facilitate access to GBV survivors that have left the Midway Houses.</p> <p>Due to the cut in the funds, the Women and Girls Safe Spaces are not running activities.</p> <p>The online questionnaire could not be done due to women's safety issues. This limitation reduced the scoping of the sample.</p> <p>15% of the interviews during the fieldwork were cancelled by ABAAD due to the unavailability of the participants.</p> <p>NCA Coordinator in Lebanon manifested time restrictions for meeting the ET during the fieldwork due to other commitments.</p>	<p>The Evaluation Team split to increase the coverage of the fieldwork as much as possible.</p> <p>The Evaluation Team tried to gain a lengthwise perspective on the impact through the GBV survivors currently using the services.</p> <p>Staff and beneficiaries were interviewed despite the temporary closure of the Women and Girls Safe Spaces.</p> <p>A standard questionnaire was passed to all the interviewees.</p> <p>The ET made the interviews by phone when possible.</p> <p>A Skype interview was conducted after the fieldwork.</p>

Table 8. Risks and limitations of the evaluation

05 | EVALUATION DESIGN

The evaluation followed at all stages the Terms of Reference for the Evaluation of the project “Reduction and Mitigation of Gender Based Violence among Syrian refugees in Lebanon”.

05|01 – THEORETICAL FRAMEWORK

The theoretical framework that informed this evaluation was the *naturalistic model of evaluation*, based on a phenomenological perspective. It is advantageous as an approach due to being inductive, holistic, subjective, participatory and responsive. According to García Ramos (1991:470), this evaluation model is focused on the process and its social environment. Its methodology aims to describe reality from the point of view of the key actors involved. This multi-perspective approach not only allows the identification of adequate recommendations for future implementation, but also the detection of risks associated with each option and feasible mitigation mechanisms.

The role of the evaluation team, under this paradigm, was to cooperate with all the stakeholders representing the different needs, judgements and perspectives of the project, establishing a balance based on the sound evidence collected, aimed at producing contextually specific and relevant knowledge.

Due to the wide experience of the evaluation team in International Cooperation and Humanitarian Aid, many lessons learnt have been included in this evaluation model, mostly in the design of the methodology, data collection and data analysis tools introduced ahead.

A naturalistic approach was adopted, strengthening a non-judgemental perspective. Since GBV survivors suffer great pressure and show reluctance to question the gender norms and cultural patterns that cause GBV, such an approach is critical for addressing such highly sensitive issues.

05 | 02 - METHODOLOGY

The evaluation used a mixed methodology. Some of the data collection and analysis was qualitative, based on an ethnographic approach that aimed to gain in-depth insights of all the stakeholders about the design, implementation, and expected and unexpected outcomes of the project “Reduction and Mitigation of Gender Based Violence among Syrian refugees in Lebanon”.

In addition, specific quantitative data was collected to better showcase outcomes, achievements, patterns, new trends or other enlightening information. Some of the qualitative data was also codified statistically. The data collection and content analysis were based on the *Grounded Theory Approach*.

The Grounded Theory Approach is a qualitative research method that uses a systematic set of procedures to develop an inductively derived explanation about a phenomenon.

In this case, the Grounded Theory allowed the ET to answer the evaluation questions in a way that balanced the needs, points of view, strengths and weaknesses of the project, and to provide recommendations based on the findings and lessons learnt. The codification and the analysis of all the data was undertaken through the powerful software Nvivo, that helps meaningfully integrate quantitative and qualitative data, tightly linked with mix-method of this evaluation proposal.

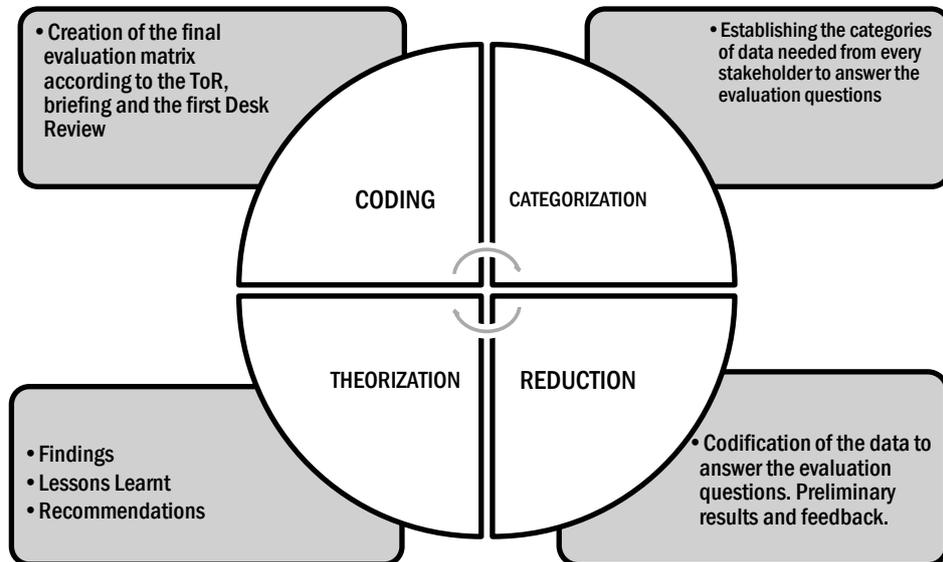


Illustration 1. The Constant Comparative Method. Adapted to naturalistic evaluation by Zuleyka Piniella

From the onset of the evaluation process, the evaluation team were working on the codification of all the information provided, following the stages of the *Constant Comparative Method* (see Illustration1), namely: coding, categorization, reduction and theorization or systematization. This codification follows the steps stated in the Grounded Theory Approach,

adapted by the ET to respond to the purposes and nature of this evaluation ToR as follows:

STAGE	DESCRIPTION	PRODUCTS
FIRST DESK REVIEW	Immediately after the signature of the service contract a first desk review was conducted with five main outputs: a) Analysis of the horizontal and vertical consistency of the project's logframe. b) Quality and level of achievement of indicators (meta-evaluation). c) Nodes definition and codification of the information according to the 4 DAC criteria and 12 evaluation questions embedding the HRBA&GE. d) Establishing guidelines for the development of the data collection tools. e) Identifying additional documentation that should be provided by NCA/ABAAD	<ul style="list-style-type: none"> ▶ 2015-2016 Logical meta-evaluation matrix. ▶ 2017 Logical meta-evaluation matrix. ▶ Methodology Matrix <p>Presented to NCA staff in Amman on the 11th of January 2018, included in Annexes A.IV and A.V</p>
SCOPING DISCUSSION	Preliminary meeting with NCA in Amman on the 11 th of January 2017 and Scoping meeting with ABAAD in Beirut on the 19 th of January 2018.	<ul style="list-style-type: none"> ▶ Second version of the evaluation matrix with NCA/ABAAD inputs
SECOND DESK REVIEW	Systematic data collation and coding of the information provided in the scoping briefing and the additional documentation related to the project. The team established the sources and its classification as well as node and case structure in NVIVO to proceed further with the data analysis.	<ul style="list-style-type: none"> ▶ Roll-out of the evaluation matrix ▶ First draft of data collection tools
INCEPTION REPORT	The categorization of the previous stages has allowed itemisation of the main topics to tackle the evaluation questions, and therefore the selection of: sampling (size and criteria), data collection strategy and fieldwork agenda	<ul style="list-style-type: none"> ▶ First draft of the inception report, including the first draft of the data collection tools and fieldwork agenda. <p>Sent to NCA on the 22th of January 2018.</p> <ul style="list-style-type: none"> ▶ Fieldwork guidelines. <p>Sent to ABAAD 22th of January 2018</p>
FIELDWORK	Fieldwork in Lebanon lasted 1 week (5 working days for ABAAD, 8 working days for the ET) from the 28 th January to the 4 th of February 2018. Data collection strategies and tools	<ul style="list-style-type: none"> ▶ Progress report. <p>Sent to NCA on the 4th of February 2018.</p>
DATA ANALYSIS	During this stage of the evaluation, the <i>data reduction</i> is collated in the evaluation matrix to obtain the first answers to the evaluation questions. All the data collected was integrated and organised qualitatively and quantitatively in the first draft of the final report, with a focus on answering the evaluation questions and forming tentative findings, lessons and recommendations.	<ul style="list-style-type: none"> ▶ First draft of the Evaluation Report. <p>Sent to NCA on the 18th of February 2018.</p>
FINAL REPORT WRITING	The naturalistic model that informed the evaluations requires a systematic discussion with the stakeholder to jointly build the knowledge. Besides the preliminary presentation of results with ABAAD required in the ToR, the ET organized an additional discussion of the evaluation results with NCA.	<ul style="list-style-type: none"> ▶ Preliminary results discussion with NCA Held on the 25th February 2018, NCA's office Amman ▶ Preliminary results discussion with ABAAD Held on the 2nd of March 2018, ABAAD's office in Beirut. <p>6th March 2018, NCA sent all the inputs for the final report of the evaluation.</p> <ul style="list-style-type: none"> ▶ Final evaluation report with annexes. Sent on the 18th of March¹⁰

Table 8. Stages of the evaluation and products

¹⁰ The final delivery of the final evaluation report was delayed 8 days from the expected deadline due to a) the additional time needed by NCA to produce the review of the draft from the different members b) the negotiation of a possible second round of data collection to increase the number of beneficiaries participating in the evaluation process. This additional data collection wasn't finally possible.

05 | 03 - SAMPLE

After the second desk review and the scoping meeting with NCA and ABAAD, the evaluation team defined a *significant qualitative sample*, attending to the following principles:

1.- **Equality:** creating an enabling environment that guarantees the fair participation of all individuals/groups, whether they were affected positively or negatively during the implementation of the project.

2.- **Inclusion:** paying attention to those individuals or groups who benefit from the project activities, those who can contribute to their improvement or those who could be potentially excluded.

3.- **Non-discrimination:** ensuring that the final sample represents all the stakeholders, especially those at risk of misrepresentation due to their gender, age, capacities or location.

Note that, due to the importance of the qualitative approach, the sampling is based on cross-sectional sampling instead of statistical definition. Thus, the aim of the final sample provided below was to achieve the greatest variety of points of view of all the actors engaged in the project. It is also important to note that the sample was affected by the risks and limitations (see Table 8).

Stakeholders	Description	QUANTIFICATION		
		Female	Male	Total
ABAAD staff	Director	x		1
	Attending Calls Staff	x		1
	MWH director, social worker, case worker, PSS worker, child care, legal counsellor	x		6
	WGSS coordinator	x		2
	Men Centre coordinator	x		2
	Men Centre psychologist		x	1
NCA staff	Country coordinator		x	1
	Amman regional office director	x		1
	PMER	x		1
	Finance officer	x		1
Beneficiaries	From the Midway Houses (different ages, nationalities, with and without children)	x		6
	From the Women and Girls Safe Spaces	x		4
	From the Men Centre		x	3
	From the community	x	x	2
TOTALS				32

Table 9. Evaluation's stakeholders and sampling

05 | 04 – DATA COLLECTION STRATEGIES & TOOLS

For the purpose of this evaluation, four strategies of data collection were deemed appropriate and 23 tools specifically designed¹¹:

¹¹ A copy of the tools is attached in Annex III.

