Final Evaluation of the Programme "Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors (PROTECTS) in Syria, Lebanon and North Iraq" Norwegian Church Aid (NCA)

Final Evaluation Report

Evaluation Countries	Lebanon, Iraq, Syria
Evaluation Date	May – August 2019
Evaluation Type	Independent External Final Evaluation
Commissioning Organisation	Norwegian Church Aid (NCA)
Consultants	Nahla Hassan Anouchka Baldin With Support from Gulnar Wakim and UIMS
Date of Submission	22 September 2019

List of Acronyms

CRSV	Conflict Related Sexual Violence
DAC	Development Assistance Committee
DERD	Department of Ecumenical Relations and Development
FGD	Focus Group Discussion
GOPA	Greek Orthodox Patriarchate of Antioch and All the East
IOCC	International Orthodox Christian Charities
IP	Implementing Partner
ISF	Internal Security Forces
KRI	Kurdistan Region of Iraq
MECC	Middle East Council of Churches
MFA	Ministry of Foreign Affairs
NCA	Norwegian Church Aid
NCE	No Cost Extension
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PROTECTS	Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors in Syria
(S)GBV	(Sexual and) Gender-Based Violence
SOSD	Shinqal Organization for Social Development
ToR	Terms of Reference

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I. Executive Summary

Project Overview

The programme "Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors (PROTECTS) in Syria" has been implemented by NCA and its partners in Syria, Lebanon and North Iraq, between 2015 and 2019. It has been funded by the Norwegian Ministry of Foreign Affairs (MFA) as well as NCA's own funds. The programme covered six provinces in Lebanon, one in Syria, and two governorates in North Iraq. Its overall goal was the following: "Conflict-affected vulnerable, marginalized women, girls, and boys in Syria, Lebanon and North Iraq are able to overcome the impact of GBV and displacement". The programme was based on a multi-sectoral approach, which aimed at providing protection and psycho-social support services to women GBV survivors while at the same time contirbuting to GBV prevention through sensitizing communities and engaging men and boys.

The programme focused on three outcomes:

1. GBV survivor healing - Women, girls and boys as survivors of GBV safely access adequate and appropriate support services;
2. Social cohesion - community involvement: Community leaders, men and boys promote social cohesion, prevent violence, and support the reintegration of GBV survivors at community level;
3. Quality improvement and expansion - NCA's regional programme safeguards and contributes to expand skills on GBV and Psycho-Social Support (PSS) programming

Evaluation Purpose and Objectives

As detailed in the ToRs, the overall objective of this evaluation is to "Support NCA's organizational learning and accountability to both beneficiaries and donors by documenting, analyzing, and reporting on the impact and outcome of its GBV program in Lebanon, Syria and North Iraq".

The evaluation covers project activities implemented by NCA's regional office in Amman and its partners between 2015 and 2019, and was carried out in Syria, Lebanon and North Iraq, including visits to NCA's and its partners' head offices in Beirut, Damascus, and Dohuk, as well as to project sites in the field.

Evaluation Methodology

The project was assessed following the OECD-DAC criteria of relevance, effectiveness, efficiency, impact and sustainability/connectedness with special focus on the results-based framework developed by the project during its design phase. The evaluation used a simple purposeful sampling to ensure meeting as many project stakeholders as possible as identified in this report. Other sampling criteria included meeting beneficiaries in different provinces, governorates, locations where the project was implemented and ensuring that the team is able to meet beneficiaries who received multiple services from the project.

Total Number of FGDs and KIIs conducted during data collection

Country	# of FGDs	# of KIIs	# of Participants	F	M
Lebanon	13	5	118	102	16
Syria	8	1	78	64	14
Iraq	14	6	94	89	5
Jordan (NCA team)	0	2	2	2	0
Total	**35**	**14**	**292**	**257**	**35**

Evaluation Findings

Relevance

In determining the relevance of the project interventions to the needs of the beneficiaries the evaluation tools used several questions to assess relevance. One of the questions was "what was the key benefit that you feel the project has contributed to?" the second question was asking participants to list the most significant change that has occurred in their life as a result of the project. Participants were instructed to name only one change or one benefit. Responses of the participants were tabulated, coded and quantified. The responses of the participants in FGDs and KIIs were compared to the activities implemented by the project. The benefits/change identified by the participants/survivors are aligned with the overall intended outcomes of the project such as empowerment, improved family relations, self-improvement (feeling at peace); having a support system and psychological wellbeing.
This evaluation has found that the project Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors (PROTECTS) in Syria, Lebanon and North Iraq is designed in a way that is both relevant and appropriate of the target groups as well as NCA and donor priorities. Data collected talking to beneficiaries of the programme in Lebanon, Syria and North Iraq, show that the programme was designed in a way relevant to their needs. This applies to direct as well as indirect beneficiaries.

The evaluation has also found that the programme design was conducted in a participatory manner with the partners taking in consideration their strength, priorities as well as planning on methods to address their challenges. The programme was also designed in a way that was relevant and adapted to the partners' own (and different capacities). Different projects were implemented by the different partners, depending on their capacities – while NCA constantly strived towards further developing and strengthening these capacities

Effectiveness

The programme, through direct implementation and through implementation through partners in Syria and Lebanon has generally been able to follow the developed workplans throughout the implementation of the different activities. During some of the funding cycles, some activities/partner projects may have been affected by organisational and/or contextual challenges. Nonetheless, these have always been overcome and expected targets were systematically reached, and at times even overachieved.

The programme has evolved and expanded over the years of implementation, which in itself is a key achievement. As testified to by NCA staff themselves, and as visible when interviewing staff and beneficiaries involved in the successive projects between 2016 and 2018, NCA's GBV programme started as a rather scattered programme in which partners were doing some small education activities based on their capacities, focusing only one target group (e.g. the Syrian Christians). However, lessons learned then made NCA think about a comprehensive framework to be used across the region, and the programme started to focus on mental health and PSS besides education. The emphasis was also further placed on vulnerable groups including men and boys, as well as on addressing whole families, men and women, girls and boys, and with survivors. According to NCA staff met, including men and boys constitutes NCA's niche. This more comprehensive programme started back in 2017.

The implementation of the PSS services whether through art therapy, group therapy or individual counselling were all very effective and helped improve the overall wellbeing of beneficiaries as will be discussed in the Impact section of this report. However, other complimentary services such as vocational training were not particularly as effective as the implementation of PSS and awareness raising activities across the three countries.

The selection of implementing partners is done after NCA conducts a mapping and assessment of the capacities including strength and weaknesses of partners. This allowed NCA to focus not only on improving the technical knowledge and practices of implementing partners but also on strengthening the systems and methods of the different partners. By adopting a holistic approach to capacity building focused on more than just the requirements of the programme, the capacity building strategy has indeed been effective. One of the main implementation strategies of the programme has focused on building the capacity of local implementing partners on a variety of general as well as specific topics. Capacity building included financial management, monitoring and evaluation as well as gender equality, conflict-sensitivity as well as specialized PSS trainings and case management.

Efficiency

The MEAL system developed by the programme took into consideration the different levels of knowledge and expertise amongst the partners. For example, some had elaborate M&E systems and tools and developed adequate management responses to what the analysis of monitoring data yields. For example, it was noted that the mobile unit in ABAAD was focusing the awareness sessions on Sexual Reproductive Health (SRH) at the beginning. Following a review of the data it was clear that the population is also interested in general health. Hence the awareness raising sessions were amended to include both SRH and general health issues.

Part of the efficiency of the MEAL system is the integration of programme indicators into the existing systems of the different partners (when they exist) and by supporting partners in developing MEAL systems (when they don't have any). As explained by implementing partners, the selection of monitoring and progress indicators was conducted in close collaboration between NCA and the implementing partner. In the case when a partner lacked the expertise, NCA seconded a project staff to them to help ensure the efficient and effective monitoring of activities and understanding of the monitoring of indicators.

Financial management and oversight to ensure efficiency and effectiveness is closely followed by NCA team. This has ensured to a large extent the adequate management of resources.

Impact

Beneficiaries interviewed in Lebanon, Syria and North Iraq have almost all indicated an improvement in their psychological situation as a result of the interaction with project activities. Some stated that having a place to go gives them a sense of "normalcy" and increases their abilities to re-build social relationships and new social support network in their places of refuge. Discussions during focus groups in **Lebanon** have indicated that survivors of GBV have seen their **well-being improve** by **engaging with other people** and by **getting out** to attend several activities. It was also noted that group and individual counselling has played an important role in helping them deal with the different stress triggers in a healthy manner by adopting positive coping mechanisms.

Female beneficiaries in **Lebanon** were asked about the activities conducted by the project with men. Almost all interviewed females in Lebanon had no idea about the work of the project with men. Nonetheless, 4 women in different focus group discussions indicated that they were aware of the work that the project is conducting with men. 2 out of the 4 women who spoke openly about the activities carried out with men revealed that close male relatives are attending sessions and that these sessions had a positive impact on the behaviour of these male relatives. Two men were interviewed during this evaluation. Both Syrian men explained that the sessions at the men center helped them deal with their anger and made me more aware of the pressure that their wives and children are subjected to.

Syrians interviewed inside **Syria** manifested the lowest percentage of change (sense of improvement in well-being) while those inside Lebanon exhibited a higher level of improvement. This could be attributed to several reasons and factors that are not necessarily directly related to the programme.

The security and political context inside Syria remain very difficult and beneficiaries do not always have access to a variety of services other than those provided by the programme. This could help explain in part why results of the self-assessment inside Syria seemed much lower than those of Syrians inside Lebanon or of other nationalities targeted by the programme. Another possible explanation could be deduced when comparing improvement in staff abilities with reported beneficiary's wellbeing inside Syria. A review of reported partner staff capacities improvement in Syria is relatively low (Graph 6) compared to reported staff capacity improvement in Lebanon. This could indicate that the capacity building activities of the project inside Syria did not yield the same level of improvement in staff capacities and consequently in ability to provide the required level of services that could yield same or similar improvement in beneficiaries wellbeing. This should, however, be considered with caution as the number of staff and beneficiaries interviewed in Syria and Lebanon is not the equal and hence comparison might not be very accurate. Lastly, it is important to recognise that over the last eight years, several organizations have been providing support to refugees in Lebanon. This multi-source of support covered several needs for the refugees; cash program, wash, medical support, in addition to a long list of awareness sessions, among them gender-based violence, child protection and others. In Syria, the number of operating organizations is lower and is increasing recently and the response to very high needs of the Syrian population remains limited in terms of intervention areas and number of actors. When beneficiaries in **North Iraq** were asked about what changed in their life as a result of the services, they received from NCA, **feeling better, safer, and more confident**, was most mentioned by beneficiaries.

Lessons Learned and Best Practices

Lesson 1	Interactive community events added value to the project. The use of community events is a positive approach to engaging different people from the community through mobile units or other mechanisms
Lesson 2	Addressing GBV in a systematic way requires the work of all members within the community. The work conducted with men and boys in all three countries is necessary and should be continued to ensure a wider understanding of GBV and concerted efforts to reduce societal acceptance of violence against women and girls in general.
Lesson 3	The participative approach adopted by IOCC about how to engage the community, the stakeholders as everyone could help in the project. Participation is an important component not only in project implementation but also at the design stage. Partners should be encouraged to conduct surveys and needs assessments with beneficiaries to increase ownership as well as involvement of communities in finding solutions for their problems.
Lesson 4	It is possible to work with different groups and stakeholders through innovative approaches such the engagement of ISF in Lebanon or religious leaders in North Iraq.
Lesson 5	Vocational training need to be linked to job placement and/or to market needs to ensure effectiveness and efficiency of the intended outcome. It is important to differentiate between livelihoods programming and vocational training for PSS services.
Lesson 6	The mobile-unit model is a best practice to ensure reaching remote and hard to reach locations. The ability of the project to create linkages between raising awareness and the provision of services (referrals to GBV service providers) has the potential to increase identification of survivor cases and provision of services to them, hence increasing the security and protection umbrella to the more vulnerable
Lesson 7	The investment in establishing centers and supporting them is a positive approach to GBV programming as it allows the creation of women and girls safe spaces as well as the engagement of the entire community through outreach and other activities and creates a sense of "home" and "safety" for survivors which contributes

	positively to their recovery and integration within their communities.
Lesson 8	The contextualisation of the regional project based on the realities and cultural norms in each country is a sound approach that ensures relevance and increases credibility of interventions. Health is an excellent entrance to GBV and other sensitive topics in Syria, especially with men. While some practices worked in Lebanon, and the GBV awareness and response was direct, the team in Syria needed to use health as an entry point because the topic is new and it remains a taboo to talk about.

Recommendations

Overall Recommendations	• Ensure the participation of beneficiaries in the overall design of activities to increase ownership and relevance of the interventions. • The context in all three countries require paying attention to the mental health needs of men and boys as a way to address underlying causes of violence against women and GBV. The outcomes in Lebanon suggest that the experience can be enlarged to include Syria and North Iraq. • Approach vocational training/job placement not as a humanitarian intervention but as a development intervention ensuring that beneficiaries would have access to financial as well as none-financial resources after the trainings. • Ensure the presence of sufficient programme staff on the ground working with NCA on transfer of knowledge from NCA to local partners. • Promote the engagement of men, women, boys and girls to raise awareness and reduce GBV incidences. While recognizing the value added of having separate women and men centers, the experience from other countries suggest that the establishment of "Family centers" is a more effective way to engage all the community and reduce the stigma associated with gender-based violence. This could be extended to Lebanon and piloted in Syria. • Gender, youth and child protection should be fixed components in any project, and they should be a target in themselves as an overall strategy to end violence against women and combat GBV and SGBV.
Lebanon	• Develop the necessary monitoring tools to regularly collect lessons learned and best practices from the mobile unit model in **Lebanon** that could subsequently be transferred to other countries or other regions especially in North Iraq**.** Monitoring tools should also aim to provide an overview of the outcomes of the mobile unit events beyond numbers of attendees or number of cases referred.
Syria	• Increase regular participatory assessment and evaluation on the level of projects, and integration of lessons learned across the next projects.
North Iraq	• Draw lessons learned from the Family support centers that could be replicated in other areas and/or other countries. This could be done through detailed studies about the impact/outcome of this model and its potential for addressing GBV. • Consider the use of mobile unit model to provide awareness and services to hard to reach populations while ensuring the presence of

	adequate monitoring systems in place to enable the deduction of lessons learned and best practices.

II. Programme Description

Project Overview

The programme "Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors (PROTECTS) in Syria" has been implemented by NCA and its partners in Syria, Lebanon and North Iraq, between 2015 and 2019. It has been funded by the Norwegian Ministry of Foreign Affairs (MFA) as well as NCA's own funds. The programme covered six provinces in Lebanon, one in Syria, and two governorates in North Iraq. Its overall goal was the following: "Conflict-affected vulnerable, marginalized women, girls, and boys in Syria, Lebanon and North Iraq are able to overcome the impact of GBV and displacement". The programme was based on a multi-sectoral approach, which aimed at providing protection and psycho-social support services to women GBV survivors while at the same time contirbuting to GBV prevention through sensitizing communities and engaging men and boys.

The programme focused on three outcomes:

4. GBV survivor healing - Women, girls and boys as survivors of GBV safely access adequate and appropriate support services;
5. Social cohesion - community involvement: Community leaders, men and boys promote social cohesion, prevent violence, and support the reintegration of GBV survivors at community level;
6. Quality improvement and expansion - NCA's regional programme safeguards and contributes to expand skills on GBV and Psycho-Social Support (PSS) programming

III. Evaluation Purpose and Objectives

As detailed in the ToRs, the overall objective of this evaluation is to "Support NCA's organizational learning and accountability to both beneficiaries and donors by documenting, analyzing, and reporting on the impact and outcome of its GBV program in Lebanon, Syria and North Iraq".

The evaluation covers project activities implemented by NCA's regional office in Amman and its partners between 2015 and 2019, and was carried out in Syria, Lebanon and North Iraq, including visits to NCA's and its partners' head offices in Beirut, Damascus, and Dohuk, as well as to project sites in the field.

IV. Evaluation Design and Methodology

Evaluation Criteria and Evaluation Questions

The project was assessed following the OECD-DAC criteria of relevance, effectiveness, efficiency, impact and sustainability/connectedness with special focus on the results-based framework developed by the project during its design phase.

Under the different criteria, a number of key evaluation questions were addressed. The Evaluation Matrix (Annex 2) presents the evaluation questions and sub-questions that were used as the basis for data collection. The Evaluation Matrix provides the basis for the evaluation assignment. The table also presents the indicators that will be used by the evaluators during data analysis and for triangulation regarding the validity of the answers. The evaluation matrix serves as the framework for the

evaluation. This evaluation matrix has already been submitted to NCA twice for feedback, and changes were incorporated in the inception report and used by the team during data collection phase.

Evaluation Methodology

The evaluation was conducted in three phases:

- **Inception phase**:

The Inception Phase started with initial consultations/scoping meetings in Amman (with NCA project staff, on 1 May) and in Beirut (with project partners, on 6 May). These meetings included a briefing of the team on the programme and its projects, conducted by NCA and its partners' staff, a briefing on the expected outcomes of the evaluation, brainstorming, discussions and planning on the way forward in terms of methodology and logistics.

At the start of this Inception Phase, the team also received initial project documents from NCA (partners' reports). The team started the desk review of this documentation, initiated a multi-level stakeholder identification process, and came up with a stakeholders' mapping as well as a comprehensive table summarizing the different projects' implementation periods, implementing partners, locations, activities and beneficiaries reached, which enabled the team to get a grasp of the project and have information at hand to start planning the data collection.

During this Phase, the team also developed the Evaluation Matrix identifying data sourced for each evaluation question and sub-question to guarantee that the time in the field is used as effectively and efficiently as possible. The Inception Phase also included the development of the KII and FGD guides, which have been submitted to NCA for comments.

The Inception Phase was concluded upon approval of the final version of the Inception Report. The Inception Phase was also used by the evaluation team to prepare the field mission by organizing meetings, travel, and accommodation arrangements.

- **Data collection phase**:

Data collection was conducted during June 2019 through field missions to Syria, Lebanon and North Iraq, during which the team conducted KIIs and FGDs with relevant stakeholders as presented in the methodology section.

Nahla Hassan and Anouchka Baldin conducted data collection in Lebanon between June 10 – June 17; a third consultant, Ms. Gulnar Wakim, will conduct data collection in Syria on June 17 – June 20. Due to the challenge encountered by NCA in securing a visa for North Iraq, the evaluation team solicited the support of UIMS (an Iraq based NGO) to conduct the field work in North Iraq. Both Dr. Wakim and UIMS team are highly experienced consultants, selected by the team, and were supervised remotely by the team, considering that Nahla Hassan could not obtain a visa to go conduct data collection herself in Syria and North Iraq.

It had been initially planned that Nahla would conduct the fieldwork in Syria and North Iraq herself, right after the Lebanon field mission, but as there was a risk that she could not obtain a visa it was discussed during the Beirut partners' meeting that alternatives (Plan B) needed to be found. The option of Nahla conducting data collection via Skype (the local partner would gather FGD participant in a room and Nahla would conduct the FGD via Skype) was envisioned, however it was decided to exclude this option for several reasons. Instead, it was decided that data collection would be organized through a contact, trained by the consultants, and that the data collection conducted by this contact would be

supervised and monitored by the consultants for quality assurance. Considering that it was confirmed some days after the partners' meeting that Nahla could not get her visa for Syria, plan B was chosen and the evaluation team contacted a highly qualified Lebanese consultant for this task, that the team knows already, who agreed to conduct the data collection, and with whom the team is sure there is no worry to have concerning the quality of data which will be collected.

By June 6th, it became apparent that NCA would not be able to secure a visa for North Iraq for Nahla. Hence, plan B previously discussed on May 6th in Beirut was activated. The consultants contacted former contacts they used to work with through "Third Party Monitoring" model to organise local data collection.

- **Analysis and synthesis phase**:

Based on analysis of collected data during the first two phases of the evaluation, the evaluation team provided an assessment of the project following the agreed criteria, after having cleaned, entered, and analysed the data. This is the purpose of this Evaluation Report. The team submitted a Draft Evaluation Report to NCA on 22 July, on which the team received feedback. Feedback was also provided to the team during a presentation held in Amman on 29 July, during which the team leader presented findings and preliminary conclusions and recommendations. This document is the revised Evaluation Report addressing NCA's comments.

In general, the evaluation has adopted a mixed methods approach. Data was collected through the following means (which are summarized as well in Table 3 below):

Self-assessment tool:

The evaluation team used a self-assessment tool, by which participants in the FGDs (women, girls, men and boys) were asked to self-assess improvement in their overall well-being after being part of the project on a scale of 1 to 10 before and after attending the project. Using the same self-assessment tool, participants were asked to self-assess their knowledge and practices before and after the sessions. The evaluation team has already used this tool on three occasions, including lastly for the Evaluation of the joint programme "Hemayati: Promoting women and girls health and well-being" conducted for UNFPA, UNICEF and UN Women and currently being finalized. The findings from the self-assesment form one of the quantitative methods used for this evalution.

Quantitative data in terms of number of beneficiaries, number of trianings conducted and other project achievement numbers were drawn from project documentation as well.

