The Australian Humanitarian Partnership

Syria Response: Protection Activities in Lebanon

Plan International and Partners
Caritas and Partners

INDEPENDENT EVALUATION REPORT

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The evaluation team would like to warmly thank all those who gave up their time to share their experience and provide information, take part in the interviews or complete the questionnaire survey. We are grateful for their involvement in the evaluation at a time of great challenges and difficulties for host and refugee communities in Lebanon.

LIST OF ACRONYMS AND ABBREVIATIONS

AHP	Australian Humanitarian Partnership
CA	Caritas Australia
CMR	Clinical management of rape
DFAT	Department of Foreign Affairs and Trade
GAD	Gender and diversity
GEDSI	Gender equality disability and social inclusion
HPA	Humanitarian Partnership Agreement
ICESCR	International Covenant on Economic, Social, and Cultural Rights
IGO	Intergovernmental organisation
IMC	International Medical Corps
IRC	International Rescue Committee
KI	Key informant
LDO	Learning disability organisation
M&E	Monitoring and evaluation
MEL	Monitoring, evaluation and learning
MENA	Middle East and North Africa
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NGO	Non-governmental organisation
PSS	Psychological and Social Support
PWDs	People with disabilities
RWP	Refugee Protection Watch
SC	Save the Children International
SGBV	Sexual and gender-based violence
SMEB	Survival minimum expenditure basket
SOP	Standard operating procedure
TDH	Terre des Hommes
ToC	Theory of Change
ToR	Terms of reference
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations International Children's Emergency Fund
VASyR	Vulnerability Assessment of Syrian Refugees
VAW	Violence against women
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

The Evaluation

The evaluation of the two projects took place between September 2021 and November 2021. The over-arching aim of the evaluation was to produce a credible and authentic narrative that addressed the evaluation questions and contributed to an insight into whether the implementation of the projects' theories of change had been successful. The approach to the evaluation was based on an integrated pragmatic methodology which focused on (1) contextual, background factors of the Syria crisis and GBV responses that target vulnerable women and girls and those with disabilities and (2) empirical narrative and numerical data gathered from project beneficiaries, participants and stakeholders.

The evaluation is an endline summative account of the impact of the two AHP projects on the lives of Syrian refuges in Lebanon. The findings are drawn from the empirical data gathered from interviews with key informants and project staff in addition to an on-line questionnaire survey of adult beneficiaries and group discussions of child beneficiaries. Due to on-going operational challenges in Lebanon and resulting constraints placed on the evaluation process, judgements made in the report are based predominantly on the empirical data. Documentary material was used to provide the context of the two projects evaluated.

(1) The Context

The Syrian Crisis

The conflict in Syria began in 2011 and has resulted in the displacement of over six million people, who have sought refuge in neighbouring countries, including Lebanon. The war in Syria has led to the world's largest displacement of people and refugee crisis, with Syrians making up more than one quarter of the world's refugee population.[1]

Many Syrian refugees live in extremely challenging situations and lack the resources required to cover their basic needs. Moreover, the large influx of Syrian refugees, combined with the unstable political, economic and social situations in host countries, have worsened the conditions for already vulnerable groups among host populations.

Lebanon

It is now estimated that, currently, a total of 1.5 million Syrian refugees are hosted in Lebanon, with 910,600 being officially registered.[2]

Syrian refugees in Lebanon continue to face discrimination and restrictions on a daily basis and the level and intensity of this discrimination has increased since the social unrest of late 2019, the ongoing COVID-19 emergency and the port explosion in Beirut of August 2020 which injured more than 6,500 people and affected the lives of hundreds and thousands.[3]

The Syrian Crisis and Gender Based Violence

Expert analysis conducted by the United Nations confirms that throughout the Syrian crisis, parties involved in the conflict have subjected thousands of women, girls, men, and boys to sexual and

[1] In 2019, UNHCR counted 25.9 million refugees worldwide, of whom 6.7 million were Syrians. See UNHCR (2019). *Global Trends: Forced Displacement in 2018*, link.
[2] https://reliefweb.int/sites/reliefweb.int/files/resources/trapped-in-between-lebanon-and-syria.pdf
[3] https://reliefweb.int/report/lebanon/4-months-beirut-explosion-what-situation-now

gender-based violence. These acts of SGBV, the analysis concludes, have been used as a tool to instil fear, humiliate and punish.[4]

The Australian Humanitarian Response

In 2016, the Department of Foreign Affairs and Trade (DFAT) announced an AUD 220 million, three-year humanitarian package in response to the Syria crisis. This included humanitarian assistance for Syria and its neighbours, as well as longer-term resilience support for Jordan and Lebanon focused on improving education and livelihood opportunities for refugees and host communities.

In 2017, DFAT directed AUD 6 million of its Syria humanitarian package to be delivered through the Australian Humanitarian Partnership (AHP), previously known as HPA.

Table ES1 lists the amount of donor funding allocated under the AHP to Plan International and partners and Caritas and partners from 2017 to 2021.

Table ES1: Funding

AHP Lead Partner	Implementing Partners	Locations	Amount Funded under HPA (AUD) and time frame 2015	Amount Funded under AHP (AUD) and time frames	
				2017	2020
Caritas Australia	Catholic Relief Services and Caritas Lebanon	Mt Lebanon Governorate	$1,500,000 April 2015 – June 2017	3,000,000 June 2017 – May 2020	965,000 June 2020 – May 2021
Plan International Australia	International Medical Corps UK Plan International Lebanon	South; Bekaa; Beirut/Mount Lebanon; North	$1,500,000 April 2015 – June 2017	3,000,000 June 2017 – May 2020	965,000 June 2020 – May 2021

The Projects

The number of project beneficiaries targeted and the number reached by both organisations is shown in table ES2.

Table ES2: Beneficiaries

Projected and actual beneficiaries reached within the entire lifespan of the project	No of beneficiaries reached	
	Plan	Caritas
Projected to be reached	13,244	950
Actual reached	13,943	900

[4] https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=22833&LangID=E

Plan International and Partners

Plan International project activities were delivered in the areas of North Lebanon, Bekaa, Beirut, Mount Lebanon, and in the south of Lebanon. Significant numbers of Syrian refugees and displaced persons live in these areas. Project and programme activities in the designated areas were designed to meet the immediate medical, psychological and survival needs of vulnerable refugees, particularly survivors of GBV. Support was mainly provided in community centres with referral to more specialist services and facilities where necessary. Also included in the project were community GBV preventative programmes and staff self-care training and support activities.

The project had two key objectives:

1 Improved well-being for Syrian refugees and vulnerable Lebanese population participating in GBV case management services and psycho-social activities;
2 Improved capacity of frontline workers to provide quality protection and health services.

The following outcome-level indicators informed the project strategy:

1 Percentage of beneficiaries receiving GBV case management for at least three months that achieve at least 80% of their action plan objectives at the end of the project cycle;
2 Percentage of beneficiaries participating in YEP activities show improvement in their well-being throughout the project period;
3 Percentage of GBV frontline workers demonstrate increased capacity to facilitate stress and anger management sessions;
4 Percentage of CMR trained facilities demonstrate increased capacity to support survivors of rape.

Caritas and Partners

Caritas and partners provided immediate and life-saving humanitarian aid to women survivors of GBV and SGBV and their children as well as unaccompanied minors in Lebanon. The project funding was used to support the running of two refuge shelters which provided medical, physical, emotional psycho-social and psychological support. This included educational and lifeskills training to women, adolescent girls and unaccompanied male and female minors.

The project was delivered under two primary objectives:

1 Shelter residents receive urgent, quality, protection services in a safe and dignified environment;
2 Shelter residents are equipped to resume life post-shelter by building their self-confidence and strengthening their skill set for use in post-shelter arrangements.

The following outcome-level indicators guided the project strategy:

1 Indicator 1: 80% of shelter residents (SGBV/children) demonstrate improved wellbeing;
2 Indicator 2: 70% of the residents report capability to resume life after leaving the shelter.

(2) The Empirical Methodology

The empirical methodology consists of the sampling decisions, the methods of data collection and the findings. These are followed by the conclusions and suggested learning resulting from the analysis of the empirical data generated and collected for the main focus of the evaluation.

Introduction

To begin with, two KIs, one from UNHCR and one from DFAT, were asked to take part in the evaluation to provide an overall view and information about the strategy and delivery of the AHP projects by Plan International and partners and Caritas and partners. Both KIs were interviewed by members of the evaluation team. Their comments, where relevant and appropriate, are reported in the Findings section of both Plan International and partners and Caritas and partners.

Plan International and partners

Selection of participants

Participants recruited from Plan International and partners for the empirical evaluation research consisted of three groups. These were;

- nine staff members from Plan International, selected by Plan International and IMC;
- 300 adult beneficiaries, including 4 with a disability;
- 31 child beneficiaries consisting of 14 boys and 17 girls, aged between 13 and 18 years old in groups of four or five.

The number of adult beneficiaries was identified through an approximate, proportionate quota sampling of adults who had been registered with the Plan International programme. The proportionate selection was based on gender and those with a disability. Child beneficiaries were chosen by Plan International and partners. Contact details of the selected adults and children were passed to interviewers from the evaluation team.

Methods of data collection

The methods of data collection consisted of:

- Semi-structured individual interviews of project staff members conducted remotely that collected narrative data;
- Structured individual interviews, using an on-line questionnaire survey, of adult beneficiaries including a small number of those with disabilities, who took part in project activities with Plan International and partners;
- Remote, electronic group discussion with boys and girls, aged 10-13yrs and 14-18yrs, conducted in groups of four to five, who had taken part in project activities with Plan International and partners.

The Findings

Overall, the project implemented by Plan International and partners was judged, under the rubric criteria, as lying between 'Good' and 'Less than adequate'.

The impact on the project delivery and also the evaluation process of the COVID-19 pandemic meant that a number of criteria in the rubric could only be judged as being less than adequate.

The findings attempt to answer, from a range of perspectives, the evaluation questions. Data gathered from interviews with key informants, project staff from the two organisations, adult and child beneficiaries were used to inform the analysis.

Relevance

The project was successful in being able to provide support to GBV survivors from refugee communities in Lebanon. The support provided to beneficiaries was confirmed to be relevant and, in particular, responded well to the psychological and social support needs of women and children refugees. Use of safe spaces and community centres to deliver support ensured that the project was accessible and relevant to male refugees and members of the host community.
Rubric judgement: GOOD.

Effectiveness

The project was effective in providing appropriate support to 13,943 beneficiaries.

In the first stages, the project's GBV preventative programme had an impact on changing attitudes and behaviours. For example, boys felt they were able to talk to girls more appropriately and girls understood the risks and disadvantages of early marriage. Children and young people valued the GBV workshops they took part in. However, movement restrictions imposed by the Lebanese government during the COVID-19 pandemic resulted in the curtailment of most community-based engagement and GBV awareness sessions. Supporting the immediate survival needs of beneficiaries during the pandemic became the main project priority during this time.
Rubric judgement: GOOD.

Inclusion

The principle of inclusivity is one of DFAT's humanitarian policy priorities and reflects the international commitments made under the Grand Bargain. Inclusion, as it relates to gender, adolescent girls and boys, disability and other marginalised groups was one of the four overarching themes that the donor wished to be considered as part of the evaluation. The evaluation findings under this priority suggest that the project was not as successful in engaging with and providing support to persons with disabilities (PWDs). Persons with disabilities and other minority groups were not well represented in the beneficiary sample identified by Plan International for the evaluation. In addition, there appears to have been limited engagement from DPOs across the project.
Rubric judgement: LESS THAN ADEQUATE.

Efficiency

The project was delivered in budget for the first three years of operation. The COVID-19 pandemic in year four led to a major reconfiguration of the project's implementation strategy in order to maximise financial resources to support COVID-19 interventions.

A combination of on-line and face-to-face outreach support was offered to beneficiaries during the period of lockdown. The new approach increased project capacity and efficiency and enabled the distribution of hygiene materials and other COVID-19 related resources to isolated beneficiaries. Only a relatively small number of beneficiaries who responded to the online questionnaire survey (11%, n=32), however, reported that they received support from the project during the lockdown period. Further, due to operational challenges, aid was not able to be distributed equitably and children in particular felt the impact of this lack of support on their general well-being.
Rubric judgement: GOOD.

Capacity building and localisation

The continuing political, economic and security uncertainties in Lebanon have created a challenging operational context for aid agencies. The future sustainability of the Plan International project activities rests on the ability to build local capacity to deliver. Funding needs to be made available that can be used flexibly in order to respond to the emerging and changing needs of the refugee community in the country. In addition, the crucial role community leaders have in changing attitudes, identifying needs and building capacity should be acknowledged.
Rubric judgement: LESS THAN ADEQUATE.

Transparency and accountability

There is considerable evidence that MEAL systems and processes helped Plan International and partners to regularly engage with affected populations to gather feedback and adapt programmes according to need. However, adult beneficiaries indicated that they were not involved in the planning of activities. In addition, project staff appeared not to engage actively with community leaders. During the COVID-19 lockdown period child beneficiaries felt that there were inequalities in the support provided.
Rubric judgement: LESS THAN ADEQUATE.

Conclusions and Learning for Plan International and Partners

The Plan International and partners project was both relevant and effective. The needs of persons with disabilities, as well as those from the host community, the elderly and LGBTQ+ groups, should be taken into account in any future humanitarian project. The role community leaders play in securing both the success and the future sustainability of any aid programmes needs to be acknowledged.

Engaging with community leaders, having flexible budget arrangements and employing effective monitoring and evaluation procedures are key learning points to be considered in the development of any similar projects in the future. It is also essential that there is engagement with local government agencies in order to secure their commitment to the future delivery of this form of humanitarian response.

Recommendations: Plan International and Partners

COVID-19

1 To develop and implement an updated COVID-19 response plan, which facilitates access to continued services for those most vulnerable to individual and household shocks. This should include a sustainability plan as well as a clear strategy for reach and a monitoring and evaluation framework that aligns with the changing COVID-19 context.

Inclusion

2 To systematically consider gender and diversity, with realistic targets for reach of subset populations put in place to inform programming strategy and ensure equitable programme focus and response.

3 To encourage collaboration with organisations such as DPOs, to develop a systematic approach to programme planning, ensuring that appropriate attention is paid to this vulnerable sub-group and their specific programming needs.

4 To provide quality, comprehensive training for all staff cadres on integration and inclusion of vulnerable sub groups and responsive programming where sub groups include, but are not limited to women, people with disabilities, LGBQTI+ community members and others.

Funding

5 Given the deteriorating socio-political context in Lebanon, Plan International and partners to consider integrating a cash component targeting households and individuals most vulnerable to shocks, to be implemented directly or through partnership.

Feedback and monitoring

6 To put in place community led monitoring (CLM) or community feedback loops to ensure access to programme participant perspectives and feedback on their participation in the relevant initiatives. This information should be integrated into routine data management systems to support programme improvement.

7 To put in place, and regularly review by relevant cadres, a systematic approach to risk identification and mitigation.

Programme delivery

8 To integrate the response within local systems and structures, including local government and community leaders. This is vital to support uptake and sustainability. Whilst this was done to an extent, a systematic engagement and integration agenda would benefit the programme quality and sustainability going forward.

9 To consider utilising a hybrid approach, comprising both online and face to face support for future programme work. This will ensure continued access to initiatives given the ongoing Covid context.

Caritas and partners

Selection of participants

- Thirteen staff members from Caritas and partners were selected to take part in the empirical evaluation research. The staff were selected by Caritas.

Methods of data collection

- Narrative data were collected through semi-structured individual interviews, conducted remotely with project staff members.

Data collection did not take place with adult and child beneficiaries undertaking the Caritas and partners' project due to safeguarding and security concerns.

The Findings

Overall, the project implemented by Caritas and partners was judged, under the rubric criteria, as being between 'Good' and 'Less than adequate'.

The impact on the project delivery and also the evaluation process of the COVID-19 pandemic meant that a number of criteria in the rubric could only be judged as being less than adequate.

The findings attempt to answer, from a range of perspectives, the evaluation questions. Concerns voiced by Caritas and partners regarding the extreme vulnerabilities of beneficiaries resident in the shelters at the point of the evaluation meant that only data from interviews with key informants and frontline staff were used in the analysis.

Relevance

The support offered in the shelters, according to those interviewed, was entirely relevant to the immediate psychological and social needs of the most vulnerable women and their children and unaccompanied minors. The shelters provided a safe environment in which beneficiaries could recover from the traumas of GBV, war and displacement.

Rubric judgement: GOOD.

Effectiveness

The project was successful in providing essential aid and sanctuary to a total of 900 vulnerable women and children. The proposed target was 950, a shortfall therefore of just over 5%. This may have been because of the additional length of time that beneficiaries had to remain in the shelters due to increased safety and security risks associated with leaving. In addition, the project was effective in supporting women and their children to build the confidence to maintain an independent existence outside of the shelter.

Rubric judgement: GOOD.

Inclusion

The project was only able to support the needs of a small number of women and children with disabilities. Although the shelters were adapted to accommodate PWDs, very few beneficiaries were able to benefit from this. Only those PWDs who were physically independent were supported as they were able to access the ground floor accommodation in the shelters.

Rubric judgement: LESS THAN ADEQUATE.

Efficiency

The project responded well to the increased numbers of referrals to the shelters during the COVID-19 pandemic. The standard operating procedures (SOPs) for the shelters were amended to include COVID-19 preventative measures and protocols. The capacity of staff to respond to these increased numbers was, however, stretched during this time but Caritas Lebanon ensured vital services were maintained during the COVID-19 pandemic. This was achieved through the adoption of an alternative delivery plan and the use of additional funding from Caritas. The project stayed mainly on track to achieve the agreed outcomes throughout the period of funding.
Rubric judgement: GOOD.

Capacity building and localisation

Shelter staff received basic training on supporting beneficiaries in the shelter. Additionally, staff might have benefited from more targeted sessions that would advance the project towards working at a community level in the future. Shelter staff training on basic MEAL procedures, for example, might help any future project to respond more effectively to emerging issues and challenges in the immediate community. The future sustainability of the project is uncertain due to the ongoing security, economic and social challenges Lebanon is facing. It is, therefore, important that durable solutions for future project delivery are developed through continued cross-agency involvement and co-ordination.
Rubric judgement: LESS THAN ADEQUATE.