1. Semi-structured interviews: 30 semi-structured interviews were conducted with beneficiaries, NCA’s staff and ABAAD’s staff. A script was designed per each type of interview. In Table 10 all the tools developed for this data collection strategy are listed. The complete tools can be found in the Annex 3.
2. Focus Group Discussions: 5 FGD were held with beneficiaries of the MWH and WGSS.
3. Questionnaire: 15 questionnaires were passed to the beneficiaries of the MWH and WGSS assessing 10 items related to their perception of the services. The results of the questionnaire have been crossed with the answers to the semi-structured interviews and the resultant analysis is the one reflected in this report.
4. Participant Observation. Due to the cut of funds and the time of fieldwork in relation to the initial evaluation proposal, the participant observation technique was not part of the inception report. However, in order to maximize the data gained during the week of fieldwork, it was re-considered as an important source of information. The ET adapted five Minimum Standards checklists that were used during the visits to each facilities:
 - a. Checklist MWH
 - b. Checklist WGSS
 - c. Checklist MC
 - d. Checklist case workers
 - e. Checklist health workers

Data collection strategies	Tools		
Semi-structured interview	SM-NCA-PM SM-NCA-QA SM-NCA-FO SM-ABD-PM SM-ABD-MO SM-ABD-CC1	SM-ABD-MHW-01 SM-ABD-MWH-02 SM-ABD-MWH-03	SM-ABD-SS-01 SM-ABD-SS-02 SM-ABD-MC-01 SM-ABD-MC-02 SM-ABD-MC-03
Focus Group Discussions	FG-MWH, FG-SS-01, FG-SS-02		
Questionnaire	Q001		
Participant Observation	Checklist01, Checklist02, Checklist03, Checklist04, Checklist05		

Table 10. Data collection strategies and tools.

Guidelines were sent to ABAAD prior to the fieldwork to ensure that ethical procedures were adhered to during the data collection phase. The topics addressed in these guidelines were:

- ▶ Code of Conduct of the Evaluation.
- ▶ “Set the context” in the pre-selection of the participants.
- ▶ Procedure to get informed consent.
- ▶ Participants during the data collection (adults and, in some cases, minors)

A triangulation strategy was carefully designed attending to the sampling, the evaluation questions per each DAC criteria, strategy of data collection and the tools. Please find the methodology, sampling and triangulation details in:

- ▶ Annex 1. Evaluation Matrix including: DAC criteria, evaluation questions, design, method and sampling criteria.
- ▶ Annex 2. Methodology Matrix including: data collection strategy, tool, sampling (description and quantification), DAC criteria and triangulation.

06 | KEY FINDINGS

06|01 – KEY FINDINGS ABOUT RELEVANCE

R1. The Project was designed in a way that was relevant and appropriate to the context and the needs of the target Group?

NCA- ABAAD's project was designed to ensure that refugee women from Syria, Palestine or other nations, as well as Lebanese women, are free from all forms of GBV. ***The Project is an appropriate response to the Lebanese current context and the influx of refugees coming from Syria and other countries.***

With around every third person being a refugee, Lebanon has the highest number of refugees per capita in the world. One out of three Syrian women and girls have been subjected to GBV, including sexual violence, child marriage, intimate partner violence, survival sex, forced prostitution, exploitation and abuse¹². The male refugee population suffer from lack of job opportunities, low self-esteem, post-conflict stress, misconceptions of masculinities, addictions to alcohol or drugs, and general structural violence. These factors underpin violence against women and girls, but boys and men are also subjected to GBV. Sexual violence and sexual exploitation of boys and men refugees from Syria has been documented in Lebanon¹³.

The underlying rationale identified by NCA-ABAAD's project correctly considered the existing unequal power relationship between men and women in the Lebanese context and among the refugee population and sought to address the use of violence by men to reaffirm their masculinity and power over women. Additionally, it was understood that both Lebanese and refugee women are not fully aware of their rights and the existence of different services available to help them in case of GBV.

¹² IRC, Are we Listening, Acting on Our Commitment to Women and Girls Affected by the Syrian Conflict, September 2014.

¹³ UNHCR (2017) Sexual Violence against men and boys in the Syria Crisis.

In order to respond to the complexity of the needs and context, NCA- ABAAD's project has adequately developed a comprehensive intervention as described in the project proposals:

1. The project created awareness of gender equality, women's rights and GBV through community and national advocacy.
2. The project attended to GBV survivors' immediate protection needs through MWH and WGSS and enhanced the visibility of support and referral services.
3. GBV support services, such as the Men Centre and Mobile Services, were promoted.
4. Syrian CBOs, and GBV service providers, such as Lebanese Internal Security Forces, were equipped to improve their services.

NCA- ABAAD's response incorporated an appropriate holistic GBV programming focused at individual, community and national levels.

- ▶▶ Individual level: the project provided services to GBV survivors and perpetrators.
- ▶▶ Community level: the project addressed the importance of sensitization and awareness, using on-site and media campaigns to improve GBV survivors' ability to access services, and to also promote behavioural change.
- ▶▶ National level: the project improved different actors' understanding of their responsibilities regarding GBV, creating synergies with other organizations working in Lebanon to achieve relevant changes such as the revocation of Article 522 of the penal code. This article allowed rapists to escape justice by marrying the victim.

"I heard on the media that ABAAD had these houses and there were services for women with the kind of problems I used to have", MWH beneficiary.

R2. The project adhered to international standards and guiding principles for GBV programming and how it compares with current best practices or may contribute to such this practices?

The project "Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon" abided by the international standards and guiding principles recommended by the key actors in humanitarian aid (IASC, GBV AoR, UNFPA, WHO, UNHCR, SPHERE).

The project was designed and implemented following the **survivor-centred approach**. This approach is based on the following guiding principles: Safety, Confidentiality, Respect, Non- discrimination, Rights- based approach, Community- Based approach, Humanitarian Principles and Do No Harm.

“We felt safe straight away because the team talk with us and make us feel safe... we got far from the danger we were living in”,
MWH resident.

Safety. All measures needed to assure the safety and security of the survivors and their children were taken. The location of the MWHs remains secret. All the staff interviewed were trained on how to proceed with caution and were well-informed on the importance of secrecy. Cameras were installed to control and secure access to the houses, coordination between security forces and the MWH were made, and the MWH have been built to prevent security issues.

The WGSS are located in public buildings so the local government, as owner of the premises, provided security and safety.

The Men Centre provides enough safety and security for its users.

Mobile Services visits to communities are coordinated with the local security forces to diminish risks to the participants or the staff.

Confidentiality. Survivors have the right to choose to whom they will or will not disclose their experience. Information is only shared with prior consent of the survivor. Their information on file is coded to protect their identity. Their physical and digital files are protected and secured while they are active users and destroyed after 1 year of exit (average).

“Here the women are completely free of attending the activities or stop coming if this is what they want. Also they are not asked for personal issues and they are not forced to speak about unless they want to do it. We respect their wishes at any time”.

Dignity and Respect. All the decisions, choices, wishes and rights of the survivors are respected at all stages and in all activities of the project. All the staff members interviewed are fully aware of the importance of ensuring dignity and respect for all beneficiaries.

Non-discrimination principle. All the documents reviewed and all the staff members interviewed were sensitive to diversity. While this diversity was respected in general terms, it has to be mentioned that some of the facilities were inaccessible to people who use wheelchairs due to the lack of ramps or elevator failures (Ghobeiry Safe Space and Jbeil Safe Space as examples).

MWH Coordinator

As one Safe Space Coordinator Stated in an interview: *“We attend every woman. It doesn’t matter where does she come from or what religion she follows. We are here to help women and girls, this is our mission”*. Despite this, welcoming diversity is only an initial step to really addressing the different needs (cultural, linguistic, spiritual, social, etc.) that really challenge the quality and appropriateness of the services provided. In a multicultural environment such as the Lebanese one, ABAAD is well equipped and better positioned to deal with diversity but needs to be aware of how to integrate this diversity into the delivery of services. To effectively mainstreaming Protection into service delivery, diversity must be addressed through the provision of *meaningful access* taking into account the different needs (based on age, gender and diversity) in planning, implementation and monitoring¹⁴.

The **Rights-based approach** and the **Community-based approach** were deeply rooted in the project design and implementation. **Humanitarian principles** of humanity, impartiality, independence and neutrality were also clearly underpinned in project and organizational mandates.

¹⁴ Global Protection Cluster (2017) Protection Mainstreaming Toolkit. Field Testing version.

Do No Harm principle. “All the staff is aware of the importance of the Do No Harm principle. All we do and every action we make is considering the Do No Harm Principle, of course” said one ABAAD staff member in an interview. NCA’s training in Do No Harm has been positively assessed by the staff.

During the evaluation, both the project proposal and the implementation were evaluated for compliance with UNFPA’s 18 International Minimum Standards for Prevention and Response to GBV in Emergencies¹⁶. These standards were chosen by the ET instead of others because of UNFPA’s relevance in the Syrian Response, and because it is widely used by GBV responders in emergency and post-emergency settings.

UNFPA INTERNATIONAL MINIMUM STANDARD-checklist					
#	PRINCIPLES	ACCOMPLISHED	PARTIALLY ACCOMPLISHED	NEEDS TO BE ADDRESSED	REMARKS
DIMENSION 1. FOUNDATIONAL STANDARDS					
1	Participation		✓		A Baseline Study with the participation of the major stakeholder and potential beneficiaries should have been done prior to the implementation to ensure the relevance and ownership of the process.
2	National Systems	✓			
3	Positive Gender & Social Norms	✓			
4	Collecting & Using Data			✓	The development of the MEAL lasted longer than expected and some inconsistencies were found.
DIMENSION 2. MITIGATION, PREVENTION AND RESPONSE STANDARDS					
5	Healthcare		✓		Midway Houses count with nurse assistances for the women. 100% of survivors feel the project took proper care of their health. Barriers for the low numbers of Forensic Examinations have not being identified and addressed. Instead, the target for this critical service was decreased ¹⁵ .
6	Mental Health and Psychosocial Support	✓			
7	Safety and Security	✓			
8	Justice and Legal Aid	✓			
9	Dignity Kids	✓			
10	Socio- economic empowerment			✓	60% of the interviewed women face economic issues and feel the need for more income generating projects to help them. Nonetheless ABAAD is working hard to assist the survivors when needed.
11	Referral Systems	✓			
12	Mainstreaming	✓			
DIMENSION 3. COORDINATION AND OPERATIONAL STANDARDS					
13	Preparedness & Assessment		✓		While ABAAD and its network identified well the vulnerable groups, a Baseline Study would be appropriate
14	Coordination	✓			
15	Advocacy & Communication	✓			
16	Monitoring & Evaluation			✓	Some inconsistencies were found in the MEAL. 50% of the staff interviewed directly involved in the MEAL felt the need to improve on it
17	Human Resources	✓			
18	Resource Mobilization			✓	Women and Girls Safe Spaces were closed during the field work due to lack of funds.

Table 11. Checklist UNFPA International Minimum Standards

¹⁵ About this point, see more details in page 29.

¹⁶ Minimum Standards for Prevention and Response in Gender- Based Violence in Emergencies. UNFPA. 2015

The project “Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon” accomplished 61% of UNFPA International Minimum Standards, partially accomplished 17% and 22%, which needs to be addressed.

Analysis of the project’s contribution to best practices according to International Standards

UNFPA defines the International Minimum Standards in three dimensions: (1) Foundational Standards, (2) Mitigation, Prevention and Response, and (3) Coordination and Operational.

1.- The **Foundational Standards** include Participation, National Systems, Positive Gender & Social Norms and Collecting & Using Data.

Best practices usually develop a Baseline Study (BS) prior to the formulation of the proposal. The BS assures in-depth consultation among the beneficiaries, guarantees presence of their needs, detects risks and prevents failures. A BS would be highly desirable before the implementation of the first year of the project.