Table 1: Data Collection Methods

Instrument	Location	Design Process	Target Stakeholders (S) /Beneficiaries (B)	Comments
1. KIIs	In Lebanon, Syria and North Iraq	Drawing on the list of general questions, specific questionnaires were developed for key stakeholders (project management team, implementing partners	A list of stakeholders was identified during the inception phase and in close collaboration	

		(where relevant) and other affected and interested stakeholders), who were interviewed by the evaluation experts.	with NCA staff	
2. FGDs	In Lebanon, Syria and North Iraq	Focus Group Discussions with GBV and SGBV survivors as well as other beneficiaries were organized	Final beneficiaries of the project	
3. Self-assessment tool	In Lebanon, Syria and North Iraq	The self-assessment tool was administered at the end of the FGDs	Final beneficiaries of the project	
4. Quantitative Data	Project Documents	During the documentary review and field data collection available data on numbers of beneficiaries was collected and will be included in the final report	All	

Data collection instruments (KII and FGD questionnaires) have been developed during the Inception Phase and submitted to NCA for feedback. Once the team received comments from NCA, they were addressed and the final version of the tools is available in Annex 3 of this report. The evaluation approach was transparent and participatory, facilitating broad participation of the interested parties, involving and incorporating feedback from various stakeholders and partners. Cross cutting themes such as gender and human rights were also taken into account as part of this evaluation.

Sampling

The evaluation used a simple purposeful sampling to ensure meeting as many project stakeholders as possible as identified in this report. Other sampling criteria included meeting beneficiaries in different provinces, governorates, locations where the project was implemented and ensuring that the team is able to meet beneficiaries who received multiple services from the project.

Selection criteria for beneficiary to attend the FGDs and KIIs was the willingness of beneficiaries to speak to the evaluation team as well as their availability during the agreed upon dates of field data collection. In addition, selection of beneficiaries prioritized those who have benefited from multiple services ort attended multiple activities to be able to provide a feedback on as many project activities as possible.

Table 2: Numbers of FGDs and KIIs Conducted during field data collection:

2.1 Lebanon (9-16 June 2019)

Type	Type	Number	Total Number of Participants	F	M	Syrian	Lebanese	Iraqi
FGD	Beneficiaries	10	97	82	15	47	42	8
KII	Beneficiaries	2	2	2	0	0	0	2

FDG	Partner Staff	3	17	16	1	0	17	0
KII	Partner Staff	2	2	2	0	0	2	0
Total		**13 FGD 4 KIIs**	**118 Participant**	**102 F**	**16 M**	**47 S**	**61 L**	**10 Iraqis**

2.2 Syria (17 – 20 June 2019)

Type	Type	Number	Total Number of Participants	F	M	Syrian	Lebanese	Iraqi
FGD	Beneficiaries	5	59	50	9	59	0	0
KII	Beneficiaries	0	0	0	0	0	0	0
FDG	Partner Staff	3	17	13	4	19		0
KII	Partner Staff	1	2	1	1	0	2	0
Total		**8 FGD 1 KIIs**	**78 Participant**	**64 F**	**14 M**	**78 S**	**0 L**	**0 Iraqis**

2.3 Northern Iraq (23 – 28 June, 2019)

Type	Type	Number	Total Number of Participants	F	M	Syrian	Lebanese	Iraqi
FGD	Beneficiaries	14	88	83	5	0	0	88
KII	Beneficiaries	5	5	5	0	0	0	5
FDG	Partner Staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A
KII	Partner Staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total		**14 FGD 5 KIIs**	**93 Participants**	**88 F**	**5 M**	**0 S**	**0 L**	**93 Iraqis**

2.4 Total Number of FGDs and KIIs conducted during data collection

Country	# of FGDs	# of KIIs	# of Participants	F	M
Lebanon	13	5	118	102	16
Syria	8	1	78	64	14
Iraq	14	6	94	89	5
Jordan (NCA team)	0	2	2	2	0
Total	**35**	**14**	**292**	**257**	**35**

Ethical Considerations and Risk Mitigation

During the data collection phase, the evaluation adopted WHO ethical and safety recommendations for researching,, documenting and monitoring sexual violence in emergencies, and respect MHPSS/GBV guiding principles, including confidentiality, safety, respect, non-discrimination and "do-no-harm".

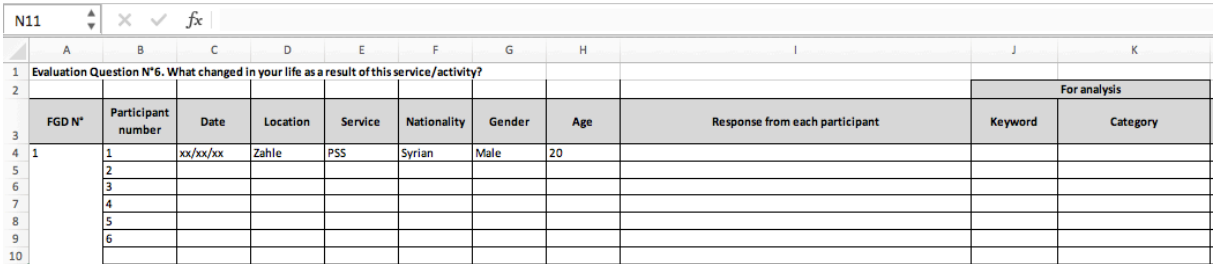
International data collection methods were followed. These included ensuring the consent of the participants (or guardians of in the case of minors) for participating in the focus groups. This was done by reading a consent forms to the participants at the beginning of the meetings.

Confidentiality and anonymity of the data were ensured. Participants were only asked to state their first name, nationality and place of origin. No other personal information was collected during the evaluation study. Raw data is only made available to and reviewed by the consultants and NCA staff.

Data Analysis Methods

Based data collected during the first two phases of the evaluation, the evaluation team is here providing an assessment of the project following the agreed criteria. Qualitative data collected during the field data collection (interview notes and transcripts) were analyzed using **Content analysis** methods by categorizing verbal data to classify, summarize and tabulate the data to identify patterns and trends.

After having cleaned and entered data, the team developed Excel workbooks to reflect the key criteria to be used in the analysis of the data collected. A data workbook was created for each stakeholder group, and this was done for the three countries of implementation. Within each workbook, the team created an Excel sheet for each evaluation questions asked to stakeholders (questions from the interview guides, which are directly linked to the evaluation questions), and gathered all answers collected. An example of such a workbook is provided below:



N11

	A	B	C	D	E	F	G	H	I	J	K
1	Evaluation Question N°6. What changed in your life as a result of this service/activity?										
2										For analysis	
3	FGD N°	Participant number	Date	Location	Service	Nationality	Gender	Age	Response from each participant	Keyword	Category
4	1	1	xx/xx/xx	Zahle	PSS	Syrian	Male	20			
5		2									
6		3									
7		4									
8		5									
9		6									
10											

The team then proceeded with the analysis, first using keywords and categories and then synthesis of the results for each question. Answers to some qualitative questions were coded after tabulation to enable the quanitfication of some of the qualitative data. This was espcially done for questions focusing on “most significant change”, main self-percieved benefits of the project.

Data from the self-assessment was also entered using Excel sheets, and from them were drawn quantitative information and illustrative charts to compement the findings from the KIIs and FGDs.

Once this work done, and adding to it the information collected from project documentation, the team was able to start addressing the evaluation questions.

Limitations of the Evaluation

- Except for a representative of the Internal Security Forces (ISF) in Lebanon, the evaluation team could not meet with government representatives as part of the evaluation work.
- During the course of FGDs (especially those held in the afternoons) some beneficiaries would leave before the administration of the self-assessment tool. This could explain why in some instances the number of respondents to the self-assessment tool is smaller than the reported number of participants attending the FGD.
- The self-assessment tool is not intended to provide a representative sample that can be used for generalisation. The selection and approach of the evaluation remained flexible. The value of the self-assessment tool lies in its ability to indicate a self-perception about the outcome of the project interventions as reported by the beneficiaries (survivors of GBV and trained staff of NGOs). This can only provide an insight into the usefulness of project activities.

- The sampling methodology prioritized confidentiality as customary with projects addressing GBV. This may entail that there could have been some level of potential bias in the form of positive responses since the main sampling strategy was the willingness of the participants to join the FGD or the KII. The evaluation team was aware of this and focused on asking several similar questions throughout the course of the FGD or the KII to validate the opinions mentioned by participants. When contradictions were expressed, the evaluation team engaged with the survivors to ensure that an honest opinion is expressed and that it includes both positive as well as constructive criticism for the project.

V. Evaluation Findings

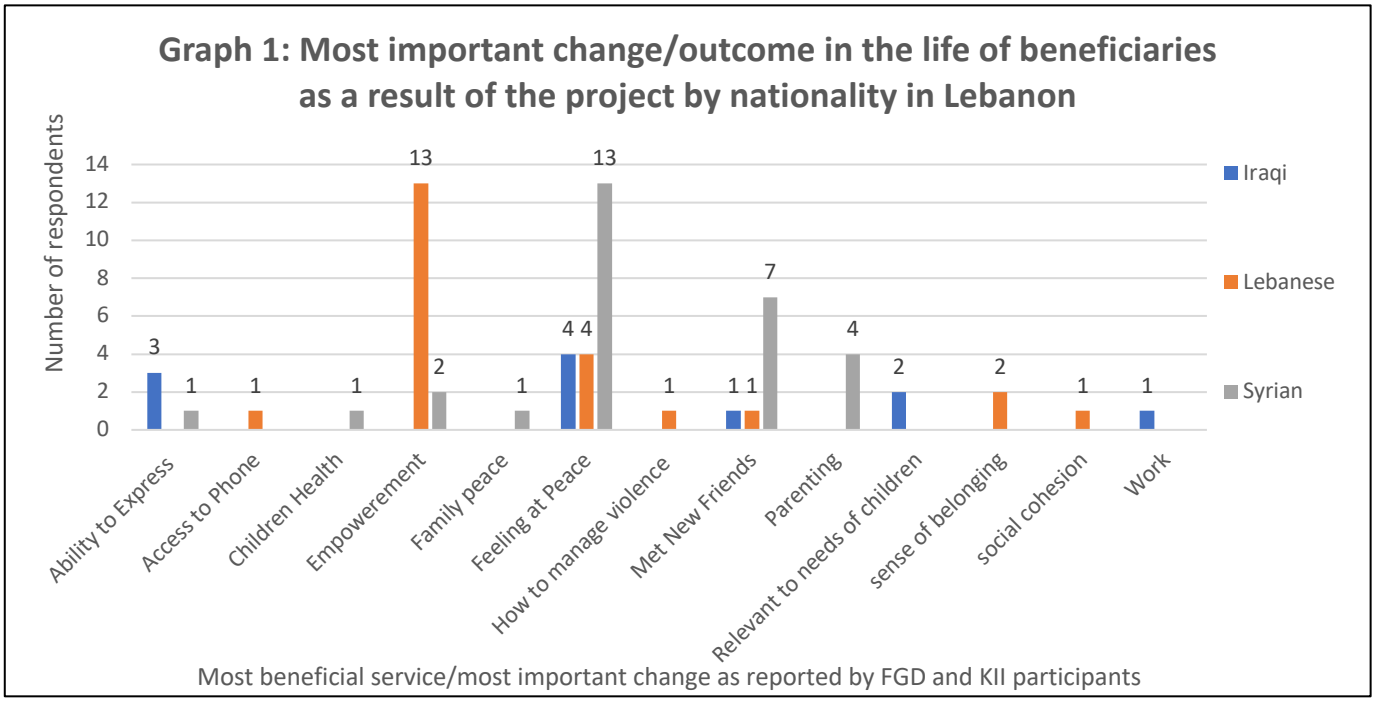
Relevance

Under the criteria of relevance, the evaluation aimed to assess whether the design of the programme during its different phases was appropriate to the needs and priorities of the target population; whether it was culturally appropriate for the context in which it operated and the extent to which it conformed to international guidelines and principles for GBV programming. This sub-section of the report presents the findings and evidence from the interviews and focus group discussions conducted during the field data collection in Lebanon, Syria and North Iraq.

Relevance to the needs and priorities of beneficiaries

Finding 1: The programme is relevant to the needs of the direct and indirect beneficiaries.
In determining the relevance of the project interventions to the needs of the beneficiaries the evaluation tools used several questions to assess relevance. One of the questions was "what was the key benefit that you feel the project has contributed to?" the second question was asking participants to list the most significant change that has occurred in their life as a result of the project. Participants were instructed to name only one change or one benefit. Responses of the participants were tabulated, coded and quantified. The responses of the participants in FGDs and KIIs were compared to the activities implemented by the project. The benefits/change identified by the participants/survivors are aligned with the overall intended outcomes of the project such as empowerment, improved family relations, self-improvement (feeling at peace); having a support system and psychological wellbeing.

This evaluation has found that the project Prevention, Response, and Outreach to Empower Conflict Related Sexual Violence (CRSV) Trauma Survivors (PROTECTS) in Syria, Lebanon and North Iraq is designed in a way that is both relevant and appropriate of the target groups as well as NCA and donor priorities. Data collected talking to beneficiaries of the programme in Lebanon, Syria and North Iraq, show that the programme was designed in a way relevant to their needs. This applies to direct as well as indirect beneficiaries.



Lebanon

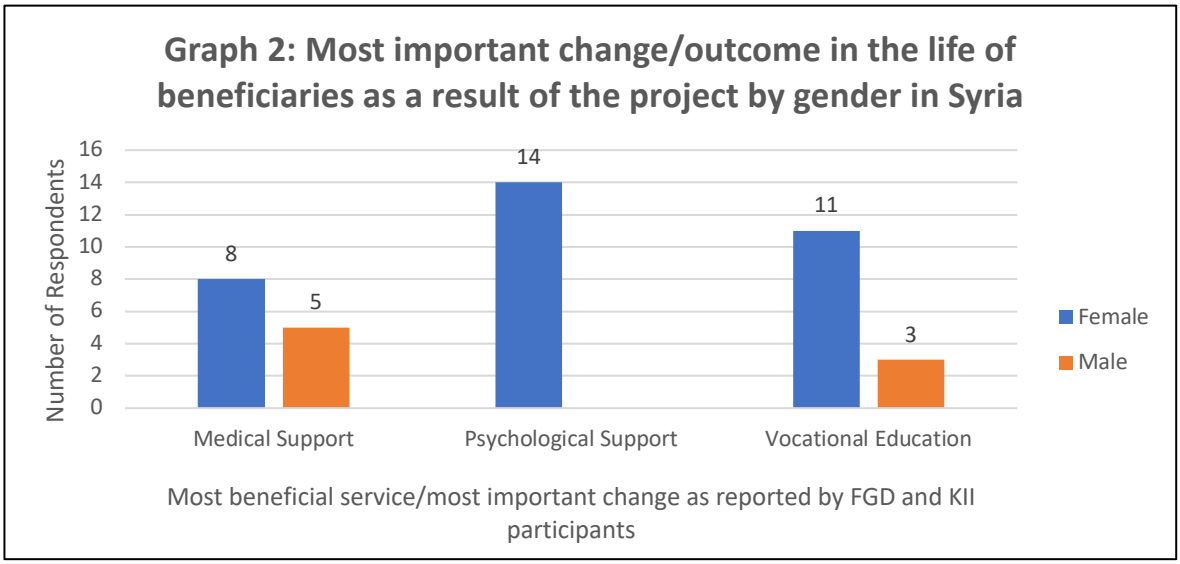
Through its different cycles, the project provided a myriad of services including psychosocial support, individual counselling, group counselling, awareness raising activities, health support, art therapy, education services, legal services and referrals to specialised agencies. Graph 1 provides an overview of the responses of beneficiaries interviewed in Lebanon (those who offered an opinion) about the most significant change/outcome that has occurred in their lives as a result of the project activities and interventions. The usefulness of the services was triangulated by the evaluation as an indicator of the relevance of project interventions to their needs. It is evident from the data that being able to manage stress through various PSS services was the most important dimension of the project in Lebanon. Syrian refugees in Lebanon explained that the most relevant component of the project was their ability to feel at peace and feeling calm.

Whereas medical assistance and support was deemed as the second most relevant intervention in Syria as a result of the war, in **Lebanon**, education was needed for refugee children from minority communities. IOCC staff explained during the data collection phase that refugees from minority communities do not want to put their children into "normal" schools, because they have suffered from traumatizing events under ISIL and the Kurds in North Iraq and Syria and do not want to engage with similar communities. In general, they do not want their children to engage with Arab or Kurdish communities irrespective of the children's ages. As a result, they put their children in minority schools, for specific communities (the Assyrians, the Chaldeans, the Syriacs, etc.). However, there isn't enough room for all these children, some children have to wait, or go into informal education but have in any case wasted years of education in the meantime. Consequently, providing education services to these refugee children is responding to their needs.

The views expressed by the IOCC staff is supported by the views of the interviewed beneficiaries during the course of this evaluation in Lebanon. Interviewed beneficiaries in **Lebanon** explained that the project provided direct support to children who would have otherwise continued to miss many years of schooling thus affecting their lives*. "I brought my daughter here because she needed to go to a school, the need was addressed, now she is in a normal school system but the problem is she always compared to the project and she was almost more happy and satisfied by the services provided here"* explained the parent of a child who attended the school funded educational activities. A second parent specifically focused on the relevance of the design of the project specifying that the teaching approach was most relevant to the conditions and needs of young children who have just survived trauma. *"the most relevant was the way children were welcomed and treated in the centre by the staff. They started good habits, because the staff talked to them in a good way and good manner, without insults or bad words, which positively affected and influenced the children"* explained a second parent.

Considering what they have experienced in North Iraq or Syria, during displacement and the need to settle anew in Lebanon, the PSS provided by IOCC is also relevant to this population's needs. IOCC's Primary Health Centre (PHC), providing examinations and medication for free to patients (paid for by the project), as well as awareness sessions and one-to-one PSS sessions (conducted at the office of the Syriak League located below the PHC), also responded to beneficiaries' needs. As explained by staff met at the PHC, medical services and costs are a topic for worries in families, who cannot afford to pay for health care and medication, or for which the costs of medical expenses would affect other daily necessary expenses. This is notably the case for patients suffering from chronic diseases such as diabetes, blood pressure issues, who have significant medication needs. It was explained that this is particularly relevant for these refugee communities, who are not allowed to work freely in most areas in Lebanon and thus have little resources.

Syria



Likewise, beneficiaries interviewed in Syria were asked to identify the most significant change and the most useful project intervention that they have benefited from the project. The responses from the beneficiaries were tabulated and coded and used as an indicator for the relevance of the project to the needs and priorities of the beneficiaries. Data presented in Graph 2 is disaggregated by sex because in the evaluation team was able to meet with a large number of men in Damascus. Meetings with men was not possible in other countries of implementation.

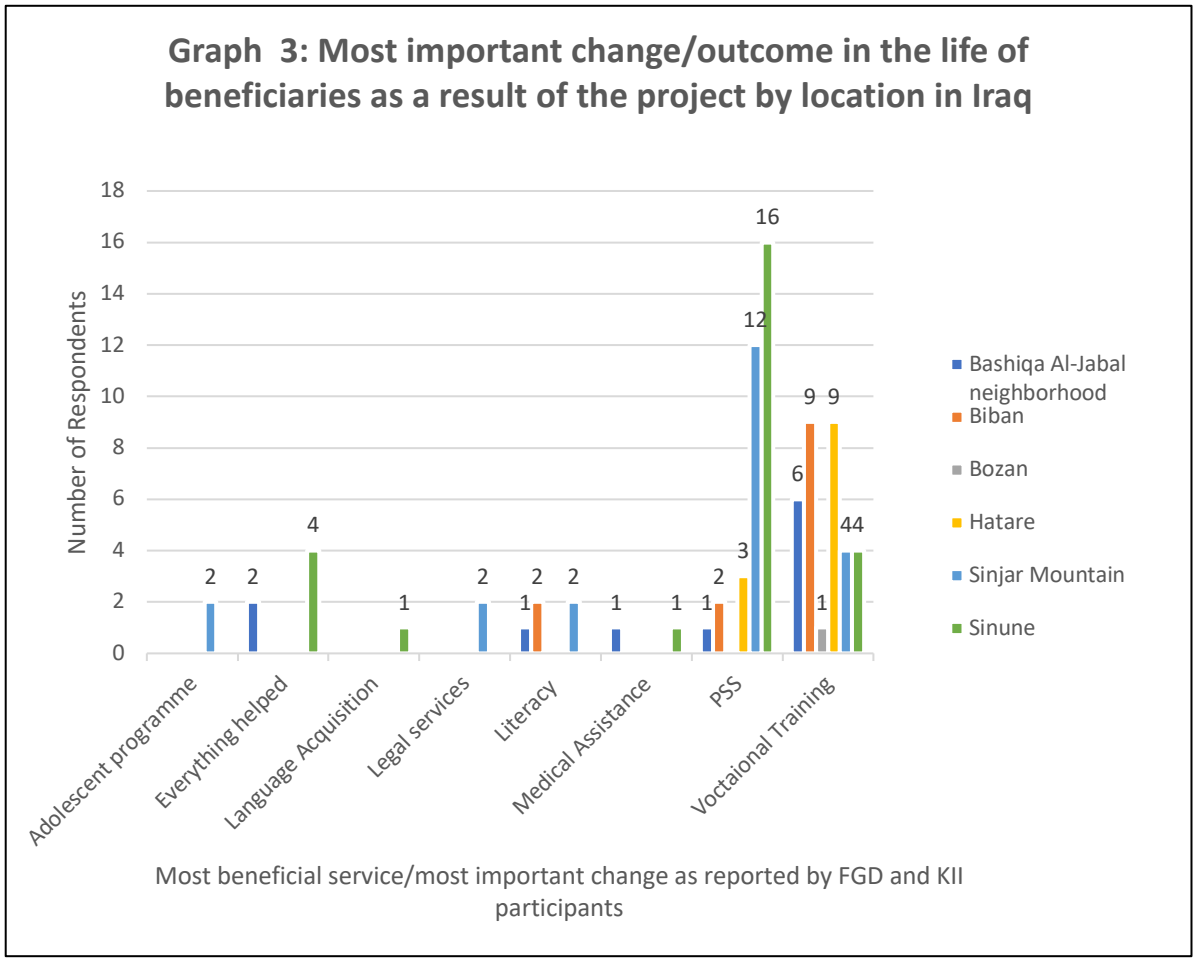
Data analysis provided through Graph 2 shows that the most relevant intervention for interviewed women was the provision of PSS services, followed vocational training and then medical services. The medical needs due to the war in Syria are clearly very high. The ability of NCA projects to provide medical support and rehabilitation to individuals affected by the war is directly relevant to beneficiaries. It is important to mention that the medical support provided by the project seem to have provided a level of protection to women from violent husband and/or neighbors (as reported by beneficiaries themselves). These relatives would not accept that women evoke topics such as GBV. On the other hand, men allowed women to go to the center to get medical and health support. The men themselves would also join the center to get similar services. GBV response started after the women approached the centers and were counselled by the social workers.