Transparency and accountability

Monitoring and evaluation of the project's progress towards targets did take place but not as often as donors would have liked. Key informants indicated that they would have preferred to have received regular feedback throughout the year rather than just a final end of year report. Documentary evidence and feedback from staff indicated that the views of beneficiaries were taken into account in the planning of activities but this could not be corroborated by the beneficiaries themselves.
Rubric judgement: LESS THAN ADEQUATE.

Conclusions and Learning for Caritas and Partners

The Caritas project was both relevant and effective as it met the immediate survival needs of a number of women survivors of GBV and their children.

The support requirements of women and children with disabilities, and particularly those with more complex needs and mobility issues, should be taken into account in any similar project in the future. For example, mobile out-reach services outside of shelter provision might be provided for beneficiaries with complex disabilities.

Access to any new funding should be predicated on there being in place localised robust procedures for monitoring and evaluation. As an addition to the centralised MEAL systems, the regular direct monitoring, assessment and reporting of the operational context on the ground would ensure that resources were rapidly directed to where needed.

Learning from the projects delivered in the country under the previous Humanitarian Partnership Agreement (HPA) consortium should also be used to inform planning in the future.

Recommendations: Caritas and Partners

Funding

1 To put in place a sustainability plan, including a funding framework, ideally for 10 years, to ensure the integration and, particularly, the funding autonomy of the shelters and the broader response. This could be done through social finance, unlocking additional funding from public sector, multi-purpose partnerships or other philanthropic avenues.
2 Given the deteriorating socio-political context in Lebanon, Caritas and partners to consider regularly monitoring and index linking the amount given as cash to support individuals on leaving the programme. This would ensure that individuals on exit from the shelter were able to purchase, at the current rates, enough provisions to support their immediate daily needs.

Communication and co-ordination

3 To design and put in place a visibility and communications strategy. This would serve to inform stakeholders of the programme approach, adaptations where relevant and progress and ensure that there is a systematic framework ensuring the visibility of the actions taken by partner organisations. This would ensure that stakeholders are aware of the work being undertaken and there is full transparency associated with the programme execution. Although, for security reasons and the commitment to the anonymity and confidentiality of beneficiaries, this is currently limited. However, this could be strategically negotiated to ensure the necessary balance between communication and visibility and commitment to beneficiaries.
4 To systematise consultation and integration with their stakeholders and relevant processes. This could be achieved, for example, through a stakeholder mapping exercise with the identification of a communication approach/lead for each stakeholder. The monitoring of stakeholder communication could then be incorporated into the MEAL processes.
5 To encourage collaboration with organisations such as DPOs, to develop a systematic approach to programme planning, ensuring that appropriate attention is paid to this vulnerable sub-group and their specific programming needs.

Training and monitoring

6 To provide quality, comprehensive training for all staff cadres on integration and inclusion of vulnerable sub-groups and responsive programming where sub groups include, but are not limited, to women, people with disabilities, LGBTQI+ community members and others.
7 To develop MEAL tools and processes that provide data which help donors to understand the changing operational context in the country and its impact on GBV and the refugee community.
8 To provide donors with progress reports at regular points throughout a year and not just annually.
9 To provide front line shelter staff with access to systems that enable them to give feedback to project managers about any changes in the community environment that impact on refugees and survivors of GBV.

Future Provision

10 To scale up the response to continue to provide lifesaving support for vulnerable women and girls through the extension of capacity of existing shelters, and/or construction of new shelters.
11 To scale up mobile and outreach services to cover additional areas/beneficiaries, given COVID-19 restrictions and context.

Improving lives

The DFAT funded AHP activity in Lebanon provided urgent and essential humanitarian aid to predominantly Syrian refugees throughout the period 2017 to 2021. Plan International and partners, together with Caritas and partners, successfully delivered a range of vital support services to a total of 17,340 vulnerable, displaced persons during this period, against a target of 12,770.

The projects delivered by Plan International and partners and Caritas and partners improved the lives of a significant number of women survivors of GBV, their children and their families. Through both projects' adoption of holistic and integrated programmes of psychological and social support, beneficiaries were helped to improve their sense of well-being and developed the coping skills necessary for a more independent life in the community.

Review of the evaluation process

Significant and ongoing security issues in Lebanon as well as the restrictions imposed by the COVID-19 pandemic led to a number of limitations being placed on the evaluation of the two AHP projects. The limitations impacted on the sampling strategy used and the numbers of those interviewed. These, in turn, affected the amount and relevance of the information and data collected. In addition, a reliance on remote working arrangements at a time of severe service disruption, made it difficult to follow up on or seek further clarification of points raised by interviewees during the initial discussion.

In spite of many unforeseen challenges, there were a number aspects of the evaluation process that proved to be successful. In particular, a systematic and sound approach to the evaluation was developed which helped to facilitate the data gathering activities that took place in Lebanon. A comprehensive range of instruments was also developed and these included guidance for interviewers. Three hundred adult beneficiaries were able to be contacted and interviewed about their views of the project. Finally, all of the evaluation process outcomes were achieved within the agreed timelines.

1 INTRODUCTION

This is a report of the findings of a comprehensive evaluation of two support projects provided for Syrian refugees in Lebanon during 2017 to 2021.

The two projects were delivered under the Australian Humanitarian Partnership (AHP) consortium and involved Plan International Australia with partners International Medical Corps UK and Plan International Lebanon and Caritas Australia with partners Caritas Relief Services and Caritas Lebanon. The projects were funded by the Australian government.

Throughout the report 'Plan International and partners' and 'Caritas and partners' are used to refer to the two organisations with their partners involved in the implementation of the projects.

The purpose of the projects was to provide support and aid to vulnerable Syrian refugees and members of the host community in Lebanon.

The report begins by explaining the background to the Syrian refugee crisis in Lebanon and its impact on gender-based violence. It describes the challenges faced by the refugee population in the country and the Plan International and Caritas projects' responses to those challenges.

The aims, objectives and programme activities of the two projects are then described in detail. Documents supplied to the evaluation team by Plan International and Caritas were used to inform this section of the report.

The evaluation draws on data from interviews with selected key informants and staff who had experience and/or understanding of the projects. A purposeful sampling strategy was used to select adult beneficiaries who then completed a questionnaire survey about their experiences of the project. Focus group discussions were conducted with child beneficiaries. However, for the Caritas project, it was agreed that only key informant and staff interview data would be used in the evaluation. The rationale for this was due to safe-guarding concerns associated with the extreme vulnerability of those female and child beneficiaries residing in Caritas run shelters.

As a result of the COVID-19 pandemic, all in country data collection took place remotely to ensure the safety and well-being of those participating in the evaluation.

Findings in the report are based on a detailed analysis of data gathered. The findings for the two organisations are reported separately.

Conclusions about the impact and value of the two organisations' humanitarian actions in Lebanon are based on data, collected during the evaluation, that are aimed at answering the following evaluation questions:

- Relevance: was the response appropriate and relevant?
- Effectiveness: was the response effective?
- Inclusion: how inclusive was the response?
- Efficiency: how efficient was the response?
- Capacity building/localisation: did the response reinforce local capacity/leadership
- Transparency and accountability: how transparent and accountable was the response?

In addition, three further questions were included for the Plan International evaluation. These were:

- How appropriate are the GBV strategies of the programme?
- How has the programme improved the capacity of front-line staff?
- How has the project minimised costs/inputs and leveraged available resources?

The analysis of findings concludes with the main recommendations and learning for future programming for the two organisations. The recommendations are derived from the analysis of the responses to the evaluation questions.

A review of the evaluation process then follows. The review describes some of the key challenges that were experienced during the evaluation that took place during a prolonged period of major civil upheaval and uncertainty in the country.

2 THE REFUGEE CONTEXT

The Syrian crisis

Starting in 2011, the Syria Crisis has had a protracted impact on surrounding countries across the Middle East and North Africa (MENA) region. The conflict has resulted in the displacement of over six million people, who have sought refuge in neighbouring countries, including Lebanon. The conflict has led to the world's largest displacement of people and refugee crisis, with Syrians making up more than one quarter of the world's refugee population.[5] In the first year of the conflict the displacement was mainly internal. From 2013, this was followed by a sharp rise in refugees fleeing to neighbouring countries. Currently, there are more than 5.5 million Syrian refugees in the region, a figure that has stayed relatively stable since late 2017.[6]

The UNHCR estimate that more than one million Syrian children have been born as refugees in neighbouring countries. In addition, 70% of Syrian refugees in the region live in poverty, as do many of the host population.[7] The strain from this continuing crisis has inevitably had a significant impact on both refugee families and their host communities. Of the Syrian refugee population, only 276,533 registered Syrians live in camps, while 5.3 million live in urban, peri-urban and rural areas. Since the beginning of 2019 there has been a 60% increase of voluntary refugees spontaneously returning to Syria in comparison to the same period the previous year.[8]

Humanitarian aid and support for Syrian refugees in the region are delivered by a number of IGOs, NGOs, governmental bodies and community-based organisations. The overall coordination of humanitarian activity in the region is led by UNHCR and UNDP with the strategic priorities for humanitarian action identified in the 3RP Regional Refugee and Resilience Plan in Response to the Syrian Crisis.[9]

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[5] In 2019, UNHCR counted 25.9 million refugees worldwide, of whom 6.7 million were Syrians. See UNHCR (2019). *Global Trends: Forced Displacement in 2018*, link.

[6] For updated regional refugee data, see UNHCR's data portal on the Syria Regional Refugee Response, link.

[7] 3RP (n.d.). *Regional Strategic Overview 2020-21: 3RP Regional refugee and resilience plan in response to the Syrian crisis*, link.

[8] 3RP (n.d.). *Regional Strategic Overview 2020-21: 3RP Regional refugee and resilience plan in response to the Syrian crisis*, link.

[9] 3RP (n.d.). *Regional Strategic Overview 2020-21: 3RP Regional refugee and resilience plan in response to the Syrian crisis*, link.

Many Syrian refugees live in extremely challenging situations and lack the resources required to cover their basic needs. Moreover, the large influx of Syrian refugees, combined with the unstable political, economic and social situations in host countries, have worsened the conditions for already vulnerable groups among host populations.

Lebanon

At the beginning of the Syrian crisis the Lebanese government adopted a permissive approach to Syrian refugees, allowing them visa-free entry to the country. As the conflict in Syria escalated, the number of Syrian refugees increased and by 2014 the UNHCR had registered more than 1 million Syrians in Lebanon. In October 2014, the Lebanese government called for a reduction in the number of Syrians residing in Lebanon and the removal of those who failed to abide by Lebanese laws and conditions of entry to the country. In January 2015, the Lebanese borders were closed to new arrivals and UNHCR was ordered to stop registering Syrian refugees.[10]

At the beginning of the crisis, the Ministry of Public Health (MoPH) brought together the major humanitarian relief agencies to develop the Lebanon Crisis Response plan in order to co-ordinate responses.[11]

It is now estimated that, currently, a total of 1.5 million Syrian refugees are hosted in Lebanon, with 910,600 being officially registered.[12]

The day to day living for Syrians in Lebanon is extremely challenging. Research conducted by Refugee Protection Watch (RPW) found that the majority of refugees over the age of 15 did not have legal residency in the country. This lack of legal status has a negative impact on a refugee's ability to secure housing, access employment, education and social and medical services. The RWP research, in addition, identified that refugee families lived in overcrowded shelters that, in many instances, were in danger of collapse. They also found that refugee families did not have access to regular supplies of food and often went hungry.[13]

According to the 2020 Vulnerability Assessment of Syrian Refugees (VASyR), 89% of Syrian refugee families were living below the extreme poverty line, an increase from 55% on 2019. Further, 69% of households had no family members with legal residency and 37% of the labour force were unemployed. The figures indicate that there was a higher percentage of unemployment among women (46%) compared to men (35%). High inflation in Lebanon, combined with the impact of the COVID-19 pandemic, has meant that now almost the entire refugee population has been pushed to live on a budget that is below what is needed for physical survival.[14]

Safety and security are major concerns for Syrian refugees in Lebanon. There was a lack of commitment by political parties following the elections of 2018 to strengthen human rights protections in the country. Consequently, the Lebanese authorities continued to persecute individuals for peaceful speech, with police and security forces beating protestors and detainees frequently reporting incidents of torture.[15]

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[10] https://reliefweb.int/report/lebanon/supporting-syrian-refugees-amidst-lebanon-s-crises (April 2021)
[11] https://www.moph.gov.lb/userfiles/files/Health%20system%20resilience%20Lebanon%20and%20the%20Syrian%20refugee%20crisis%20journal%20global%20
[12] https://reliefweb.int/sites/reliefweb.int/files/resources/trapped-in-between-lebanon-and-syria.pdf
[13] https://reliefweb.int/sites/reliefweb.int/files/resources/trapped-in-between-lebanon-and-syria.pdf
[14] https://www.unicef.org/lebanon/media/5696/file#:~:text=The%20Vulnerability%20Assessment%20of%20Syrian,is%20a%20nationally%20representative%20sample.
[15] https://www.hrw.org/world-report/2019/country-chapters/lebanon

In 2019, Lebanon's Higher Defence Council initiated a number of actions against refugees. Most significant of these was the summary deportation of refugees who entered Lebanon illegally, the demolition of shelters and the persecution of those Syrian refugees working without authorisation. The Lebanese authorities, also, claimed that it had deported 2,731 refugees back to Syria which, in itself, placed the deportees at risk of arbitrary detention and torture once back in Syria. These actions took place despite Lebanon being party to the International Covenant on Economic, Social, and Cultural Rights (ICESCR) and having ratified the International Covenant on Civil and Political Rights, which guarantees the right to freedom of movement.[16]

Syrian refugees continue to face discrimination and restrictions on a daily basis. The level and intensity of this discrimination has increased since the social unrest of late 2019 and the ongoing COVID-19 emergency. In addition, the Beirut port explosion in August 2020 injured more than 6,500 people and affected the lives of hundreds and thousands.[17]

As a result of emergency laws passed due to the COVID-19 pandemic, refugees faced further restriction of movement and were subject to regular curfews. Citing COVID-19 concerns, at least 8 municipalities in Lebanon implemented curfews that restricted the movement of Syrian refugees to certain times in the day. These measures were introduced before the government called for a nationwide lockdown which, consequently, led to a greater level of restrictions being imposed on Syrians compared to those imposed on the general population.[18]

An inter-agency report found that the COVID-19 outbreak had the effect of greatly increasing the risk of sexual and gender-based violence (SGBV). This increase in violence was a trend that was noted across the world but particularly in countries where strict lockdowns had been imposed, such as in Lebanon.[19]

The current priorities for co-ordinated humanitarian action in Lebanon are described in the 2021 updated Lebanon Crisis Response Plan. The specific priorities are to:

1 Ensure protection of vulnerable populations;
2 Provide immediate assistance to vulnerable populations;
3 Support service provision through national systems;
4 Reenforce Lebanon's economic social, and environmental stability.[20]

Preliminary findings from the VASyR 2021 review indicated that 2021 saw a further deterioration in the socio-economic position in Lebanon. This was compounded by inflationary pressures on the economy. The inflationary pressures led to shortages in fuel, electricity and medication. The four main international relief agencies operating in the country: UNHCR; UN Refugee Agency; WFP and UNICEF reported that they were extremely concerned about the rapid deterioration in the living conditions of Syrian refugees. The VASyR 2021 interim findings confirmed that almost the entire Syrian refugee population was not able to afford the survival minimal expenditure basket (SMEB).[21]

[16] https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response
[17] https://reliefweb.int/report/lebanon/4-months-beirut-explosion-what-situation-now
[18] https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response
[19] https://reliefweb.int/report/lebanon/impact-covid-19-sgbv-situation-lebanon-inter-agency-sgbv-task-force-lebanon-may-2020
[20] https://reliefweb.int/sites/reliefweb.int/files/resources/LCRP_2021FINAL_v1.pdf
[21] https://www.unhcr.org/uk/news/press/2021/9/615430234/un-syrian-refugees-lebanon-struggle-survive-amid-worst-socioeconomic-crisis.html

3 GENDER-BASED VIOLENCE and SYRIA

The Syrian crisis and gender based violence

Expert analysis conducted by the United Nations confirms that throughout the Syrian crisis, parties involved in the conflict have subjected thousands of women, girls, men, and boys to sexual and gender-based violence. These acts of SGBV, the analysis concludes, have been used as a tool to instil fear, to humiliate and punish.[22]

SGBV is one of the most shocking and misunderstood forms of violence affecting Syrians. Women and girls are the most at risk of being subjected to SGBV and this continues to be a major protection issue for humanitarian actors operating in Syria and neighbouring countries. A 'snapshot' of the problem, compiled in 2019 by the United Nations Population Fund, described the nature and extent of SGBV in the region. The snapshot identified that women (particularly if they were divorced or displaced), adolescent girls, women with disabilities and older women were the most at risk of SGBV. Sexual and gender-based violence can take various forms, including physical violence, emotional, verbal and psychological violence, sexual violence and sexual harassment, domestic violence, family violence against women and girls, denial of resources and opportunities and early, or forced, marriage. Several new trends in SGBV were reported in 2019, namely, forced pregnancy, forced puberty and the denial of working women to marry.[23]

Adolescent girls and young women from refugee and host communities have been particularly affected by the Syrian crisis. The limited education opportunities that are available increase the risk of SGBV. This combined with poor sexual and reproductive health outcomes and extreme poverty have also resulted in high levels of negativity and psycho-social needs among vulnerable women and girls.[24] The impact of SGBV on women and girls can, in the long-term, be permanent and even fatal. Additional negative outcomes of SGBV on survivors can include, shame, stigma, suicide, psychosocial distress, health problems and fear, as survivors are often shunned or ostracised by their families and communities. Specifically, early marriage can lead to the loss of childhood, the inability of girls to adequately develop physically and health problems associated with early pregnancy.[25]

The World Health Organisation (WHO) provides guidance for humanitarian actors on the development of an SGBV response that targets vulnerable women and girls in conflict-affected, or humanitarian emergency settings.[26] The WHO guidance supports the implementation of a cross-sector, comprehensive approach that is primarily based on clinical intervention and support. This prioritises health and psychosocial support as the most urgent interventions for survivors, as well as providing GBV prevention and risk reduction activities.[27] It has also been recommended that SGBV support organisations analyse and address barriers to accessing services for vulnerable women and girls. Guidance on SGBV also urges humanitarian organisations to research and identify the specific GBV risks of different groups, especially those for adolescent girls, older women, women and girls with disabilities, and widowed and divorced women and girls.[28]

Gender based violence in Lebanon

[22] https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=22833&LangID=E
[23] https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Advocacy-Brief---Expanded---Final.pdf
[24] https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0128-7
[25] https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Advocacy-Brief---Expanded---Final.pdf
[26] https://www.who.int/reproductivehealth/training-health-care-providers-help-women-survivors-of-violence/en/).
[27] https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/
[28] https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Advocacy-Brief---Expanded---Final.pdf

In April 2014, Lebanon passed a law on domestic violence. The purpose of the law was to protect women and other family members from domestic violence and physical abuse. However, there were significant gaps in the legislation. In particular, it did not address how child witnesses of domestic violence and child survivors of domestic violence, for example child brides, were protected in the eyes of the Lebanese judicial system. Unfortunately, the law did not recognise the rights of undocumented and stateless persons.[29]

The large numbers of Syrian refugees hosted in Lebanon has, not surprisingly, put pressure on the Lebanese judicial system in respect to the implementation of the 2014 act. While Lebanon's legal code is mostly secular, the personal status laws give religious authorities control of many civil affairs (marriage, divorce and children's custody). Women normally tend to face systematic discrimination in courts. Their access to legal redress is impeded by obstacles in the administration of justice against perpetrators of SGBV. These obstacles relate to an inability on the part of the authorities to establish effective gender-sensitive investigations as well as the delivery of coherent and effective prosecutions.