GBV Mobile Services has been identified by UNHCR as one of the best practices in the Syrian response. See page 54 for a deeper analysis of this activity.

Notwithstanding, the participation of the communities in the activities was achieved by the outreach sessions made by the 8 local centres held by ABAAD, with the activities programmed by ABAAD HQ and with the Mobile Services. The Mobile Services were critical for reaching those communities frequently forgotten or excluded from other interventions due to isolation.

ABAAD made effective linkages with different sectors of the Lebanese Government. Due to this, 250 Internal Security Forces members participated in GBV trainings, different public facilities were assigned to create WGSS, and optimum levels of coordination with hospitals and police were achieved. ABAAD is a member of the National GBV Task Force. Its levels of communication with other NGOs offering services to refugees in Lebanon were excellent, and this is a practice that should be imitated by other organizations.

ABAAD also follows the Inter- Agency Standard Procedures for SGBV Prevention and Response in Lebanon.

The intervention was respectful of social norms even when it was trying to change some of them. All the activities that were planned and implemented showed respect for others’ opinions and practices. The planned activities were designed to avoid promoting standardized gender roles within project activities. In addition to traditional activities as cooking or sewing, the project also offered women beneficiaries ungendered activities such as English lessons, etc.

The creation of the Monitoring, Evaluation, Accountability and Learning framework (MEAL) was a challenge, especially in the first year of

implementation¹⁷. While data was collected during the project, it should be reinforced in future phases.

2.- The Mitigation, Prevention and Response Minimum Standards.

Healthcare was provided to GBV survivors. During the first year the total number of forensic examination and CMR services provided to women survivors were not achieved because the number of rape and sexual abuse cases attended was lower than the expected¹⁸, but these critical services were promoted.

Healthcare services and counselling were provided at MWH and women were referred to medical assistance when needed. *“Me as a nurse I’m always there to help survivors. I use to give them information, answer their questions and take care about their health in general”* one staff member said in an interview.

Mental Health Support and PSS sessions were core activities of the project. Women and girls in the MWH, women and girls in WGSS and men at the MC benefited from these sessions. Women attending activities in person or calling the helpline, and especially women at MWH, benefited from legal counselling (directly or by referral) or direct legal assistance when needed.

“Most of the women don’t have any income. It is a problem to leave the house when they don’t have money or any job. Maybe there are some activities we can do with them to try to generate money but it’s hard, it’s not easy”.

ABAAD staff member

Although economic assistance and job location were not activities described in the project, ABAAD made an effort to help survivors fulfil these needs when they requested. As one women said in an interview made during the fieldwork: *“I decided I want to live on my own. They found me work and a house, helped me pay the rent for three months, and after that I was able to pay on my own. They found me work, first as a housekeeper... then in a sewing factory... And for the first period they were always talking with me and now every now and again when there’s an activity or a specific programme, they tell me”.*

Nonetheless, 60% of the women interviewed said that it would be desirable to put in place an income-generating project to help them get some money. 72% of the staff related to MWH raised the suitability of introducing an income-generating project inside the houses, although they knew the difficulty of the challenge.

NCA- ABAAD’s project was in close coordination with other stakeholders, so their referral system was effective and timely. *“They brought me here from another organisation”* one survivor stated. *“I arrived at the house through the Red Cross. One day they contacted the house and they received me straight away”* another survivor stated.

Finally, the Coordination and Operational Standards including Preparedness and Assessment, Coordination, Advocacy and Communication, Monitoring

¹⁷ The analysis of the challenges related to the MEAL are specifically analysed in page 42.

¹⁸ We provide a deeper analysis of this issue in page 23.

and Evaluation, Human Resources and Resource Mobilization were also achieved, although they presented the biggest challenges.

While ABAAD had identified the target group and the kind of actions to develop, a Baseline Study would be desirable to give accurate response to the needs.

Development and implementation of MEAL was a challenge for ABAAD. Some inconsistencies were found and alignment between activities and documents should be reinforced in hypothetical further editions.

Another matter to reflect on is the issue faced with the funding plan. During the fieldwork, the WGSS were closed (they closed in December 2017) due to a disruption in funding. The negative effect of this closure on women attending the spaces is something to be considered. While the testimonies of the women interviewed do not reveal a loss of motivation or hope, the disruption of activities could affect the engagement of the beneficiaries and the credibility of the organization.

R3. Risks as described in the project risk matrix have been addressed.

70% of the risks detected in the formulation did not affect the project. In 40% of the risks, measures taken were insufficient due to the complexity of the situation. In 50% of the risks, the measures taken were successful.

#	RISK	TYPE	AFFECTED THE IMPLEMENTATION	MEASURES
1	Insufficient financial resources	Internal	Yes	Taken but insufficient
2	Women do not report on sexual and/or gender based violence	External	Yes	Taken but insufficient
3	Turn- over of concerned staff	Internal	No	Taken and successful
4	Deterioration of security situation in Lebanon	External	No	Non applicable
5	Since GBV and SRHR might be seen as taboo, the project could face community resistance, including from gender blinded women and men.	External	Yes	Taken and successful
6	Safety and security of GBV caseworkers, or social workers are threatened	External	No	Taken and successful
7	Men are not receptive to the new gender concepts related to positive masculinities at the Men Centre	External	No	Taken but insufficient
8	Unavailability of relevant specialized trainers on CMR	External	No	Taken and successful
9	ISF health care providers are not motivated/interested in engaging with the capacity building program on CMR	External	No	Taken and successful
10	Double- funding of activities and corruption, financial mismanagement and any violation of Code of Conduct	Internal	No	Taken but insufficient

Table 12. Risks and measures

Risk: Insufficient financial resources (Internal Risk)

WGSS closed on December 2017 due to lack of resources. One of the major donors of the activities –UNICEF- decided on June 2017 to cut the resources by the end of the year. This cut finally meant the ceasing of the activities. The funds coming from other donors such as NCA were not enough to maintain normal operations in the safe spaces.

“Women keep on calling me asking when will be the activities back. They are eager to come to the Safe Space again. Some of them even posted some comments on ABAAD’s facebook remarking how much they missed the activities”

ABAAD staff member

It is important to remember that sexual violence is under-reported even in well-resourced settings worldwide, and it will be difficult if not impossible to obtain an accurate measurement of the magnitude of the problem in an emergency. All humanitarian personnel should therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence .

IASC Guidelines, 2005

The diversification of the funding plan should be improved to prevent situations like this. 100% of the women interviewed knew the reason for closing the WGSS. 100% of women interviewed would like the activities to come back as soon as possible.

Risk: Women do not report on sexual and/or gender based violence (External Risk)

All the indicators described in the project proposal have been achieved except for the provision of forensic and CMR services. Media campaigns and outreach sessions were definitely a key factor in increasing access to GBV services, but there is still a gap when it comes to early detection or response to sexual violence. As the IASC clearly states, there is no need for reliable evidence to know that sexual violence is occurring. Despite the lack of an initial baseline in 2016, the target for this output (100 forensic examinations in the first year and 35 in the second) was reasonable given proxy data. For instance, according to the ISF, 13 women have reported sexual assaults each day since 2017 and only an estimated 24% of victims report. Among the Syrian female refugees, at least 33% of them have suffered GBV.¹⁹

NCA-ABAAD clearly identified one of the most challenging risks in this kind of project: the reluctance of GBV survivors to report, and identified the dissemination of the services available as one of the ways to overcome this obstacle. Whereas only 35% of the target for the first year was achieved and this was used as the baseline for the second year, the indicator had not been fulfilled at the moment of the evaluation. This speaks of NCA-ABAAD’s commitment to providing these critical services. Nonetheless, after the failure in the first year of execution, it would have been necessary to establish clear measures to fill this gap rather than decrease the target. Some of them could be built on the existing collaboration with ISF or with the Lebanese health system, distributing specific brochures about the importance of these services or inviting GBV survivors to obtain information from the hotline before rejecting the services.

The strength of the referral system in Lebanon also needs a special mention. 80% of the interviewed beneficiaries were referred by the police or other organizations.

Risk: Turn- over of concerned staff (Internal Risk)

The staff interviewed during the field work were highly satisfied and committed to their duties. No relevant data in this matter.

Risk: Deterioration of security situation in Lebanon (External Risk)

While the political situation of the country during the implementation of the project remained instable, there were not security issues in the country, so no deterioration affected the project during the implementation.

¹⁹<https://www.lbcgroup.tv/news/d/news-reports/346002/القرب وسفاح الصادمة الأرقام بين الجنسية الاعتداءات/ar>

Risk: Since GBV and SRHR might be seen as taboo, the project could face community resistance, including from gender blind women and men.

Considering GBV and SRHR as taboo is something deeply rooted in Arab countries and Lebanon is no exception. This risk was faced but NCA-ABAAD's approach on how to disseminate the information of their services and GBV/SRHR sensitization was appropriate, and the project was able to overcome the obstacles found.

ABAAD's advocacy and lobbying capacity on gender issues is highly recognized. They have been able to engage public figures and influencers in the activities and they are a reference in all the Middle East. Their expertise on gender and GBV sensitization is a very important added value.

"It is believed in our society that men should be men and have to show power to the women. It is difficult to speak with men about these issues because they might see it as a hazard for their power. It's not easy, in our culture we men think this way".

Beneficiary MC

As an ABAAD staff member stated: *"When we arrive the first day to the communities some sectors might see us as risk but after the first activities they feel confident and they don't see us like risks or enemies anymore. They enjoy the activities and finally they are aware of we wanted to communicate".*

Also, some public declarations from a Hezbollah parliamentarian (Hassan Nasrallah) suggesting that "...those who oppose the practice of child-marriage" are "...unknowingly serving the devil"²⁰ increased the level of tension inside the communities. Some resistance was detected right after the declarations. However, the project activities have a non-confrontational design. The message transmitted to the participants in the activities was subtle and cautious, always avoiding confrontation.

Risk: Safety and security of GBV caseworkers or social workers are threatened (External Risk)

100% of the staff interviewed felt safe at work and didn't face safety or security issues. Procedures and plans in case of a violent attack were clear among the staff. As one MWH Coordinator stated in an interview during the fieldwork: *"We have never had any security issue because we work hard on prevention. The location of this house remains a secret even for our families or relatives. There are cameras recording. To let someone to come in we check the identity. There are locks and the police patrols this compounds many times a day. We have a great coordination with them, but anyway we never had to call them with an emergency".*

As this statement reflects and as the evaluation team checked, the main security and safety measures were taken.

²⁰ Speech of Hassan Nasrallah, Hezbollah Secretary -General, 18 03 2017, available at: <https://www.youtube.com/watch?v=qKpOqVNXlDk&t=1s>. (Accessed on 17 July 2017).

Risk. Men are not receptive to the new gender concepts related to positive masculinities at the Men Centre (External Risk)

Changing men's misconceptions on masculinities was a goal of the project. Therefore, resistance and rejection was clearly something to be expected from men. Nevertheless, the men who attended the MC were not the ones who most rejected the new gender concepts or positive masculinities since they had decided to seek help. The participation of the core population that could benefit more from this centre is still a minority.

As one man interviewed at the MC stated: *"At first I didn't want to come here (the Centre), it was my wife the one who insisted me to come. I thought there was no way to help me with my violence, because I'm a violent person. But after 2 months attending the Centre I understand a few things that I didn't understand before coming. It is hard for a man in Lebanon to come to places like this. If someone knows you come here they may think you are not a man. I thought like this before, not anymore"*.