North Iraq

In **North Iraq**, beneficiaries met in the different project locations were asked to identify the main or major benefit that the project has contributed to their lives. This was then used as indicator of the relevance of the project to the needs and priorities of the target population. Data in Graph 3 is presented according to the locations of beneficiaries because in North Iraq interviews were possible in more than one location. Beneficiaries expressed that the activities and services responded to their needs, in terms of psychological support and vocational training particularly.

For vocational training however, the activity would have needed to translate into some actual income sources to have fully met the beneficiaries' needs, as will be discussed in a later as well. Graph 3 provides an overview of the responses of beneficiaries regarding the most beneficial services by location. **The graph indicates that the project interventions in the area of PSS services** was the most relevant, followed by vocational training. This applies to all areas of interventions in North Iraq.

Appropriateness to the context in which it operates



Finding 2: The programme is appropriate for the context in which it was designed. The programme was designed in a collaborative manner, relying on local partners' expertise as well as existing coordination mechanisms (cluster meetings and working groups) to ensure alignment with local needs and appropriateness of interventions.

The programme was designed in a collaborative manner, using local partners' expertise to ensure that the programme would meet local needs. Partners' presence in the field was the first approach used by NCA to identify needs, before these partners conducted needs' assessments themselves. NCA thus made use of these partners' expertise to identify needs in the most relevant way.

Lebanon

NCA staff interviewed as part of this evaluation also explained that NCA also used existing coordination mechanisms in **Lebanon** with the UN and other organisations to identify needs not yet covered by other organisations, in line with a collaborative programme design. Besides, NCA used some of its partner organisations' funding relationships to other donors to ensure even better identification of the needs still to be covered. For instance, ABAAD was pooling resources from different organisations such as the UN. ABAAD was thus leading a clear coordination to ensure that there were no overlaps in the response and that resources were used as effectively as possible.

These coordination mechanisms and collaborative programme design thus ensured alignment with local needs at best. NCA did not initiate specific coordination mechanisms, or any "NCA-led network", as part of its programme implementation, but made use of coordination mechanisms established for

the humanitarian response in countries, led by the government in Lebanon, such as cluster meetings and working groups. NCA was also involved in coordination meetings in Jordan, in order to follow developments in Syria, Jordan being the regional hub for the response to the Syrian crisis.

Secondary data such as the Lebanese Crisis Response Plan (LCRP) or the Humanitarian Needs Overview were also used to complement direct needs assessments (to which the priority was given). Direct needs assessments were conducted both at the programme primary concept note stage and at the full proposal stage.

Syria

In Syria, NCA and its local partners detected a high need for GBV response, yet the context in the aftermath of the war was very chaotic. In addition, despite the very high GBV need, the issue remained a taboo at the Addressing gender-based violence continues to be very sensitive. In a context where needs overall were very high, and GBV a fundamental one, the project team encountered challenges to address specific GBV needs. The use of a medical assistance as an entry point to identify GBV cases and provide services to survivors, including women, children and men, was deemed a successful strategy adopted by the project to overcome the high stigma associated with GBV in Syria.

In Syria, IOCC and GOPA worked closely in order to select, implement and benefit the maximum of persons in need. The number of targets reached was higher than the one set. It is important to point out that the programme was unable to work with all those who needed mental health and psychosocial support. The programme focused on GBV response without considering some of the underlying causes such as the trauma and PTSD that affected men and that seem to have resulted in incidences of violence. The number of men in need to mental health, and other medical support inside Syria is very high according to interviewed beneficiaries and partner organizations. Keeping men aside in the program would not help resolve the situation of women and girls within the targeted communities.

North Iraq

Just like in Lebanon, in **North Iraq** as well NCA was part of the GBV working group. This involvement in the coordination mechanisms allowed NCA to collect information about ongoing challenges or contextual changes throughout the implementation period, but also supported the identification of needs and the collaborative nature in working on GBV issues ensuring lack of duplication

Appropriateness to the partner organisations

Finding 3: The programme was designed in a way that is relevant to the partner organisations and adapted to their own and specific capacities (capacities which also kept increasing throughout the project).

The programme overarching goal of improving the lives of survivors of GBV especially those from minority groups is well aligned with the mandates, priorities and intervention logic of partner organisations. Accordingly, the evaluation has also found that the programme design was conducted in a participatory manner with the partners taking in consideration their strength, priorities as well as planning on methods to address their challenges. The programme was also designed in a way that was relevant and adapted to the partners' own (and different capacities). Different projects were implemented by the different partners, depending on their capacities – while NCA constantly strived towards further developing and strengthening these capacities.

Lebanon

For IOCC in **Lebanon** for instance, NCA's idea of creating a school for children was very much in line with IOCC's mission and values. "If they had come with a kitchen idea, I would have said no. But when they began talking schooling, and I had out of school children here, it made sense to me", said a staff met at the Chaldean Centre, IOCC's school.

In the case of ABBAD, the NGO was already implementing activities in the shelters and safe spaces, it was part of its own programme, which NCA came to support. Considering ABBAD's already existing important capacities, NCA acted mainly as a donor, funding ABBAD's already ongoing programme. As will be exposed later, partnering with NCA also had a programmatic added value for ABBAD, such as the trainings of the Internal Security Forces (ISF), an activity brought in by NCA.

In the case of IOCC, NCA also designed the programme adapting to the partner's capacities. At the proposal phase, NCA was willing to propose a GBV programme and asked IOCC to propose activities which they could implement, as a partner. According to IOCC staff met during the data collection phase, IOCC was considering at the time – and still does – that they were not an NGO dealing with mental health and GBV survivors. They considered that they were doing education and psychosocial (PSS) activities and did not really see the linkage with supporting GBV. This was part of a discussion held between IOCC and NCA, but NCA, according to IOCC staff, explained that under the umbrella in question IOCC could present its activities even though they were not clearly engaged in GBV programming and response or mental health activities. NCA thus based its projects on IOCC's existing capacities and expertise, namely education, PSS and medical support, and integrated them as part of the GBV programme while simultaneously supporting IOCC in developing GBV programming. NCA's projects with IOCC focused on prevention, rather than response like it did with ABBAD (IOCC using referrals when facing a case of GBV, to NGOs specialised in GBV), making the programme flexible and adapted to each partner's capacities.

During the interviews conducted with IOCC staff, it was interesting to see that the linkage between PSS and education on the one hand and dealing with GBV on the other hand was rather unclear and confusing for this staff. Indeed, the latter kept arguing that they were not dealing with GBV cases specifically but targeting everyone and referring specific cases. However, during these PSS sessions which were targeting everyone, topics addressed included how for children to protect their body, building friendship, cope with new environments after having endured displacement and war. In addition, a psychologist was taking care of meeting with the parents with potential violent behaviour and conducting referrals when cases of children subjected to violence were observed. The staff concluded: "Our programme has its limit. (…) We cannot be ABBAD, we have our own approach", meaning that they felt that they were not addressing GBV cases. They were only doing little for GBV per se.

However, the evaluation has found that although IOCC does not necessarily engage in GBV response programming, yet by integrating PSS services and child protection in education, IOCC is indeed focusing on GBV prevention. it is clear that by holding these awareness sessions with adults, IOCC has been working on GBV prevention, recognising that children are at risk of having been or will be exposed to GBV, and has thus been protection the children. Similarly, by conducting PSS sessions with children, IOCC has been addressing GBV concerns indirectly. In addition, the first two months of each school year during which IOCC has to focus on teaching the children how to cope with this new school environment, to respect others, not to use violence to solve problems at the centre, build friendships, deal with other children and teachers, etc. – before even being able to provide education – because the children are not used to go to school or be around with other children (rather staying at home, with their grandparents, etc., is also dealing with violent behaviour and GBV.

IOCC's capacity is mainly adequate to do prevention and refer cases for response when it does not have the capacity to deal with such cases; ABBAD has the capacity for response, but this is the only different in terms of dealing with GBV between the two organisations. Working through education has thus been a way to address GBV through IOCC using the latter's specific capacities and expertise. IOCC's medical activities also partly integrated the GBV approach, conducting trainings on basic psychological skills, good communication skills, psychological first aid and referral, how to deal with parents coming for physical consultations if it is observed that they have some mental health problems, how to detect the latter and deal with them.

When it comes to MECC, NCA has also been adapting the programme to the partner's capacities. During the first of the three projects NCA conducted with MECC, in 2016-2017, the focus was put on PSS and art therapy, a methodology which had been presented by the Balamand University who provided the curriculum for this approach and implemented the activities themselves. MECC staff at the time were only responsible for registration of the beneficiaries and the reporting to NCA; the activities were implemented by the university. According to NCA staff met, MECC was at first lacking some capacities and infrastructures to be able to implement activities, which has probably led NCA to first leave the implementation to the Balamand University. However, with time and for the second project, in 2017-2018, focused on PSS but bringing both Syrians and Iraqis together, and vocational training (embroidery), NCA gave the implementation of activities to MECC themselves, to save on the costs of working with the University but also to make use of MECC's developing capacities and desire from committed and motivated staff to do more, as the evaluation team could observe when meeting with them. For the third project, a staff whose role, back at the time of the implementation conducted by the Balamand University, was limited to observing the sessions, was now responsible for the project, and benefited from trainings provided by NCA to strengthen her capacities (a first training common to ABAAD, IOCC and MECC on mental health, and a second personal training provided by NCA's mental health technical advisor who spent some time supporting MECC. The content of the projects thus expanded, from basic art therapy to PSS and VT to end with PSS, VT and extra GBV awareness sessions (highlighting violence, sexual abuse, bullying, etc.) and even starting to conduct awareness-raising sessions with men and increasingly working at the family level, as the motivation of the partner organisation was visible and its capacities increasing – thanks to a capacity-building support NCA was striving to provide, as exposed elsewhere in this report.

Syria

The programme was designed in a collaborative and participatory manner with local partners. IOCC and GOPA worked closely together to select, implement and benefit the maximum possible people in need. IOCC provided the expertise, while GOPA ensured the adequate implementation. Centres were established, in which activities were conducted, and were the main tool to build a relationship of trust with the people in the area of operation. the programme evidently built on the knowledge and ties that IOCC and GOPA have with local communities and designed the programme and its implementation strategies in close coordination with IOCC. The project was contextualized, and additional services were added based on the high level of needs such as medical needs.

Alignment with other NCA programmes

Finding 4: NCA's GBV Programme is only slightly aligned with other NCA programmes and synergies could be improved between the different sectors in the future.

Across the three countries

In the three implementation countries, alignment between the different NCA programmes is often limited to implementing these different projects in the same area. As presented by the NCA staff met

during the evaluation work, in Syria NCA implemented its GBV programme in the same areas where its WASH programme was being implemented. In Lebanon as well, the GBV programme was implemented in some of the areas where the WASH programme was also being implemented. However, this is the only link between the programmes, which remain different, separated programmes; there is no comprehensive integrated WASH-GBV programme providing support to the same beneficiaries.

While NCA staff explained that this was so partly because of the needs, e.g. needs in terms of WASH facilities in a specific area may not be concomitant to specific GBV needs, NCA recognised that synergies could be improved. A debate has been ongoing within NCA but also with other ACT Alliance members to bring in different expertise and provide comprehensive integrated support to the beneficiaries; challenges such as timing, availability of funds or movements of IDPs have so far not enabled the building of further synergies, but NCA staff ensured that the willingness to do so is present and that as things are starting to stabilise a little bit the future should enable them to try to improve these synergies. However, some more alignment can be found between NCA's GBV programme and its social cohesion and conflict resolution programme, including social cohesion elements to bring together communities where the GBV programme is being implemented. This is especially the case in North Iraq. One of the key contextual challenges in North Iraq has been the growing tensions between Turkmen-Shia communities and returned ISIS GBV survivors. This was particularly true for women survivors who bore the children of their captors and, consequently, were ostracized by the Shia community. To address this, the programme emphasized increasing sensitization, expanding awareness, and building social cohesion. The strategy of working with religious-faith leaders enabled many survivors of CRSV to overcome guilt and social stigma as well as to reintegrate and gain acceptance within their communities. NCA also strengthened the capacity of local service providers with its various trainings and workshops. Interventions such as these are critical, as trauma recovery requires long-term mental health and community based psychosocial support. In addition, hiring field staff from the target areas made it possible to understand the local context and culture-specific aspects of GBV. Moreover, this has facilitated relationship-building opportunities as well as gain the acceptance of local community members.

Alignment with International Standards

Finding 5: The programme is aligned with international standards and guidelines related to GBV programming.
The Inter-Agency Guidelines for mainstreaming GBV in humanitarian response has three overarching and interlinked goals:

"1. To reduce risk of GBV by implementing GBV prevention and mitigation strategies across all areas of humanitarian response from pre-emergency through to recovery stages; 2. To promote resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at risk of GBV to access care and support; and 3. To aid recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV."[1]

PROTECTS is aligned with the IASC guidelines on mainstreaming GBV in humanitarian response. The programme throughout its different cycles included elements focusing on **reducing risk by ensuring** prevention programming through the awareness raising activities, working with boys and men, and promoting livelihoods solutions; PROTECTS also focused on mitigation through direct service delivery

[1] https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

to survivors of GBV and SGBV in Syria, Lebanon and North Iraq. The programme supported safe space and in the case of North Iraq supported the establishment for family centers. In addition, the programme provided support to shelters in Lebanon to mitigate the impact of GBV. The programme meets goal one of the IASC guidelines fully: *To reduce risk of GBV by implementing GBV prevention and mitigation strategies across all areas of humanitarian response from pre-emergency through to recovery stages*.

The programme focus on **resilience** was also integrated by providing solutions to pressing issues such as medical care, vocational training and support with employment in Syria. The presence of safe spaces or family centers in Syria and North Iraq has supported the creation of community-based systems that can provide support for those at risk as well as survivors of GBV. The programme partially meets the second goal as the focus has been on community-based structures as opposed to national structures. Nonetheless, each programme is not required to address all the goals stated in the guidelines.

The programme in North Iraq and Lebanon invested time and resources in supporting the creation of lasting solutions to the problems of GBV through the provision of legal aid, working with perpetrators of violence in Lebanon and providing awareness raising about the issue to the wider audience and communities.

In addition, the programmes' core principles and approaches of anonymity, confidentiality and protection are well integrated into the implementation process. The project was designed and implemented following the survivor- centred approach.

Effectiveness

Under the evaluation criteria of effectiveness, the evaluation aimed to assess the extent to which the programme has been implemented in accordance with its overall intention and in accordance with the approved results-framework; the extent to which risks as described in the programme risk matrix have been addressed by identifying the challenges encountered by the programme during the different cycles and assessing the response adopted by NCA to address these challenges; key strategies implemented by the programme and their effectiveness including an assessment of the capacity building activities provided to partner organisations and their effectiveness; last but not least, this section also examines the extent to which cross-cutting themes such as Gender Equality and Human Rights, conflict sensitivity and other issues were taken into account throughout programme design and implementation. This sub-section of the report presents the findings and evidence from the interviews and focus group discussions conducted during the field data collection in Lebanon, Syria and North Iraq.

Progress against indicators and targets

Across the three countries

Finding 6: The programme has succeeded in following its workplans throughout the implementation period while remaining flexible considering the highly fluid contexts in which it was operating and making modifications when needed

The programme, through direct implementation and through implementation through partners in Syria and Lebanon has generally been able to follow the developed workplans throughout the implementation of the different activities. During some of the funding cycles, some activities/partner projects may have been affected by organisational and/or contextual challenges. Nonetheless, these have always been overcome and expected targets were systematically reached, and at times even overachieved. According to NCA team workplans were always developed at proposal stage in close

collaboration with the partners and then reviewed at kick-off meeting once the funding cycle was approved. Workplans were also reviewed on quarterly basis depending on changes on the ground and modified accordingly, considering highly volatile changing scenarios; workplans remained quite flexible. It was also noted that the flexibility of the donor and their understanding of the challenges encountered allowed the programme to apply for no-cost extensions in order to meet the agreed upon targets. Furthermore, a review of project documents as well as discussion with implementing partners staff indicate that any deviation from the original workplans resulted only in delays in implementation and a minor reduction in planned targets. For example, in 2018, due to the devaluation of the Syrian Pound, GOPA in close coordination with NCA decided to reduce the number of vocational training beneficiaries from 600 to 400.[2] Whereas, in Northern Iraq in 2016/2017 the programme encountered a couple of challenges throughout the project period related to implementing partner, YAZDA, yet the programme was able to yield measurable results as well as develop and further contribute towards the body of knowledge on minority populations, in Syria and North Iraq. [3]

Interviewed implementing partners maintained that they were able to implement the workplans as originally envisaged with small deviations and alterations depending on changes in the operating environment.

Finding 7: Relying on local knowledge, focusing on capacity building of small local NGOs and expanding the programme gradually has enabled the programme to adequately address the different risks. They have also been successful implementation strategies adopted by the programme.

The programme has evolved and expanded over the years of implementation, which in itself is a key achievement. As testified to by NCA staff themselves, and as visible when interviewing staff and beneficiaries involved in the successive projects between 2016 and 2018, NCA's GBV programme started as a rather scattered programme in which partners were doing some small education activities based on their capacities, focusing only one target group (e.g. the Syrian Christians). However, lessons learned then made NCA think about a comprehensive framework to be used across the region, and the programme started to focus on mental health and PSS besides education. The emphasis was also further placed on vulnerable groups including men and boys, as well as on addressing whole families, men and women, girls and boys, and with survivors. According to NCA staff met, including men and boys constitutes NCA's niche. This more comprehensive programme started back in 2017.

This is particularly visible when assessing IOCC's and MECC's project. MECC moved between 2016 and 2018 from a small project focusing on art therapy implemented indirectly through the Balamand University, to a second project focusing on PSS and vocational training, implemented this time by MECC this time, and ending with a third project including PSS, vocational training, and extra GBV awareness sessions (and awareness sessions with men). The expansion and sophistication of the projects over the year is very visible. ABAAD, as well, increasingly expanded its activities, starting to include advocacy, working with government authorities, developing module and manuals, etc. "We started to develop some niches there, and we are really proud of that" (NCA staff).

The programme focused on capitalizing on the local knowledge of implementing partners and their ties within the communities to build trust and introduce different services. For example, in Syria the programme followed the lead of IOCC/GOPA and used the provision of medical assistance as an entry point to identify cases of GBV and offer services and support. Likewise, in Lebanon, IOCC

[2] NCA Final report for Protection Needs of Minorities from Syria and Iraq: Gender-Based Violence Prevention & Responses to Norwegian Ministry of Foreign Affairs for the period 01.05.2017 to 30.06.2018.

[3] NCA Final Report Protecting and sustaining religious minorities in Syria and Iraq to Norwegian Ministry of Foreign Affairs for the period 01.01.2016 to 31.03.2017 Submitted on 27.11.2017

representative explained that their ability to comply with the workplans and the agreed upon targets is due to the support they received from the community itself. "*We succeeded because of the help of the community. Alone, we couldn't do anything,"* She explained and continued by saying: "The main thing in our work is not doing some parachute project, enforcing anything on the community, but working with them, assessing the needs, meeting everyone from the community, and designing the project."

The selection of ABAAD in Lebanon as an implementing partner with their strong ties and knowledge of the local context enabled the programme to build the necessary ties and trust relations with the communities that felt empowered and confident in working with a well-established and known local organisation.