The inadequacy of the Lebanese justice system to hold perpetrators to account is compounded by a lack of adequate competence, inadequate resources, discriminatory policies and practices as well as gender stereotyping on the part of justice sector actors.[30]

Research funded by UNFPA confirmed that SGBV is a significant problem in South Lebanon for Syrian refugee women and girls.[31] The most common form of violence reported was that of emotional violence. However, a large number of the research participants reported experiencing sexual violence, with many being subject to multiple types of violence and abuse. The research also found that the main perpetrators of sexual violence were husbands, neighbours and owners of homes where respondents resided. Overall, women and girls felt that severe poverty, men's and women's inability to perform traditional gender roles, and rising prices were contributing factors to women's and girls' experiences of SGBV.

Since the onset of the COVID-19 pandemic, incidents of SGBV have increased in Lebanon. Research published in May 2020, by the Inter-Agency SCBV Task Force Lebanon, found that women and girls' sense of safety was highly affected by the pandemic with many reporting feeling less safe in their communities and homes. The SGBV task force also found that women and girls reported that fear for future survival had increased due to the deteriorating economic environment in the country. With less access to employment and financial resources, tension in the family can increase, resulting in more violence in the household. Women and girls also mentioned that they felt more burdened since the start of COVID-19 due to having additional care and household responsibilities.[32]

Recently published reviews on the impact of the COVID-19 pandemic in Lebanon point to a sustained increase in violence against women and girls. Research conducted by UN Women identified a disproportionate increase in the number of VAW cases reported during the pandemic and subsequent lockdown. The research also found instances of new forms of cyber-bullying, online harassment and economic violence.[33]

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[29] https://www.icj.org/wp-content/uploads/2019/07/Lebanon-Gender-Violence-Publications.pdf
[30] https://www.icj.org/wp-content/uploads/2019/07/Lebanon-Gender-Violence-Publications.pdf
[31] http://**data.unhcr.org**/syrianrefugees/settlement.php?id=176&region=77&country=107
[32] https://reliefweb.int/report/lebanon/impact-covid-19-sgbv-situation-lebanon-inter-agency-sgbv-task-force-lebanon-may-2020
[33] https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2021/03/en_vaw%20in%20the%20time%20of%20covid-19_lebanon.pdf?la=en&vs=812

4 THE AHP SYRIAN RESPONSE PROJECTS

In 2015 a grant from DFAT to Plan International and Caritas allowed the two organisations to begin to develop and implement humanitarian activity in Lebanon.

In 2016, the Department of Foreign Affairs and Trade (DFAT) announced an AUD 220 million, three-year humanitarian package in response to the Syria crisis. This included humanitarian assistance for Syria and its neighbours, as well as longer-term resilience support for Jordan and Lebanon focused on improving education and livelihood opportunities for refugees and host communities.

In 2017, DFAT directed AUD 6 million of its Syria humanitarian package to be delivered through the Australian Humanitarian Partnership (AHP), previously known as HPA.

As members of the AHP, Plan International and partners were selected alongside Caritas and its partners, by DFAT to deliver the Australian government's humanitarian response in Lebanon. The subsequent three-year programme was planned to begin in June 2017 and aimed at completion by May 2020.

In 2020, the Plan International Australia and Caritas Australia projects were extended by a further 12 months with an additional AUD 1 million for each organisation's projects. This included $965,000 for each of the NGOs, and $70,000 which was held aside for the independently-led evaluation.[34] Plan International and Caritas requested a one month, no cost extension towards the end of the fourth year of the project, to ensure that all the agreed targets were met.[35]

The main organisations and partners who were involved in the project are indicated in table 1.

Table 1: Partner organisations

AHP Lead Partner	Implementing Partners	Locations
Caritas Australia	Catholic Relief Services and Caritas Lebanon	Mt Lebanon Governorate
Plan International Australia	International Medical Corps UK. Plan International Lebanon	South; Bekaa; Beirut/Mount Lebanon; North

The target number of beneficiaries and the actual number reached during the entire lifespan of the project for both Plan International and partners and Caritas and partners can be seen in table 2.

Table 2: Projected and actual number of beneficiaries reached during the entire lifespan of the project

Projected and actual beneficiaries reached within the entire lifespan of the project	No of beneficiaries reached	
	Plan	Caritas
Projected to be reached	13,244	950
Actual reached	13,943	900

[34] APH Evaluation ToR, May 2021
[35] AHP_IMC Lebanon_Project_Q4Y4.docx

A detailed breakdown of projected and actual beneficiaries reached can be found in tables 3 and 4.

Plan International and partners

Overall aim: To strengthen protection mechanisms through improved gender-based violence prevention and response services for refugee and host communities in Lebanon affected by the Syria crisis

With funding from DFAT, Plan International partnered in 2017 with International Medical Corp on the implement of a 3-year GBV programme across Lebanon (known hereafter as *'the project'*). The project was extended for a fourth year, and with an amended programme, which placed a greater emphasis on reaching those vulnerable children and adults with disabilities.[36]

The project focused on the provision of prevention and support services addressing GBV amongst the most vulnerable communities in Lebanon, particularly girls and women. It was implemented in coordination and collaboration with national stakeholders such as ministries, local and international NGOs. The project supported service provision through community centres and other 'safe spaces' for women and girls, in addition to one primary health care centre (PHCC). Activities and services were two-pronged, focusing on both prevention, and service provision for GBV survivors through a survivor-centred approach. Services provided included:

- Awareness raising activities, including specific parenting skills sessions for parents and caregivers;
- Age and gender appropriate psycho-social support (PSS) activities (including non-focused PSS sessions;
- Emotional support groups;
- Youth empowerment groups and Programme Ra);
- GBV case management services for at-risk individuals, including survivors of GBV;
- Self-care and capacity building activities for front line staff and service providers, including training on working with men and boys as well as on providing quality clinical management of rape services;
- A small livelihoods component focusing on the empowerment of women at risk of GBV.

The project had two key objectives:

3 Improved well-being for Syrian refugees and vulnerable Lebanese population participating in GBV case management services and psycho-social activities;
4 Improved capacity of frontline workers to provide quality protection and health services.

The following outcome-level indicators guided the project strategy:

- Percentage of beneficiaries receiving GBV case management for at least three months that achieve at least 80% of their action plan objectives at the end of the project cycle;
- Percentage of beneficiaries participating in YEP activities show improvement in their well-being throughout the project period;
- Percentage of GBV frontline workers demonstrate increased capacity to facilitate stress and anger management sessions;
- Percentage of CMR trained facilities demonstrate increased capacity to support survivors of rape.

[36] AHP PIA Consortium Lebanon Extension - revision PIP FINALver15Apr2020

Eight project activities operationalised the indicators:

- Activity 1: Provide individual GBV Case Management support and referral to vulnerable women, girls, men and boys including GBV survivors, residing in South Lebanon;
- Activity 2: Develop billboards and convene workshops on stress and anger management and masculinities to promote gender equality and access to men centres;
- Activity 3: Conduct outreach and awareness raising sessions on GBV topics and implement a Parenting Skills curriculum targeting host and refugees' community;
- Activity 4: Implement Youth Empowerment Programme, Programme 'RA', and training of youth on specific sets of skills;
- Activity 5: Perform safety audits and compile safety plans;
- Activity 6: Conduct coaching visits to CMR trained facilities;
- Activity 7: Provide self-care support sessions to GBV frontline workers;
- Activity 8: Provide psychosocial support activities including emotional support to vulnerable beneficiaries.

Project delivery

Plan International's partner working in Lebanon, the International Medical Corp, was responsible for the on-the-ground implementation of the project in Lebanon. Overall operational oversight of the project was provided by IMC UK.

The extensive networks and experience that the Lebanon-based IMC already had built in the country were used to facilitate the project's delivery. Already existing community assessments allowed IMC to target men and boys as well as women and girls within host and refugee communities who were at high risk of violence. An integrated package of protection services was then offered to those targeted individuals. The packages included GBV case management, psychosocial support (PSS), and community-based activities.

The delivery of project activities was implemented by IMC through its teams of mobile outreach volunteers, social workers, case managers, CMR and self-care consultants. Senior staff, experienced in M&E, GBV and programme development, provided management oversight. Beneficiaries, government officials, and other coordination partners contributed to the development of the project's individual programme activities.

Community-based activities were delivered in safe spaces which allowed the IMC outreach teams to create open environments for the beneficiaries to express shared concerns and experiences. The project aimed to ensure that the voices of the most vulnerable were heard and persons with disabilities were identified.[37]

Regular monitoring reports were provided to the project's donors (DFAT). The annual and quarterly reports gave information on how the key humanitarian priorities of the Australian government were being addressed, e.g. gender-based violence and inclusion – as well as the project's progress towards achieving the intended targets.[38] Beneficiary surveys carried out in the second year of the project indicated overall satisfaction with access to and delivery of services.[39]

[37] FY18Q1_PIA-IMC AHP Proposal - Lebanon Protection Response Amendment 28.02.2018.docx

[38] AHP Annual Report Template_PIA IMC - Q4Y2 verPIAComments_IMC feedback 01072019.docx
AHP PIA Consortium Lebanon Extension - revision PIP FINALver15Apr2020

[39] GBV satisfaction - Activities (report sections)
DFAT- GBV Satisfaction Survey Report.docx

An overarching theory of change (ToC) reflected the connections between individual programme components and the project's stated aims and intended outcomes. The ToC, together with the logic plan, provided the structure for monitoring and evaluating the project.[40] [41]

A review of the programme was initiated as a result of the COVID-19 pandemic of 2020 and subsequent lockdown of the country. Most of the project support to beneficiaries was provided remotely during this period.[42]

Beneficiaries

The number of beneficiaries reached by Plan International and partners by the end of the four-year programme, compared to the target figures, is outlined in more detail in Table 3.[43]

Table 3: Numbers of AHP Lebanon Project. Plan International and partners, year 1 – year 4

	AHP Lebanon Project, Plan International and partners, year 1 – year 4					
	Male Planned	**Male Actual**	**Female Planned**	**Female Actual**	**Total Planned**	**Total Actual**
Adult	1,411	1,451	9,269	10,030	10,680	11,481
Child	641	631	1,523	1,284	2,164	1,915
Adult with disability	44	134	0	269	44	403
Child with disability	0	47	0	97	0	144
Totals	**2,096**	**2,263**	**10,792**	**11,680**	**12,888**	**13,943**

Figures taken from AHP Lebanon Activation Consortium – Final Report, 2021.doc

The Plan International performance data indicate that the project exceeded beneficiary targets at the end of year 4, for males and females who are adults, adults with disabilities and children with disabilities. Table 3 indicates that the targets for male and female children were not met.

According to Plan's reports to donors, targets were achieved within the agreed budgets for years 1 to 3 and for year 4 of the project.[44] Greater progress was reported to have been made in the fourth year of the project in targeting those adults and children with disabilities who were identified as a major priority for DFAT.[45] Encouraged by DFAT, Plan International and partners organised a number of training sessions for staff in dealing with PWDs. They also advocated for a greater engagement with LDOs and recommended the use of other channels for greater outreach.

Caritas and partners

[40] Theory of Change kim edits_230120.
[41] QME framework DFAT GBV 2017-2020 - EL revised with GBV Team 23032018.xlsx
ME Plan - DFAT - 16042019 edited 17042019.docx
[42] AHP Extension COVID-19 Adaptation Plan FINALver15Apr2020.xlsx
[43] Figures taken from AHP_IMC Lebanon_Project_Q4Y4.docx
[44] AHP_IMC Lebanon_Project_Q4Y4
[45] https://www.dfat.gov.au/sites/default/files/development-for-all-2015-2020.pdf

Overall aim: To support the immediate protection needs of violence affected/displaced women and children in Lebanon impacted by the Syrian crisis and aims to increase both their immediate and long-term well-being through the provision of a range of holistic protection services.

There were three Caritas agencies involved in the delivery of this DFAT funded project: Caritas Australia (CA/prime agency), Catholic Relief Services (CRS/Caritas USA, sub-recipient agency) and Caritas Lebanon (CL/implementing agency). All three agencies had previously worked effectively together in collaboration. The implementing agency, Caritas Lebanon, was registered to work in Lebanon and coordinated with local stakeholders to align all interventions to the Government of Lebanon's established response plan. CL was an active member of the UN cluster system in Lebanon, including the SGBV task force and protection working group, both made and received referrals for SGBV cases from other humanitarian actors in Lebanon.

The Caritas project, first funded in 2017, initially aimed to support the immediate protection needs of 3,000 violence-affected and/or displaced women and children in Lebanon. This was to include 1,500 refugees affected by the Syrian crisis and was aimed at increasing both their immediate and long-term well-being. However, the target for the first year of the project was established at 900 beneficiaries to be reached over the course of the three-year programme. The number was increased to 950 in the fourth year of the project.

The project's target was increased to 950 women and children in 2020 due, partly, to the impact of the COVID-19 pandemic. The project indicators, however, remained the same from year one of inception, although new indicators were added for year four. ~~4.~~ Project activities were also revisited as a result of feedback received from beneficiaries and from Caritas quarterly reflection learning events.

The project specifically targeted women who were SGBV survivors and their children living in the Oak and Cedar safe shelters in the Mount Lebanon Governorate. The project was delivered under two primary objectives:

3 Shelter residents receive urgent, quality, protection services in a safe and dignified environment;
4 Shelter residents are equipped to resume life post-shelter by building their self-confidence and strengthening their skill set for use in post-shelter arrangements.

The following outcome-level indicators guided the project strategy:

- **Indicator 1**: 80% of shelter residents (SGBV/children) who demonstrate improved wellbeing;
- **Indicator 2**: 70% of the residents who report capability to resume life after leaving the shelter.

Strategic Objective 1: Oak and Cedar Shelter residents receive quality, critical protection services in a safe and dignified environment;
Strategic Objective 2: Oak and Cedar Shelter residents are equipped to resume life outside of the shelter.

Strategic objective 1 was operationalised through focused activities delivered under three immediate response outputs:

- **IR1.1**: Shelter staff offer quality comprehensive protection services. Delivered through 10 activities
- **IR1.2**: Shelter staff engage in self-care and wellbeing practices delivered through 2 activities

Activities delivered under strategic objective one included:

- Development of the shelters' SOPs;
- A programme of shelter renovation;
- Access to other services through referrals;
- Case conferences as part of case management to identify durable solutions;
- Self-care activities and professional development of staff;
- Basic needs provision for shelter residents;
- Protection packages for survivors of SGBV;
- Psychological support activities;
- Access to clinical services for GBV survivors in response to both physical and psychological needs;
- Legal support and life skills activities.

Strategic objective 2 was operationalised through focused activities delivered under two immediate response outputs:

- **IR2.1**: Shelter residents participate in post-shelter preparation activities.
  Delivered through 2 activities
- **IR2.2**: Children in the shelters participate in formal and non-formal education
  Delivered through 2 activities

The activities provided under strategic outcome two included life skills sessions and livelihood training for residents and formal and non-formal educational support for resident children. The overall number of beneficiaries reported by Caritas as having been reached by the end of the four-year programme was 900, outlined earlier in Table 2 (page 7).

An initial baseline assessment survey of the needs of the original centre residents was used to inform the future programming for the AHP project.[46] Detailed MEAL plans were also developed for each of the four years of the project.[47] Surveys and reflection events were used to canvass the views and experiences of beneficiaries and project staff.[48] [49] Standard operating procedures (SOPs) were developed to ensure a greater consistency of delivery across the two shelters.[50] Planned renovations to the Cedar Shelter were conducted in 2019.[51]

In year 4, amendments were made to the programme delivery in response to the increasing security challenges in the country and, also, to facilitate a planned 'close-out' of the AHP project.[52]

[46] Baseline Report_In CRS Template_FINAL.docx
[47] Y1-AHP MEAL Plan_11.12.xlsx
Y2-AHP MEAL Plan (9.6.18).xlsx
Y3-AHP MEAL Plan_October 23-Adj-Anwar.xlsx
Y4 AHP MEAL PLAN-updated.xlsx
[48] Midline Report-Analysis CL ME input length of stay 3.19-adj.docx
[49] Reflection event May 2019 Day 2 report.docx
Q1 Reflection Meeting Report.docx
[50] SOPs Manual-English.
[51] Y4_Progress Report_01Junto30Nov.pdf
[52] Y4 proposal - AHP Lebanon_PIP.pdf

COVID-19 operating procedures were established throughout the pandemic, such as, the establishment of quarantine areas and the provision of hygiene products to residents.[53] Feedback from shelter residents was used to inform the changes made.[54]

Beneficiaries

The number of beneficiaries reached by Caritas and partners by the end of the four-year programme, compared to the target figures, is outlined in more detail in Table 4.