The psychotherapy sessions for men are in high demand. Receptiveness of the new gender concepts related to positive masculinities is increasing. 100% of the men interviewed at the MC fully agreed with these new gender concepts.

Risk. Unavailability of relevant specialized trainers on CMR (Internal Risk)

No staff member interviewed and no document analysed reported this as an issue.

Risk. ISF health care providers are not motivated/interested in engaging with the capacity building program on CMR (External Risk)

250 ISF members participated in the capacity building program and successfully completed the training. NCA and ABAAD engaged appropriately the participants.

Risk. Double- funding of activities and corruption, financial mis-management and any violation of Code of Conduct. (Internal Risk)

ABAAD has answered some of the pledges from NCA/MFA donor regarding financial management but measures are still insufficient, especially with the activities that are pool funded (ie: The National Campaign). Measures to guarantee transparency still need to be taken at budgeting level and through the consolidated Annual Report.

HRBA

Was the intervention formulated according to international norms and agreements on Human Rights and to national and local strategies?

The project was formulated strictly following the Inter- Agency Standard Operating Procedures for SGBV prevention and response in Lebanon (SOPs).

The Project aligned completely with 14 out the 18 International Minimum Standards described for UNFPA for GBV programming²¹. Its formulation is also aligned with the Sphere Standards and the IASC (Inter- agency Standing Committee) guidelines.

The three main intervention areas described in the Lebanese National Gender Strategy for the Ministry of Social Affairs are embedded in the formulation of the intervention (Organizational Culture, Staff Capacity Building and Programmatic Activities).

The relevant Lebanese legislation related to GBV was strictly followed and respected in the formulation of the intervention:

- ▶ The Law on the Protection of Women and Other Family Members from Domestic Violence
- ▶ Medical Ethics Law No. 288 issued on 22/2/1994 - Professional secrecy
- ▶ Law 422 on Protection of Juveniles in Violation of the Law or Exposed to a Danger

The needs detected and demanded in the Lebanese Crisis Response Plan (LCRP) and the 3RP (Regional Refugee & Resilience Plan) were targeted with the intervention.

Gender

To what extent was the intervention informed by substantive and tailored gender analyses that identified underlying causes and barriers?

The project was informed by an in-depth and appropriate gender analysis of the root causes of GBV in Lebanon and identified barriers that prevent GBV survivors from accessing services.

NCA- ABAAD's intervention had a solid theoretical basis as proved in several publications made in the recent past years by ABAAD. Essays and studies, such as "Understanding Masculinities", "Domestic Violence. Men speak", "Syrian Women and Girls. Rapid Assessment", and "Working with men. Let's unite", show substantial knowledge of the root causes and barriers underlying GBV. ABAAD is among the key reference organizations in the Middle East and its contributions have an impact on the whole region. ABAAD has pioneered the fight for gender equality in the region.

Furthermore, the intervention took into consideration both women and men. Men were not seen only as perpetrators but as survivors too, something that is uncommon but highly necessary in actions trying to mitigate GBV. The

²¹ Deeply analysed in page 18

relevance of this approach is grounded by the study published in 2017 by UNHCR, “*Sexual Violence against Men and Boys in the Syria Crisis*”.

The causes and barriers underlying GBV in the context affected by the project are the same as detected by major agencies such as UNICEF, WFP, or UNHCR in its study “*Situation Analysis on Gender- Based Violence in Lebanon*”, and as detected and evidenced by other INGOs, such as IRC on its study “*Are we Listening, Acting on Our Commitment to Women and Girls Affected by the Syrian Conflict*”.

To what extent was the intervention informed by needs and interests of diverse groups of stakeholders through in-depth consultation?

The intervention lacked a Baseline Study engaging the different stakeholder and potential groups of beneficiaries on a discussion of priorities, needs, means and current points of reference. The gap in this participatory process prevented the early identification of activities that later could not be implemented according to the initial proposal.

While no question mark can be placed on ABAAD’s capacity to produce a solid and comprehensive gender analysis, a Baseline Study prior to the formulation of the project would have better ensured the accuracy of the data and the correspondence of figures in the field with the gender analysis.

The BS could have helped guarantee the participation of stakeholders and potential beneficiaries (according to international standards) in the definition and decision-making of priorities and approaches. It would also have taken stock of pre-conditions that could hinder the implementation and created a more accurate point of reference regarding issues like:

- ▶ **Cost baseline:** could prevent the difficulties with the National Call Centre. Deeper prior knowledge on rules, costs, procedures and steps to take with stakeholders such as the Ministry of Communications would prevent the challenges encountered during the implementation phase. All of these issues could have been avoided through in-depth consultation, saving precious resources and tremendous efforts from the project staff.
- ▶ **Scope baseline:** could prevent the difficulties targeting Syrian NGOs or religious leaders.

As part of the baseline, the availability and capability of the potential partners would have been better assessed. The initial baseline would have prevented some setbacks that occurred during the implementation of the project - situations that finally required amendments to the agreement or changes to the proposal.

The different groups of beneficiaries were clearly identified during the formulation of the project but there were some setbacks with other stakeholders such as the capacity of the Syrian organizations to handle a budget and reproduce GBV activities and actions learnt in previous trainings. Due to this lack of capacity, the project team finally identified and established links with Basma & Zeitouna, Sounbula, Women Now, Sawa for Development and Istanbouli Theater.

06|02 – KEY FINDINGS ABOUT EFFECTIVENESS

E.1 The survivors assisted have been able to overcome the situation and/or experience of GBV?

“No, [it’s not a solution]. It’s a period of time that will pass, it’s just that I can now think about what I want to do in the future, rest a little and be able to make a decision about what I want to do without being under stress or anything.”
Another said *“(My situation) is much better. I’m mentally healthier; I’m able to bring up my children, able to escape oppression, live on my own”.*

MWH resident

70% of the women interviewed felt that the MWH was not a complete solution to their situation. 100% of women interviewed and hosted at the MWH felt mentally stronger since coming to the house but 70% were unsure what would happen once they left the house.

50% of the interviewed women said that their economic instability was a key factor to determining whether or not their situation had been completely overcome. 60% of the interviewed women and 100% of the MWH staff interviewed felt the need to develop income-generating projects to help the women regain their lives. As one staff member said in an interview: “Some of the women are not able to leave the house because since they left their husbands they have no monthly income, so they decide to stay. I think that to create some income generating project to help them is needed”.

The MWH definitively contributed to relieving GBV consequences and helped the women to cope with their situation, but the underlying causes of GBV persist in their communities. Additionally, the lack of monthly income jeopardizes their return to their lives. Nonetheless, ABAAD and its network of partners were able to facilitate the access of some women to the labour market.

As one woman who left the MWH 7 months prior the field work said in an interview: *“I decided I want to live on my own. They found me work and a house, helped me pay the rent for three months, and after that I was able to pay on my own. They found me work, first as a housekeeper... then in a sewing factory... And for the first period they were always talking with me and now every now and again when there’s an activity or a specific programme, they tell me”.*

These kinds of actions were not included in the project proposal, but the high level of commitment of ABAAD made successful cases like this possible.

The men interviewed by the evaluation team during the fieldwork felt confident that the situations that had brought them to the MC had improved

(66%) or had been overcome (33%). However, 100% of them had no planned date to finish their PSS sessions and felt the need to keep on attending PSS sessions at the MC.

As one of these men stated in an interview *“I’m a completely different person. If you would had to see me before I came here you would not recognized me now. I feel like now I have control of my life and can control my temper”*. Another one stated *“While I’m a different kind of person I still need to control my nerves and I would like to keep coming with the doctor (psychologist) for some advice on how to deal with this issues”*.

There was no data available on the number of men leaving the PSS sessions with prior notification or explanation to their psychologist. This information would enrich the design of future actions.

E2.Awareness raising and outreach campaigns have contributed to changing the attitude of the community and the survivor’s preparedness to access services and assistance?

Outreach campaigns have more impact on men to access the Men Centre services (100% mentioned the campaigns) than females GBV Survivors (8% mentioned the campaigns and 80% the referral). National campaigns increase the number of calls to the hotlines in 25%.

The demand at the MWH, WGSS and MC proves that the attitude of the community and the survivors’ preparedness to access the services is changing. However, during the fieldwork, none of the Midway Houses were fully occupied, and none of them have ever had “waiting list” at any time during the project implementation. For instance, note that one of the MWH visited during the fieldwork hosted 12 women (at the moment of the visit) out of 40 places available, meaning 33% of the occupancy.

Although the target for both projects has been achieved or even exceeded (136.8% the first year) several factors weigh in to increase the occupancy of the MWH, first of which is the life-saving opportunity that they represent for the most vulnerable population. A lengthwise analysis of the occupancy could provide inputs to improve access to this critical service. As IASC states, there is no need of evidenced data to assume that GBV is under-reported and there are many GBV survivors that could benefit from these services if barriers to access are surpassed.

The valuable experience of these two previous years can inform new strategies to close the gap between the service and their beneficiaries.

“When we arrive the first day to the communities some sectors might see us as risk but after the first activities they feel confident and they don’t see us like risks or enemies anymore. They enjoy the activities and finally they are aware of what we wanted to communicate”.

ABAAD staff member

100% of the women interviewed in the MWH knew about outreach activities on GBV in the communities, 8% of the women interviewed knew about the MWH or ABAAD's services by brochures or media.

The Mobile Services attended to more than 10,000 people across the whole country. This service consisted in a bus travelling to isolated communities and developing advocacy activities during an average of 3 days per targeted community. Mobile Services were strategic to induce change of attitudes among people from communities traditionally more conservative and non-targeted by other types of services.

During these activities, information about GBV services provided by the project was spread among the population and, as a result of this, the number of calls asking for help or services increased. Also, since the second day of activities, when the community starts to understand the purpose of the Bus, some women and men directly ask the staff onsite about how to access the services.

As one ABAAD staff member said in an interview: *"After the second day of activities people understand why we are there. The first day we use to develop some activities to engage people and to claim their attention. On the second day some women or men start to approach the staff and ask us about how they can get benefit from the services. Some of them sometimes tell us their story but most of the cases not, they ask for the services"*.

The WGSS highly contributed to engaging more and more women in the activities because of the power of word-of-mouth. Women already attending activities became strong advocates against GBV and also a source of information for other friends or relatives. As one ABAAD staff member stated:

"Women participating in the activities go home and tell their husbands, neighbours or friends what they have been doing at the WGSS, some of them after hearing them become curious and then visit us. Some of them start coming regularly, others come every now and then and others maybe don't come any more, but most of them become regulars".

Some of the WGSS like the one in Tripoli (Chekka) are composed of a main centre acting as a "coordination centre", and other smaller centres disseminated among the furthest communities (6 in this case). The power of advocacy of this WGSS is very high. They have access to remote areas traditionally inhabited by people reluctant to speak about GBV and therefore much less likely to address any kind of GBV.

"I decided to participate on a TV show and on a documentary about GBV because I strongly believe that this would help other men"

Beneficiary MC

"When the activities started in the rural areas the people were a little suspicious about us but after they saw and heard what we do they became opened to us", one ABAAD staff member stated.

Advocacy activities and media campaigns had a strong impact on men and encouraged them to access the MC. 100% of the interviewed men attending the MC agreed on the relevance of media campaigns, and the same percentage agreed on the importance of seeing more and more men speaking about GBV in public spaces, especially famous men on TV.

There is no relevant data reviewed by the evaluation team on how the people calling the Help Line knew about the service, but according to the reports and the increasing numbers of calls, media campaigns are having influence.