Finding 8: The programme has been successful in achieving its expected outcomes.

Project documents and interviews with implementing partners, NCA and beneficiaries indicate that the programme has been successful in achieving its expected outcomes to a very large extent. According to progress reports submitted to the donors it is evident that the project has met its expected targets.

Discussions with ABAAD shows that since the programme and services are still ongoing then this is a sign of success because the services provided to beneficiaries are continuing as planned. According to ABAAD management team interviewed during this evaluation, the biggest success is the trust that has been established between the beneficiaries and the centers where activities take place. This was evident from interviewing beneficiaries who often referred to the centers as "home". The consistency in providing the services is part of the success. People find the same centre available all the time over the years, it does not stop, it does not close.

Finding 9: Effectiveness was overall high however; it was not uniform across location or across countries.

The implementation of the PSS services whether through art therapy, group therapy or individual counselling were all very effective and helped improve the overall wellbeing of beneficiaries as will be discussed in the Impact section of this report. The evaluation has found that the activities focusing on psychosocial support and mental health were well designed and implemented effectively and with clear positive results as recounted by beneficiaries.

However, other complimentary services such vocational training were not particularly as effective as the implementation of PSS and awareness raising activities across the three countries.

<u>Lebanon</u>

Interviewed beneficiaries in Lebanon discussed the issue of vocational training and the general opinion is that although it is useful, it is not sufficient to allow beneficiaries to start a professional activity and earn an income from it. One of the beneficiaries met in Lebanon, at MECC's OLD Centre, said that she did not even think about what she learned during the vocational training as a profession and about getting an income out of with because she is lacking time for it, while others said that they "learned the basics and would need a more professional training to go further and be able to earn an income" from it.

Integration of vocational training as a mean to provide alternative means of income generation for beneficiaries in of itself is a sound approach. However, improving livelihoods as a mean of empowering women is a much complex issue that requires more than the provision of training. There is a difference between livelihoods programming and vocational training.

Moreover, vocational trainings on their own are not sufficient to ensure the ability of women to develop appropriate income-generating activities. Livelihoods require the provision of financial as well as none-financial services to enable women to start home-businesses. Otherwise, vocational training activities serve as a form of PSS service and not as an income generation activity. This is an important issue to consider in terms of strategic priority and core expertise of interventions. The added value of NCA and its implementing partners is clearly within the domain of GBV services, including legal and medical services and less so in the area of livelihoods, income generation and economic empowerment.

Syria

In Syria interviewed beneficiaries (the 3 interviewees who took VT) who answered the question said they are now working as a result of the VT and that it had a good economic impact. Two beneficiaries who participated in the FGDs explained that they were not provided with a kit (sewing machine or make-up equipment) to allow them to start working even if from home. According to one of the staff met in Syria, beneficiaries were demanding "more advanced vocational trainings." The selection of beneficiaries for distribution followed strict guidelines and was based on vulnerability criteria (widowed, disabled husband, women suffering from GBV). GOPA staff explained that they couldn't give to all because they didn't have kits for all women attending the VT and that they had to prioritize those who were aligned with the proposal, especially in terms of GBV and women with no income.

North Iraq

In Northern Iraq the provision of vocational training was not sufficient as it did not lead to employment for beneficiaries. In Biban, while one out of the 14 respondents said that she is now working from home and earns more money thanks to the vocational training she took, 9 out of these 14 beneficiaries said that while the trainings were useful, good, and made them feel better, they did not earn any additional income from them. In Hatare, 8 out of the 12 respondents said the same thing, while only one earned an additional income thanks to the trainings. In the Bashiqa Al-Jabal neighborhood, two beneficiaries out of 16 earned additional money, while 13 did not, out of the trainings. In Sinjar-Sinune, 24 out of 26 did not earn any additional income; only one did. Finally, in Sinjar Mountain, 14 out of 23 beneficiaries mentioned that they did not earn any additional income following the vocational trainings; 5 others did, from sewing and sweets making. This shows that vocational trainings mainly served as a PSS activity, but in general did not lead to income generation. Two testimonies are still worth mentioning: In Hatare, two women mentioned that they will open their salon, as a result of the vocational trainings.

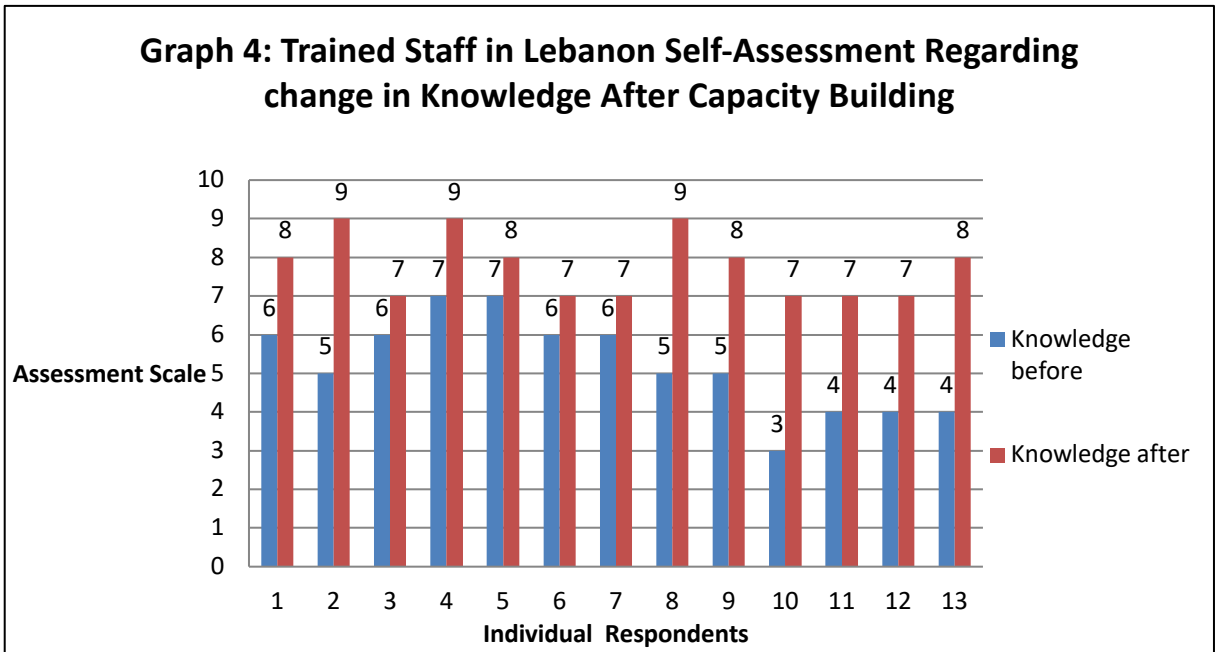
Effectiveness of the Capacity Building Strategy

Finding 10: Capacity building of local partners has contributed to a better understanding and implementation of programme activities

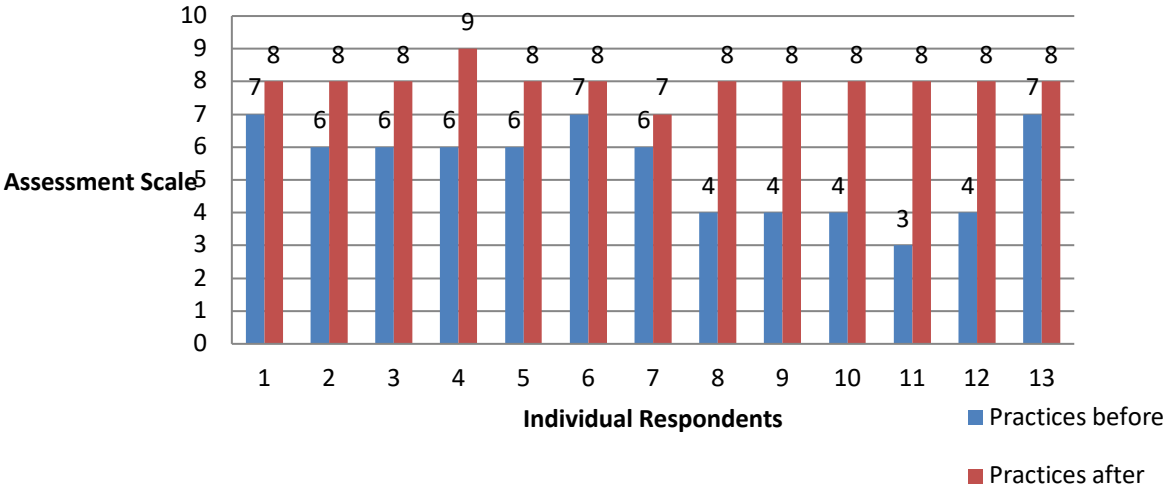
The selection of implementing partners is done after NCA conducts a mapping and assessment of the capacities including strength and weaknesses of partners. This allowed NCA to focus not only on improving the technical knowledge and practices of implementing partners but also on strengthening the systems and methods of the different partners. By adopting a holistic approach to capacity building focused on more than just the requirements of the programme, the capacity building strategy has indeed been effective. One of the main implementation strategies of the programme has focused on building the capacity of local implementing partners on a variety of general as well as specific topics. Capacity building included financial management, monitoring and evaluation as well as gender equality, conflict-sensitivity as well as specialized PSS trainings and case management.

Lebanon

The development of the capacity building component was done in a collaborative manner with the implementing partners and based on a training needs assessment. According to partners interviewed training and capacity building was decided with NCA in a collaborative and participatory manner. This has increased the knowledge and practices of staff who participated in the capacity building activities. The effectiveness of the capacity building strategy was measured during this evaluation based on responses provided by implementing partners and staff as well as the implementation of the self-assessment tool in Lebanon and Syria. During the process of the evaluation, trained staff from partner organisations in Lebanon and Syria were asked to self-assess the level of change that has happened to their knowledge and practices as a result of the capacity building activities implemented through the programme. The outcome of the training was assessed in Lebanon during this evaluation by asking trained staff to assess their knowledge and practices before receiving the training on a scale from 1 to 10 and to assess their knowledge and practices after receiving the training also on a scale from 1 to 10. Graphs 4 and 5 below provide the results of the self-assessment tool in Lebanon. Graph 4 and 5 represent responses from 13 staff members interviewed in Lebanon and who were asked to self-assess their knowledge and practices before and after receiving capacity building activities through the project. Graph 4 and 5 indicate an average self-reported change in the level of knowledge of 2.6% as well as in in practices or the way staff perform their duties. Staff interviewed from ABAAD indicated that their knowledge has increased (to varying degrees) after attending the capacity building activities implemented by NCA. In addition, staff also indicated that their practices (i.e. the way they perform their jobs and work with survivors) has also improved as a result of the capacity building activities implemented through PROTECTS.



Graph 5: Trained Staff in Lebanon Self-Assessment Regarding change in work practices after Capacity Building



Trained staff from implementing partner organisations were asked to identify some of the things that they are doing in their work as a direct result of the capacity building. One trained staff in Lebanon said: "there was one training with NCA on case management. They provided us with an interaction tools to work with women suffering from PTSD and this was a big addition especially if she has a baby and how to deal with her which is sometimes difficult, they taught is what to do if her baby cries. Maybe I would get her water and maybe take the child maybe a small physical touch and allow her to be comfortable. In the same training we got tools about playing with sand and this is a good technique to help women to express themselves." Another trained staff member in Lebanon explained that the training on GBVIMS allowed the staff to recognise the different types of violence and allowed them to better work with survivors; "I was then able to identify which was the most dangerous type of violence the victim has been subjected to. Physical violence can be seen as the most significant, but actually for the victim some emotional, psychosocial, may be even more important and I learned how to work with the survivor" explained a trained staff member.

Concerning feedback about capacity building activities from implementing partners management it was noted that **NCA's support to the chosen local implementing partners had represented a programmatic added value for these partners.** According to ABAAD team the expertise and technical knowledge of NCA was very valuable *"The value of NCA on programmatic level is high. Because they have a high thematic knowledge of the thematic area we are working on, they do not just provide funds"* explained ABAAD management team. Collaboration with the programme allowed ABAAD to introduce new areas of work such as the work conducted with the Internal Security Forces (ISF). According to ABAAD, the programme allowed them to focus on the trainings of ISF on concepts such as domestic law and clinical management of rape. Nonetheless, and as will be discussed under finding 11 in this report, the work with ISF is important but encountered many challenges and requires continuation to ensure sustainability.

In the case of IOCC, who maintained throughout this evaluation that they do not work on GBV although as previously discussed they have a strong focus on prevention, it is evident that the engagement with the programme and its capacity building activities has provided IOCC with knowledge and expertise about addressing GBV issues. More specifically and as reported by IOCC management, the MEAL

trainings were particularly useful for the organisation as a whole. The use of tools, tracking tables and other materials provided by the programme had a great impact on the organisation as a whole. Moreover, IOCC management explained that they managed to introduce new things and adopt them at a larger scale within the organisation. According to IOCC management, the teaching methods that were introduced by the programme are still being used. The teachers' trainings were provided at the beginning of the programme and NCA provided techniques and approaches in teaching that have improved teachers' skills explained IOCC management. In addition to improvement teaching methods which ultimately will lead to improved educational outcomes for children, IOCC has also mainstreamed all MEAL approaches in other IOCC activities in Lebanon. According to IOCC staff interviewed during the evaluation, as a result of the MEAL workshop organized by the project IOCC changed many procedures such as the inclusion of documents, new verification means. They also explained that the procurement and finance workshop also improved their systems. Lastly, they explained that before deciding on the content of the Mental Health and Psychosocial Support training content, an assessment was conducted by NCA which then led to an adequate development of materials and content for the capacity building plan.

In addition to the traditional trainings and capacity building activities provided through specialised trainings, the programme also introduced personalised mentoring and coaching to support particular aspects of the programme. According to MECC staff received training on mental health, a psychotherapist also came to give the training from France, the training was given to ABAAD, IOCC, GOPA, organised by NCA. MECC staff then got personal training (mentoring and coaching) with the coordinator of PSS activities about expressive art, drama and art therapy "I decided on the topics of the trainings that I wanted to have. It was a good chance for me" (MECC staff).

Asked to self-assess herself on a scale of 1 to 10 regarding her knowledge and ability to perform her job description before the capacity building activities and after the capacity building activity, MECC staff indicated that she believed herself to be at level 2 before the training and currently at level 7. Whereas in what concerns how the increase in knowledge affected the way she conducts her work she explained that she moved from level 6 to level 8 in terms of practices and approach. "I have learnt to be more patient. And really to be able to listen to the person until the end. Working with 170 beneficiaries over the course of the project and hearing their stories one by one wasn't something easy that anyone can do. Having an active listening is very important. The trainings that I received through NCA on stress management and art therapy helped me provide a small level of support to the women" explained MECC staff member.

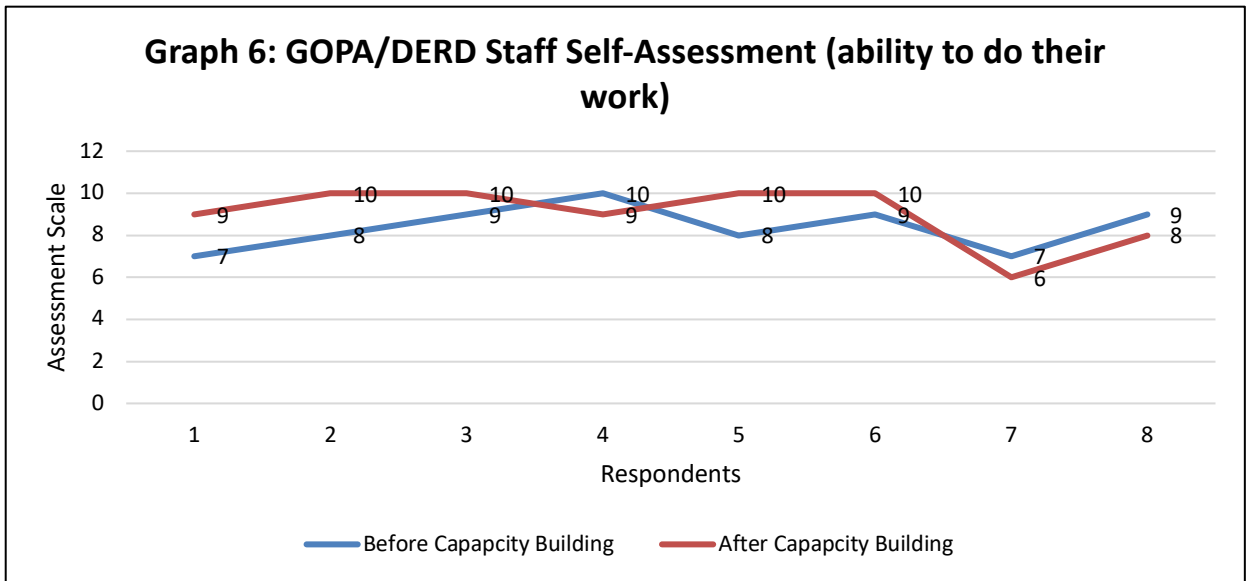
Likewise, IOCC staff explained that the specialised training provided by the PSS coordinator helped improve the learning outcomes of the project. "there was support form Maura, who was trying to update the results we had with the children, she was interested in the success, and she wanted to try to find more funding" explained IOCC. They also maintained that this level of support was only available during the last year. Prior to this, the change in NCA staff made it hard for them to establish a strong working relationship.

In the case of ABAAD, it was noted that through regular discussions with NCA and review of ABAAD work, there is a new approach to their work which is more inclusive. According to ABAAD management team, they have been discussing internally how their work can be more inclusive and ensure the inclusion of people with disabilities especially during their awareness raising activities.

Syria

In **Syria** the programme has also paid dedicated attention to capacity building and strengthening of the systems of local partner **GOPA/DERD.** The staff explained that the design of the capacity building plan offered by the programme was designed in close collaboration between NCA and the

management of the programme in Syria. The team specifically praised the training on GBV and Mental Health Gap. They explained that the trainers were very efficient and were able to convey the point in a clear and concise manner through role play and a variety of interactive techniques. There was also a high level of monitoring during the post sessions, in order to make sure that the knowledge is gained and well assimilated. The self- assessment tool was also administered with trained staff in Syria who were asked to self-assess their ability to do their jobs before and after the training on a scale of 1 to 10. Graph 6 below show how staff of partner staff interviewed in Syria have assessed their abilities to perform their jobs following the reception of training. Graph 6 shows that 8 interviewed staff members from GOPA/DERD in Syria were asked to assess their ability to perform their jobs after receiving capacity building. The graph and response from staff show that for some staff the training was useful while 2 out of 8 staff interviewed believed that their abilities decreased after the training (no reasons were given). For those who explained that their abilities have improved the average change is 1.5% (for 6 our of 8 staff members interviewed).



The engagement of the staff and the programme coordinators from implementing partners in assessing the needs and the design of the training increased the effectiveness of the capacity building efforts in **Syria.** Trained staff commented that they have become more "professional" or that "We change our way of thinking about the case itself and become more operational as we learned how to understand the situation of beneficiaries".

North Iraq

The programme was implemented through a partner-accompanied model in North Iraq. This has enabled NCA to recruit its own staff from the local population which enabled a deeper understanding of the issues in each community and the types and possible responses to various types of GBV and CRSV. In addition, the programme worked systematically with boys and men as well as religious leaders in North Iraq to ensure a wider level of understanding for the survivors as well as community acceptance of their return. This innovative approach of engaging religious leaders in awareness raising and creating sustainable community support for GBV and CRSV survivors is seen as an effective tool in engaging partners.

Challenges and Risk Mitigation

Finding 11: The programme has faced many challenges which have caused some delay but did not negatively affect the effectiveness of the programme.

Both NCA and implementation partners have faced a number of challenges throughout programme implementation to which NCA and partners have adequately responded to ensure that their impact was contained.

For NCA **differences in partners' capacities** represented a challenge. According to NCA staff met, some partners, such as MECC, where not prepared for the programme in terms of having the infrastructure which could support them in delivering this kind of comprehensive programme, leading NCA to having to put in additional resources, both in terms of time and technical support, to accompany this partner. Partners were also lacking capacities in terms of programme design and monitoring, linking needs assessments and programme design, reporting, leading took NCA time and effort to provide PMER support throughout the years. Financial management, due to some of the partners' capacities, also represented a challenge for NCA. According to NCA staff met, access, cultural norms, and dealing with local community leaders and government authorities have also represented a struggle.

Lebanon

In Lebanon, **operational, administrative and logistical challenges** were highlighted by ABAAD. Indeed, ABAAD's Project Coordinator being Syrian, he cannot get a security clearance to access some of the project implementation sites for which such access is required. Security threats coming up from time to time, or strikes going on other times, have also proved challenging to ABAAD. ABAAD is however prepared to contextual challenges and being aware of the context sensitivity the organisation conducts regular context analysis, anticipates challenges, and worked around challenges (such as a gap in government approval for 9 months, in the 2018 SOP) through various means (including contacts. The Ramadan period, during which few sessions are possible, is also a challenge hindered programme effectiveness. Approvals when working with the public sector, including the ministries or the Internal Security Forces (ISF), bureaucratic requirements and process length, also led to delays in the implementation timeframe for ABAAD. The lack of space due to the small size of the centres, leading to having to accept a limited number of beneficiaries, especially for the school, was also highlighted by IOCC as a challenge.