Table 4: Numbers of AHP Consortium Lebanon Project. Caritas and partners, year 1 – year 4.

	AHP Consortium Lebanon Project, Caritas and partners, year 1 – year 4					
	Male Planned	**Male Actual**	**Female Planned**	**Female Actual**	**Total Planned**	**Total Actual**
Adult	0	5	448	401	448	406
Child	100	193	400	289	500	482
Adult with disability	0	1	0	4	0	5
Child with disability	1	4	1	3	2	7
Totals	**101**	**203**	**849**	**697**	**950**	**900**

Figures taken from AHP Lebanon Activation Consortium – Final Report, 2021.doc

The Caritas data in table 4 indicate that the project met the target for male beneficiaries but not the planned female target at the end of year 4. Although numbers for adults and children with disabilities were small, targets were met by the end of the project.

Geographical locations

Plan International and partners

The project was implemented in several locations across Lebanon: North Lebanon, Bekaa, Beirut, Mount Lebanon, and the South.

Caritas and partners

The Caritas project was delivered in the two SGBV protection shelters, Oak and Cedar, in the Mount Lebanon Governorate. Referrals to the shelters were received from Caritas centres, UNHCR and other NGOs across Lebanon.

5 THE EVALUATION

In 2017, Department of Foreign Affairs and Trade (DFAT), directed AUD 6 million of its Syria humanitarian package to be delivered through the Australian Humanitarian Partnership (AHP). Additionally, in 2020, the Plan International Australia and Caritas Australia projects were extended by a further 12 months with an additional AUD 1 million in total funding allocated. This included $965 000 for each of the NGOs, and $70 000 which was held aside for the independently led evaluation.

The independently-led evaluation by AlexandraPlowright Consulting assessed the Australian Humanitarian Response (AHP) responses to the Syrian Refugee Crisis in Lebanon. The evaluation

[53] Y4_Progress Report_01Junto30Nov
[54] AHP- COVID Report Bhersaf 260620.docx

focused on the impact of the humanitarian activities in Lebanon implemented by the two organisations involved. The evaluation provides both an important accountability mechanism to DFAT, as well as supporting learning by both DFAT, the AHP NGOs and other stakeholders in the humanitarian sector.

The evaluation assesses the relevance, effectiveness, and efficiency of the responses delivered by Plan International and partners and Caritas and partners. The AHP's cross-cutting themes of inclusion, transparency and accountability, localisation and cost effectiveness have also been taken into consideration as part of the evaluation.

The evaluation reports a set of evidence-based findings about the *Syria Response: Protection Activities in Lebanon* and makes recommendations regarding any future Australian assistance, through the AHP, for the ongoing crisis. Recommendations are clear, practical and focused on those actions that can feasibly be addressed by DFAT and/or the NGOs – with a primary focus on the AHP organisations.

Throughout, the evaluation pays consistent attention to involving men, women, children, people with disabilities, host communities and households and minority groups.

Initially, the evaluation aimed to pay consistent attention to involving men, women, children, people with disabilities, host communities and households and minority groups. In the evaluation of the Plan International project this was achieved, wherever possible, by recruiting representatives from the different beneficiary groups. This was not quite so successful with the host communities and minority groups such as those with limiting physical disabilities and persons identified as LGBTQ+.

Involving a range of different groups in the evaluation was more challenging with the project implemented by Caritas and partners, due to the decision by Caritas not to interview the women and children who took part in the project. It was felt that, as a result of the nature and extent of the trauma experienced by the women and children in the Caritas shelters, any questioning of their experiences could have a potentially detrimental effect on their emotional wellbeing. Therefore, given that the evaluation was designed and conducted with regards to high standards of ethical conduct, it was decided not to include women and children in the sampling procedure.

In addition, the evaluation referenced the Core Humanitarian Standard on Quality and Accountability (CHS).[55] The standard was devised by the CHS Alliance, established in 2015. Organisations and individuals involved in humanitarian response can use the CHS to improve the quality and effectiveness of the assistance they provide.[56] It places communities and people affected by crisis at the centre of humanitarian action. The result of a global consultation process, CHS draws together key elements of existing humanitarian standards and commitments. Reference to CHS indicates that the evaluation reflected an awareness of wider, external standards.

Plan International and Caritas

EQ1 Relevance

Was the response appropriate and relevant? (CHS1, CHS6)

[55] https://corehumanitarianstandard.org/the-standard
[56] https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf

a) How relevant and appropriate was the response from the perspective of affected communities, sub-national and national government departments and relevant service providers?
b) How well did the NGOs and their partners respond to needs assessment information, both initially in planning and over the course of implementation, as needs changed and as the context changed over time?
c) To what extent did the assistance align with the following guidance:
   - Australia's Humanitarian Strategy (updated in May 2016);
   - DFAT's Disability Inclusion Strategy (released initially in 2009 and updated in 2015);
   - DFAT's gender equality and women's empowerment strategy (updated in 2016);
   - the Australian Government's COVID-19 Aid Strategy, 'Partnership for Recovery;
   - Australia's COVID-19 Development Response' (released in May 2020);
   - other key Australian government policies and priorities?
d) What are the key findings that should inform future programming to ensure the relevance and appropriateness of outcomes, outputs and strategies from both a GBV response and prevention perspective? Consider the specific needs and priorities of different stakeholders, including children.

EQ2 Effectiveness

Was the response effective? (CHS2)

a) How clearly defined were the intended outcomes for the response?
b) How clearly defined was the rationale or strategies by which the NGOs intended to achieve those outcomes, i.e. their theory of change?
c) To what extent were the intended outcomes achieved?
d) Did any either negative or positive significant unintended outcomes occur? For example, to what extent did the support provided through shelters contribute to women and children regaining their confidence and to living an independent, post-shelter life?
e) What has been learned about how change does or doesn't happen in these contexts, i.e. in relation to the NGOs' theories of change? For example, which of the response strategies were most effective in terms of achieving the intended outcomes?
f) To what extent has the project contributed to addressing the root causes and contributory factors of GBV? Consider how the project has worked within all levels of society, e.g. individual, relationships, communities and societal/systems.
g) To what extent will the response outcomes be sustained? What further efforts, if any, from the NGOs and their implementing partners would have increased the likelihood of sustainability?
h) How adequate were the NGO's M&E practices to monitor outcomes, and to enable them to assess the effectiveness and inclusion of their response. For example, are these practices triangulated, rigorous? Are the most marginalised reached through these processes?
i) How effectively did the NGOs monitor, manage and report risk, fraud and corruption?
j) To what extent have the agencies integrated COVID-19 considerations into their response (from May 2020 onwards)? How effective do these approaches appear to be to prevent or contain a COVID-19 outbreak in the programme sites?

EQ3 Inclusion

How inclusive was the response?

a) To what extent were the needs of different groups of people, including for example age, gender, ethnicity nationality and so on, considered in the design and implementation of the response?
b) What did the response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities and from minority groups?

EQ4 Efficiency

How efficient was the response? (CHS2, CHS9)

a) To what extent was the response implemented according to agreed timelines and budgets?
b) In what ways was the response implemented to achieve good value for money (recognising that there are often higher costs necessary to achieve inclusive approaches, and to reach those who are most marginalised)?

EQ5 Capacity Building/Localisation

Did the response reinforce local capacity/leadership? (CHS3, CHS4, CHS6)

a) To what extent did the response support and strengthen local partners, including civil society, for example, local women's organisation, disabled people's organisations and local government? What influence has this had on the ability of local partners to respond to needs in the future?
b) What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?

EQ6 Transparency and accountability

How transparent and accountable was the response?

a) In what ways, and to what extent were implementing partners sufficiently accountable to, and engaged with, affected communities or populations?
b) What accountability practices were perceived as the most useful by the affected communities or populations?
c) What evidence exists of programmes having been influenced by effective communication, participation and feedback from affected people and communities?

EQ7 Additional questions

Plan International only

- How appropriate are the programme's approach and strategies for addressing GBV, from both prevention and response perspectives, in terms of:
  - Adapting approaches/ strategies to different forms of GBV and the socio-legal and cultural contexts that the project works within;
  - Engaging with families and communities;
  - Working with service providers to improve capacity and quality of services.

- To what extent has the programme improved the capacity of frontline workers to provide quality protection and health services?
- How has the project minimised costs/ inputs and leveraged available resources, including resources external to the project, to deliver activities and achieve outcomes?

6 METHODOLOGY

Introduction

The methodology was informed by a systematically-planned, integrated pragmatic strategy for undertaking empirical evaluative research. Using a pragmatic approach incorporates decisions that are based on using a practical, 'what works' approach to the evaluation. The primary focus of the process is aimed at answering the evaluation questions unencumbered by any metaphysical or epistemological considerations conventionally used in subject or disciplinary research. In addition, an integrated approach acknowledges the importance of linking the different stages of the evaluation design into a coherent process driven by the evaluation questions.

For the evaluation of the Plan International and Caritas Protection Activities in Lebanon this required a sensitive response to the situation on the ground during the data collection with an in-built flexibility to any changing conditions. This ensured that the unique circumstances of the Lebanese context were integral to the management of the evaluation. Decisions, therefore, about for example, participant sampling, methods of data collection and type of data as well as data analysis and interpretation, were based on the overall purpose of the evaluation. The methods were informed by the evaluation questions and operationalised through the procedures involved in the empirical inquiry methods.

The over-arching aim of the evaluation was to produce a credible and authentic narrative that addressed the evaluation questions and contributed to an insight into whether the implementation of the projects' theories of change had been successful. The integrated pragmatic methodology, therefore, focused on (1) contextual, background factors of the Syria crisis and GBV responses that target vulnerable women and girls and those with disabilities and (2) empirical narrative and numerical data gathered from project beneficiaries, participants and stakeholders.

Collaboration was central to the success of the evaluation. The original aim was to work closely with Plan International and Caritas and their implementing partners and the AHPSU MEL manager. As part of this approach, the evaluation aimed to involve people with disabilities, where possible, and disability stakeholders such as disabled people's organisations (DPOs) and government disability focal points as key informants for interviews. With hindsight, these were ambitious aims that were not always met.

Ethicality

During the evaluation, ethics protocols and guidance of Plan International and partners and Caritas and partners were followed at all times. This was in addition to applying Plan International's Safeguarding Children and Young People Policy and the Non-Staff Code of Conduct, both of which the evaluation team has signed before the data collection began.

The data collection procedures were closely and rigorously based on Informed consent, confidentiality and anonymity. Child protection measures were put in place to ensure that children aged under 18 years involved in the evaluation were protected at all times. In addition, the evaluation team applied inclusionary and gender-responsive support throughout the evaluation process. This entailed:

- ensuring gender-focused data collection and analysis procedures;
- adopting a flexible approach, where needed, that was adapted to the needs of interviewees and the context and taking into account the constraints of the COVID-19 pandemic;
- conducting all interviews in the first language of the participant followed by transcriptions and summative notes in English for analysis by the evaluation team;
- identifying and devising strategies to involve 'hard to reach' and vulnerable populations;
- ensuring the evaluation team had access to key Informants, staff members and adult and children beneficiaries for the data collection process;
- implementing the data collection in a culturally and gender-sensitive manner.

All sources of information and analysis contributed to providing an insight into the impact of the interventions on refugee and host communities in Lebanon, affected by the Syria crisis.

Selection of participants and sampling strategy

Selection of participants for the evaluation was through a purposive sampling strategy drawing on beneficiaries, key informants and NGO staff members. This ensured that the evidence base was grounded in data from those with experience and/or understanding of the programme.

Given the nature and extent of the trauma experienced by the women and children in the Caritas shelters it was felt that any questioning of their experiences could have a potentially detrimental effect on their emotional wellbeing. This, combined with the impact of changes in the shelter context brought about by the closing down of the project, led to the decision that adult and child beneficiaries supported by Caritas would not be interviewed as part of this evaluation.

The aim of the systematic sampling procedure was not to arrive at a statistically representative sample based on random selection that makes statistical predictions. It incorporated a deliberate, ie purposive selection of participants who were able to provide information and insight into the programme strategy and activities. The purpose of the sample selection, therefore, was twofold.

Firstly, purposive participant selection included key informants and project staff who had either strategic knowledge of the planning process of the project and/or an operational experience of the project activities. Participants were recommended and selected by those from both Plan International and Caritas involved in managing the project.

Secondly, beneficiaries, registered with Plan International, were selected who had experienced, at first hand, the project activities. They would, therefore, be able to comment on the strengths and weaknesses of the benefits of the programme. The beneficiaries were chosen by the project staff from Plan International since it was anticipated that adults and child beneficiaries would have valuable insights to share with the evaluation and project teams. The evaluation, therefore, relied on local professional project staff from Plan International to help facilitate contacting the beneficiaries for interview.

Overall, the sampling strategy can be described as:

1) the purposive sampling of key informants and staff members from Plan International and Caritas;
2) an approximate, proportionate quota sampling of adult and child beneficiaries registered with the Plan International programme and allocated to relevant sub-groups of gender, ages and those with disabilities.

Key informants and staff members

The original proposal aimed to identify KIs and staff members suggested by both Plan International and Caritas. These were to include technical partners, donor representatives, ministry representatives and community leaders, as well as relevant health and legal service providers. In addition, it was planned to interview KIs from technical partners such as UNFPA, WHO and UNICEF, providing a technical perspective on the project, as well as its alignment with technical guidance and guidelines. Moreover, Key Informants were to include government stakeholders, such as ministry representatives from MoSA and MoPH, in order to better understand the extent to which the project was aligned with national priorities and frameworks.

It was also the intention to invite regional governance representatives and community leaders to understand regional perspectives on the project including integration into regional systems, as well as community level perspectives on GBV.

Due to the difficulties and obstacles associated with operational issues in Lebanon, including the effects of the restrictions experienced due to the COVID-19 pandemic, it was not possible to interview the number and variety of key informants listed in the original proposal.

The plans for contacting a number of project and support team staff for purposes of the evaluation, however, were fortunately more successful. The evaluation team were able to contact front-line staff who had direct experience and first-hand knowledge of the project activities and the operationalisation of the programme strategy. This included local project officers and monitoring and evaluation staff. They were purposively selected from Plan International and Caritas with information on specific programming activities and were in a position to provide in-depth information on the relevance, appropriateness, effectiveness and efficiency of the various activities of the project.

A total of 24 interview participants were recruited for the KI and staff interviews. The organisations they work for and the number from each of those organisations are shown in table 5.

Table 5: Key informants and staff members

Organisation	Number of interviewees
UNHCR	1
DFAT	1
Plan International	3
IMC	6
Caritas	13
TOTAL	**24**

The roles of the KIs and the staff members varied and ranged from in-country programme manager and senior humanitarian adviser to social worker, nurse and shelter worker and manager.

Adult beneficiaries

The total sample size of adult beneficiaries was pragmatically determined by a number of factors. These included:

- the focus of the project;
- type of beneficiary;
- the purpose of the evaluation;
- what was considered a manageable number of participants given the contextual constraints;
- the numbers in each sub-group that identified gender, possible disability;
- the number of interviewers needed and available to administer the interview schedule within the time limit;
- the reliability of communications technology systems at the time of the data collection;
- the availability and accessibility of the beneficiaries.

Overall, a total of 11,884 adult beneficiaries had been registered with Plan International and partners during the project, as shown in Table 6.

Table 6: Number of adult direct beneficiaries registered with Plan International and partners

Plan International	Female	%	Male	%	Total	%
Adult	10030	84%	1451	12%	11481	**97%**
Adult with Disabilities	269	2%	134	1%	403	**3%**
Totals	**10299**	**86%**	**1585**	**13%**	**11884**	**100%**

Includes rounded percentages out of total number of potential adult participants.

As the evaluation progressed, 340 adult beneficiaries were contacted by project staff. Three hundred agreed to take part, thus meeting the original target. The participants selected were located in a number of different districts across Lebanon. The initial, intended sample numbers, based on proportionate percentages of the total number of adult beneficiaries and sub-groups (those shown in Table 6), are outlined in Table 7.

Table 7: Initial anticipated target sample number of adult direct beneficiaries for the evaluation

Plan International	Female	%	Male	%	Total	%
Adult	252	84%	39	13%	291	97%
Adult with Disabilities	6	2%	3	1%	9	3%
Totals anticipated	**258**	**86%**	**42**	**14%**	**300**	**100%**

Includes rounded percentages out of total number of potential adult participants.

This original target for the evaluation was 258 females (86%) and 42 males (14%). The numbers aimed to reflect the proportion of females (n=10,299, 86%) and males (n=1,585, 13%) who were registered with Plan International and took part in the project.

It was anticipated that six females and three males, each with a disability, would also be included as part of the sample of 300 participants. As shown in table 8, only four females and no males with a disability were eventually included. In the event, although the sample of 300 adult beneficiaries was met, the balance of respondents in the sub-groups did not necessarily reflect the proportions targeted. Table 8 presents the number of adult beneficiaries who eventually took part in the evaluation.

Table 8: Actual sample number of adult beneficiaries

Plan International	Female	%	Male	%	Total	%
Adult	279	93%	17	6%	296	99%
Adult with Disabilities	4	1%	0	0%	4	1%
Totals	**283**	**94%**	**17**	**6%**	**300**	**100%**

Includes rounded percentages out of total number of actual adult participants.

Background information: adult beneficiary participants

The purposive sampling of 300 adult beneficiaries resulted in the following participants taking part in the evaluation. Out of the total sample there was a higher proportion of females (n=283, 94%) compared to males (n=17, 6%).

The proportion of adult beneficiaries with disabilities taking part in the evaluation was very small. Only 1.3% (n=4) were interviewed for the evaluation and all were female. As a result of such a small number taking part in the evaluation, it was not possible to identify any trends or comparison between those with disabilities and those without.

The age range of the participants was from 18 to over 56 years. Sixteen percent (n=49) were 18 to 25 years old and 35% (n=106) were aged 26 to 35 years. The highest proportion of participants were in the age range of 36 to 55 years (n=141, 47%). There were only 4 participants (1%) aged 56 or over.