E3. The project has been implemented in accordance with its overall intention and in accordance with the approved results-framework.

The project has been implemented following its overall initial intention. The project worked toward mitigation and reduction of GBV among the Syrian refugee population.

Nevertheless, some changes were made during the implementation of the project. All these changes had prior consent between parties and prior approval from NCA.

Amendment 1: The extension of the project until 31st December 2016

Amendment 2: Relocation of the funds designated for the 24/7 helpline

The project wasn't successful in engaging religious leaders. Activities involving religious leaders need to be reinforced in future editions, since efforts to change traditions and customs are greatly dependent on them. The messages they share with the communities at their religious activities are a key factor for real and relevant change.

As one ABAAD staff member said in an interview: "We need to work harder with religious leaders. In the future we should do that. They play a relevant role".

E4. NCA's capacity building and quality assurance have been adequate

NCA's role in ABAAD's capacity building and project quality assurance has been sustained and increased, especially once NCA Regional Office in Jordan was completely staffed. However, more efforts should have taken to overcome the challenges that the MEAL stills presents and the inconsistencies in data collection, analysis and reporting.

NCA has clearly identified:

1. the strengths of ABAAD and how to foster them
2. the main gaps of ABAAD and how to support them
3. the strategic key elements of this partnership in the midterm that will increase the quality of any joint action.

One of the key elements of the capacity building has been the joint work of NCA and ABAAD in MEAL.

As previously mentioned, the project MEAL system has been one of the challenges during these first two years of implementation. A steady but slow improvement can be drawn from the progress reports, the data feeding into the different monitoring tools and the final reports. NCA involvement has adequately increased its support, fulfilling one of ABAAD's strategic goals: *“Creating a MEAL system that goes beyond one single project to the entire structure of the organization”*.

The capacity building component is, thus, one of the relevant key actions that should be maintained in the future. Among the different activities under this component it is worth highlighting:

- ▶ The comprehensive MEAL framework provided by NCA per project and its roll out with ABAAD staff, which has been highly valued from MEAL and non-M&E specialized staff.
- ▶ The integration of quantitative and qualitative data collection strategies and indicators.
- ▶ The development of specific tools, service oriented, that surpassed the limits of the project and can contribute to an organizational MEAL (such as the monthly track card) with slight adaptation.
- ▶ The specific training in M&E methodologies such as the case study - a powerful tool that ABAAD can use to produce different types of gender analysis and advocacy campaign, and to compile success stories and best practices that can be exported to neighbouring countries.
- ▶ The MHPSS training in February 2018

A second component of good practice in NCA's role in capacity building and quality assurance was enhancing ABAAD's knowledge in Humanitarian Principles without endangering or shifting the mandate of the organization. As one of the leading NGOs in gender equality in Lebanon and the Middle East, ABAAD has positioned itself as a major actor in the Syrian response without being per se an Emergency responder. Therefore, the organization has courageously faced the challenge of working in a twin-track approach: responding to the urgent needs of the Lebanese context and the humanitarian crisis on the one hand, without losing sight of its mission as a driver of long term and sustainable change towards gender equality in Lebanon on the other.

Trainings related to the Do No Harm Principle or the Core Humanitarian Standards provided by NCA have been accompanied by extensive trainings oriented to service delivery such as the one held in Nairobi in 2017 and titled *“GBV programme implementation and service delivery”*.

The successful integration of International Standards (see page 25) in the project and its implementation is tightly linked, in our opinion, with the good balance between the mandates and expertise of NCA and ABAAD.

HRBA.

To what extent the results framework integrated the HRBA?

The results framework clearly integrated a Human Rights based Approach in the definition of the project's logframe. All the actions were oriented towards protection concerns, and women's rights are specifically addressed in the formulation of the project's outcomes. The project activities also target both duty-bearers (Government, Internal Security Forces, NGOs...) and rights-holders.

Percentage of indicators related to Human Rights

53% of the indicators were related to the fulfilment of Human Rights, an outstanding figure that underscored the strong Protection focus of the project.

Was monitoring data collected and disaggregated according to relevant criteria?

The MEAL and monitoring tools were designed to collect relevant criteria from an Age, Gender and Diversity Approach. The data collection itself was not then as systematic and timely as it should be, and thus didn't provide live information that could have identified possible deviations from the targets (ie: in December 2017 there wasn't information available according to nationality. This gap does not enable measurement of whether the expected target population of Syrian Refugees is being achieved).

A more specific qualitative analysis could have been produced to ensure that relevant data was collected to improve the understanding of the level of achievement of expected outcomes, such as the definition of "safety" from the point of view of the beneficiaries.

Despite this, it is also important to note that the project implementation is an invaluable source of information that could contribute greatly to a better understanding of GBV mitigation and response. Despite the fact that the data *is there* at the frontline level, there is still room to improve the data integration between programming and service delivery. This would require increased capacities of technical staff to analyse and integrate the data available.

However, the MEAL plan and tools designed are very consistent and of high quality.

Gender

To what extent the results framework integrated the Gender Perspective?

A gender perspective was fully integrated into the project design and logframe. As previously highlighted, the project pioneered the engagement of men and boys as GBV perpetrators and survivors - one of the best practices according to international standards and actors.

Percentage of indicators related to gender

All the indicators were related to gender equality and 22% of them were phrased to include gender.

Did the intervention contribute to the empowerment of rights holders to demand equality and duty bearers to fulfil it?

The whole project was focused on demanding gender equality. The use of a gender-based approach was easily identified in the formulation and implementation of the project. Outreach activities developed by the Mobile Services, outreach activities developed by the WGSS outside the centres but also the activities developed inside the space, and media campaigns and activities monitored from ABAAD's HQ, all aimed at empowering the right holders to demand gender equality.

As one ABAAD staff member stated in an interview: *“Many women think that being beaten by their husbands is something normal, something that is common inside a marital relationship. When we go to the villages and we share with them the information about their rights most of the women didn't know about them”*.

The beneficiaries of the MWHs had access to legal counselling when needed. This activity provided not only legal services but also dispersed relevant information about their rights as women. As a beneficiary of a MWH stated in an interview during the fieldwork: *“I didn't know that we as women had these kind of rights or services”*.

The helpline, despite its alternative implementation, was an effective way to empower women and girls to provide them with accurate information on their rights and available services.

Activities aimed at ensuring the implication of duty bearers were designed and implemented. NCA- ABAAD's project maintained coordination with different duty bearers who had shown their eagerness and response. This level of coordination is shown at different levels, activities and services. The coordination with the Ministry of Social Affairs provided the physical spaces

“I was tempted to call several times to the helpline but I didn't have the courage to make the call as I didn't know what could happen after. But then I attended to one of the sewing activities in the Safe Space in Einab and I saw the poster and the same hotline. After one of the social workers of the Safe Space gave me a flyer, I asked her. She invited me to come the next day for an individual counselling and she told me the possibility to come the Midway House. It took me some days to made my mind but with the social worker support I finally access this Midway House”, MWH resident.

for some WGSS. The coordination with Internal Security Forces departments facilitated the training for 250 members.

“I gained new techniques on how to deal with perpetrator and survivor of violence.” “How to deal with the wife and to be honest with her and give her trust.” “The cooperation between teachers, understanding all the discussions and questions, gained information of how to deal with each other whether at work or at home, the masculinity understanding and the feminism... and lots of information²².”

Finally, the “16 Days of Activism against Gender- Based Violence” campaign developed in the frame of the project and the frequent presence of ABAAD in media (TV, newspapers, radio and social media) had a great impact on forcing duty holders to have a more active role. The revocation of the article 522²³ from the National Constitution was a clear example of this and a landmark achievement in the region.

06 | 03– KEY FINDINGS ABOUT IMPACT

11. The survivors’ changed or improved situation has been sustained for the women supported in 2016.

“I decided I want to live on my own. They found me work and a house, helped me pay the rent for three months, and after that I was able to pay on my own. They found me work, first as a housekeeper... then in a sewing factory... And for the first period they were always talking with me and now every now and again when there’s an activity or a specific programme, they tell me” MWH resident.

There is no system in place to assess the impact of the project of the women that were supported in 2016.

The evaluation team had no access to information regarding women supported during 2016. The tentative fieldwork agenda considered the need of holding interviews with a number of them, but finally this was not possible due to the lack of follow-up on them since they left the services.

Nonetheless, the evaluation team had the chance to interview a woman supported in 2017 and who left the house in August 2017 (“7 months prior to the interview” in her words) and stated that the project effectively helped her to overcome the GBV experience (see quote in the left margin).

This beneficiary also knew about another 2 survivors who shared spaces with her while at the MWH. “Two people left [in the month she was there]. One stayed here 6 months and they found her a house. Another woman stayed 5 months with her two boys and another organisation then helped her,” she said.

²² Testimonies taken from ABAAD’s “Final Evaluation and Statistics of the Training with ISF members”

²³ On December 7, 2016, members of the Parliamentary Committee for Administration and Justice announced an agreement to repeal article 522 of the Lebanese Penal Code.

A different woman interviewed also knew about a survivor who left the house while she was at it.

“There was one foreign woman, her and her husband had problems but after a time they solved the problem and she returned to him,” she said.

I2. The men’s group have contributed to sustained changed attitudes and behaviours towards family members as well GBV survivors in their communities.

Men beneficiaries were aware of their role as change agents and 66% felt confident about change but the individual approach of the Men Centre didn’t consider the beneficiaries as a ‘Men’s Group’ but rather a number of isolated beneficiaries with no exchange among them.

The MC was working as a psychological clinic. Private Sessions (individual or couples) were given at the MC but no group activities were provided. Men were psychologically treated in isolation and the lack of group or peer-to-peer activities prevented the consideration of these beneficiaries as a “group”. The formulation of the proposal in this regard might induce the idea that the aim of the activity was to create a group of men that interacted and worked jointly to change attitudes and behaviours. The implementation, on the contrary, emphasized an individual approach that maintained the anonymity of the beneficiaries. It was not possible to consider this a “men’s group”.

100% of men at the MC interviewed emphasized the difficulty of speaking about these issues with other men. *“It is believed in our society that men should be men and have to show power to the women. It is difficult to speak with men about these issues because they might see it as a hazard for their power. It’s not easy, in our culture we men think this way.”* Another man interviewed said: *“Men are men and we are not supposed to talk about these issues.”*

33% of the men interviewed at the MC felt that it’s very hard to impossible to change men’s way of thinking. *“How are you going to change the society? Are you going to change the whole society? This is in our culture, we are like this...”* a man attending the MC with his wife said in an interview.

66% of the men interviewed at the MC felt confident about a change in the future, but in a distant future.

100% of the men interviewed at the MC were aware of their role as sensitized men and their power to share the knowledge they got from the services with other men. Awareness on their role as change agents was manifested.

The ET only had access to one man who participated in the activity “Men trained as change actors”, so it was not possible to generalize or consider the information as reliable data. Nevertheless, his testimony was optimistic and he considered that sessions in the camps are having an effect: *“I share the information I was given with them (other men) and they are very open to listen to it. I think little by little the situation is changing but there’s still a lot of work to do.”*

During the fieldwork it was noticeable that, in spite of such work, much progress remains to be made with men.

Regarding the women, many participants came to the WGSS due to word-of-mouth, showing that women were passing on information gained at the WGSS. It has to be noted that not all the women attending the WGSS were GBV survivors so WGSS also contributed to mitigating the risk of GBV among participants.

I3. Results-framework and MEAL tools have sufficiently capture the impact and results of the project.