Beneficiaries' commitment also represented an issue for some of the partner organisations. For instance, IOCC, for its last workshop, organised it at an educational centre, with its own structure, certificates and experienced teachers, which was believed to be more relevant than recruiting teachers at the community centres (based on a lesson learned from the first workshops).

IOCC conducted an assessment, through FGDs, to know which topic the beneficiaries wanted to address during the workshop the majority wanted English and computer workshops. According to IOCC staff met: "100% registered for the workshop, but when we started the classes, we faced an engagement problem. (Beneficiaries) had never been to anything that needed that kind of effort. A lot of them jumped out after the first time. We have 40 participants at the end, for both workshops. They did not know how to benefit from the services that the community and the church were offering. They thought they could come for one time (and) (…) they would (…) receive a certificate. (…) But at the end we made clear that to get the certificate, they had to really commit. That would help them get a job, for instance. (…) We tried to understand why they did not commit, whereas they had chosen the workshops (themselves). The same thing is happening with the children and the youth. For the children, we tried to find solutions with the parents to let the children benefit from education (…) but for the youth, we did surveys and they said they had work engagement needed for the family, or that

they were preparing their papers (for resettlement) and would be traveling soon. But still, they were the ones who had chosen the workshops. The church has the same issue; they always do activities for the community, but there is not lots of people. People want something easy and get direct assistance, and not engage for something needing more commitment".

The Chaldean Centre in which IOCC implemented its education project also faced an engagement issue, from the parents: the organisation struggled to convince the parents to bring their children at school. According to staff met at the Centre, some think that there is no need for schooling because these beneficiaries think that "they would be resettled soon". For some other beneficiaries, girls do not need to be schooled, and should stay home with their mothers. For some others, children work and bring money home. According to this staff met at the Centre: "we still have around 30% of children aged 10-13 who are working". In order to try and overcome this challenge, the Chaldean Centre organised six awareness sessions before school started, and "played on the benefit aspect": "we told them that if the kids were at school, they would have more benefits", such as receiving one more food parcel, medical aid, etc. In addition, the Centre decided to organise a workshop in the afternoon for children working in the morning. However, as detailed in the impact section of this report, parents, after a few months, seeing the benefits of schooling on their children, did not need such incentives anymore and were willing to send their children to school.

However, for ABAAD just like for other local partner organisations, an even bigger challenge lies in the shortage of funding which took place in 2017, and affected all of ABAAD's projects, not only NCA-funded activities. The cut down, of UNICEF founds for instance, put the continuation of activities at risk, and forced ABAAD to look for funds to cover the funding gaps in order to ensure that services kept running. The termination of the project PROTECTS also made the local partner face challenges. This was the case for the IOCC school which the Chaldean Centre which could have continued, but it was more importantly mentioned by the IOCC Primary Health Centre.

Syria

Operational, administrative and logistic challenges were mentioned by staff in Syria as well. Staff were sometimes not able to reach an area, because of the weather or access challenges. A challenge was specifically mentioned by staff regarding the cancer center, for which staff needed a specific authorization from the director which took time to obtain whereas the "target was very high". Internal problems in terms of organisation were also highlighted by staff, without sharing much details.

The fact that the project started late also created a lot of pressure on staff, according to the staff, also leading to staff not being paid while waiting for the project to start. The "very short time to implement" - 8 months – was also mentioned as a challenge by the staff, just as the "cut between the two projects", also leaving staff with no salaries during the "hibernating project".

Gaining beneficiaries' trust was also mentioned as a challenge by the staff. It is a process which took time. At first, women were coming to the centre but were not willing to work, before they started to enjoy teachings and be willing to attend them, showing more and more trust in the staff. When it comes to case management, guaranteeing that information shared were confidential was the way to gain beneficiaries' trust; beneficiaries also then started spreading this information in their communities and recommending others to come to the centre. The fact that, at the beginning, groups were mixing people from different ages and areas also made it difficult to gain people's trust, just like the fact that sometimes privacy could not be ensured by social workers because of the centre being too small, leading the social worker and the beneficiary to start talking in one room before having to move to another one, etc. In addition, despite the high need, GBV remained a taboo in Syria, and talking about gender violence was still sensitive. Gaining people's trust took time. However, as mentioned elsewhere in this report as well, as the project went on services became increasingly welcome and were not questioned as they were at the beginning.

Finally, the high level of needs in the country and the need for more medical support means to be able to provide for and cover more beneficiaries and areas led to frustration and difficult situations when not being able to answer to the beneficiaries' needs (e.g. in terms of medicine). The staff interviewed also mentioned that "there was a lot of cases and (they) could not answer them all" and that they were "limited to GBV because of NCA's criteria", "not being flexible", whereas they had their own criteria to take in consideration as well. The need for other services, for instance facing children hit by bombs and injured cases, was also highlighted. Answering the needs in terms of GBV while leaving other needs aside was a challenge.

North Iraq

The programme faced several challenges in North Iraq and were related to the fluid security situation in North Iraq and to partners capacities. In the programme cycle of 2016-2017, the programme's implementing partner YAZDA experienced issues with Kurdish officials in relation to their operations and advocacy for the Yezidi minorities and their displacement, in Sinjar Mountains. Yazda's permits were redacted, which led to underspending and low activity achievements. While solutions to mitigate these challenges were found and further implemented (after October 2016 budget modification approval), according to NCA project documents and NCA teams interviewed, the lesson learned has been that intensive partner assessments should be completed, especially when beginning the initial stages of a pilot project dealing with contextually sensitive issues.

Whereas in the funding cycle of 2017-2018, the security situation continued to hamper the implementation process. Due largely to a combination of: the presence of militant groups in Ninawa governorate that obstructed access to certain areas and presented security risks for staff (particularly in Mosul and Sinjar districts); the Turkish airstrikes on KRI borders that threatened communities on Sinjar Mountain; and the visibility of militant groups (YPG and PKK, for example), people were left feeling unsafe. This dramatically hindered trauma recovery. Thus, learnings have informed the Iraq office on the importance of designing projects with these security issues in mind; contingency planning is critical, where possible. In addition, access to certain project sites has been difficult for NCA and partner SOSD.

Efficiency

Under the evaluation criteria of efficiency, the evaluation aimed to assess the extent to which the MEAL tools and the results-framework has sufficiently captured the results of the programme; the efficiency of the results framework and the efficient and effective use of the resources to achieve results.

Across the three countries

Finding 12: The MEAL tools and results framework have been sufficient in capturing the results of the programme.

The development of the MEAL plans and tools has been an ongoing process during the programme life. As previously mentioned, it is one of the key achievements of the programme as some implementing partners did use these tools and approaches prior to the programme. The programme introduced case studies, tracking files, with partners, there was on job support to all partners, MEAL workshops, etc. All of these efforts and ongoing support was efficient and provided adequate support for the follow-up on the activities. NCA initially developed a system, then it was discussed with partners, there was feedback from them. Throughout the trainings and the support NCA maintained that the whole idea was to develop a MEAL system which is simple, easy to implement, and also in accordance to the project delivery goals. In this sense, the MEAL system was adequate and sufficient. It was also not cumbersome

for the partners.

The MEAL system developed by the programme took into consideration the different levels of knowledge and expertise amongst the partners. For example, some had elaborate M&E systems and tools and developed adequate management responses to what the analysis of monitoring data yields. For example, it was noted that the mobile unit in ABAAD was focusing the awareness sessions on Sexual Reproductive Health (SRH) at the beginning. Following a review of the data it was clear that the population is also interested in general health. Hence the awareness raising sessions were amended to include both SRH and general health issues.

Part of the efficiency of the MEAL system is the integration of programme indicators into the existing systems of the different partners (when they exist) and by supporting partners in developing MEAL systems (when they don't have any). As explained by implementing partners, the selection of monitoring and progress indicators was conducted in close collaboration between NCA and the implementing partner. In the case when a partner lacked the expertise, NCA seconded a project staff to them to help ensure the efficient and effective monitoring of activities and understanding of the monitoring of indicators.

NCA has a solid approach for the work with partners, what be improved is their programmatic capacities through specialized training in Syria and with MECC. Some of the partners like ABAAD to encourage them to provide training to other partners. Especially for the Syrian partners it will be a long way until they understand the financial needs and adequate reporting. It is important to continue to build the capacities of local organizations with management manuals to allow them to work in an efficient and effective way.

Finding 13: The programme managed available financial and human resources in an effective and efficient manner.
In a world where humanitarian needs are huge, allocation of funds is critical to ensure effectiveness and efficiency of meeting targets. PROTECS has taken great strides in supporting partners and critically discussing financial and human resources with partners systematically to ensure an adequate management of funds as well as achievement of results.

From NCA side, the programme was managed for a long time only by one person who was responsible for all aspects of the programme and in all three countries of implementation. This places a heavy workload on staff. It is important to ensure the presence of adequate number of core staff to facilitate and speed up the implementation of the different components and the programmes.

In addition, NCA believes that human resources within partner organisations are also limited. Human resources are not sufficient and there needs to be more. Partners need financial and accounting staff who work on within the financial department this is for MECC. NCA also believes that there needs to be more adequate auditing of partners through soliciting the services of reputable audit companies to increase the transparency of partner organizations.

Financial management and oversight to ensure efficiency and effectiveness is closely followed by NCA team. This has ensured to a large extent the adequate management of resources.

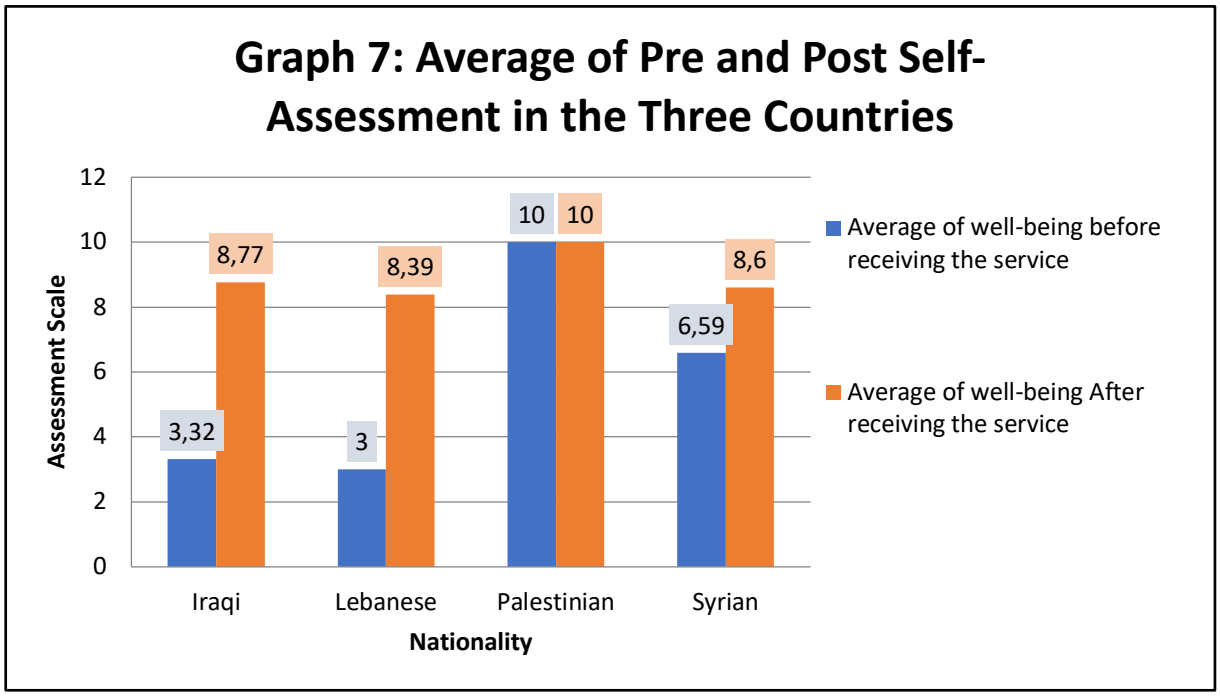
Impact

Under the criteria of impact, the evaluation aimed to assess the extent to which survivors assisted have seen improvement in their overall wellbeing. and the extent to which survivors are able to sustain these improvements after services concluded. This section also examines the outcomes and change that occurred in the management, processes and capacities of main implementing partners and local CBOs; the impact of the having men groups (if any) and the value added of the awareness raising campaigns supported by the

project either directly or through the mobile unit. In assessing the extent to which the overall wellbeing of survivors of GBV has increased and to what extent they are better able to manage their lives, the evaluation used a simple self-assessment tool through which, survivors were asked to self-assess their situation before engagement with the project and after engagement with the project. In addition, survivors interviewed were also asked to identify the most significant change that has occurred in their lives as a result of participation in project activities (i.e. the main change that they can identify that has occurred in their lives).

Finding 14: Many of the survivors who received services have seen their overall wellbeing improve and started to think differently about their lives.

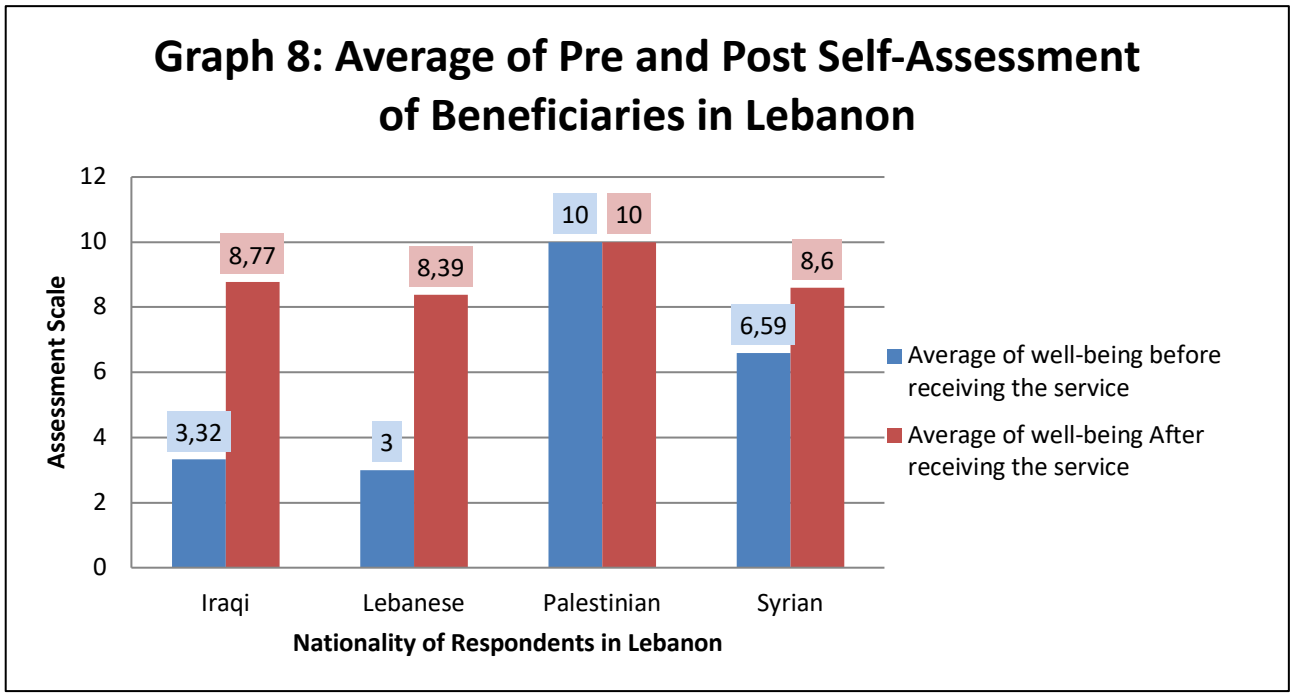
Beneficiaries interviewed in Lebanon, Syria and North Iraq have almost all indicated an improvement in their psychological situation as a result of the interaction with project activities. Some stated that having a place to go gives them a sense of "normalcy" and increases their abilities to re-build social relationships and new social support network in their places of refuge. Graph 7 provides an overview of the **improvement of well-being** by all nationalities interviewed during the evaluation in all three countries. It is important to point out that only one Palestinian was interviewed during the entire evaluation exercise in all three countries of operation.

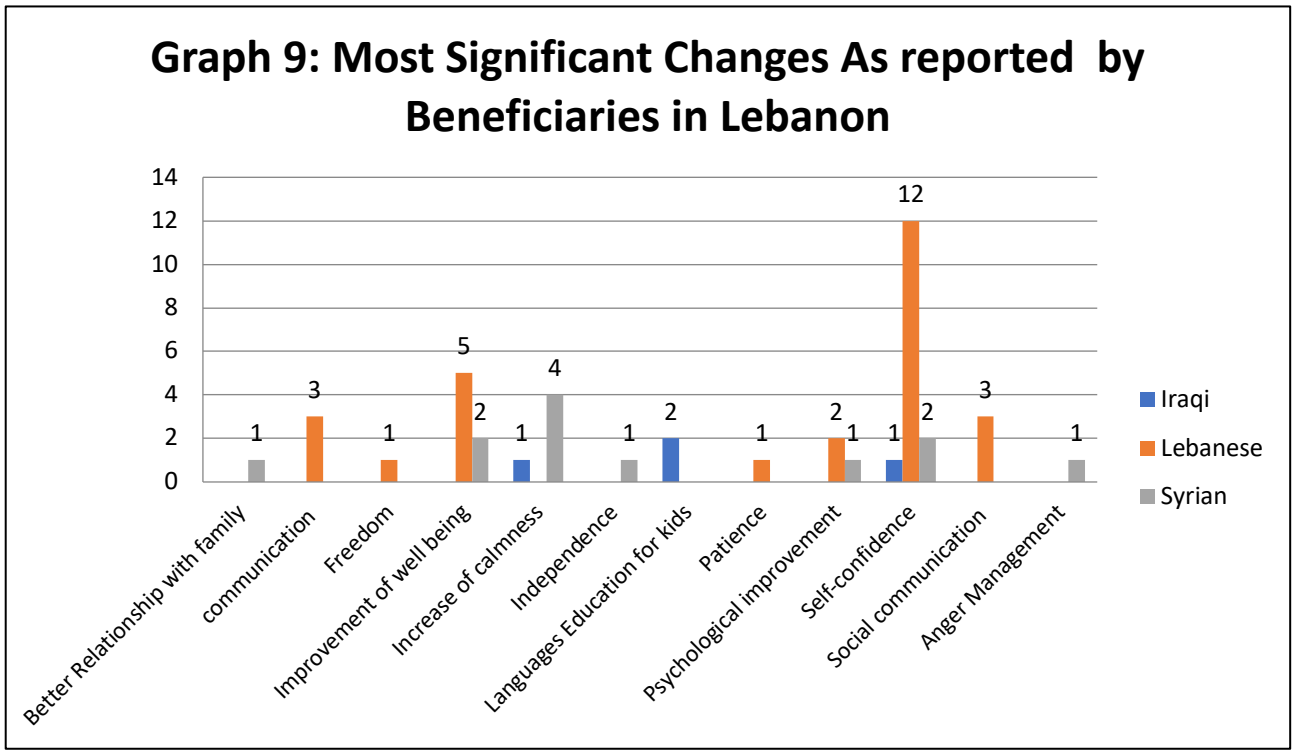


Lebanon

Discussions during focus groups in Lebanon have indicated that survivors of GBV have seen their **well-being improve** by **engaging with other people** and by **getting out** to attend several activities. It was also noted that group and individual counselling has played an important role in helping them deal with the different stress triggers in a healthy manner by adopting positive coping mechanisms.

Beneficiaries were also asked to identify the most significant change that has occurred in their lives as a direct result of engagement with the programme. Graph 9 provides an overview of the most relevant responses provided that indicate the impact of the programme in survivors of GBV. Graph 8 below presents an overview of the average change that has occurred in well-being of beneficiaries in Lebanon as a result of the project. The graph presents the finding disaggregated by nationality met in Lebanon.





Analysis of graph 9 (the most significant change) it is evident that beneficiaries' responses focused on highlighting improvement in well-being expressed through different words such as "Psychological improvement"; "Self-confidence"; "independence" "freedom/calmness". Iraqi refugees in Lebanon explained the most significant change has been access to education for their children followed by their own improvement in calmness (well-being) and self-confidence. As for Syrian refugees in Lebanon their sense of calmness (which was used as an improvement in well-being), self-confidence and improvement in well-being were ranked as the most significant change by this target group. Syrian refugees residing in Lebanon interviewed during this evaluation used words such as "feeling at peace"; "feeling calm after the trauma of war"; "feeling confident that I can do things and take care of my family"; to describe improvement in overall well-being and mental health improvements.

Graphs 8 and 9 above provide evidence from meetings with survivors during the evaluation that they found the interventions useful and perceived their lives as having improved as a result of engaging in them. The activities have enabled survivors to increase their overall wellbeing and to maintain this sense of empowerment well after the cessation of activities.