The nationality of the adult beneficiaries was mainly Syrian (n=272, 91%) with Lebanese making up 8% of the sample (n=24). Other nationalities were just over 1% (n=4) of the number of adult beneficiaries taking part in the questionnaire survey.

At the time of the evaluation, almost half of the adult beneficiaries lived in South Lebanon (n=140, 47%) and around a quarter (n=72, 24%) in Bekka. Relatively low proportions lived in the North Lebanon (n=46, 15%) or Mount Lebanon/Beirut (n=39, 13%) areas.

The majority (n=274, 91%) were aware that the support they received was part of a project run by Plan International and International Medical Corp.

The Plan International and Caritas Protection Activities in Lebanon project began in 2017. Most of the adult beneficiaries who took part in the evaluation joined the project during 2019 or earlier (n=190, 64%) whilst 32% (n=96) started in 2020/2021. The total length of time involved with the project tended to be from one month to less than six months (n=244, 82%) with 11% (n=32) involved for less than one month. A small proportion of 7% (n=22) was involved for six months or more.

Child beneficiaries

A pragmatic selection of a purposive sample of child beneficiaries was determined by local project staff. Plan International and partners, therefore, played an important part in the evaluation through the recruitment of the participants. It was originally intended that each single-sex group would consist of a maximum of five girls or five boys with equal numbers of boys and girls selected. This would, therefore, provide a total of 16 to 20 girls and the same number of boys. Table 9 shows the numbers and ages of boys and girls in the anticipated sample of child beneficiaries.

Table 9: Numbers of anticipated child beneficiaries for group discussions with Plan International and partners

	Boys	Girls	TOTALS

	10-13 yrs	14-18 yrs	10-13 yrs	14-18yrs	
No of groups	*2*	*2*	*2*	*2*	*8 groups*
Participants per group	4 to 5	4 to 5	4 to 5	4 to 5	
TOTAL number of anticipated participants	**8 to 10**	**8 to 10**	**8 to 10**	**8 to 10**	
	16 to 20		**16 to 20**		**32 to 40**

The actual numbers who took part are shown in table 10 and consisted of 17 girls and 14 boys resulting in an overall total of 31 child beneficiaries aged between 10 and 18 years old.

Table 10: Actual numbers of child beneficiaries for group discussions, Plan International and partners

	Boys		Girls		TOTALS
	10-13 yrs	14-18 yrs	10-13 yrs	14-18yrs	
No of groups	*1*	*2*	*0*	*4*	*7 groups*
Total number of actual participants	5	9	0	17	31 participants
	14		**17**		**31**

Data collection and analysis

The generation and collection of empirical data were based on:

1 Semi-structured individual interviews, conducted remotely aimed at collecting narrative data, with KIs and project staff members from Plan International, IMC and Caritas.
2 Structured individual interviews of adult beneficiaries including a small number of those with disabilities, who took part in project activities with Plan International;
3 Remote, electronic group discussion with boys and girls, aged 10-13yrs and 14-17yrs, conducted in groups of four to five, who took part in project activities with Plan International and partners;
4 The generation of a number of case stories, providing brief, personal views of the experiences of the beneficiaries whilst undertaking the programme.

The original intention was to use Skype or other available electronic systems, such as Zoom or Microsoft Teams for the data collection procedure. However, once the data collection was about to start, due to the national power cuts in Lebanon it was only possible for interviewers to rely on cell phones to contact the participants. Further, no recordings were made due to the difficulties of electronically recording the conversations. Consequently, all contact with participants for purposes of the evaluation was by telephone.

1 Remote semi-structured interviews of KIs and project staff

Narrative data were collected using semi-structured, individual in-depth interviews carried out by members of the evaluation team. The interviews were conducted with (1) key informants from DFAT and UNESCO, national, regional and community representatives as well as Plan International and Caritas and (2) project staff at global, national and project levels from Plan International and Caritas.

Interviewers were sent copies of the questions for the semi-structured KI interviews (Annex 1) and guidance notes outlining the conduct of the interview to be followed before, during and after each interview (Annex 3). This was aimed at ensuring a consistent approach to the data collection. The KI guidance notes were identical for both Plan International and Caritas. In addition, interviewers were asked to send information to the participants, prior to the interviews, outlining the purpose of the interview, the procedure including informed consent and anonymity (Annex 2).

Interview questions were also devised for Plan International and partners' staff (Annex 4) and those project staff working for Caritas and partners (Annex 12). The interviewers were asked to forward the questions to the interviewees prior to the interviews. Information was also sent to the interviewees outlining the purpose of the interview, the procedure including informed consent and anonymity (Annex 5, Annex 13). In addition, guidance notes were also sent to the project staff interviewers (Annex 6, Annex 14).

Selected participants were contacted via email. Dates and times for the interviews were arranged between the interviewer and interviewee. The purpose of the key informant and staff interviews was to gain insight into key learnings about the relevance and appropriateness of the programme's interventions and develop an understanding of the strategic challenges faced and how these could be addressed in the future to inform future programming.

Additionally, the interviews provided information about the extent to which the project aligned with national and local agendas, donor priorities and relevant guidelines, policies and national programmes as well as integration possibilities. Donor perspectives were also accessed through conversations with DFAT representation. The aim of the interviews was to better understand perspectives and experiences of funding and supporting the project. Overall, therefore, the questions focused on the challenges and successes of the project since its implementation.

2 Remote structured interviews of adult beneficiaries Plan International only

A series of remote structured interviews of adult beneficiaries who took part in the activities of the Plan International project was carried out by members of the evaluation team. A questionnaire survey was deployed using the online KoBoToolbox[57]. This enabled the collection of mainly numerical data based on closed questions with some limited information using open questions (Annex 7).

Interviewers were sent guidance notes outlining the procedure for carrying out the interviews using the Kobo web site for before, during and after each interview. This was aimed at ensuring a consistent approach to the data collection and procedure (See Annex 8).

Evaluation team interviewers accessed the questionnaire on the Kobo web site. They contacted the beneficiaries via telephone in order to administer the questionnaire and input answers to each question from the interviewees. The participants' answers were input off-line by the interviewer and then uploaded when connected to the internet. The data analysis team then downloaded the information and prepared the data for analysis and inclusion in the evaluation report.

The questionnaire survey investigated issues such as:

- beneficiaries' perceptions on the relevance of the programme's intended outcomes to their needs;
- how appropriate the approach and strategies had been for addressing GBV;
- whether outputs achieved their outcomes and the learning achieved;
- recommendations to improve the implementation of programme activities.

The closed, structured questions took into consideration factors such as gender, age, nationality and disability, as well as geographic areas of residence to better understand the demographic background of the sample of participants. Evaluation team members conducting the interviews encouraged the beneficiaries to answer all the questions through, for example, providing examples

[57] https://www.kobotoolbox.org

and clarifying terms. Data were used from all beneficiaries interviewed even if not all questions had been answered.

3 Beneficiary children's semi-structured group discussions. Plan International only

Group discussions, using a semi-structured interview schedule aimed at collecting narrative data, were used with single-sex groups of boys and girls, aged 10-13yrs (Annex 9) and 14-18yrs (Annex 10). The participants had taken part in project activities delivered by Plan International. The aim was to provide an opportunity for child beneficiaries to contribute to the evaluation through small group discussion lead by an experienced project staff member.

The group discussions were conducted remotely by experienced, local IMC project workers. They were required to have an understanding of how to work with groups of children and young people and the type of approach needed to enable the beneficiaries to feel comfortable and responsive in group discussion. The same questions were asked of each age group but with minor amendments due to the specific activities undertaken by the different age groups.

Interviewers were sent guidance notes outlining the procedure for carrying out the group discussions before, during and after each group meeting. This was aimed at ensuring a consistent approach to the data collection procedure (Annex 11).

The group discussions followed the full, informed consent process. The beneficiaries were asked about their experiences, perspectives and views around the impact of project activities on their lives, well-being and learning opportunities and progress.

Table 11 provides a summary of the methods and target numbers of participants involved in the evaluation.

Table 11: Summary of empirical data collection methods and participants

	Methods	**Source**	**Target number of participants**		**Purpose**
1	Semi-structured individual interviews, conducted remotely.	Key Informants	- DFAT - International Humanitarian agencies **Total**	1 1 **2**	Provide an understanding of: key learnings about the appropriateness of the programme's interventions; the strategic challenges faced and how these can be addressed to inform future programming; how the project aligns with national and local agendas, donor priorities and national policies and programmes.
2	Semi-structured individual interviews, conducted remotely.	Project staff members from Plan International and partners and Caritas and partners.	Plan and partners Caritas **Total**	9 13 **22**	Provide insight into the functionality of the programme, as well as the roles and responsibilities of all stakeholders involved and the challenges and successes of the programme.
3	Structured individual interviews of adult beneficiaries	Selected adult beneficiaries who took part in project activities with	Plan International	**300**	The interviews will investigate issues such as beneficiaries' perceptions on the relevance of the programme's intended outcomes to their needs; how appropriate the approach and strategies

	including those with disabilities.	Plan International.			are for addressing GBV; whether outputs achieved their outcomes and the learning achieved and recommendations to improve implementation of programme activities.
4	Remote, electronic group discussion with boys and girls, aged 10-13yrs and 14-18yrs, conducted in groups of four to five.	Selected child beneficiaries who took part in project activities with Plan International.	Plan International	**31**	To provide an opportunity for child beneficiaries to discuss their experiences, perspectives and views around the impact of project activities on their lives, well-being and learning opportunities and progress.

7 EMPIRICAL DATA ANALYSIS

Analysis of the empirical data collected from KI and staff interviews, adult questionnaire survey and child beneficiary discussions aimed to identify, clarify and explicate an understanding of the programme and its activities.

The analysis was undertaken by members of the evaluation team. It identified and reported on the commonalities of and differences between the views, perspectives and experiences of participants. The findings, reported in the next section, are organised under the category headings of:

- Relevance
- Effectiveness
- Inclusivity
- Efficiency
- Capacity building
- Accountability

8 FINDINGS

This section presents the findings from the evaluation's data collection activities for each of the seven evaluation questions for Plan International and partners and for the six for Caritas and partners. The empirical data that informs the analysis of the findings were generated from:

- Semi-structured individual interviews with KIs and project staff members from Plan International and partners and Caritas and partners;
- Structured individual interviews, via an on-line questionnaire survey, of adult beneficiaries who took part in project activities with Plan International and partners;
- Remote, electronic group discussion with boys and girls, aged 10-13yrs and 14-18yrs.

A: PLAN INTERNATIONAL and PARTNERS

EQ 1 Relevance: was the response appropriate and relevant?

The gender-based violence (GBV) programme in Lebanon has successfully met all of the initial expectations of the project despite the ongoing challenges in Lebanon and the difficulties created by the COVID-19 pandemic. According to the donor, and confirmed by findings from the empirical data collection, Plan International and partners supported increased access to high-quality and life-changing protection services for women and children who have been affected by GBV, within both the refugee and host communities.

This was reflected during interviews with community leaders as well as FGDs with beneficiaries. Moreover, the final report also highlighted how the GBV support helped support survivors to find solutions through the safety plans they set with their case managers. For example, during an interview with a community leader, the interviewee said that the GBV sessions offered a platform for women to express their needs, their feelings and their opinions. Moreover, the interviewee said that the sessions changed the face of traditions and customs that represent this issue, pointing out: *"Women and especially Syrian women are always under pressure and control because of unhealthy cultural beliefs"* (Community leader). Meanwhile, during an FGD with female beneficiaries, the participants reported learning about methods and ways to combat violence. They also reported having greater clarity on the definition, nature and types of GBV.

Despite the crisis and the changing circumstances, the project and staff have worked at maximum capacity with the available funds to contribute to the project's success. This was further facilitated by speedy support from international NGOs during the transition of resources from refugee aid to recovery support as reported by a DFAT representative during interview. They stated: *'INGOs have the resources, ability and experience to quickly adapt to the ever-changing context in Lebanon'* (KI, DFAT). Looking to the future, the DFAT interviewee believed that countries like Lebanon need to have pre-set adaptation plans, a continuously updated risk assessment, strengthened coordination and communication in times of emergency. Finally, they added that '*donor trust and caseworker flexibility are needed*' (KI, UNHCR).

Overall, however, the Plan International and IMC team were very pleased with the results of the programme as it expanded on three main issues based on the original project objectives.

First, the project provided safe spaces for GBV survivors, women-only centres that provided group and face-to-face support and addressed any sense of isolation they may have felt. Mechanisms had been put in place along with systematic follow-up with the survivors that proved to be successful. A Plan International staff member believed that this support also extended into society. It provided protection for survivors of GBV, as the presence of such shelters demonstrated a fundamental support and a guardianship to vulnerable communities.

The second achievement is the success of project reprogramming in the presence and collaboration of beneficiaries. A hybrid approach, consisting of both online and local connections, was able to proceed with the original programme initiatives, enabling the project to achieve the majority of its primary goals and meet local needs. '*This project has done really well in terms of providing assistance that is still relevant,"* stated the representative of the Plan International management team when addressing the relevance of the project.

Finally, due to the presence of the beneficiaries who voiced their needs, the programme aimed to successfully provide necessary kits and tools during the pandemic. Plan International staff expressed a sense of reward in presenting tangible aid: *'Often, the traditional approach to the protection programming is that it is not tangible – but part of this pivot added something more tangible such as hygiene kits, psychosocial support and so on'*. All the Plan International staff interviewed expressed

the importance of having refugees and beneficiaries more involved in the design and planning process of the project to ensure its relevance.

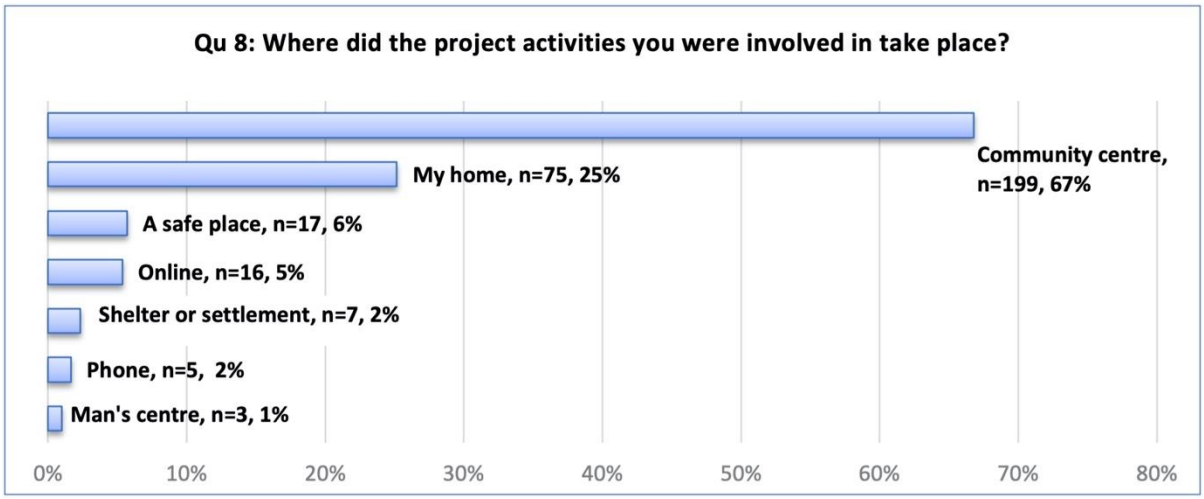
As a result, findings from the structured adult beneficiary interviews suggest that the response was relevant from the perspective of most of the identified affected communities.

The Plan International project was successful in providing support for targeted Syrian refugees, particularly women and those with disabilities, in affected communities of North Lebanon, Bekaa, Beirut, Mount Lebanon, and the South.

It also targeted vulnerable Syrian refugees and host community population as well as vulnerable host communities, where appropriate, with a focus on the needs of women and/or people with disabilities. It provided beneficiaries with access to relevant and useful support and guidance. Targeted beneficiaries lived in those areas of need identified in the updated Lebanon Crisis Response Plan 2017-2021.[58]

As the implementing partner, IMC was able to use the community centres in the designated localities to access beneficiaries. Information and social worker support were made available in the centres to those identified as vulnerable, with referral to public health and specialist services where necessary.[59] Adult beneficiaries were also able to access other forms of support either in the community centre or elsewhere in the community. Figure 1 presents the number and proportion of beneficiaries undertaking activities in the different locations where the project took place.

Figure 1: Where did the project activities you were involved in take place?



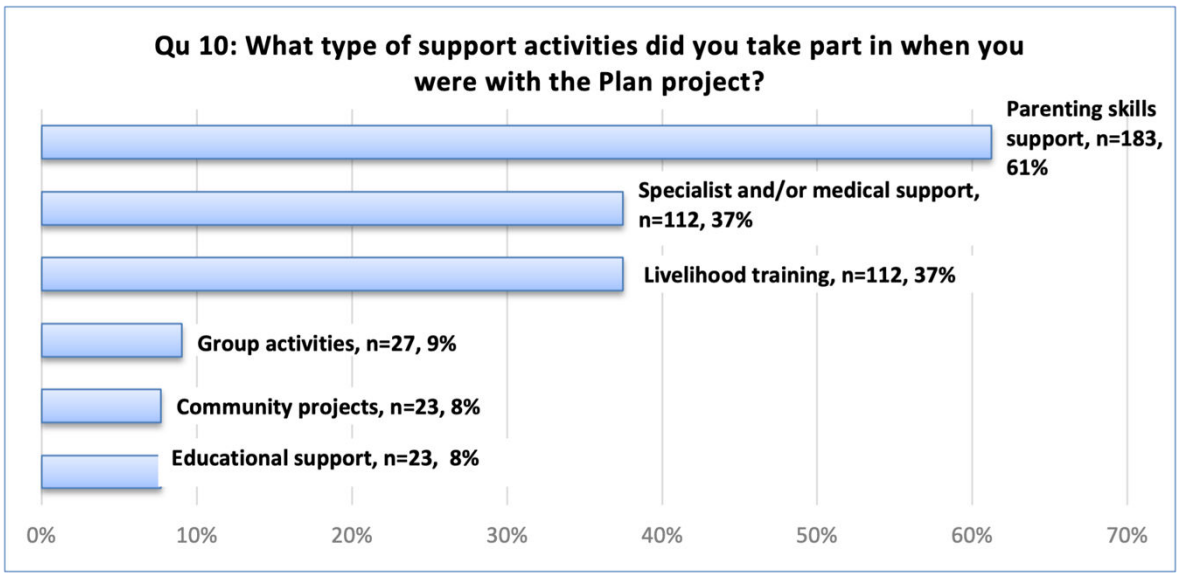
Total number of 298 beneficiaries responded to this question providing 322 responses

Adult beneficiaries confirm that, for the majority, the project activities took place in community centres (n=199, 67COVID). Additionally, 25% (n=75) indicated that activities took place in the home, 6% (n=17) at a safe place and 5% (n=16) online. Only a small proportion of adults were involved in activities that took place in other locations or remotely.