Sufficient data was collected to measure the results of the project. Nevertheless, data collection procedures could be strengthened at field level, and more effective tools could help gather accurate and meaningful data in timely manner.

“MEAL was definitely a challenge. In the first year it was a struggle for the organization. Different donors have different ways of collecting data and we should adapt to them. It was definitely a struggle”

ABAAD staff member

A great effort was made by ABAAD and NCA on developing a MEAL tool. Training sessions directed by NCA were held at ABAAD’s HQ. 100% of the staff interviewed who were directly involved with MEAL felt very satisfied with the quality of the training and the learnings taken. *“Yes, the training was very useful for us, it really helped,”* said one ABAAD staff member interviewed.

The documentation reviewed by the ET showed significant improvement in accuracy during the second year of implementation compared to the first, which was weaker.

For instance, the analysis of the alignment among proposal and the different reports (Q1, Q2 and Final Report) during the first year shows the following alignment:

- ▶ Outcome tier: 100% of alignment
- ▶ Output tier: 73% of alignment
- ▶ Activities tier: between 50-56% of alignment
- ▶ Indicators tier: 36% of alignment

HRBA

Were there any positive or negative unintended effects on HR identified during implementation?

The MC was initially designed to help men survivors of GBV or perpetrators. The nature of the psychological sessions and the willingness of some of the men resulted in the centre offering couple sessions. As a result, women were incorporated into these services, which provided them with access to information on women's rights, children's rights, etc.

On a negative note, children of school age with mothers hosted at the MWH were excluded from formal education. Due to the security measures operating in the MWH, women and children were not allowed to go out of the houses, and therefore were not attending school. This was in contradiction to the child's right to education (as guaranteed by the United Nation's Convention on the Rights of Children)

"The first priority is my children's studies. In terms of their studies, their future has gone"

Beneficiary MWH

100% of the women hosted at the MWH with children and interviewed by the ET stated their concern about the lack of formal education for their children.

Did the intervention monitoring systems capture progress towards long-term results related to the fulfilment of Human Rights or Protection Indicators?

The M&E system correctly captured short term results related to the number and quality of services delivered to GBV survivors and long term results related to the change of attitude within the community towards gender inequality, GBV root causes and GBV survivors.

The M&E system did not capture the impact of the services provided to GBV survivors. The absence of a tracking system of the women that left the MWH prevented assessing to what extent the women have been able to overcome their situation.

Gender

Were there any positive or negative unintended effects on Gender identified during implementation?

Due to cultural and religious norms, boys over 14 years of age are not permitted to live in the same space as other women and adolescents, as the MWH. The standard stipulation is that boys over this age should be separated from their mothers and reallocated in other spaces. Alternative solutions to soften this negative effect could be addressed.

On the other hand, younger boys living in a protective environment such as a MWH, are less likely to become perpetrators in the future. This is because

these boys indirectly or directly receive messages of gender equality, as they witness and receiving equal treatment and are educated to respect women's rights. In the future, this may enable them to become powerful drivers of change.

Did the intervention monitoring systems capture progress towards gender equality?

All the activities conducted were oriented to promote gender equality, and all of them were properly monitored. The project strictly adhered to a gender-based approach. Different tools captured progress towards gender equality.

06|04 – KEY FINDINGS ABOUT COHERENCE

Cross-cutting issues have been taken into account for the project implementation

Gender was mainstreamed in all project activities and was the core of the intervention.

HIV/AIDS, medical/forensic services were provided to women, and treatments and medications to reduce the possibility of HIV/AIDS were provided when needed. This kind of assistance was provided by medical and health professionals from the Public Health Centres.

"I'm Egyptian and I was attended like if I were Lebanese, Syrian or from other nationalities. I didn't feel discriminated for being a foreigner"

Beneficiary MC

Attention to diversity. Women and men from different nationalities attended the project and measures to respond to diversity were taken into consideration. 100% of the beneficiaries interviewed felt that they were not being discriminated at any time for any reason. "We do not discriminate or separate women by nationalities or religions. Here they are all the same. To argue about politics or religion is not allowed in the house," said one ABAAD staff member when interviewed.

Disabilities. People with disabilities have severe difficulties accessing some of the facilities visited during the fieldwork. None of the WGSS visited were on the ground floor, and the elevators (if any) were not working. Access to the MWH that was visited might also be a challenge.

72% of the MWH staff interviewed demanded the provision of specialized services for people with disabilities, especially mental health and psychological disorders.

"If I have to ask for something, I would choose to have one worker that is specialized in mental health and disabilities and education for children," stated one of the workers interviewed during the fieldwork.

Protection. The project provided a rights-based approach fulfilling UNSC Resolutions on protection and participation. Core Humanitarian Standards: 50% of the CHS were accomplished and 50% partially accomplished.

CORE HUMANITARIAN STANDARDS-checklist					
#	PRINCIPLES	ACCOMPLISHED	PARTIALLY ACCOMPLISHED	NEEDS TO BE ADDRESSED	REMARKS
1	Humanitarian response is appropriate and relevant	✓			The project aligned completely with 67% of the International Standards and partially accomplished 17% of them.
2	Humanitarian response is effective and timely		✓		The project was an important contribution to the Syrian response (61% Women Syrian Refugee on the first year, no data available on the second year of implementation at the moment of the evaluation) although some specific components (such as the Men Centre) should increase the outreach of Syrian Refugees.
3	Humanitarian response strengthens local capacities and avoid negative effects		✓		The project contributed greatly to strengthening local capacities (NGO, ISF, national policies and strategies) but hindered the right to education of the children that live with their mothers in the Midway Houses.
4	Humanitarian response is based on communication, participation and feedback.		✓		The project lacked a baseline. Participation and feedback were welcome but not systematic. Evaluation reports failed to link the results of the monitoring tools with the decisions made in programming and service delivery.
5	Complaints are welcomed and addressed		✓		Although beneficiaries felt that they could complain and make suggestions, there was no systematic procedure to record complaints and the organization's response to them.
6	Humanitarian response is coordinated and complementary.	✓			The project strengthened the national and regional networks and the GBV referral system.
7	Humanitarian actors continuously learn and improve	✓			A specific outcome and activities aimed for joint learning and experience exchange among regional and international actors.
8	Staff are supported to do their job effectively and are treated fairly and equitably.	✓			Security of staff and training were part of the project design and activities. Frontline staff were specifically supported with training and close supervision.

Table 13. Alignment with the Core Humanitarian Standards

07 | CONCLUSION

The Project “Mitigation and Reduction of GBV among Syrian Refugees in Lebanon” had a holistic design focused at individual, community and national levels aligned with the humanitarian priorities in the region.

- ▶ Individual level: the project provided services to survivors and perpetrators
- ▶ Community level: the project addressed the importance of sensitization and awareness using on-site and media campaigns improving GBV survivors’ preparedness to access services, as well as promoting behavioural change.
- ▶ National level: the intervention improved different actors’ understanding of their responsibilities on GBV, creating synergies with other organizations working in Lebanon to achieve relevant changes such as the revocation of the Article 522 of the penal code. This article allowed the rapist to escape justice by marrying the victim.

61% of the UNFPA International Minimum Standards in GBV were accomplished, 17% partially accomplished and 22% need to be addressed. The Foundational Standards and the Mitigation, Prevention and Response Standards were the strongest while weaknesses were more prevalent in the Coordination and Operational Standards.

A participatory baseline could avoid some of the setbacks during the implementation that forced the reformulation of some activities. Nonetheless, the intervention was founded on the solid contextual knowledge and the strong theoretical background of the local partner. NCA’s capacity building and quality assurance was also a key contribution.

ABAAD- NCA’s advocacy and lobbying capacity on gender issues was highly recognized. They have been able to engage public media figures and social media influencers in their activities, drawing the attention of the population towards GBV. The Mobile Services reached isolated areas from all over Lebanon, and proved an important tool for maximizing the scope of their interventions. Mobile Services have been identified as one of the best practices to mitigate GBV based in the study conducted with IRC Mobile Services in Lebanon.

Linkages and pledges with the government and other organizations working in the area were done. One hundred and fifty members of the Internal Security Forces were trained on GBV issues. The Lebanese Ministry of Social Affairs contributed to the project with physical facilities to develop the WGSS.

Reporting and providing services to sexual violence cases was a challenge during the first year of implementation with only 35% of the total number achieved. This remains a challenge for future editions.

Engaging men on GBV activities, as expected, was a challenge, but significant achievements were made. The MC benefited 364 men (196% of the target). A significant majority of the men attending the MC were Lebanese. The number of Syrian men attending the MC remained low, showing the need to make additional efforts to engage them.

100% of the women interviewed were satisfied with the activities and services provided through the WGSS. Due to the relevance of Adolescent Girls accessing WGSS, spaces and the activities should become more adolescent friendly. Note that activities in WGSS stopped in December 2017 due to lack of funding showing the importance of reinforcing the funding plan.

Women accessing the MWH felt completely safe and agreed on the quality of the services offered (100%). 5,482 women benefited from PSS and Mental Health assistance, CMR services and legal support.

Nonetheless, 70% of the women interviewed considered that the MWH was not a final solution for them. The lack of monthly income arose as the major area of concern to consider the GBV situation overcome. Despite being critical services, the levels of occupancy of the MWH could be improved. The challenge ahead is to identify the main barriers to women accessing the services, and to try to surpass them.

ABAAD's staff were trained on GBV, Core Humanitarian Standards, Do No Harm and MHPSS. There were also joint sessions with NCA on core concepts and a training specifically focused on Monitoring, Learning and Evaluation.

MEAL was a challenge during the first year of implementation due to some delays in its design and some issues during the initial implementation. A great effort was made during the second year, which had a significant impact. The project had a high level of decentralization and a big number of activities, so additional tools may be needed to improve the M&E system.

The importance given by ABAAD and NCA to staff training is, doubtlessly, strongly linked with the high ratings given by the survivors when asked about the quality of services. However, 33% of the staff interviewed and asked for core concepts of GBV didn't answer the questions correctly. The major gaps identified during the fieldwork were:

- ▶ 33.3% of the staff interviewed could not identify the key elements of the Survivor-Centred Approach.
- ▶ The same 33.3% could identify 3 resources that are used to help a GBV survivor and how these resources contribute to supporting GBV survivors.

To reduce this percentage, more training sessions are needed in a new project phase.

Building the capacities of Syrian NGOs inside Syria became a difficult challenge to overcome. The intervention shifted the approach, making an amendment and empowering five relevant Syrian NGOs inside Lebanon. The project's activities fostered the sharing of expertise and knowledge with these other stakeholders and strengthened their capacities to fight GBV.

Another amendment to the project was the re-allocation of funds originally designated for the 24/7 helpline. The operational process and delays by the communication company justified this decision.

The partnership between NCA and ABAAD is strong and suitable for pursuing the mitigation and eradication of GBV in Lebanon. The rationale underlying the intervention was aligned with the best practices developed in GBV, namely: survivor-centred approach, engaging men, mobile services and strong advocacy. While there are some recommendations to take into consideration to move forward in a hypothetical third phase, the shortcomings detected during the evaluation are modest given the complexity of this intervention.

We, therefore, conclude by recommending the implementation of an additional phase of this project as, to date, project outcomes and implementation are meeting the urgent protection needs of the Lebanese and refugee population.

08 | LESSONS LEARNT

Despite the instability and the difficult situation in the country, the project “Mitigation and Reduction of GBV among Syrian Refugees in Lebanon” was implemented with success.

Lesson #1. Safety and security as key elements.