When asked about what changed in their lives as a result of the services, beneficiaries mentioned overwhelmingly their **improved parenting, relationships with husbands and kids, and the family as a whole**. This was the case for beneficiaries from all three implementing partners in Lebanon, IOCC, MECC, and ABAAD. The beneficiaries interviewed mentioned changes in their children's behaviour and bad habits (regarding mobile phones or food notably), dedicating more time to their children, dealing with them in a better way, being less anger or nervous, stopping yelling at or beating them. That includes dealing with teenagers, an area in which several beneficiaries emphasised the support their benefited from through the sessions. Beneficiaries made testimonies such as: *"There was a lot of conflict at home but the sessions created empowerment for all the family to overcome the conflicts"*; *"I used to be very angry and beat my children all the time (…) but now I cannot stand when I see parents beating their children"*. In terms of improvement in marital relationships as well as with other members of the family, women made testimonies such as *"my husband is happy that I am not angry anymore and keeps asking when I will be going to the sessions again"*, *"I used to see myself as the one who cooks and cleans around the house and has no role. I understand now that I have an important role in my family beyond cooking and cleaning. (…) That affected positively the family because before I was staying behind, I was not involved in anything, but now I understand that I have a bigger role*" to play. Men were also interviewed during the evaluation work, and said that they used to refuse to help their wives in the house, but now learned that they could start helping out and that it was "not a bad thing". They also said things such as "we are better with our children and wives. If my son makes a mistake, I do not have to beat him anymore. Less violence and more dialogue within the family as well as with other members of the community were also emphasised by the beneficiaries. Improved children well-being was also highlighted by these beneficiaries, including children feeling better and happy, less stressed, coming home with appetite again "after releasing all the stress" they had been subjected to.

Improved psychological well-being was another major impact highlighted by the beneficiaries interviewed, including managing anger better, feeling less mad, affirming one's identity, feeling stronger, becoming more extrovert and more independent, increased self-confidence, going out of the house and making friends, as well as feeling less bored and depressed thanks to new activities and skills learned (e.g. sewing or knitting), and self-care, giving the priority to oneself and taking time for oneself. According to MECC staff met, Syrian and Iraqi women beneficiaries, throughout the crisis, had forgotten about how to take care of themselves, giving the priority to their children and husband; being able to encourage them to take care of themselves again was a success according to this staff. Noteworthy testimonies from the beneficiaries included: *"We were releasing all the negative energies here and ho home relaxed, cook, in a good mood, and we wish all the sessions would take place again"*; *"through the sessions I was able to replace the bad and negative thoughts with positive ones, I know now how to think about something else than the past, and I have friends, I go out, and my family is happy that I changed for the better"*; *"it is nice to laugh"* and speak with friends*; "no one beats me or insults me, I found someone I could talk to, I found some respect here and no one is being impolite or beats me"*; "*when I came here, I did not know how to defend myself or what is violence, I was always upset (…) and PSS offered a way out"; or "I know more about protecting myself, I was living GBV without knowing I was living this, I know now how to protect and raise my children", etc.*

New skills learned were also highlighted as a change beneficiaries experienced, skills and knowledge which they sometimes could share with or further teach to their children (e.g. crafts, drawing, etc. when it comes to MECC's activities). The willingness to continue learning more and new things was very present among the beneficiaries.

In terms of IOCC's education project, besides the changes in children's behaviour highlighted earlier mentioned by the beneficiaries interviewed, according to the staff the activities led parents to start **trusting the education system** again and having interest again in sending their children to school. According to staff met, these families were not trusting the system anymore, neither formal nor informal, and education was not a priority for them; accessing the programme changed these perceptions and made parents more willing to send their children to school. Children themselves expressed increasing happiness and motivation when it came to going to school, and their overall well-being improved, according to the staff, while at the same time learning about self-respect, their rights, being more self-confident, etc. beyond academic teachings or leisure activities offered by the school. These improvements further convinced parents about the school, where they were at first reluctant to send their children (and needed "carrot sticks" to accept to send their children to school), according to the staff.

Beneficiaries' overall well-being was also increased, when it came to IOCC's Primary Health Centre's beneficiaries, thanks to the **medical support** their benefited from (medication and examinations), filling gaps that these beneficiaries were suffering from (especially considering the price of medication). "This gap was filled for free, so they had one thing less to worry about", said the staff interviewed.

According to ABAAD team, men also asked for specific sessions targeting masculinity: "They know they are doing wrong and want to talk about it".

For the work of ABAAD's mobile unit, one of the obvious impacts is **strengthening the linkages with the nearest GBV actors**. One of the long-term impacts is to strengthen this linkage and not only raise awareness in terms of improving knowledge but also so that women themselves are agents, multipliers of information, using this information to communicate this information.

The programme also increased **social cohesion**. The ABAAD staff also testified to the fact that the presence of both Lebanese and Syrians within the groups, e.g. PSS group sessions in the safe spaces. In 4 out of 10 groups conducted in Lebanon, beneficiaries referred to this issue and explained that at the beginning they were not comfortable and that with time they developed personal relationships. The beneficiaries, were reluctant at first but ended up eating together, "creating a WhatsApp group and meeting at someone's house once a month", etc. According to ABAAD's staff, *"the relationship that was not there at the beginning of the cycle was present after the 12 sessions. We were conflict-sensitive from the beginning, our social workers were, we did this cohesion without them knowing even".* ABAAD's community events in Lebanon were also strengthening and fostering *"the social cohesion by bringing communities together, decreasing the tensions between the communities, that is also one of the successes"*, according to ABAAD staff interviewed. *"They come, participate, engage, they come willingly and stay for the whole period. If they didn't want to, they would leave".* MECC staff testified to the same process, saying that when mixing Syrians and Iraqis the staff first faced some difficulties, such as discussions and conflicts about politics, but following exercises the beneficiaries started mixing up and ended up having WhatsApp groups and becoming friends. Besides their participation in activities or reception of services, the beneficiaries considered the **centres as safe places where they could feel at peace** and benefited from the programme in terms of the **social relations** it enabled them to go out of their homes, meet people and make friends. In Lebanon, staff met at the Primary Health Centre (PHC) supported by IOCC as part of NCA's programme explained that the PHC represented a place where people used to come "just to feel safe, not even needing treatment", benefiting there from a "good psychological environment" and were, for those treated, they were provided with high hygiene standards (whereas, according to the staff, refugees tend to be neglected in other clinics, living in already difficult conditions the medical staff do not always bother treating them with high standards). For the safe spaces, all interviewed beneficiaries interviewed

referred to the center in a way or the other as “home”.

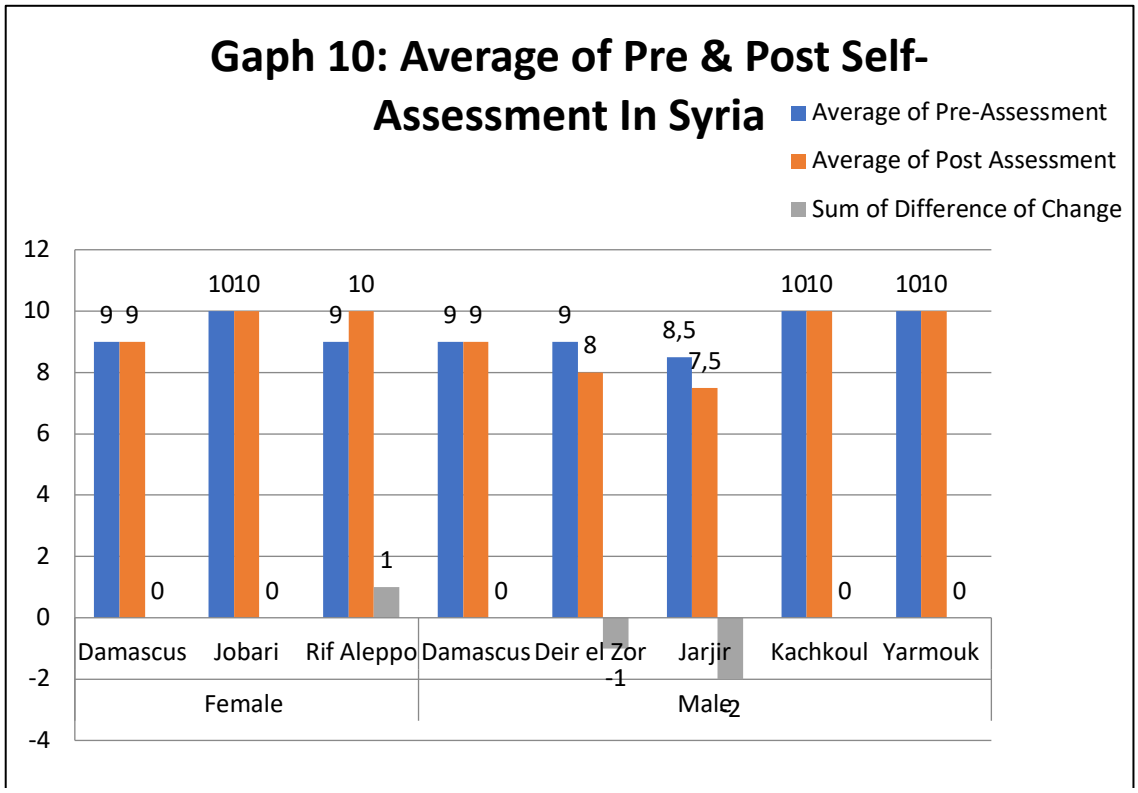
Female beneficiaries in Lebanon were asked about the activities conducted by the project with men. Almost all interviewed females in Lebanon had no idea about the work of the project with men. Nonetheless, 4 women in different focus group discussions indicated that they were aware of the work that the project is conducting with men. 2 out of the 4 women who spoke openly about the activities carried out with men revealed that close male relatives are attending sessions and that these sessions had a positive impact on the behaviour of these male relatives “my father attends these sessions and he doesn’t scream at home as much as he used to before” explained one FGD beneficiary. Another beneficiary explained that she knows of some men (husbands of friends or brothers of neighbours) who attend these sessions and that they stopped being angry all the time and they support her friends or neighbours in a more systematic manner. Two men were interviewed during this evaluation. Both Syrian men explained that the sessions at the men center helped them deal with their anger and made me more aware of the pressure that their wives and children are subjected to “when one is stressed, we take it out on the family. Now I know that even if I take it out on my family what good will it do? A child is a child and they need love and understanding” explained a male interviewed during the evaluation.

Syria

Analysis of the self-assessment tool implemented with the programme beneficiaries inside Syria (Damascus) presented in graph 10 below, indicate that that beneficiaries interviewed could not allocate a change that has occurred for them. It is important to point out that Syrians interviewed inside Syria manifested the lowest percentage of change while those inside Lebanon exhibited a higher level of improvement. This could be attributed to a number of reasons and factors that are not necessarily directly related to the programme. The security and political context inside Syria remain very difficult and beneficiaries do not always have access to a variety of services other than those provided by the programme. This could help explain in part why results of the self-assessment inside Syria seemed much lower than those of Syrians inside Lebanon or of other nationalities targeted by the programme. Another possible explanation could be deduced when comparing improvement in staff abilities with reported beneficiaries well being inside Syria. A review of reported partner staff capacities improvement in Syria is relatively low (Graph 6 above) compared to reported staff capacity improvement in Lebanon. This could indicate that the capacity building activities of the project inside Syria did not yield the same level of improvement in staff capacities and consequently in ability to provide the required level of services that could yield same or similar improvement in beneficiaries wellbeing. This should, however, be considered with caution as the number of staff and beneficiaries interviewed in Syria and Lebanon is not the equal and hence comparison might not be very accurate. However, it does provide an indication of the difference between the two countries. Lastly, it is important to recognise that over the last eight years, several organizations have been providing support to refugees in Lebanon. This multi-source of support covered several needs for the refugees; cash program, wash, medical support, in addition to a long list of awareness sessions, among them gender-based violence, child protection and others. In Syria, the number of operating organizations is lower and is increasing recently and the response to very high needs of the Syrian population remains limited in terms of intervention areas and number of actors.

Despite the relative low percentage of change reported by beneficiaries inside Syria, this is not uniform. Females interviewed from Aleppo (Rural Aleppo have reported an improvement in their conditions), whereas those interviewed from Damascus could not identify a change in their well-being. This is clearly linked to what women from Rural Aleppo have experienced compared to those living and residing in Damascus. Moreover, the age group of boys interviewed was rather young and this could also explain why their responses indicate a negative feedback on the programmes and the

improvement in well-being.



Beneficiaries interviewed in Syria (older age groups) explained that the six sessions they attended on GBV were very useful. 3 out of 9 beneficiaries explained that the sessions helped raise their **awareness about GBV issues, depression and self-care**. About 25% of women interviewed in Syria were satisfied with the vocational training activities because they managed to **find employment and/or possess a profession**. This for them is an important source of income generation, made them better off financially and reduced the pressure. The centre overall has acquired a high level of credibility, and any service offered at the centre was welcomed at the end and not questioned anymore as it used to be in the beginning.

Beneficiaries interviewed during the FGDs also mentioned the **psychological improvement** they witnessed. Beneficiaries from the different project locations made testimonies such as: *"I became a better person", I couldn't see with my eyes and now I can see, and I feel better on the psychological level", "I became stronger", "I was negative and I had no life, now I have a life and a work"*, etc. One of the beneficiaries said thanks to the psychological support she received, she "got the tools to be independent". Another mentioned starting "going outside the house". The **improved well-being of their children** was also mentioned by beneficiaries.

In addition, **"social" well-being, improvement in social relations,** was also mentioned by the beneficiaries. Younger beneficiaries mentioned that they started being more helpful with their "mother and friends", more "supportive", and women started to treat their children better. One of the women said: *"I am treating my daughter better, I became stronger and different with my kids".*

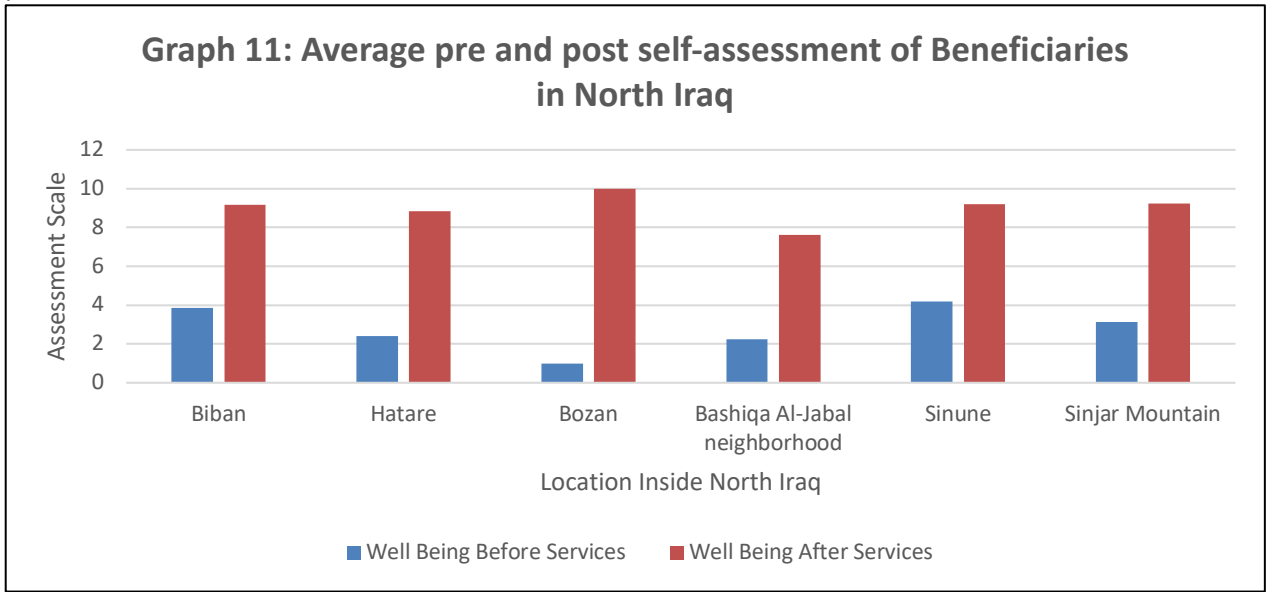
Changes in "attitude" and increased awareness was also mentioned by the beneficiaries. Besides, a young beneficiary from Aleppo made the following testimony: *"Our parents attended the sessions. (My mother) wanted to marry us early, and now she changed her mind. My father did not attend the sessions but my mother convinced him not to marry us early"*. She also said: *"We used to want to marry early, and now we do not" anymore".* The programme led to changes in terms of mentality: men

accepted that they needed help, and women understood that they had to work and be more empowered. The impact of **medical support**, both receiving medicine and benefiting from operations, was also highlighted by the beneficiaries met as part of the evaluation work.

Finally, just like for Lebanon, the center became **a refuge**, to get services but also to come and feel safe. This feeling was expressed by women, men and children. Moreover, volunteers and employees in the centre became the reference for the beneficiaries in the area in all fields: medical, mental health, vocational trainings, but also education for their children, decisions for their future, etc.

North Iraq

Improvement in wellbeing by beneficiaries in North Iraq after receiving services from the project are high. Analysis of responses from beneficiary's self-assessment tool presented in graph 11 below, indicate that the average rate of change between locations is almost similar although in Bozan there is a slightly higher difference than in other locations taking in consideration the low self-assessment prior to the commencement of services.



When beneficiaries in North Iraq were asked about what changed in their life as a result of the services they received from NCA, **feeling better, safer, and more confident**, was most mentioned by beneficiaries. In Biban, 9 out of 14 respondents highlighted this impact. **Feeling more confident, less angry, less afraid, feeling safer, calmer, friendlier, more comfortable or more at peace**, was also mentioned by 11 out of 12 respondents in Hatare and 14 out of 16 in the Bashiqa Al-Jabal neighborhood. Similar positive change in terms of **feeling better, safety, calmness, confidence, positivity**, was also expressed by 21 out of the 26 respondents in Sinune, and 20 out of 23 beneficiaries in Sinjar Mountain. Beneficiaries in this last location mentioned things like *"I got what I needed, they helped me so much", "life is better than death",* or *"my life is better".*

Other impacts and changes mentioned by beneficiaries included **improved relationships with family and children**. One of the beneficiaries in Biban mentioned: *"What they taught us made my family better. No child marriage, no violence, and more knowledge"*. Others in Bashiqa Al-Jabal neighborhood, Hatare and Sinune mentioned feeling calmer and less pressured with their kids, as well as things like *"my family trusts me now"* and *"I feel more comfortable with my family".*

Improved knowledge and skills, feeling more educated, as well as having made news friends, or knowing their rights as women, were also mentioned by a high number of beneficiaries as changes

that occurred in their lives.

In all North Iraq locations, except for one of the beneficiaries in Biban who said that "nothing changed" for her, all beneficiaries said that their life would have been worse without these services (and some emphasised even more that these services were really needed).

Just like for Lebanon and Syria, besides their participation in activities or reception of services, the beneficiaries considered the **centres as safe places where they could feel at peace** and benefited from the programme in terms of the **social relations**. It enabled them to go out of their homes, meet people and make friends. In North Iraq, when being asked about why they decided to participate in the activities they heard were offered by NCA and its partners, women beneficiaries met by the evaluation team in North Iraq did not only mention that they wanted to learn, learn something new, a skill a to work with and increase their abilities, or to get support in their lives, feel better, increase their self-confidence or change their mood, but also that they wanted to get to know new people and make friends. When being asked about to what extent the services had been relevant to them and which of their needs had been addressed, the creation of new relationships, with news friends, was repeatedly mentioned by beneficiaries. 21 of the 92 beneficiaries met in Biban, Hatare, Bozan, Bashiqa Al-Jabal neighborhood, Sinune and Sinjar Mountain, mentioned it when responding to the afore mentioned question.

The response was particularly often given in Sinune: having made new friends was mentioned by 9 out of 26 FGD participants in Sinune and 9 out of 23 in Sinjar Mountain. A beneficiary met in Sinune added that *"new relationships (gave her) faith"*, and another that making new friends led to a change in her daily routine and life. The emphasis on this social aspect, these new relationships that the programme enabled the beneficiaries attending the services to create, was further described when the beneficiaries were asked about what changed in their lives as a result of the services and activities they had received. For some of the beneficiaries, having new friends was also associated with feeling "safer", as expressed for instance by beneficiaries in the Bashiqa Al-Jabal neighborhood. The impact of the PSS services was evident during the discussions with the beneficiaries who explained that the psychological support (two were even confident enough to mention that they received individual counselling or psychiatric support including medications) was most beneficial to them. Some spoke about their conditions having survived a war and being able to rebuild relations within the community had a positive effect on them and their children.

Finding 16: The Programme also contributed to changes in the wider community and not always directly related to GBV prevention and response.

<u>Lebanon</u>

The presence of some ABAAD safe spaces within the social development centers (SDCs) affiliated with the ministry of social development has a positive impact on the employees. SDCs' employees they know how to refer people coming to the centre, they know about the GBV concepts and how to deal with people and refer them. There is also an indirect impact on children through mothers. Women have better insights into how to deal with children, communicate with teenagers. Sometimes, the centers would get referrals from the childcare attendants when they noticed violence and took contact with the mother to investigate that.