Figure 2 shows the type of project activities and the number and proportion of adult beneficiaries undertaking those activities. A total of 289 beneficiaries provided 489 responses.

[58] https://reliefweb.int/sites/reliefweb.int/files/resources/LCRP_2021FINAL_v1.pdf
[59] https://data2.unhcr.org/en/documents/details/85374

Figure 2: What type of support/activities did you take part in when you were with the Plan project?

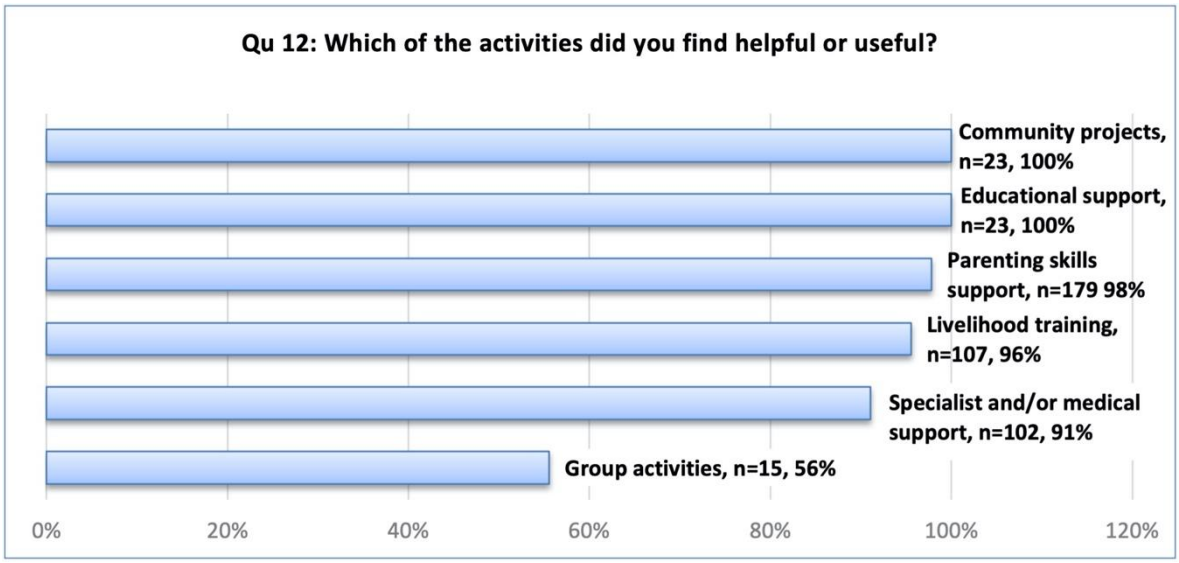


Total number of 299 beneficiaries responded to this question providing 489 responses

Of the 299 beneficiaries who responded to this particular question, 61% (n=183) indicated they received parenting skills support and 37% (n=112) specialist or medical support from the project. Livelihood training was undertaken by the same proportion of 37% (n=112) of adults from the sample. A relatively small number, (n=27, 9%), was involved in group activities. Both community projects and receiving educational support attracted the same percentage of beneficiaries (n=23, 8%).

The proportion of beneficiaries finding the project activities useful provides some indication of their relevance. Figure 3 presents the number and proportion of beneficiaries who found the activities from figure 2 helpful or useful.

Figure 3: Which of the activities did you find helpful or useful?



Total number of 298 beneficiaries responded to this question providing 467 responses

Of the 183 beneficiaries who received parenting support, 98% (n=179) found the activity to be useful. For the 112 who experienced livelihood training, 96% (n=107) found it to be of help. The same number received specialist or medical support and the majority (n=102, 91%) found it helpful or supportive.

Only twenty-three beneficiaries took part in community projects and the same number for educational support. All of the beneficiaries who took park in these two activities found them to be useful. Just over half (n=15, 56%) of the beneficiaries who took part in group activities found them to be of use.

From a humanitarian intervention perspective, the location of support and the type of support received by the adult beneficiaries were relevant to and consistent with the expectations identified in the Lebanon Crisis Support Plan 2017-2021. A high proportion of beneficiaries indicated that the non-COVID-19 related project activities were useful and therefore, by implication, relevant to the needs of most participants. Project activities experienced by adults also reflected what is regarded as good practice when supporting the needs of the affected Syrian refugee community.[60]

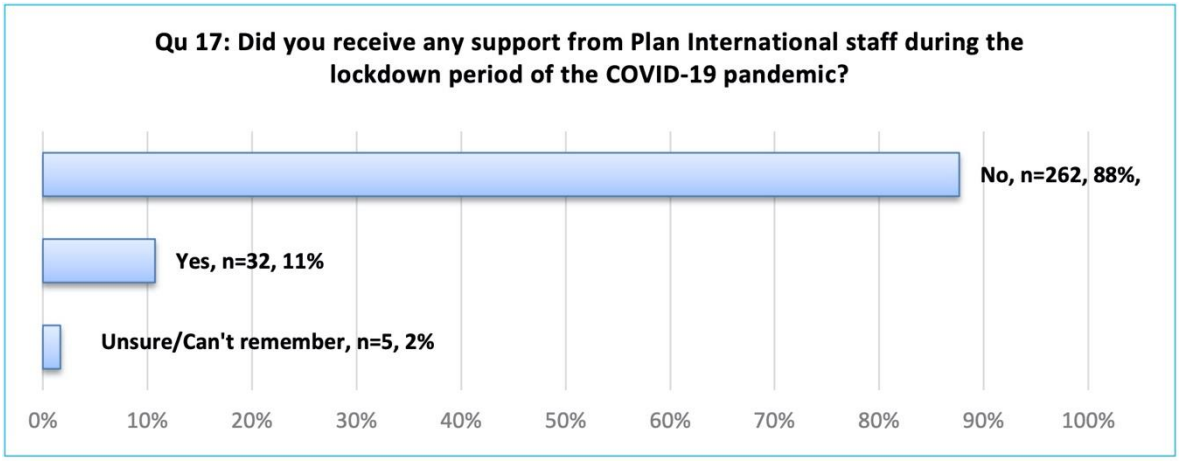
According to one of the KIs interviewed, prior to the COVID outbreak, Plan and partners were able to deliver high quality services to SGBV survivors and their community outreach sessions were very well received throughout Lebanon. The expansion of services in Southern Lebanon, in particular Jezzine and surrounding areas were welcomed as they filled a critical gap in service provision. The Jezzine area had previously been identified by Plan and UNHCR as requiring support. In addition, the response was delivered in close coordination with local authorities and strong coordination existed. Plan and partners also achieved success in institutionalising proper clinical management of rape procedures.

However, findings from the empirical data suggest that not all of the relevant vulnerable communities were successfully reached. For example, only a small proportion (n=4, 1.3%) of the 300 respondents who took part in the evaluation indicated they had a disability. Due to such a small number, it is, therefore, difficult to evaluate the overall relevance of the project to this sub-group of beneficiaries from the survey responses.

The COVID-19 pandemic that began in 2020, and the government-imposed lockdown, resulted in major changes to the programme. Many project activities, delivered by Plan International's implementing partners, had to be suspended during this time. Of concern, as shown in figure 4, is that only a small proportion of adult beneficiaries (n=32, 11%) received any support during the lockdown period. Eighty eight percent (n=262) indicated that they received no support from the project during this time.

Figure 4: Did you receive any support from Plan International staff during the lockdown period of the COVID-19 pandemic?

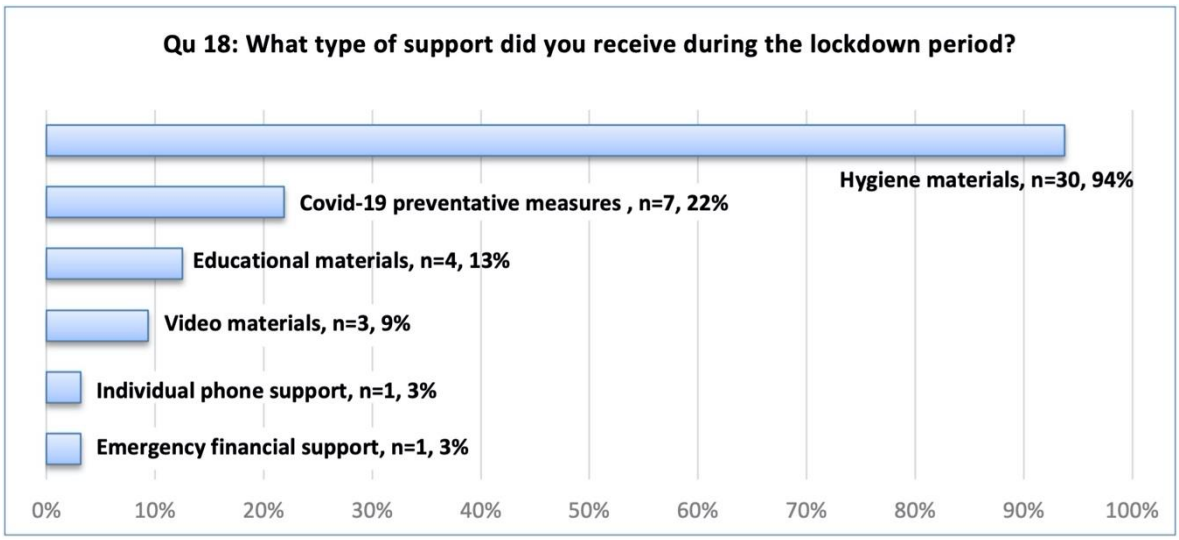
[60] https://reliefweb.int/sites/reliefweb.int/files/resources/LCRP_2021FINAL_v1.pdf



Total number of respondents=299

The type of support received during the lockdown is shown in figure 5. The majority of the 32 who answered this question received hygiene materials during the lock down period (n=30, 94%).

Figure 5: What type of support did you receive during the lockdown period?



Total number of 32 beneficiaries responded to this question providing 46 responses

Only a small number of beneficiaries indicated that they received other forms of support with 22% (n=7) experiencing preventative measures and 13% (n=4) educational materials. Three beneficiaries (13%) received video materials, one had phone support and one received emergency finance.

Although not shown here as part of the data presented, beneficiaries were also asked which of the support activities they had found useful during the COVID-19 pandemic lockdown. Of the thirty beneficiaries who received hygiene materials, 87% (n=26) found them to be useful. However, due to the relatively small numbers indicating the type of support received, ie only 32 beneficiaries which is 10% of the total sample, there are insufficient data to judge the usefulness of all types of support received.

What should be considered however, is the relatively small number of adult beneficiaries receiving COVID-19 related support and the potential for increased vulnerability of those who did not.

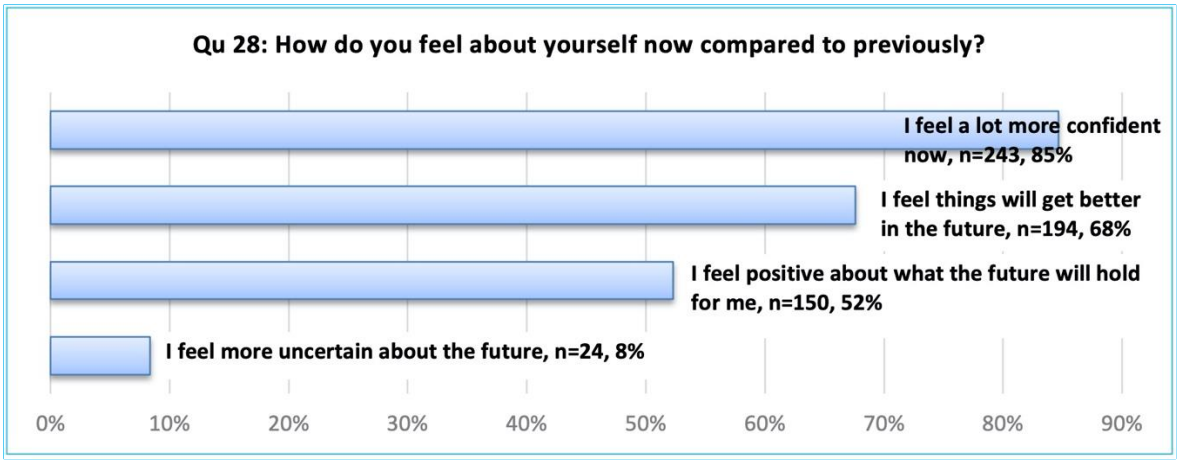
Recently published reports focusing on the impact of COVID-19 on the number of reported GBV cases confirm that incidents increased during the lockdown period of the pandemic.[61] During this period, in Lebanon adult beneficiaries were unable to access the community centres and support activities due to the movement restrictions imposed by the Lebanese government. The project's re-programmed emphasis on providing COVID-related practical support suggests that ensuring access to services for those at risk might not have been prioritised. The findings suggest that the only relevancy of the project's COVID-19 response was in providing access to hygiene materials to a relatively small number of beneficiaries.

Before the pandemic, the use of preventative strategies to reduce GBV was planned to be implemented in the communities. There was insufficient evidence from the adult beneficiary survey to confirm how relevant the activities were and their impact. For example, only two out of the 300 adult beneficiaries questioned responded that they had taken part in the project's main preventative intervention initiative, *Program RA*.

Additionally, some of the adult beneficiaries used the final question in the survey to convey their ongoing concerns about insecurity, specifically GBV, in the community. One adult beneficiary reported that they wanted to see an '*increase in protection activities and to make GBV investigations faster*.' Another beneficiary believed there was a need '*to increase the project activities and to decrease the negative energy*'. Finally, a third requested an '*increase in protection activities in Bekka*.'

Overall, in spite of the disruption and challenges to delivery during the pandemic and the period of lockdown, the project had some relevance and success in helping adult beneficiaries to feel more confident about themselves and the future, as shown in figure 6.

Figure 6: How do you feel about yourself now compared to previously?



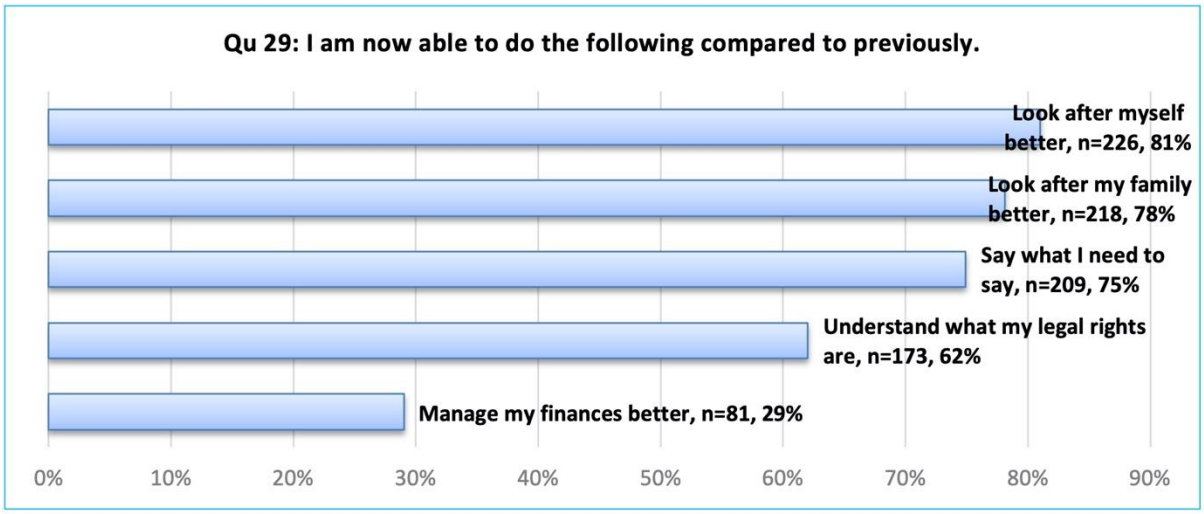
Total number of 287 beneficiaries responded to this question providing 611 responses

Figure 6 shows that 85% (n=243) of adult beneficiaries felt a lot more confident now and 68% (n=194) felt things would get better in the future. Fifty two percent (n=150) felt more positive about what the future will hold. Only 8% (n=24) felt more uncertain about the future.

[61] https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2021/03/en_vaw%20in%20the%20time%20of%20covid-19_lebanon.pdf?la=en&vs=812

The support adult beneficiaries received also helped them to develop some of the skills and competences needed to build confidence and resilience. By the end of their involvement in the project, beneficiaries were able to do more things for themselves than at the start, as shown in figure 7.

Figure 7: I am now able to do the following compared to previously.