“Safety” is a key concept that underpins the project’s formulation, the design of the activities and even the indicators. Once the women accessed to the services they felt safe, and so the goal was accomplished. Despite this, we consider this to be under-analysed as part of the project’s M&E. Although data is collected it is vaguely referred in the reports in spite of being a central element in project’s rationale.

During the evaluation a strong dichotomy between security and safety was identified. While for ABAAD the rationale underpinning the concept of “Safe House” had to do with “security measures”, for the beneficiaries it was more related to safety, with ABAAD’s staff being the key source of that safe feeling.

“We [the residents and the staff] are friends. They really make you feel safe. If you’re upset, they relax you, if you’re down, you can talk with them.”

Resident at the MWH

Most of the women/girls attributed their sense of safety in the house to the staff, due to the support and care they give them. They felt that the staff were ready to listen to them and solve any problems or concerns they had. They were also aware that there were cameras and other security measures, such as no-one being able to leave the house for all their safety. Some mentioned that if they ever did feel afraid, the staff reassured them that no-one would come to the house. It was also mentioned in one MWH that was in a remoter setting that such remoteness gave a sense of safety.

“We felt safe straight away because the team talk with us and make us feel safe... we got far from the danger we were living in.” Testimony from a woman hosted at a MWH.

“We feel that it’s our home, not that we’re coming to a centre.” Quote from a beneficiary of the WGSS.

“In the centre I liked everything... they gave us safety and told us, for example, what you want and what happened to you, talk to us. They gave us the names of centres like for medical, aid, fire service, they gave us all these numbers and told us to be safe”. Quote from a beneficiary of the WGSS.

Lesson #2. Importance of the diversification of the outreach strategies.

The project efforts in improving coordination and networking among partners proved to be successful: 80% of the participants in the evaluation knew about ABAAD’s services through referral.

Despite this, at the time of the evaluation, the occupancy of the MWHs was very low and the core population of the MC remains low (Syrian).

Designing and implementing advocacy campaigns and outreach sessions was a strong pillar of the project and a core value of ABAAD, but the access of GBV survivors / perpetrators to the services remains a challenge. Although understandable due to the complexity of the problem, one lesson that can be drawn is the importance to continue outreach through multi-layered strategies at national and community level and to increase partnerships with CBOs to improve the referral system.

Lesson #3. The protective and preventive environment requires advocacy and service delivery.

11,638 women, men, boys and girls in the first year and 6469 in the second year were sensitized on women’s rights in Lebanon until December 2017, with the project implementation ongoing until the 31st of March due to the non-cost extension. While a large number of the population was sensitized on GBV there is still a gap to fill and more work to be done.

Nonetheless, this project -and ABAAD’s work during these past years- played a critical role in the generation of a protective and preventive environment against women and children suffering from GBV. The advocacy strategy

The abolition of Article 522 was a big victory in the battle against GBV in Lebanon. No longer will a rapist elude justice by marrying the woman raped. Now, justice will persecute rape perpetrators. A better environment for women has been created.

designed, including the media campaigns, as previously stated, played a critical role in the abolition of Article 522 from the Penal Code.

The lesson learnt is that the advocacy strategy is targeting and enhancing structural changes in Lebanon. Since this contributes to improving preparedness to access services, it should continue in a hypothetical third phase of the project.

Lesson #4. Quality of service and staff are interdependent.

100% of the beneficiaries interviewed were fully satisfied with the quality of the services provided. At least 11 training sessions were conducted with the staff. Training showed to be a key factor in providing quality GBV services. 72% of the staff interviewed and questioned about core concepts of GBV were able to answer them correctly.

Lesson #5. Mobile services as a best practice to be strengthened

The Mobile Bus reached more than 10,000 people from the eight governorates of the country.

This service allowed the project to get to those “forgotten” places (in terms of activities) and reach populations that otherwise would remain far from information about GBV and GBV services. The approach designed consisted of a 3 days package per community targeted. The first day, art, theatre and performance activities were used as a tool to launch the activities and to “break the ice”, enabling a more open dialogue about GBV.

The 3 day approach strategy to access the communities seemed appropriate. Its use in the communities undoubtedly worked, and, according to the total numbers of beneficiaries reached, the variety of activities held during these “missions” seemed appropriate too.

The Mobile Services were one of the best rated practices in GBV programming and service provision as identified by UNHCR report “MENA Gender Equality Promising Practices”. In this report, the case study was focused on the Mobile Services provided by IRC. However, we believe that many core elements in IRC’s Mobile Service approach are already part of ABAAD’s Mobile Services. We suggest a review of the external evaluation requested by IRC to their service²⁴.

The mobile approach is unique in that it facilitates access to SGBV prevention and response for women and girls of varying ages and abilities as well as in involving refugees and host communities. It increases participation in and access to services and resources by reaching out to women and girls who are unable to take part in activities in a centre or are uncomfortable doing so. In addition, it provides targeted services and support to adolescent girls

UNHCR, 2017:35

²⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/ICRW%20Mobile%20Services%20Assessment%20IRC.pdf>



NCA and ABAAD should continue with this activity and possibly reinforce it with an adapted space (like a mini office) inside the bus for private sessions with GBV survivors/perpetrators, shifting from awareness and access preparedness to GBV service delivery (like PSS session, health services, individual legal counselling, etc)

09 | RECOMMENDATIONS

After the analysis of the data collected, and balancing different alternatives, the main recommendations to meet the needs of the population involved, and to improve the effectiveness and impact of the interventions, are:

The Evaluation Team completely understands that these recommendations require further and deeper analysis by NCA and ABAAD and that many constraints can prevent them from being set in place, such as limited funding, social and security issues, donor's priorities, etc.

Recommendation 1.

Set the goal of “*Full occupancy 365 days a year*” at the MWH

Taking into consideration the high prevalence of GBV among Syrian refugees in Lebanon and among the host communities and the scarcity of safe shelters for GBV survivors, we strongly recommend defining a strategy to maximize the occupancy of the MWH.

In the current Lebanese context, an unoccupied room means a woman outside suffering from any kind of GBV and risking her life and the life of her children. A certain degree of inefficiency must also be acknowledged due to the huge investment required to have the three MWHs open and staffed. Bearing in mind these two factors, we outline some strategies to maximize the occupancy:

- ▶ Continue the coordination and reinforcement of the referral system.
- ▶ Strengthen partnership with frontline CBOs that reach the most vulnerable population who may not have access to media campaigns due to isolation or cultural barriers or have even considered that they are entitled to use that service.
- ▶ Use case studies to spread success stories (while protecting the confidentiality of the GBV survivor).
- ▶ Involve the residents of the MHW in the definition of these strategies so they can provide insights on the most frequent barriers to access the

services (fears of retaliation, isolation, loss of kinship networks, etc.) and address them specifically in the campaigns.

- ▶ In the radio spots: use voices that reflect the different dialects and accents of the most vulnerable population (i.e.: Syrian, Iraqi refugees, young women and old women).

Recommendation 2. *Improve the funding plan.*

To avoid closure of services and cuts to the activities, the funding plan has to be redesigned. A funding plan is not only crucial for carrying out the activities and paying the expenses, but also for sustaining the hope and trust of the beneficiaries who may perceive these critical services as their only opportunity to escape the cycle of violence.

A specific funding plan linked with an income-generating project could address two major concerns: the sustainability of the services and the capacity of the residents of the MWH or the WGSS to live more autonomously and cut off dangerous dependencies.

This not an easy task, but we strongly recommend conducting an assessment to explore different possibilities and to at least pilot one income generating activity in one of the MWH. This income generating activity will contribute to covering the expenses of running the house and increase the economic empowerment of GBV survivors.

To improve accountability, we highly recommend that ABAAD shows full transparency towards donors through the following measures:

- ▶ ABAAD to submit financial plan on common activities funded by several donors in the time of submitting application.
- ▶ ABAAD to improve their financial system with adding additional filters on expenditures side earmarking them with the donor and project reference numbers.
- ▶ Improvement of consolidated Annual Report. ABAAD should start by presenting total portfolio overview in their financial statement. This means that ABAAD should move from presenting the expenditure per nature towards portfolio structured presentation of annual statement.
- ▶ Annual Statement must also include more clarity on the income side. All donors must be presented but presentation should also go toward different projects.

Recommendation 3. *Shift smoothly the operational procedures at the Men Centre.*

"I will love to have the opportunity to share my problem with other men in the same situation. I saw on tv they do this with alcohol addicts in USA and I find it interesting for me and men like me"

MC beneficiary.

100% of the staff interviewed whose work relates to the MC and 100% of the beneficiaries interviewed during the fieldwork stated the need for group sessions.

The actual operational procedure of the MC is the same as a private psychological clinic. Men have 45 minutes to 1 hour individual sessions with their therapists. Men are dealing with their issues in complete isolation, and their recovery capacity and potential to become agents of change could be enhanced with a group approach.

On the other hand, while services were being demanded and a quality response was given, the quantitative data suggests that the total number of refugee men from Syria attending the MC remains below the % of project target. As an example, from October to December 2017, 86% of the men who benefited from the MC were Lebanese, 14% were from other nationalities and 9% from these other nationalities were Syrian²⁵.

We strongly recommend piloting a group session or other kind of peer-to-peer support activity for those beneficiaries who demand it in order to really create a "Men's group" and surpass the isolated approach.

We also recommend augmenting efforts to increase the beneficiaries from refugee populations. Measures could be the same as recommended for the MWH:

- ▶ Continue the coordination and reinforcement of the referral system.
- ▶ Strengthen partnership with frontline CBOs that reach the target population.
- ▶ Use case studies to spread success stories (while protecting the confidentiality of the GBV perpetrator/survivor)
- ▶ Involve the MC beneficiaries in the definition of these strategies so they can provide insights on the most frequent barriers to access to services (fears of backlash, isolation, loss of kinship networks, etc.) and address them specifically in the campaigns.
- ▶ In the radio spots: use voices that reflect the different dialects and accents of the target population (i.e.: Syrian, Iraqi refugees, young men and old men)

In the case of GBV Perpetrators, we recommend continuing to strengthen the link between ABAAD and ISF to set or improve a referral mechanism for GBV perpetrators.

²⁵ The project was still under implementation during the evaluation and the data to which the ET had access wasn't updated. We suggest compared this information against the final disaggregated data of the MC.

In the case of boys subjected to GBV (Syrian Refugees), we recommend having a specific strategy under the MC to reach this population. According to UNHCR²⁶, a 2013 rapid assessment of 520 Syrian and PRS male youth and boys in Lebanon (aged 12-24) revealed that 10.8% had experienced an incident of sexual harm or harassment in the previous three months and none of them had accessed services. From 1 January to 30 September 2017, 17 % of all reported SGBV incidents involved sexual violence, of which 5% were rape. Out of all sexual violence incidents reported, 14% were perpetrated against men (48%) and boys (52%)²⁷.

The Mobile Services could provide PSS services to this specific population that is being neglected by most humanitarian actors.

Also, in coordination with juvenile services, it would be important to have a specific target to reach boys and prevent the development of more aggressive behaviours. International guidelines address the importance of engaging boys in GBV mitigation actions and evidence suggests that they are one of the target population with better response to new masculinities.

Lastly, the evaluation raised some concerns about the dependency of some beneficiaries on the MWH. According to the information provided by the staff, there are no formal exit plan strategies. We recommend developing an exit procedure (i.e.: referral pathways, if any, peer-to-peer support or meetings) and plan per each beneficiary. As a relapse may lead to the commission of violence acts, it is important to identify the procedure to avoid this in the exit plan (i.e.: through the hotline)

Recommendation 4.