Working with ISF was itself a successful practice. It's not an activity that starts and stops within the timeframe of a project. ABAAD started with them in 2017 and now there is this cadre, with the Memo endorsed by the director general of ISF about the investigation and trafficking survivors, it is an obligatory memo, it is a successful practice. Networking with ministries is a best practice. ABAAD

managed to develop a high level of trust between the organisation and MoSA and ISF.

The work of IOCC has also benefited from the introduction of several activities besides the distribution of material things. The change that the programme allowed the Church to implement and think about other necessary activities within the community such as mental health assistance, education assistance.

Syria

In Syria, the programme contributed to changes in the wider community, and not only focused on GBV. The centre became a refuge for people in the area and the staff became reference for them when needing support in all kinds of domains: not only health, but also children's education or decisions about the future. A high level of changes was noticed in the region, and the centre became a reference for all types of services. The centre acquired a high level of credibility, and any service offered at the centre is now welcomed and not questioned anymore as it used to be in the beginning. In addition, the programme led to changes in terms of mentality: men accepted that they needed help, and women understood that they had to work and be more empowered. Men who benefited from the medical assistance showed an understanding and acceptance of women going to the centers. It could be said that the project protected women visiting the center, and they also made GBV programs more credible and accepted in a conservative society.

VI. Conclusions

PROTECTS is a well-designed programme that is focusing on the most vulnerable and marginalized groups in Syria, Lebanon and North Iraq. The programme is focusing on reaching the populations most affected by the Syrian refugee crisis. The programme is highly relevant to the needs and priorities of the communities and the target groups. The contextualisation of the programme and its intervention based on the realities of each country has increased the relevance and effectiveness of the interventions.

The programme adopted effective implementation strategies that focused on adopting IASC guidelines and best practices by promoting a survivor-centred approach to work conducted with survivors of SGBV. In addition, the programme paid special attention to building the capacities of local partners in all three countries of operation. Despite a thorough partners assessment and capacity building plans, the programme decided to discontinue working with its selected partner in North Iraq (YAZDA) and believed that the results of the programme would be better achieved by the direct implementation by NCA themselves. In this decision, the programme showed transparency and resilience to be able to quickly adapt to a difficult and challenging situation.

The programme was also effective in building the internal capacities and systems of local partners in Syria and Lebanon. The capacity building did not only focus on the technical expertise but also included improvement in financial and monitoring systems especially for less established local NGOs. All interviewed partner NGOs believed that the programme is "theirs". This sense of ownership is derived from the autonomy of implementing the project with the support of NCA when required. In addition, the involvement of partners during the design of the programme and subsequent selection of MEAL tools and indicators, made each partner feel that this is their programme.

The effectiveness of the project was promoted by the use of innovative approaches such as the use of mobile units in Lebanon. However, the effectiveness of certain activities such as the vocational training component, engagement with men and engagement with law enforcement agents (ISF in Lebanon)

require additional thinking and the setting of specific realistic targets and monitoring systems to ensure the coherence of all programme interventions and to determine the required results from each intervention.

Additionally, both effectiveness and impact need to consider the value-added of inter-country and cross-country learning. For example, in Lebanon the programme is working with three implementing partners who are not necessarily aware of the activities and interventions of each other. This makes the programme appear as if each partner is implementing a separate project using the same funding source. Increasing effectiveness and subsequently impact could be done by creating inter-country cooperation and coordination on key issues (that could be around advocacy or awareness raising) to create a stronger sense of "one programme". This approach could also help smaller NGOs learn and acquire new skills from bigger or more established NGOs especially in issues related to managing GBV cases, referral pathways, implementation of PSS services and others. On the other hand, bigger and more established NGOs can also acquire a new lens by focusing on marginalised groups such as religious minorities, people with disabilities and others that area-specific NGOs have a wider experience in working with. Building local partners capacity is an important component of this programme and will lead to better local and regional attention and awareness of GBV issues.

The impact of the programme is clearly felt through discussions with all beneficiaries. Syrians and Lebanese in Lebanon spoke with passion and empowerment about the impact of the different activities implemented in Lebanon. They praised the sense of community and belonging that was created as a result of the project activities. Despite the extremely challenging operating environment in Syria, beneficiaries of the different activities spoke about how the programme has supported improvement in health for them and their families, ability to find employment or to generate income, and engagement in PSS services had a very positive impact on their ability to continue living. Feedback from North Iraq was also very positive, although some beneficiaries explained that they would have liked to receive some support to start a business. The same applies in Syria and to a lesser extent in Lebanon. The effectiveness and impact of the vocational training activities require additional attention to improve its intended outcomes.

The impact of the programme goes beyond improving the well-being of survivors of CRSV and GBV cases. Rather, the programme especially in Lebanon and North Iraq has managed to engage untraditional but key stakeholders in raising awareness and improving community-based protection to survivors of GBV. This was done in Lebanon by working directly with ISF and in North Iraq by engaging community and religious leaders in spreading awareness about GBV and protective measures. The experience in North Iraq and Syria regarding the engagement of men and boys indicate that there is a need for a holistic approach to working in issues related to GBV. In Lebanon the separation between the women centers and the men centers takes in consideration the cultural dimension and the stigma associated with mental health for men in particular. However, the innovation of creating a "family center" where every member of the community can approach it to receive different services and engage in community centred activities has the potential to reduce stigma associated with GBV and mental health for both men and women. Expereince from North Iraq in particular indicate that the needs of the entire community is huge. Hence, focusing on the vulnerable minorities (such as Yezidis) is important however, to re-integrate these minorities back within their communities, the project needed to address the needs and grievances of a wider population.

The interactive activities and community events had a positive impact on issues such as building confidence, acceptance and social cohesion within communities that have been otherwise distrustful of each other. This is evident in the kind of relationships established amongst beneficiaries in Lebanon.

VII. Lessons Learned and Best Practices

Lesson1: Interactive community events added value to the project. The use of community events is a positive approach to engaging different people from the community through mobile units or other mechanisms.

Lesson2: Addressing GBV in a systematic way requires the work of all members within the community. The work conducted with men and boys in all three countries is necessary and should be continued to ensure a wider understanding of GBV and concerted efforts to reduce societal acceptance of violence against women and girls in general.

Lesson 3: The participative approach adopted by IOCC about how to engage the community, the stakeholders as everyone could help in the project. Participation is an important component not only in project implementation but also at the design stage. Partners should be encouraged to conduct surveys and needs assessments with beneficiaries to increase ownership as well as involvement of communities in finding solutions for their problems.

Lesson 4: It is possible to work with different groups and stakeholders through innovative approaches such the engagement of ISF in Lebanon or religious leaders in North Iraq.

Lesson 5: Vocational training need to be linked to job placement and/or to market needs to ensure effectiveness and efficiency of the intended outcome. It is important to differentiate between livelihoods programming and vocational training for PSS services.

Lesson 6: The mobile unit model implemented by ABAAD in Lebanon is a best practice to ensure reaching remote and hard to reach locations. The ability of the project to create linkages between raising awareness and the provision of services (referrals to GBV service providers) has the potential to increase identification of survivor cases and provision of services to them, hence increasing the security and protection umbrella to the more vulnerable.

Lessons 7: The investment in establishing centers and supporting them is a positive approach to GBV programming as it allows the establishment of women and girls friendly spaces as well as the engagement of the entire community through outreach and other activities and creates a sense of "home" and "safety" for survivors which contributes positively to their recovery and integration within their communities.

Lesson 8: The contextualization of the regional project based on the realities and cultural norms in each country is a sound approach that ensures relevance and increases credibility of interventions. Health is an excellent entrance to GBV and other sensitive topics in Syria, especially with men. While some practices worked in Lebanon, and the GBV awareness and response was direct, the team in Syria needed to use health as an entry point because the topic is new and it remains a taboo to talk about

VIII. Recommendations

Overall Recommendations

Relevance

- Ensure the participation of beneficiaries in the overall design of activities to increase ownership and relevance of the interventions.

- The context in all three countries require paying attention to the mental health needs of men and boys as a way to address underlying causes of violence against women and GBV.
- Increase inter-country learning, especially amongst the different partners of NCA (Lebanon, Jordan and North Iraq), especially to understand the needs of Syrians and Iraqis returning back home, and to be ready to respond to their need in upcoming programmes and projects); this would increase the relevance of interventions in countries of origin (**Iraq and Syria).**
- Recognizing that large number of refugees are returning to their homes or at least their countries in **Syria and Iraq** the relevance of the programme can be increased by gradually moving away from the emergency lens to an emergency-development nexus where by programmes develop a holistic lens that aims to address violence against women in general and GBV specific programming for those in need.

Effectiveness

- It is important to recognise the difference between livelihoods programming and vocational training as a PSS service. It is important to reconsider the implementation of vocational training to increase effectiveness. Consider linking vocational training to market studies and/or market needs to ensure that acquire skills are needed within the community.
- Approach vocational training/job placement not as a humanitarian intervention but as a development intervention ensuring that beneficiaries would have access to financial as well as none-financial resources after the trainings.

Efficiency

- Capitalise on the work of local partners by establishing a regional platform amongst partners where resources, expertise and issues could be discussed, and experiences shared. The empowerment of local partners into a forum would enable them to collectively lobby and advocate for policy changes.
- Ensure the presence of sufficient programme staff on the ground working with NCA on transfer of knowledge from NCA to local partners.

Country Specific Recommendations

Lebanon

- Develop the necessary monitoring tools to regularly collect lessons learned and best practices from the mobile unit model in **Lebanon** that could subsequently be transferred to other countries or other regions especially in North Iraq**.** Monitoring tools should also aim to provide an overview of the outcomes of the mobile unit events beyond numbers of attendees or number of cases referred.
- Promote the engagement of men, women, boys and girls to raise awareness and reduce GBV incidences. While recognizing the value added of having separate women and men centers, the experience from other countries suggest that the establishment of “Family centers” is a more effective way to engage all the community and reduce the stigma associated with gender-based violence.
- Create linkages between the work with law-enforcement and NGOs to help increase confidence and access to law-enforcement when/if needed as well as build trust into the different referral pathways available to survivors.

Syria

- Increase regular participatory assessment and evaluation on the level of projects, and integration of lessons learned across the next projects.

- Gender, youth and child protection should be fixed components in any project, and they should be a target in themselves as an overall strategy to end violence against women and combat GBV and SGBV.
- The team in Syria needs more training and expertise. Provide cross cutting training and exchange between Syria, Lebanon, Jordan and North Iraq. The exchange of expertise will enlarge the knowledge of the team and provide them with lessons learned and ability to address challenges.
- Encourage cross cutting learning and exchanges between centers inside Syria. GOPA has inaugurating a centre in Swaida and have other centre across the country. Events, conferences and training should be organized together, and sharing experiences empowers and strengthens the investments and effort.
- With more refugees returning home, the programme in Syria needs to consider the underlying causes of GBV and develop adequate response mechanisms. This could include the continuation of work done with men and boys as well as increasing awareness of the role that community leaders could play in bringing about social cohesion.
- Investigate the reasons for the low or negative response received from staff and young boys in Syria regarding lack of improvement in their well-being or ability to do their job despite the programme interventions and design more appropriate and relevant interventions and capacity building activities.

North Iraq

- Recognizing that more IDPs are returning to their places of origin, ensure that interventions while prioritizing the vulnerable religious minorities are also addressing the needs of host and other populations in the places of interventions. This would increase acceptance and social cohesion.
- Draw lessons learned from the Family support centers that could be replicated in other areas and/or other countries. This could be done through detailed studies about the impact/outcome of this model and its potential for addressing GBV.
- Consider the use of mobile unit model to provide awareness and services to hard to reach populations while ensuring the presence of adequate monitoring systems in place to enable the deduction of lessons learned and best practices.
- Increase collaboration and coordination with other humanitarian actors to develop livelihoods programmes that mainstream GBV prevention and response to support survivors' resilience and recovery.
- Iraq in general and the Kurdistan Region of Iraq are working on the implementation of the second National Action Plan (NAP) for the implementation of resolution 1325. Ensure that the programme is aligned with the objectives of the National Action Plan by using the different platforms to advocate for mainstreaming GBV and ensuring that the voices of the vulnerable religious minorities is reaching policy makers.

Annexes

Annex 1: Table Summarizing, per Country, the Project's Partners, their Intervention Locations, Activities, Beneficiaries Reached

Northern Iraq

Implementation period and project number	Funding cycle	Partner	Location	Services offered / Activities	Number of beneficiaries reached
01.01.2016 – 31.03.2017 Project number: **PID 46007**	**1** (which included Iraq and Lebanon)	**NCA** **YAZDA** **SOSD** **DAD**	Ninewa governorate (Zummar, Rabia and Sinune sub-districts, Sindjar Mountian) and Dohuk governorate (Esyan, Khanke, Sharia, Karbato1) IDP camps	Strengthening/establishment of women's safe spaces Provision of capacity-building to relevant stakeholders and staff (mental health (MH) and GBV, finance, logistics) Vocational training Multi-sectoral response services provided in safe spaces/focusing on mental health and PSS	1,533: 89 M 1,444 F
01.05.2017 – 30.06.2018 Project number: **PID 460012**	**2** (which included the 3 countries)	**NCA** **Local partner SOSD**	Ninewa governorate (Sinune, Alqosh, Sinjar Mountain, Bashiqa and Khursbat)	Through existing Family Support Centres (FSCs) in the different locations, support to survivors with improved access to a variety of support services, especially for women, girls and boys survivors or CRSV and/or GBV Awareness-raising activities and family counselling sessions for men, boys, religious leaders and community leaders, to support reintegration.	13,354: 2,522 M 6,272F 1,590 B 2,970 G
01.07.2018 – 30.04.2019 + NCE until **30.06.2019** Project number: **PID 470006**	**4**	**NCA (direct implementation)**	Ninewa governorate (Sinune, Sindjar Mountain, Bashikqa, Kursbat, Alqosh)	Activities and services delivered through Family Support Centers, mobile units, and a PSS unit inside Alqosh hospital. Target Beneficiaries: Women, Girls, Boys, Men (and their families) Beneficiaries include IDPs, returnees and host communities from conflict/ post conflict Comprehensive case management, material support, and psychosocial support from case workers, and /or specialized mental health services from psychiatrists and psychologists, to GBV survivors GBV support services to women, girls, boys and men, including life skills classes, vocational and literacy courses, individual, group, and family counseling, women speak out	8,169: 596 M 4,782 F 602 B 2,189 G (as of the latest report, to MFA)

				activities, an adolescent girls program, awareness raising, community-based psychosocial support activities and awareness campaign (16 days of activism, world mental health day)	

Lebanon

Implementation period	Funding cycle	Partner	Location	Services offered / Activities	Number of beneficiaries reached
01.01.2016 – 31.03.2017	1 (Northern Iraq and Lebanon)	**IOCC**	Sed Bouchrieh, Mount Lebanon (St. Ephrem PHC) (PSS, awareness sessions) Sed Bouchrieh Assyrian school (PSS and tutoring for school aged refugees, school kits and covering 30% tuition fees for 100 refugee students)	Educational activities provided for Assyrian children PSS within school Capacity-building of teachers Provision of stationary kits to children Sunday school classes to Assyrian children Covering cost of essential medications provided to Assyrian patients referred to the PHC Providing gynecologic and pediatric services within the PHC PSS within the PHC Capacity-building of PHC staff Croup therapy/PSS activities for displaced Assyrians	2,980: 1,269 M, 1,711 F
		NCA		Review of GBVIMS and intake forms Review of SOPs Assisting in reviewing GBV analysis and data Facilitating capacity-building on CM, PSS, PFA, GBVIMS Follow up and providing mentoring and on-the-job training for partners and their staff	
		MECC	Zahle (social cohesion interventions)	8 art therapy sessions to refugee women 8 art therapy sessions for refugee children conducted during the mothers' sessions Workshops, youth activities	219: 62 M 157 F
01.05.2017 – 30.06.2018	2 (which included the 3 countries)	**IOCC**	Sed Bouchrieh	Educational and PSS activities for Lebanese and refugee children in safe spaces (avoiding negative coping mechanisms, dealing with stress, anxiety, powerlessness, avoiding violent behavior in family structure, educating on life-skills development (self-reliance, problem solving-, understanding of critical thinking and teamwork), leading to improved social networks as well).	1,177: 120 M 123 F 494 B 440 G

		MECC	Sed Bouchrieh	Improved access to PSS for women and their children, through: Providing women GBV survivors and their children with access to relevant mental health support (working with a team from the University of Balamand School for Health Sciences) Provision of vocational training opportunities on embroidery (encouraging mindfulness, particularly during times of stress and anxiety)	326: 169 F 71 B 86 G
01.01.2017 – 31.03.2018	3 (Lebanon)	**ABAAD**	North Lebanon: Qobbeh (Tripoli), Rahbeh (Akkar), Chekka (Mid-way house) South Lebanon: Tyre, Nabatieh, Bent-Jbeil Mount Lebanon: Chouefiat, Jbeil, Ainab (Mid-Way House), Ghobeiry Bekaa: Zahle and Middle Bekaa (Taanayel) Beirut (national-scale activities)	Shelter and specialized sheltering services for GBV survivors (365 beneficiaries: 219F, 70B, 75G) Specialized PSS, legal and CMR services for GBV survivors (379 beneficiaries: 363F, 16G) Engendered psychotherapy sessions for men with abuse behaviours (203 beneficiaries, male) Capacity-building of social workers and case managers (10 beneficiaries, female) Sensitization sessions on women's rights in Lebanon (11,343 beneficiaries: 112M, 8,244F, 277B, 2,710G) Capacity-building of national stakeholders – ISF members (300 beneficiaries, male)	19,567: 680 M 11,628 F 5,484 G 1,775 B
01.02.2018 – 30.04.2018	3 (Lebanon)	**ABAAD**	Mount Lebanon: Choueifat, Jbeil, Ghobeiry Bekaa: Central Bekaa	GBV related services at static centre (legal, case management, PSS, mental health, health sessions) (14F, 7G) Sensitization sessions on GBV-related issues at static centers, for women and children (128F, 80G, 15B, 9M)	232
01.05.2018 – 30.04.2019	4	**ABAAD**	North Lebanon: Qobbeh (Tripoli), Bebnine (Akkar), Checkka (mid-way house) South Lebanon: Tyre, Nabatier, Bisseriyeh, Bent-Jbeil Mount Lebanon: Choueifat, Jbeil, Sin El Fil, Ghobeiry, Ainab (mid-way house) Bekaa: Zahle and Middle Bekaa (Taanayel), Labwe and Baalbeck Beirut: Msaytbeh	Provision of shelter and specialized sheltering services to GBV survivors (119 beneficiaries: 48F, 24B, 47G) Provision of specialized psychosocial, legal and CMR services (171 beneficiaries: 153F, 18G) Awareness and sensitization sessions in both static and mobile settings to right holders (3,254 beneficiaries: 278M, 1,939F, 351B, 686G) Activities with women and women community members/change agents (450 beneficiaries: 14M, 406F, 30G)	3,994: 2,547 F 781 G 292 M 375 B (as of 31.12.2018)

				@ShameOnWho nation-wide media and advocacy campaign	
01.05.2018 – 30.04.2019	4	**MECC**	Sad El Bouchrieh	Establishment and training of PSS team from Syria Female PSS staff working on GBV/PSS project PSS services to women and children Referral of survivors of additional support and services (group therapy at OLD) Vocational training courses for women and girls) Provision of material support for livelihood development for women and girls Awareness events on GBV organized by faith actors	109: 72 F 18 B 19 G (as of the latest report (to MFA)

Syria

Implementation period	Funding cycle	Partner	Location	Services offered / Activities	Number of beneficiaries reached
01.05.2017 – 30.06.2018	2 (3 countries; regional)	**GOPA/IOCC**	Kashkoul, Jaramana, Rusal Damascus (and surrounding communities through mobile unit)	Prevention of risks and improvement of protection of woe, girls and boys through the establishment of a FSS ("Baytna"), through which were provided comprehensive specialized services for GBV survivors (health, mental health, PSS, case management, counselling, vocational training) to improve their psychosocial wellbeing and protect survivors and the most vulnerable in having to resort to negative coping mechanisms FSS activities were replicated thanks to a mobile unit for vulnerable populations living in collective shelters and remote districts	6,883: 1,148 M 3,497 F 1,330 B 908 G
01.07.2018 – 30.04.2019	4	**IOCC DERD/GOPA**	Kashkoul neighbourhoud, in Jaramana City, Rural Damascus	Implementation of activities in the IOCC/DERD Family Safe Space (FSS) and also targeting hard-to-reach areas (including Eastern Ghouta villages) thanks to the mobile team Provision of mental health psychosocial support services (MHPSS), including GBV and PSS sessions to survivors of GBV and displacement, and structured PSS to individuals Provision of access to case management services and to specialized mental health support	9,016: 4,429 F 1,412 M 1,232 B 1,1943 G (as of 22.03.2019)

				Vocational training programmes for GBV survivors, disbursement of unconditional cash assistance to GBV survivors, facilitation of access to specialized medical services through contracted hospitals and health facilities Three one-day events and four GBV campaigns in the project catchment areas, reaching vulnerable individuals with GBV and PSS awareness messages, introducing them to the services available at Baytna FSS	