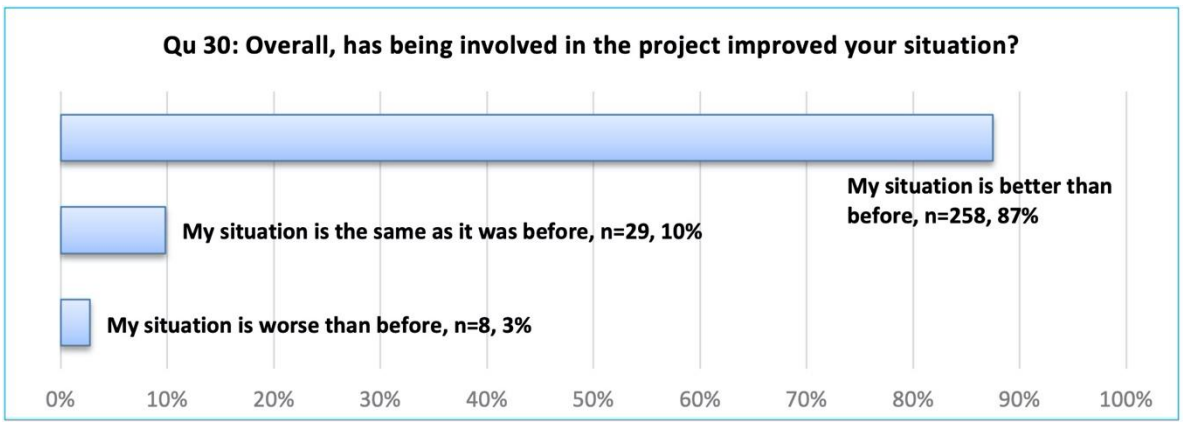


Total number of 279 beneficiaries responded to this question providing 907 responses

Eighty one percent (n=226) of beneficiaries indicated that they could look after themselves better and 78% (n=218) that they could look after their family better. Seventy five percent (n=209) were able to say what they needed to say and 62% (n=173) now understood what their legal rights were. Twenty nine percent (n=81) were able to manage their finances better.

A further strong endorsement of the project's relevancy is how adult beneficiaries felt about themselves when the project came to an end, as shown in figure 8.

Figure 8: Overall, has being involved in the project improved your situation?



Total number of respondents = 295

The majority, (n=258, 87%), believed their situation was better now than it was before being involved in the project. A small proportion, (n=29, 10%), indicated that their situation was the same as it was before they joined the project. Only 3% (n=8) felt that their situation was worse than before they were involved in the project.

Finally, from an adult beneficiary perspective, when considering how relevant any future programmes might be, two main recommendations have emerged. The first is that any activities in the future should be flexible enough to continue to be both relevant and accessible at times of unforeseen crisis and community instability. A second is that when designing any intervention, every effort should made to ensure that the activities have relevancy and are accessible to those beneficiaries with disabilities.

Most young people taking part in the group discussions agreed that the programme's activities were valuable and relevant to addressing their current needs. However, not all participants appeared to have received the same level of support. For example, beneficiaries were not afforded the opportunity to attend school. One stated: '*We were not enrolled in school and only two of us were attending school classes'* (Group 3).

Also, apart from one individual who received training on photography, all beneficiaries in the discussion groups reported receiving no vocational training. They believed that they would have benefited from participating in vocational training activities.

SUMMARY: Relevance

How relevant and appropriate was the response?

> **Sub question 1(a): How relevant and appropriate was the response from the perspective of affected communities, sub-national and national government departments and relevant service providers?**

The Plan International response in Lebanon was mostly relevant to the needs of the affected community.

From a donor perspective, the support delivered by Plan International and its partners was both relevant and appropriate. Key informants reported that the project provided increased access to high quality protection services for women and children.

Adult and child beneficiaries confirmed that the support received met their immediate needs and helped them to improve their sense of well-being. In addition, the project activities helped them to feel more optimistic about the future. Moreover, female beneficiaries reported that they found all the sessions were very helpful. In particular, this included the GBV session which gave a clearer understanding of violence and GBV.

Plan International staff expressed pleasure that the project was flexible enough to respond to the changing circumstances in Lebanon as a result of the pandemic. However, findings from the adult beneficiary survey suggest that only a small number of adults received COVID-19 related support during the period of lockdown (n=32, 11%). They mentioned finding them important, especially during the start of the pandemic, when no clear information was provided on Covid-19. In addition, children and young people expressed concern about a lack of equity in support since some children and young people were able to access education while others were not.

There was little evidence from the evaluation as to the relevance of the project to the community of refugees who had a disability. The number of adults with a disability who were able to be contacted and contribute to the evaluation did not reflect the proportion Plan International had reported as having been supported by the project. Similarly, the experiences of vulnerable individuals from the host community and male refugees were not fully represented in the evaluation data.

Sub question 1(b): How well did the NGOs and their partners respond to needs assessment information, both initially in planning and over the course of implementation, as needs changed and as the context changed over time?

Project documentation provided by Plan International indicate that needs assessments were carried out at the beginning of the project. In addition, a MEAL strategy provided a structure for staff to assess the impact of project activities on progress towards targets. No evidence was made available through the evaluation process to assess the success of these practices in the field.

Sub question 1(c): To what extent did the assistance align with the following guidance:
- Australia's Humanitarian Strategy (updated in May 2016);
- DFAT's Disability Inclusion Strategy (released initially in 2009 and updated in 2015);
- DFAT's gender equality and women's empowerment strategy (updated in 2016);
- the Australian Government's COVID-19 Aid Strategy, 'Partnership for Recovery';
- Australia's COVID-19 Development Response' (released in May 2020);
- other key Australian government policies and priorities?

The assistance delivered by Plan International and partners aligned specifically with the first of the four objectives identified in the Australian Humanitarian Strategy. The improved quality of the response provided for refugees in affected areas resulted in a general strengthening of humanitarian action in Lebanon.

The project's focus on supporting the needs of vulnerable women at risk of GBV and children reflects the aspirations in DFAT's Gender Equality and Women's Empowerment Strategy. This is particularly evident in the project's provision of 'appropriate counselling as well as legal and practical support for women and their children'.[62]

Sub question 1(d): What are the key findings that should inform future programming to ensure the relevance and appropriateness of outcomes, outputs and strategies from both a GBV response and prevention perspective? Consider the specific needs and priorities of different stakeholders, including children.

Key findings from the evaluation suggest that future programming of humanitarian support in Lebanon should focus on accessing and engaging hard-to-reach groups such as those with disabilities. In addition, any future project activity should ensure that support and aid is distributed equitably. Further, every effort should be made to secure continued access to essential support services for beneficiaries at times of unforeseen crisis. Risk assessments need to be regularly updated and programmes flexible enough to respond to changing circumstances in the humanitarian context.

EQ2 Effectiveness: was the response effective?

While most of the activities were delayed or suspended, and despite the inability to provide GBV data due to the limited access to services by survivors, Plan International and its implementing partner, IMC, quickly adapted to the changing circumstances in Lebanon. They maintained high-quality services, including clinical management of rape activities. This was in addition to their mainstream provision to ensure the delivery of adequate medical care to GBV survivors.

[62] https://www.dfat.gov.au/sites/default/files/gender-equality-and-womens-empowerment-strategy.pdf

In addition to the newly developed online interventions, mobile services were provided to target urgent cases that would mainly help women, children and persons with disabilities (PWDs) with limited mobility and/or those unable to express themselves. A DFAT focal point expressed satisfaction with the project effectiveness, saying: '*Overall, the partners overcame many issues and stayed on track to meet targets and were successful in providing basic needs to 852 beneficiaries [against the initial target of 956] including food, healthcare, case management and psycho-social support' (KI, DFAT).*

The effectiveness of the project was also witnessed by the ongoing discussions and the close coordination with all partners. This included the consultation with refugees and beneficiaries during the project implementation. Its effectiveness was also reported by a UNHCR representative who in an interview stated: '*The project was able to adapt and cater to the changing priorities of beneficiaries who shifted their focus on more basic needs given the economic crisis and the pandemic'* (KI, UNHCR).

The programme's intended outcomes were fulfilled by focusing on an holistic quality of care. This also included developing social cohesion and expanding to meet the needs of the most vulnerable, as well as subgroups within the refugee and host communities. Listening to the needs of the beneficiaries was a crucial element in the programme's effectiveness. A Plan International representative stated: '*This is why the project is solid, it is good at listening and adapting on the go*'. The COVID-19 pandemic resulted in priority being placed on identified needs rather than on the pre-set programme initiatives. As such, providing and distributing basic needs became necessary. According to ne KI from Plan International: '*Such provisions made the project more successful as peoples' priorities were being met creating positive reactions from the receiving parties*' (KI, PLAN).

The adaptation of the project in Lebanon that continued to fulfil its initial programme goals and the needs of the country was made possible because of the projects' M&E practices. The Plan International team reported receiving a vivid description of the reality of the situation on the ground, particularly during COVID-19. This allowed for a better understanding of the need for budget flexibility and adaptability.

Through generated savings from the shift into the hybrid programme that consisted of online and local provision, it was possible to increase emergency cash assistance to reduce the need for protection. The switch to the hybrid system also allowed access to PWDs, as the programme changed. Thus, it was able to reach out to a wider audience than had originally been anticipated.

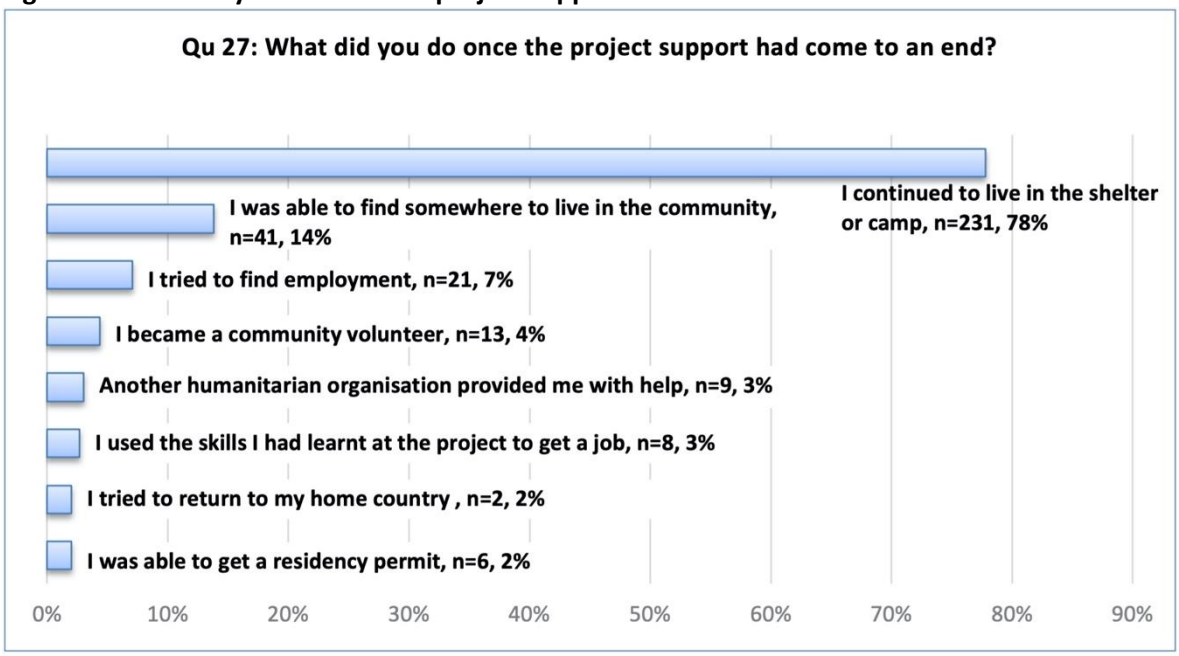
The effectiveness of the programme is further reflected in the inclusion of GBV strategies at every level of the project and with all beneficiaries. Consequently, levels of empowerment and understanding were seen on the ground. However, shortcomings were felt in working with local community leaders. One interviewee from IMC stated: '*One thing we added was to work more with community leaders to enhance the response. This was missing in the project. We did not focus on this properly yet.'* (KI, IMC)

One area that did appear to be effective, however, was in supporting the improvement of the overall well-being of those adult beneficiaries who responded to the evaluation survey. The 'Improved well-being for Syrian refugees and vulnerable Lebanese population participating in GBV case management services and psycho-social activities.' was one of the project's two overall objectives. As previously reported under relevance, the project had the effect of improving adult beneficiaries' feelings about themselves and about the future (figure 6, p31). Further, the majority of adult beneficiaries felt that their current situation had improved as a result of being involved in the project

(figure 8, p32).

Despite such successes, for many of the beneficiaries the project had little effect on changing their day-to-day existence. For example, as can be seen in figure 9, 78% (n=231) of adult beneficiaries indicated that they continued to live in the camps once the project support ended. Only 14% (n=41) were able to find somewhere else to live. A small number (n=21, 7%) tried to find employment but only 3% (n=8) were able to use the skills learnt at the project to get a job.

Figure 9: What did you do once the project support had come to an end?



Total number of 297 beneficiaries responded to this question providing 335 responses

Further, the project appeared to be less effective in providing support to improving adult beneficiaries' legal and economic standing in the country. This reflects on the project's success in addressing beneficiaries' protection needs and thus their wellbeing, which is one of the aims of the project. For example, only a relatively few adults, as a result of the project, were able to reduce their financial dependency. The Lebanon Crisis Response Plan emphasises that 'legal residency is critical to the ability of persons displaced from Syria to receive protection, access basic rights, and to live in safety and in dignity during their exile in Lebanon.'[63] Only 2% (n=6) of the adults questioned were able to get such a residency permit and only 2% (n=2) were able to return to their home country.

One of the project's main aims was to strengthen protection mechanisms through improved gender-based violence prevention and response services for refugee and host communities in Lebanon affected by the Syria crisis. There are no data from the adult beneficiary survey to reveal whether the preventative activities had any effect on changing behaviours and attitudes to GBV. In addition, there is also no indication that provides an insight into the effect of the project on male participants: only 17 adult male beneficiaries agreed to be interviewed for the evaluation. In particular, there is no evidence that the male-only Program Ra had any effect on changing attitudes as only two respondents, both of whom were female, answered these questions.

[63] https://reliefweb.int/sites/reliefweb.int/files/resources/LCRP_2021FINAL_v1.pdf

Further, eighty two percent (n=244) of adult beneficiaries indicated that they were involved in the Plan International project for less than 6 months. Given this short period of involvement, it would seem unlikely that anything other than immediate support needs would have realistically been received by beneficiaries. The delivery of GBV preventative initiatives and community projects would also have been restricted by the COVID-19 pandemic lockdown. Consequently, there was not the time nor level of involvement needed for any preventative activities to have had any lasting impact on changing adult beneficiaries' attitudes and behaviour.

There is some indication, however, that child beneficiaries experienced improvement in their wellbeing in terms of developing self-esteem and the confidence to communicate with members of their communities as well as being able to speak up for themselves. In particular, girls who took part in the group discussions noted that sessions on GBV increased their awareness of factors leading to GBV. It also helped them to be aware of different ways to protect themselves. This included seeking support against abuse. A participant in one of the group discussion meetings of girls aged 14-18yrs reported being able to better deal with encounters of bullying and discrimination after participating in the project. She said: '*These sessions increase my self-esteem and confidence especially during the last time where I was exposed to bullying and discrimination in school since I am Syrian. I shared my experience with the trainer where I learned how to deal with this after being depressed for a long time facing this issue' (*Female, 14-18 years*).*

One effect of the project appeared to help boys to respect women more and learn how to use dialogue rather than violence to communicate their feelings.

Child beneficiaries noted that the PSS sessions helped them to cope with stress and anger management. One said: '*These sessions increased my self-esteem and confidence especially during the last time where I was exposed to bullying and discrimination in school since I am Syrian. I shared my experience with the trainer where I learned how to deal with this after being depressed for a long time facing this issue' (Group 7).* Another added: '*We learned that everything can be solved through communication. We can limit violence against women by communication and dialogue'* (Group 3).

During the COVID-19 lockdown most activities, including schooling, were delivered online and this negatively impacted on the beneficiaries' psychological wellbeing. Both boy and girl groups reported experiencing feelings of depression, boredom and stress from not being able to attend physical classes. These feelings were heightened by infrequent supply of electricity which limited their ability to engage meaningfully with their online classes. Most beneficiaries felt that online classes were not very productive in terms of learning and interacting socially. One complained: '*Online sessions increase stress because we were not able to understand all information shared easily, especially that different circumstances in the country affect the quality of sessions provided. It was not easy for us also to follow up school classes because of the [lack of] electricity issue' (Group 5).*

Interestingly, female beneficiaries reported using some of the skills they had learned on the project to support other girls in their communities. They also shared information with their peers about the risks of early child marriage. This unintended outcome increased the reach of the programme. Girls mentioned that they would have preferred some training to help them deliver sessions of their own. One of the girls pointed out: '*We were able to support other adolescents and to share information about the risks of early child marriage and increase awareness sessions for those going through bad and negative behaviours (Group 5).*

Both boys and girls agreed that the sessions were helpful in changing negative attitudes and behaviours that perpetuated GBV in their communities. For example, many reported benefiting from sessions on communication which helped them understand how to speak to others with respect and

avoid using violence. The girl groups mentioned that they were taught to identify types and triggers of GBV and how to respond and defend themselves against violence. Notably, they also learnt how to seek support, particularly in times of emergency. These sessions helped to reduce gender stereotypes that limited the role of women in the society and perpetuated negative acts of GBV.

Providing vocational training for older teenagers would have been a significant approach to addressing one of the root causes of GBV, i.e., poverty. However, all groups reported feelings of empowerment and gaining control over their futures because of the opportunity to attend school and the programme activities. One of the girls said: '*These sessions supported us to strengthen our relations with our communities and friends and to share all the information that we learned with others.' She added: 'Also, they supported our position as women in society and our families, and how to share our opinions and especially that all decisions were taken by the caregivers or parents. The sessions improved our role as girls in society and limited the stereotypes that exist to believe that not only men have a role in this society and girls are good players too' (Group 5).*

SUMMARY: Effectiveness

How effective was the response?

Sub question 2(a): How clearly defined were the intended outcomes for the response?

Key informants and project staff were satisfied with the effectiveness of the project in achieving the intended outcomes. It was effective in providing vulnerable refugees with the basic requirements, including medical support, needed for day-to-day survival. Regular discussions and co-ordination with project partners, as well as beneficiaries, contributed to the overall effectiveness of the project's response in meeting the needs of the refugee communities.

Sub question 2(b): How clearly defined was the rationale or strategies by which the NGOs intended to achieve those outcomes, i.e., their theory of change?

The initial strategy for achieving the project outcomes had to be rapidly adapted as a result of the COVID-19 pandemic. Following the COVID-19 lockdown and emerging economic crisis in the country, Plan International and partners effectively re-programmed the support in order to respond to beneficiary need. However, data relating to GBV was not able to be reported during this time as GBV survivors were unable to be reached or access project services. Consequently, it is difficult to judge how effective the support strategies were in achieving, specifically, the project's GBV outcomes.