To promote more tailored activities for female teenagers in MWH and WGSS and an Adolescent Task Force.

Adolescent girls (10-19 years old) are at a disadvantage in a crisis situation. They are at-risk of rape, abuse, child marriage and abduction more than any other group in society. Empowering and engaging girls in the WGSS activities prevents them from suffering these abuses, so an effort might be made to increase the total number of girls attending the services.

43% of the adolescents interviewed in the WGSS felt satisfied with the services provided but would suggest more activities tailored for their age.

During the Focus Group Discussion held in the evaluation process, the adolescent girls shared that they only came for activities, however, since

²⁶ UNHCR (2017) We Keep in our hearts. Sexual Violence against men and boys in the Syrian Crisis.

²⁷ UNHCR (2017) Lebanon Crisis Response Plan, Operational Response Plan- Protection.

these mostly occurred during the summer months when the schools were closed, they came less frequently outside of the summer. They said that while they felt safe inside the centre, it was not safe outside the centre; thus, they could not meet their friends there. They were keen on the idea of having the centre as a comfortable space - more like a youth club - where they could come anytime to play games, ping pong, and musical instruments; and where there was music to dance to.

Adolescent girls' participation should be integrated across the humanitarian programme cycle because humanitarian responses risk misunderstanding how girls' social isolation and their time-poor daily routines restrict their ability to attend traditional programming.

UNFPA, 2017:7

In regards to improving the WGSS, a first step forward is to ensure that the spaces are adolescent-friendly, and that they are considered acceptable, convenient and accessible from the perspective of adolescent girls. During the evaluation we found that the decoration of the spaces is completely oriented to young children. While this works for children and their mothers, it can be an obstacle for teenagers.

We also recommend providing opportunities for adolescent girls to participate in future project design, this could be achieved by engaging them in the design, implementation, monitoring and evaluation of the activities. Age-appropriate activities might include music, cinema, arts or technology - all of which are appealing to girls at this age.

Furthermore, considering the importance of engaging adolescents in GBV prevention, we recommend considering the creation of an "Adolescent Task Force" (ATF) in Lebanon, inspired by UNFPA's *Strategy to address the needs of adolescent girls in the Whole of Syria*. The ATF would help to address special needs, to generate knowledge, and to help with the referral system, etc.

Recommendation 5. *Streamline monitoring, data collection and reporting using digital technology.*

A great effort to develop and implement a MEAL framework was made during these past two years of implementation. Data collection and reporting improved significantly in the second year. Noteworthy is that the strong component of geographical dispersion and the different services provided turned monitoring and data collection into a relentless challenge.

In interventions like this, it is crucial to assess attitudes and reactions rapidly and re-programme when needed. The less time taken to detect and respond to needs, the better the results.

New technologies and digital tools for project monitoring and data collection are extremely useful. Some of the possibilities they offer:

- ▶ To increase the amount of data collected and the quality of this data (for example, a tablet in every WGSS with the appropriated software can provide HQ with instant information of number of participants, ages, needs and an instant evaluation of the activity/service).

- ▶ To respond quickly to the needs. As the data is collected live, it can be easily analysed, and ABAAD/NCA can quickly respond to the needs (i.e., from one session to the next).
- ▶ To organize the data. The data collected by digital tools goes straight to the MEAL and to the database of ABAAD/NCA.
- ▶ To ease monitoring and coordination and reduce paperwork.
- ▶ Reduce inconsistencies in reporting. Digital tools ensure that every branch of the organization and every department share the same info and same templates. They also reduce the chance of losing the information, and thus risking confidentiality, and reduce human mistakes.

We strongly encourage NCA and ABAAD to explore the possibilities of integrating new ITC in the MEAL framework.

Recommendation 6. Engage religious leaders.

Misinterpretation of religious texts are often used to underpin the root causes of GBV, attributing to God's will behaviours that only relate to unequal and unfair distribution of power, resources and opportunities. The misuse of so called religious messages to harness gender inequality has proven to be a strong and effective strategy worldwide.

Due to their critical role, the engagement of religious leaders to address GBV is particularly relevant. We therefore recommend targeting religious leaders in a third phase of the project. Some strategies that proved to be effective in other experiences in similar contexts have been:

- ▶ Specific training for religious leaders conducted by religious scholars and pinpointing the misuses or wrong interpretations of religious texts.
- ▶ Awareness raising or training at national level with prominent religious figures.
- ▶ Engaging imams, priests, etc., to include religious messages related to gender equality and GBV in masses and prayers.

Recommendation 7. Improve participation and accountability

This recommendation is based on the assessment of fulfilment of the CHS. We recommend actions to strengthen the compliance of Standards 4 and 5.

STANDARD	DEFINITION	FEASIBLE ACTIONS
CHS 4	Humanitarian response is based on communication, participation and feedback	<p>Participatory AGD baseline study with the stakeholders and potential beneficiaries to establish the point of reference, needs and main course of action to meet those needs.</p> <p>Establish a non-time-consuming system to track communication with the beneficiaries, whose participation is being guaranteed and feedback from ABAAD to that participation.</p>
CHS 5	Complaints are welcome and addressed	<p>A circular with the complaint mechanism per each facility must be issued, clarifying roles and procedures.</p> <p>A system must be put in place to track all of the actions taken after each complaint.</p>

The data collected by the ET state clearly that there is great interaction and participation from the beneficiaries of the MWH and, to a lesser extent, from the WGSS. Many testimonies valued the availability of and close relationship with ABAAD’s staff not only as an indicator of the quality of the service but, more importantly, as a source of safety.

It has also been pointed out that the excessive formalization of the participation and complaint mechanism could be a setback in this positive dynamic.

Our recommendation takes this into consideration and we suggest improving in the systematization of the recording of these procedures, though not necessarily reshaping them into more formal and structured actions. The informal approach so valued by the beneficiaries must be 1) an organizational model of operation, not the individual will of each worker 2) compatible with a systematic recording procedure that allows monitoring, follow up and accountability.

Recommendation 8. Guarantee the access to education of children

The need to protect children from the GBV experienced by themselves or their caregivers support the decision to include them in the MWH. Nevertheless, protecting their right to be safe should not hinder the fulfilment of other rights such as education, given that a lack of education hinders their future opportunities and increases their vulnerability.

ABAAD’s staff have made numerous efforts to minimize this on a per case basis and offering different solutions as this is also one the biggest concerns of the mothers. Home schooling is not recognized in Lebanon so guaranteeing the right to education to school-aged boys and girls in the MWH is a great challenge.

Probably, this will require a Memorandum of Understanding with the Ministry of Education - a very long and time consuming process. We suggest to:

- ▶ Explore existing options in contact with the Home Schooling Community in Lebanon.
- ▶ Address this at the level of the Sexual and Gender-Based Violence (SGBV) National Task Force, sharing how other safe houses are dealing with this challenge and agreeing on joint actions.

Recommendation 9.

Follow-up system for the beneficiaries of the MWH.

Currently, there is no formal mechanism to follow up on the beneficiaries that leave the MWH. The lack of this system prevents assess to the real impact of the service provided.

We strongly recommend establishing a follow-up system with the beneficiaries that leave the MWH. This will be voluntarily for the women, although it is feasible that many will consider this as an additional means of support.

This mechanism could include periodical follow-up until the women consider themselves as having overcome their GBV situation completely.

10 | BIBLIOGRAPHY

- ABAAD Strategic Plan 2017- 2020, Jean Kors. ABBAD. 2017
- Are we listening? Acting on our Commitments to Women and Girls Affected by the Syrian Conflict. IRC. 2014
- Away from violence. Guidelines for setting and running a women's refuge. WAVE. 2004
- Capacity needs and resources of mental health practitioners in Syria. Rapid participatory assessment. ABAAD. 2016 <https://www.abaadmena.org/documents/ebook.1478606836.pdf>
- Discourses and reflections from the conference "Masculinities in the Arab world: trajectories to peace and gender equality". ABAAD. 2017 <https://www.abaadmena.org/documents/ebook.1510323087.pdf>
- Equality 2014 the Norwegian Government's gender equality action plan. 2014
- IASC GBV Handbook <https://interagencystandingcommittee.org/gender-and-humanitarian-action-0/documents-public/women-girls-boys-men-different-needs-equal-2>
- Inter- agency Standard Operation Procedures for SGBV prevention and response in Lebanon. Various. <https://www.abaadmena.org/documents/ebook.1491983561.pdf>
- Lebanon Crisis Response Plan 2015- 2016
- Lebanon Crisis Response Plan 2017 (LCRP)
- Listen, Engage and Empower. A Strategy to address the needs of adolescent girls in the Whole Syria. UNFPA. 2017
- Minimum Standards for Prevention and Response to Gender- Based Violence in Emergencies. UNFPA. <https://www.unfpa.org/sites/default/files/pub-pdf/preview/ee7d9553d6637f80721d002df9895950.png>
- Norwegian Action Plan. Women, Peace and Security 2015-18. Norwegian Ministries. 2015
- Norwegian Ministry of Children Equality and Social Inclusion. 2016
- Protection Mainstreaming Toolkit. Field Testing version. Global Protection Cluster (2017)
- Regional Refugee and Resilience Plan 2015- 2016. 3RP
- Reporting on Gender- Based Violence in the Syria Crisis. UNFPA. 2017
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Final Narrative Report. ABAAD/NCA. 2016
- Reduction and Mitigation of Gender Based Violence among Syrian Refugees in Lebanon. Project Proposal. ABAAD/ NCA. 2015
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Project Proposal. ABAAD/NCA. 2017
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. First Quarterly Report. ABAAD/NCA. 2016
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Second quarterly narrative report. ABAAD/NCA. 2016
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Midterm report. ABAAD/NCA. 2017
- Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Signed agreement between NCA and ABAAD. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. ABAAD_NCA ITC. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Project Amendment. NCA- ABAAD. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. NCA_Framework. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. ABAAD_MEAL_ framework 2016

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Baseline Survey. ABAAD. 2016

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. CM_midevaluation. 2016

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. CM_satisfaction_end. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. CM_satisfaction

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Complaints form. ABAAD. 2016-17

Evaluation Exit Form Edition. ABAAD. 2016-17

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon GBV and SRHR KAP survey. ABAAD. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Helpline Strategy. ABAAD. 2017

Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon. Training with ISF members program. ABAAD. 2016

Responding to child sexual abuse. A practical guide for counsellors in UNRWA education setting in Lebanon. ABAAD- UNRWA. 2015 <https://www.abaadmena.org/documents/ebook.1506585570.pdf>

Sexual violence against men and boys in the Syrian Crisis. UNHCR. 2017

Stories of Change (case study). ABAAD. 2017

Support Workers in Syria. Rapid participatory assessment. ABAAD. 2016
<https://www.abaadmena.org/documents/ebook.1478608902.pdf>

Syrian women and girls: Fleeing death, facing ongoing threats and humiliation. IRC. 2015

Syria Refugee Response Lebanon. UNHCR. 2014

Terms of reference for the evaluation of the project "Reduction and Mitigation of Gender- Based Violence among Syrian Refugees in Lebanon". Norwegian Church Aid. 2017

The Core Humanitarian Standard. <https://corehumanitarianstandard.org/the-standard>

The Sphere Handbook. 2015

Understanding Masculinities. PROMUNDO & UN WOMEN

Voices. Assessment Findings of the Humanitarian Needs Overview from Syria 2018. UNFPA. 2017

Women & Girls Safe Spaced. A guidance note based on lessons learned from the Syrian crisis. UNFPA. 2017



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