Annex 2: Evaluation Matrix

Evaluation Questions	Specific Questions	Indicators	Data Sources	Method
Relevance - the extent to which the objectives of the intervention are consistent with beneficiaries' requirements, country needs, global priorities, partners' and donors' policies.				
To what extent was the programme designed in a way that is relevant and appropriate to the needs of the target groups (direct and indirect beneficiaries), as well as the priorities identified by programme planners and donors?	How was the programme designed? Were needs assessments conducted prior to programme implementation? How were the needs and priorities of the direct and indirect target beneficiaries identified?	Alignment with national priorities Reflection of needs of beneficiaries	NCA Programme team in each country and at the regional level IP implementing teams (IP: Lebanon: ABAAD, IOCC, MECC; Iraq: Yazda; Syria: IOCC/GOPA[4])	KII
Is the programme design appropriate for the context in which it was being implemented?	To what extent was the programme design appropriate for the context in which it was, developed, and implemented? To what extent do NCA's capacity-building activities and quality assurance measures effectively identify and address programmatic needs and gaps? What are some of the complexities that exist in designing and implementing GBV programes in your country (Syria – Lebanon – Iraq) – whether for refugees, IDPs or host community? In each of the target countries , how was the complexity of the context taken into consideration	Inclusivity of the formulation process Level of engagement of CSOs and other partners	Relevant partner teams in each country	Desk review – in-depth interviews

[4] Activities undertaken by each partner in each country/areas they worked on where presented during the Partners' Meeting in Beirut and had been compiled before as well by the Evaluation Team in a comprehensive table summarizing the partners' roles, therefore it is not presented here again but the table will be included in the Inception Report to be submitted later this week.

	when designing the programme. How did this complex context influence the programme design?			
To what extent did the programme adhere to international standards and guiding principles for GBV programming?	What are the guiding frameworks for this programme? How are international standards reflected in the design and implementation? What interventions contribute to women's empowerment and human rights?	Extent of programme's alignment with national plan and regional plans Extent of alignment with international frameworks	Government in each country (if possible) NCA teams Relevant partner teams	Desk review – in depth interviews
Effectiveness - Effectiveness - the extent to which the intervention's objectives were achieved, taking into account their relative importance and impact.				
To what extent the programme has been implemented in accordance with its overall intention and in accordance with the approved results-framework?	Taking in consideration the programme's results frameworks, what was achieved from the expected targets? In what areas did they fall short, and why was this the case? In what areas did they excel, and why?	Progress against indicators Evidence of contribution to outcomes as outlined in the programme plan	NCA team Relevant partner teams	Desk review – in depth interviews
To what extent risks as described in the programme risk matrix have been addressed?	What were the challenges encountered during the programme? How were they overcome? What were the facilitating factors? How has the programme structure changed, if any, due to unexpected events in the three targeted countries? Have there been changes in programme partners, focal points? If so, what measures did you take to achieve outcomes?	Presence of MoUs (enabling) Documented delays (Challenges)	Programme team Relevant partner teams	Desk review – in depth interviews
What were the key strategies implemented by theprogramme and were they effective?	What were the steps taken to implement the project? How were they chosen? How were the implementation modalities chosen for each location (within each country) what was effective? How is that assessed?		Programme Team Relevant partners' teams	Workplans Meeting minutes KIIs
How were capacity building activities designed and delivered? Were they effective?	How were capacity building needs identified? What type of capacity building activities were conducted during the programme? Were they useful? If not, why? What measures were in place to facilitate coordination and communication between staff and/or partners? Were they effective? How could they be improved?	Evidence of effective assessment and response to staff needs. Evidence of consultation with key partners (did partners feel heard, their suggestions integrated, their approaches reflected in the final product)	Programme team Relevant partner teams Training Needs Assessments Satisfaction surveys Pre/post tests	Desk review – in depth interviews

To what extent were cross-cutting issues taken into account throughout programme design and implementation?	What were key cross-cutting issues were prioritized for this programme? What key strategies were utilized to ensure these issues were addressed throughout the programme cycle (planning and implementation). Were they effective?	Common understanding of cross cutting issues with partners (knowledge of the cross-cutting themes at least) Standards of Gender Mainstreaming available Examples of integration of conflict and cultural sensitivity in design and implementation	Programme team Relevant partner teams	Desk review – in depth interviews
Efficiency - a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted into results.				
To what extent have the results-frameworks and MEAL tools sufficiently captured the impact and results of the programme? **How efficient was the results framework developed for the programme?**	Do all IPs have the same understanding of the indicators? How often was data collected? What was done with the collected data?	Presence of forms for data collection Synergy between IP M&E systems and programme M&E systems Evidence of changes/adherence in response to M&E data	Programme team Relevant partner teams	Desk review – in depth interviews
How efficiently and effectively have resources been utilized to achieve the desired results in the context in which the programme operates?	How is the budget allocated? What is the % of programme administrative costs vs. programmatic interventions? What was the programme's burn rate at different points of implementation? To what extent was spending done according to work plans? If there were delays what explain that? Is the design of the programme's budget reflective of and congruent with identified needs? Was the budget sufficient to implement all planned activities?	Analysis of programme budget Programme burn rates across the different phases of the programme Final reports (results achieved)	Programme Finance staff Programme Managers	KIIs - FGDs
Impact - positive and negative, primary and secondary long-term effects produced by the intervention, directly or indirectly, intended or unintended.				

To what extent have the survivors assisted been able to recover from the trauma of GBV and/or improve their situation? And to what extent were the survivors able to sustain these improvements after services concluded?	How do beneficiaries feel about the programme? "In what ways have their lives changed (for better or for worse) as a result of receiving services/ participating in this programme To what extent has case management and/or counseling created change in the lives of beneficiaries? How do they feel about and describe these changes? What other evidence exists of such change? How have these changes affected their relationships with others?	Nature of the change reported by beneficiaries Types of change reported by beneficiaries Results of Self-assessment tool	Trained Staff GBV survivors Relevant partner teams	KIIs – FGDs
What are the outcomes and change that occurred in the management, processes and capacities of main implementing partners and local CBOs?	What action plans have been developed for capacity building? What capacity building activities have been implemented, and to what extent do partners feel that these activities enhanced their capacities? In what ways? Are there certain capacities that stakeholders feel they still need to help them better work on protection issues? What outcomes can be observed?	Presence of new forms or templates Institutionalisation of standard operating procedures Workshop agendas, training materials, and reports	Trained Staff GBV survivors Relevant partner teams	KIIs – FGDs
To what extent have the men's groups changed negative attitudes and reduced violent behaviours towards women?	How different stakeholders including men at community level were engaged to changed negative attitudes and reduced violent behaviours towards women?? How do men feel about being part in the group? What has changed as a result of being part of these groups? How do women feel about these groups? What changes, if any, have women noticed as a result of these groups/sessions?	As reported by stakeholder (especially women). Recidivism rates (if collected/available)	Trained Staff GBV survivors Relevant partner teams	KIIs – FGDs

To what extent has the awareness-raising and outreach campaign improved knowledge about GBV within target communities, and increased the willingness of GBV survivors to access services and assistance?	What awareness raising activities were conducted? What kind of topics were covered? How (i.e. in what format lectures, brochures, poster contests) were they conducted? How often were they conducted? How do the different communities feel about them? How many cases were identified during the awareness raising activities? How many cases were referred? What changed as a result of these activities?	As reported by stakeholder Recidivism rates (if available/collected)	Trained Staff GBV survivors Relevant partner teams	KIIs - FGDs

Annex 3: Evaluation Tools (Interview Guides)

Beneficiaries

Thank you for talking with us today. My name is (Nahla Hassan, Anouchka Baldin, Gulnar Wakim) I am a consultant conducting a Final Evaluation of the NCA's (PROTECTS) in Syria/Lebanon/Iraq", which is being implemented locally by (insert partner name here). I am are very interested in your opinion about your experience with the programme in terms of services and activities, and to hear your suggestions for any changes that you think could make it better suited to meet your needs. Your answers will be kept confidential, and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- I do not work for NCA and I do not work for (insert name of partner) nor for the donor agency. I am independent and hence I am free to make recommendations to all relevant entities.
- There is nothing you can tell me positively or negatively that can affect any service you may receive from (insert partner name here) now or in the future.
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully to NCA. I am sure they are very interested in your views, otherwise they would not have suggested I speak with you.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.
- If you feel uncomfortable answering a specific question, please feel free to refuse and again please remember that this will have no impact whatsoever on the services you may receive now or in the future.

Do you have any questions?

(If no, or after questions have been answered): Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

Can you tell us about yourself?

- Where are you from?
- What is your age?
- What is your education Level?
- (For refugees/IDPs): How long have you been here? How long have you been living in this area? How often do you come to this centre?

Effectiveness

1. What activities or services have you received or participated in at this center? Can you describe them in more detail in your own words? (Probe: counselling, support, prevention of violence, training, legal awareness)
2. How did you learn about this service/ activity?
3. Why did you decide to participate?

Relevance

1. Which services were most relevant to you here? (counselling, support, prevention of violence, training…other)
2. Which of your needs did this programme address? Was it sufficient? If not, why?
3. What needs do you (for yourself and your family) have that have not been addressed?

Impact

1. How do you feel about the services/activities which you received?
2. What did you like most about the services/ activities you received though this programme?
3. What did you like least? Can you explain why they were your least preferred services (timing of activity, outcome, delivery method, irrelevant to needs…etc.)

4. What changed in your life as a result of this service/activity? How was your family impacted (positively or negatively) by your participation in the program?
5. What new skills did you learn as a result of case management and/or counselling?
6. For those that participated in the vocational training service, what did you think about it? What did you learn that was new? Do you think it was helpful?
7. Have you earned any additional income as a result of this vocational training?
8. If the services provided through this program had not been offered, would your life be worse, the same, or better? Why??
9. In this area, the programme conducted sessions with men to raise their awareness about GBV. How can such an approach help you, your family, and your community?
10. What are you views regarding working with men to reduce violence? (is it needed, positively viewed, realistic…etc.)

Looking Forward

1. If (insert partner organization's name) repeats the programme in the future, what do you think they should do differently? What should they keep the same? Why?
2. Is there anything else you would like to tell us?

Administer self-assessment tool

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being "very bad" and 10 being "great" or "amazing". Before receiving this service or participating in this activity, how well did you feel?

1 10

How about after receiving the service, how well do you feel?

1 10

Can you tell me what is the most significant change that has occurred in your life as a result of participating in this service/activity?

Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.

CSO/Partners Tool (ABAAD – IOCC – YAZDA - MECC) - Management

Thank you for talking with us today. My name is (Nahla Hassan, Anouchka Baldin, Gunar Wakim) I am a consultant conducting a Final Evaluation of the NCA's (PROTECTS) in Syria/Lebanon/Iraq", which is being implemented locally by (insert partner name here). I am are very interested in your opinion about your experience with the programme in terms of services and activities, and to hear your suggestions for any changes that you think could make it better suited to meet your needs. Your answers will be kept confidential, and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- I do not work for NCA and I do not work for (insert name of partner) nor for the donor agency. I am independent and hence I am free to make recommendations to all relevant entities.
- There is nothing you can tell me positively or negatively that can affect any service you may receive from (insert partner name here) now or in the future.
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully to NCA. I am sure they are very interested in your views, otherwise they would not have suggested I speak with you.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.
- If you feel uncomfortable answering a specific question, please feel free to refuse and again please remember that this will have no impact whatsoever on the services you may receive now or in the future.

Do you have any questions?

(If no, or after questions have been answered): Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start

First, some background questions:

1. For how long have you been supporting the PROTECTS program with your organization?
2. In what capacity?

Effectiveness

1. What specific activities did your organization implement through the PROTECTS programme?
2. Approximately how many beneficiaries (direct and indirect) did you reach through PROTECTS?
3. What do you think worked best or was a success?
4. What were the main challenges that you encountered during implementation? How did you overcome them? (Probe: means, medium)
5. How were programme sites selected? (Probe: Needs assessment, baseline research)
6. Would you consider NCA's approach to programming to be inclusive and participatory?
7. Would you say your organization/initiative has been successful in achieving the outcomes outlined in your project documents? Why or why not?

Relevance

1. How did your organisation come to know about this programme? How was a decision made to join this programme?
2. How relevant is this programme for your organization in terms of its mission and values?
3. How would you describe this programme's impact on the intended beneficiaries?
4. Were the needs of GBV survivors sufficiently addressed in the activities implemented? What evidence supports this?

5. What do you know about the programme's impact on other people in the community?
6. Did any of the activities undertaken have any unintended consequences or negative results? Were there any unexpected positive effects on the target group which occurred or are likely to occur?

Efficiency

1. How were activities monitored? Is monitoring used to take corrective action? If yes, can you describe the process?
2. How were the indicators selected? Do you think they were realistic?
3. What do you think needs to be improved or changed in the programme's M&E system?
4. What skills or capacities are lacking that could help your organization in implementing this programme?
5. Is there anything new that you are doing or have introduced as a result of this programme? If so, what?

Looking Forward

1. On a professional and personal level, how did this programme affect you (positively or negatively)?
2. Are there any best practices, innovative techniques or lessons learned from this experience that you would like to share?
3. What would you recommend that NCA should change during the next phase of this programme? (Probe: location, activity focus, beneficiaries, implementing partner)
4. Is there anything else you would like to mention?

Thank you for taking the time to speak with us.

Staff receiving Capacity building from CSO/Partners Tool (ABAAD – IOCC – YAZDA - MECC)

Thank you for talking with us today. My name is (Nahla Hassan, Anouchka Baldin, Gunar Wakim) I am a consultant conducting a Final Evaluation of the NCA's (PROTECTS) in Syria/Lebanon/Iraq", which is being implemented locally by (insert partner name here). I am are very interested in your opinion about your experience with the programme in terms of services and activities, and to hear your suggestions for any changes that you think could make it better suited to meet your needs. Your answers will be kept confidential, and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- I do not work for NCA and I do not work for (insert name of partner) nor for the donor agency. I am independent and hence I am free to make recommendations to all relevant entities.
- There is nothing you can tell me positively or negatively that can affect any service you may receive from (insert partner name here) now or in the future.
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully to NCA. I am sure they are very interested in your views, otherwise they would not have suggested I speak with you.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.
- If you feel uncomfortable answering a specific question, please feel free to refuse and again please remember that this will have no impact whatsoever on the services you may receive now or in the future.

Do you have any questions?

(If no, or after questions have been answered): Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start

First, some background questions:

1. Your name and position?
2. How long have you worked with (insert name of organization here) in this role?
3. What activities / services is your organization providing to GBV survivors, and what is your role in supporting them?

Relevance

1. How many NCA trainings have you participated in since the PROTECTS GBV program began?
2. How relevant were the capacity building activities/trainings to your work?
3. How did your organization and/ or NCA involve you in identifying your specific training needs? (Probe: was there a needs assessment conducted, annual performance review, work plan, etc.)'
4. Which trainings offered to you were most useful in your line of work?
5. Which trainings were least useful? Why did you find them unusuful (level of taining, trainer approach, content)

Impact

1. What changed as a result of NCA's capacity building activities and to what extent do you feel the training has enhanced your knowledge and skills? In what ways?

2. Is there anything in your job that you are now doing differently as a result of the capacity building training you received? How has the training affected the care that you are providing to GBV survivors?
3. In terms of your work with GBV survivors, in which skills and capacities do you feel you still need to improve?

Looking Forward

1. Do you have any recommendations for improving NCA's capacity building activities?
2. Is there anything else you would like to tell us?

Administer self-assessment tool

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being "very bad" and 10 being "great" or "amazing". Before receiving the training package provided by NCA, how confident did you feel about your abilities to do your job?

1 10

How about after receiving the training, how confident do you feel about your abilities to do your job?

1 10

Can you tell me what is the most significant change that has occurred in the way you carry out your work as a result of the training package received?

Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.

NCA staff members

Thank you for talking with us today. My name is (Nahla Hassan, Anouchka Baldin, Gunar Wakim) I am a consultant conducting a Final Evaluation of the NCA's (PROTECTS) in Syria/Lebanon/Iraq", which is being implemented locally by (insert partner name here). I am are very interested in your opinion about your experience with the programme in terms of services and activities, and to hear your suggestions for any changes that you think could make it better suited to meet your needs. Your answers will be kept confidential, and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- I do not work for NCA and I do not work for (insert name of partner) nor for the donor agency. I am independent and hence I am free to make recommendations to all relevant entities.
- There is nothing you can tell me positively or negatively that can affect any service you may receive from (insert partner name here) now or in the future.
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully to NCA. I am sure they are very interested in your views, otherwise they would not have suggested I speak with you.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.
- If you feel uncomfortable answering a specific question, please feel free to refuse and again please remember that this will have no impact whatsoever on the services you may receive now or in the future.

First, some background questions:

1. Can you tell me a bit about your role and responsibilities with NCA?
2. How long have you worked with this programme?

Effectiveness

1. What do you think were the programme's key achievements?
2. What do you think were the biggest challenges, and how did NCA address these?
3. How were you involved in the formulation of the programme?
4. How were work plans developed? Were you always able to implement the work plan on time? Why/why not?
5. Have all activities in the work plan been carried out as intended, or did you have to change course on anything? If so, why?
6. How did you select implementing partners?
7. What do you think are the strengths and weaknesses of the local partners that are implementing the programme?
8. How often and in what way did you engage with the government ministries and organizations during programme planning? During implementation?
9. How do you see this programme affecting the lives of GBV survivors?
10. How do you see this programme affecting the communities in which the survivors live?
11. How successful would you say this programme has been in terms of achieving the outcomes defined at the outset? If a lot, why do you feel that the programme has succeeded? If only a little, why do you think the programme fell short of its goals?

Efficiency

1. Was the programme budget adequate to cover all necessary day-to-day expenditures?
2. Were funds allocated to the programme congruent with and reflective of survivor needs? If not, why?

3. How was the system of financial arrangements, disbursements, and reimbursements? Did it support or hinder programme implementation?
4. How was the MEAL system developed and implemented?
5. How well were activities monitored? How was monitoring findings used to take corrective actions?
6. Have human resources been sufficient? What could be improved?

Relevance

1. How is the GBV programme aligned with other NCA programmes/programmes? How could synergies be improved between the different sectors?
2. How does the GBV programme align with local needs, and how were these needs identified?
3. We are going to switch gears now and talk about coordination with other international stakeholders. Are there other international organizations that support the same agenda? Can you comment on the coordination between this programme and them?
    - Who are the organizations?
    - What are the lines of communication?
    - Is there clarity on who is doing what?
    - What steps do you take to avoid duplication of efforts, and maximizing synergies with other actors?
    - What steps has (insert partner org.) taken to ensure community buy-in, and work with local stakeholders and leaders.

Looking Forward

1. What are positive practices that should/could be replicated? Why?
2. If you were to repeat the program, what activities would you do the same? Which activities would you discontinue or do differently? Why?
3. How do you think the manner in which NCA engages with partners could be improved?
4. Based on lessons learned during this programme, what would you do differently to ensure maximum success?
5. Do you have any other recommendations for future programming? (Probe: technical or managerial recommendations)

Is there anything else you would like to tell us?

Thank you for taking the time to speak with us.

Government Officials/Bodies

Thank you for talking with us today. My name is (Nahla Hassan, Anouchka Baldin, Gunar Wakim) I am a consultant conducting a Final Evaluation of the NCA's (PROTECTS) in Syria/Lebanon/Iraq", which is being implemented locally by (insert partner name here). I am are very interested in your opinion about your experience with the programme in terms of services and activities, and to hear your suggestions for any changes that you think could make it better suited to meet your needs. Your answers will be kept confidential, and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- I do not work for NCA and I do not work for (insert name of partner) nor for the donor agency. I am independent and hence I am free to make recommendations to all relevant entities.
- There is nothing you can tell me positively or negatively that can affect any service you may receive from (insert partner name here) now or in the future.
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully to NCA. I am sure they are very interested in your views, otherwise they would not have suggested I speak with you.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.
- If you feel uncomfortable answering a specific question, please feel free to refuse and again please remember that this will have no impact whatsoever on the services you may receive now or in the future.

Do you have any questions?

(If no, or after questions have been answered): Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start

1. Can you tell me a bit about your role and responsibilities within (insert name of government office/ministry)?
2. For how long have you known about and/or been involved with the programme?
3. In what capacity have you been involved/collaborated with the programme?
4. What is your understanding about the programme's purpose and activities?

Effectiveness

1. What do you think are the programme's key achievements?
2. What do you think the programme does well? What do you think doesn't work so well? Why?
3. In terms of the well-being of GBV survivors that have participated in this programme, what - if any - changes have you noticed?

Relevance

1. How is this programme relevant to the needs of the population living in the implementation area?
2. How well does the programme's focus and activities match with the needs of survivors of GBV in this area?
3. How is this programme relevant to your ministry/organization in terms of strategic objectives?
4. How does this programme align with country/regional priorities such as the HNO?

Looking Forward

1. If NCA decides to repeat the programme, what activities/services should they do differently? What services should they keep the same? Why?
2. Do you have any recommendations for NCA's future programming in terms of GBV in your AoR? (Probe: technical or managerial recommendations)

Is there anything else you would like to tell us?

Thank you for taking the time to speak with us.

Annex 2 : Evaluation Matrix
Annex 3 : Evaluation Tools (Interview Guides)