Sub question 2(c): To what extent were the intended outcomes achieved?

Data indicate that the project exceeded beneficiary targets at the end of years 3 and 4. Greater progress was reported to have been made in the fourth year of the project in targeting those adults and children with disabilities who were identified as a major priority for DFAT.[64] A substantial number of the refugee community, therefore, was ultimately supported by the project, shown earlier in table 3 (page 10).

The move to a more community-based and holistic approach to project delivery led to a greater understanding of need and an ability to focus on preventative outcomes resulting in an

[64] https://www.dfat.gov.au/sites/default/files/development-for-all-2015-2020.pdf

improvement in beneficiary wellbeing. Adult beneficiaries confirmed that the support they received was useful and helped them to feel better about themselves. Children and young people also found the GBV awareness activities informative and helpful. Specialist medical/psychological support was valued by both adults and children who received it.

Staff from Plan International and partners were provided with a range of training opportunities. The training included child protection covering identification and referral and case management. Data from the pre and post tests completed by the staff who undertook the training indicated that it increased capacity and met the training objectives.[65]

Project staff reported that the community-based approach helped in being able to target persons with disabilities. There is little evidence from the findings to confirm whether any support activities subsequently targeted at persons with disabilities was found to be effective.

> **Sub question 2(d): Did any either negative or positive significant unintended outcomes occur? For example, to what extent did the support provided through shelters contribute to women and children regaining their confidence and to living an independent, post-shelter life?**

One positive unintended outcome was a number of the girl beneficiaries were able to use the skills learned during the project to help and support their peers. This had the additional benefit of extending the network of support available to the refugee community. A further unintended outcome was the negative impact of a lack of communication and engagement with community leaders. As a result of this, some project activities were delayed or had to be re-thought. The oversight has now been recognised by project staff and plans are being developed so as not to repeat this mistake in any future Plan International projects.

The impact of the COVID-19 lockdown on beneficiaries' general well-being had not been considered. An unintended outcome of this was an increased level of tension in refugee families. Child beneficiaries referred to the negative impact of the COVID-19 pandemic on their mental health. Ongoing problems with the electricity supply compounded the situation for them and meant they were unable to communicate via the internet with others outside of the family. Further, many child beneficiaries found the on-line support they received during this time to be of little use.

> **Sub question 2(e): What has been learned about how change does or doesn't happen in these contexts, i.e., in relation to the NGOs' theories of change? For example, which of the response strategies were most effective in terms of achieving the intended outcomes?**

Confronted with a number of on-going and unpredictable crises, the project had to adapt to meet the changing and emerging needs of the refugee and host community in Lebanon. Amending the programming to incorporate GBV strategies at every level of support proved to be effective. The change resulted in a greater overall impact on behaviours associated with GBV in the refugee community. Front-line project staff were able to witness these positive changes at first hand. Listening and responding to the needs of the beneficiaries were also seen by staff to be effective strategies in the project's amended programme.

> **Sub question 2(f): To what extent has the project contributed to addressing the root causes and contributory factors of GBV? Consider how the project has worked within all levels of society, e.g. individual, relationships, communities and societal/systems**

[65] AHP Lebanon Activation Plan Consortium – Final Report, Reporting timeframe: June 1st 2020- June 30th 2021 (Year 4+ One month NCE)

At the level of the individual beneficiary, the project appeared to be effective in addressing some of the impact of GBV. Plan International staff witnessed increased levels of empowerment in the refugee communities. Adult beneficiaries, who were mainly female, indicated that they could look after themselves better as a result of being involved in the project. Child beneficiaries echoed this, with the girl groups mentioning that they were taught how to respond to different types of GBV and defend themselves against violence.

There is less evidence relating to the effectiveness of the project on challenging GBV behaviours in the adult male refugee community. Only a few adult males contributed to the evaluation and none of these took part in the project's GBV preventative programme, Program Ra.

Sub question 2(g): To what extent will the response outcomes be sustained? What further efforts, if any, from the NGOs and their implementing partners would have increased the likelihood of sustainability?

There is insufficient evidence from the evaluation to conclude whether the response outcomes will be sustained. In the last year of the project, staff energies were focused on securing the immediate survival needs of refugees rather than building in-country capacity to secure sustainability. Staff reflection on the importance of working with community leaders in any future humanitarian projects is, however, a first step to building sustainability.

Sub question 2(h): How adequate were the NGO's M&E practices to monitor outcomes, and to enable them to assess the effectiveness and inclusion of their response. For example, are these practices triangulated, rigorous? Are the most marginalised reached through these processes?

As a result of COVID-19, priority was placed on needs and not on the pre-set project programme initiatives. This resulted in a re-focusing of the project's monitoring and evaluation procedures. Plan International staff confirmed that monitoring and evaluation continued throughout this period of the pandemic. The monitoring and evaluation information gathered from front-line staff at this time was particularly useful in informing senior staff of the need to be adaptable and flexible when allocating project funding. However, there was no external validation of these processes as funders and other independent organisations were unable to conduct site visits due to the pandemic.

Sub question 2(i): How effectively did the NGOs monitor, manage and report risk, fraud and corruption?

There is insufficient empirical evidence from the interviewees to answer this question.

Sub question 2(j): To what extent have the agencies integrated COVID-19 considerations into their response (from May 2020 onwards)? How effective do these approaches appear to be to prevent or contain a COVID-19 outbreak in the programme sites?

Key informants and project staff confirmed that appropriate adaptations were made to the project in response to the COVID-19 pandemic. It is not known how effective these responses were in preventing or containing COVID-19 outbreaks in the programme sites.

EQ3 Inclusion: Was the response inclusive?

On the issue of inclusion, DFAT noted a low number of PWDs in the project. They recommended further collaboration with disabled peoples' organisations (DPOs) and other actors to ensure a more inclusive approach.

All DFAT partners have shared lessons, learned through their endeavours in Lebanon, to enable inclusive issues to take a high priority for vulnerable Syrians and host communities, some of whom are PWDs. These issues included social inclusion, child protection, gender equality, building community resilience, peace and stability, managing conflict, and delivering basic assistance and protection to communities. Although Plan organised several staff training events on *general* disability inclusion, no training was provided for *specific* disabilities.

With regards to issues of gender and diversity, DFAT technical support teams commented that INGOs are working to consider gender and diversity in all aspects of their projects, as reported by a UNHCR employee. They pointed out: '"*The no one is left behind" philosophy is being incorporated into all projects from the planning phase where beneficiaries are partaking in the discussions'* (KI, UNHCR).

Working with minority groups such as lesbian, gay, bisexual, trans and queer (LGBTQ+), PWD males and underage children has been slow but progressing. Although the programme originally worked in the areas of PSS, many progressive steps have since been included in the programme. Plan International staff reported that, in 2018, boys and men began to be engaged in the programme and, more recently, the programme has expanded to include conducting awareness for people with disabilities.

Plan International reported that the project has room for improvement in working with LGBTQI+ communities and PWDs. The numbers for such groups have traditionally been low in these types of projects. As such, it was essential to access PWDs because they have been either incapable of expressing, or attending or have been hidden by communities. *'We needed to go where people are and seek them out,'* stated a Plan International staff member. They added: '*Work has also been done by IMC to improve knowledge in this regard. Yet we believe that a need remains to make their inclusion a norm by the community'* (KI, PLAN).

The hybrid approach that was developed contributed to the project's success as it facilitated reaching out to PWDs at home. This allowed them to participate more easily in the various programmes. The IMC research department realised there was a lack of information sources to develop beneficiary lists. This called for excessive networking with disability organisations and unions in order to ensure their involvement. They said: '*We trained these actors on GBV and worked with them on case management and referral. Across the last four years we have learned so much on disability,"* explained an IMC staff member.

For sexual minorities, Plan International noted that focus in terms of the activity and the level of experience in this area was very low. Capacity building sessions were given by the UNHCR and Helem on gender and sexual orientation. Their purpose was to achieve more targeted responses and case management. However, an IMC staff member noted that '*it was not the main focus, nor was it an emerging theme within the programme*' (IMC Staff Member).

A gap was also noted by Plan International on issues regarding under-age cases, as child employment and child marriage are still not illegal in Lebanon. Plan believed that IMC navigated this well. They worked on capacity building to meet the needs of this particular group of under-age referrals, as well as expanding in the areas of child protection. However, it was agreed that '*More*

work on capacity building for outreach workers is needed in this regard' (Plan International Staff Member).

Plan International and partners were successful in involving and including host communities in project activities. For example, the programme was successful in mitigating and decreasing tensions between the two communities through strengthening the system of local health centres and the use of safe spaces, especially for those who would not normally approach healthcare centres. The safe spaces were seen as an important component of the project. They became a place where beneficiaries and those from the host communities felt a sense of security and belonging.

The project was inclusive in its focus on targeting vulnerable Syrian refugees, mainly female, in areas of Lebanon where there was the greatest need. It was less inclusive, however, in responding to the needs of those adult beneficiaries who had a disability and particular male adults with a disability.

Only four adult beneficiaries, all female, out of a total of the 300 participants in the questionnaire survey confirmed that they had a disability. This number represents around 1% of the total adults surveyed and is not reflective of the proportion of adults with a disability, 2.6% (309), reported by Plan International as having been successfully targeted by the project.

Additionally, only 1% (n=4) of beneficiaries who took part in the evaluation were from Lebanon and only 1% (n=4) were over 56 years of age. There is, therefore, limited evidence from the evaluation as to the inclusivity of the project when it comes to engaging with either the host community or with older females.

There is evidence that the design and implementation of the response involved an holistic approach to addressing the needs of the young vulnerable beneficiaries of the Plan International programme. Most beneficiaries reported they were engaged in activities focused on improving their physical and psychosocial wellbeing. These activities were gender-disaggregated to better focus on addressing the vulnerabilities of each group.

In terms of safety, most respondents reported feelings of safety through access to protection services, GBV support and PSS. However, a male beneficiary complained of feeling unsafe as a result of violent clashes which occurred daily in their residential camps. The participants also mentioned that they had become aware of their rights and responsibilities. For example, girls report that the sessions on early marriage had impacted on their decisions to choose to complete their education rather than marrying at a young and vulnerable age. One girl stated: '*What we learned is that many girls left schools for marriage but, after these sessions, we focused more on our schools and our education. Early marriage is not right and we should look to our future. These sessions support our connection and enrolment in schools' (Group 1)*.

The group sessions also addressed the community norms which posed a barrier to gender equality and minority participation. For example, the boys mentioned that the Programme RA sessions improved their attitude towards hearing women's opinions.

SUMMARY: Inclusion

How inclusive was the response?

Sub question 3(a): To what extent were the needs of different groups of people, including for example age, gender, ethnicity and nationality, considered in the design and implementation of the response?

More effort was directed at accessing and supporting the needs of persons with disabilities towards the end of the project implementation period compared to the beginning. Key informants, however, believed that there had been a need for more collaboration with disabled people's organisations (DPOs) in order to have ensured a more efficient and inclusive approach. There was also a strong perception from key informants and Plan International project staff that insufficient focus had been placed on involving other protected minorities in the project, such as lesbian and bi-sexual groups.

The physical and psycho-social needs of child beneficiaries appear to have been well catered for in the project. Group activities were often gender-disaggregated in order to better focus on the vulnerabilities and needs of each group. Sensitive, safe-guarding topics such as child marriage and barriers to gender equality were valued by the child beneficiaries.

Sub question 3(b): What did the response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities and from minority groups?

The project succeeded in reducing tensions between the refugee and host communities. This was primarily achieved through strengthening the system of local health centres for the benefit of the whole community.

Findings from the girl-only focus groups indicate that some girls decided to remain in education following project sessions that focused on early marriage. Potential tensions around such child safeguarding issues were well managed by Plan International's implementing partners. Project outreach workers were supported in their understanding of these safe-guarding issues, but there was an acknowledgement by Plan staff that more training was needed in this area.

Child and adult beneficiaries were better able to protect themselves as a result of being involved with the project. A small number of adults reported anxieties about the slowness of investigations into GBV cases and continuing community tensions.

EQ4 Efficiency: Was the response efficient?

A DFAT interviewee noted that Plan International faced numerous challenges during the COVID-19 pandemic and the crisis in Lebanon that hindered the efficient delivery of the project. Although some activities were underachieved, the DFAT representative was satisfied with the life-saving aspect of the project.

Plan International demonstrated a willingness to adapt programming to maintain relevance and value for money and to ensure the continuity of key protection activities. By the end of February 2020, Plan International had already spent more than 90% of year three budget. Although the pandemic potentially affected the budget, the project expenditure was on track as Plan was able to adopt ethical, efficient and economical use of funds. For instance, Plan directed savings generated from the cancellation of the International Women's Day event and a selection of group activities to purchase 500 hygiene kits for women, girls and their families. Another example of the effective combination between Plan's efficiency and DFAT's flexibility is the use of funds to cover a critical gap that saved four healthcare centres from closing.

Moreover, the Plan International project was efficiently delivered in close coordination with local authorities, the United Nations and humanitarian organisations to avoid duplication, improve referral systems and address gaps within the sector. Plan was thus able to maintain its ongoing engagement in the protection space with its partners utilising numerous online platforms and building trust among the targeted population and other stakeholders. One UNHCR representative reported that '*the project partners adapted constantly to the COVID-19 requirement providing online instead of face to face sessions for high-risk cases*' (UNHCR representative).

In fact, COVID-19 brought about many modifications to the programme. For example, work in the field was stopped and shifted to online approaches. The number of sessions was changed in order to better accommodate to the changes and the challenges encountered in the field, especially the presence of limited resources and electricity and internet outages.

The IMC team considered the adaptations to the online interface to be positive and successful, as stated by one staff member: '*We have become more adaptable and changed our understanding of what typical programming looks like'.* Part of the adaptation required the use of various budgets to send telephone and internet recharge cards to the refugees. Awareness sessions continued in person, when possible, through outreach volunteers who lived within the community as they can more easily and efficiently access hard to reach refugees.

Plan reported that simplified and user-friendly interfaces were also used and adapted to achieve a higher efficiency. For instance, WhatsApp was used instead of Zoom or Microsoft Teams in order to facilitate access to the participants. One staff member from IMC stated that: '*Where possible, audio-visual material was created and sent in advance to the participants*' (KI, IMC). Adapting to the hybrid system also required training and support on internet safety, especially for young girls and boys.

SUMMARY: Efficiency

How efficient was the response?

> **Sub question 4(a): To what extent was the response implemented according to agreed timelines and budgets?**

Unforeseen demands on the project budget as a result of the COVID-19 pandemic resulted in spending being realigned to ensure that vital protection activities were maintained. Consequently, Plan International adopted a hybrid approach, involving a combination of on-line and local, face to face delivery. Funding from other project areas had to be used in order to support remote access, via mobile phone or internet, to beneficiaries.

> **Sub question 4(b): In what ways was the response implemented to achieve good value for money (recognising that there are often higher costs necessary to achieve inclusive approaches, and to reach those who are most marginalised)?**

The change to the use of a hybrid mode of delivery represented a good value for money as available resources were used both efficiently and effectively during this period. Value for money was also achieved through the efficient co-ordination of activities across humanitarian agencies working to support the refugee communities.

The use of community outreach workers to deliver essential training, such as internet safety to children, was an efficient way to ensure that those who were most hard to reach were able to be supported by the project.

EQ5 Capacity building: Did the response reinforce local capacity and leadership?

As the situation in Lebanon became worse and more COVID-19 lockdowns took place, DFAT thought it essential to strengthen staff support. DFAT was aware of the difficult operational context resulting in the challenges to remaining engaged in collective efforts to eradicate all types of violence in emergencies. As a consequence, DFAT encouraged Plan to provide additional trainings and support services for their staff. It also recommended that both organisations maintain their engagement with local actors to exchange knowledge, strengthen their capacity and ensure long-term sustainability of protection interventions. One interviewee said: *'We appreciate the efforts invested by most INGOs by focusing on localisation for many years now, i.e. building the capacity of local NGOs and empowering local authorities' (*DFAT representative).

IMC prides itself on being able to address areas that need improvement. This applied to the current project and was achieved through capacity building. An IMC staff member stated: '*Numerous capacity building activities took place during the time of the project, especially in relation to GBV. This included training related to child protection and life skills curriculum for adolescent boys and girls*' (IMC staff member). They added: '*In addition, networking with disability organisations has been ongoing in order to ensure their continued involvement. They have been trained in GBV and case management and their referrals are continuous*'.

SUMMARY: Capacity building

Did the response reinforce local capacity and leadership?

> **Sub question 5(a): To what extent did the response support and strengthen local partners, including civil society, for example, local women's organisation, disabled people's organisations and local government? What influence has this had on the ability of local partners to respond to needs in the future?**

The COVID-19 pandemic, together with other challenges such as the Beirut port explosion, high rates of inflation and electricity outages, created an extremely challenging operational environment for humanitarian agencies operating in Lebanon. In terms of capacity building, DFAT's priority during this time was to ensure local staff had the necessary skills to maintain the collective efforts to address all types of violence in the country.

A significant amount of capacity building with Plan staff and other agencies took place during the early stages of the project. However, in the final year of the project, restrictions made it difficult to maintain a similar level of training compared to previously.

> **Sub question 5(b): What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?**

Plan International partners reported developing on-going communications and networking arrangements with disability organisations in the country. Partners, such as IMC, supported capacity building activities with these organisations. Unfortunately, there is no, independent evidence from the evaluation, to confirm these assertions.

A DFAT representative confirmed that, during the pandemic, Plan International and partners were recommended to maintain their engagement with local humanitarian actors. This supported organisational capacity through the exchange of knowledge and aimed to secure long-term sustainability.

EQ6 Transparency and accountability: How transparent and accountable was the programme?

On the issue of accountability, DFAT reported that extensive training on dealing with children were provided with the use of graphic templates for all the field actors. These included the UNICEF training on Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic; MEAL for Kids: standards for child participation and Guidance on Accountability to Children; the for child psychological support and child friendly spaces; Guidance on Measuring Children's Psychosocial Well-being in emergency response and recovery programming. The activities were supported by a focus on the ethics, challenges and gaps in remote monitoring and evaluation.

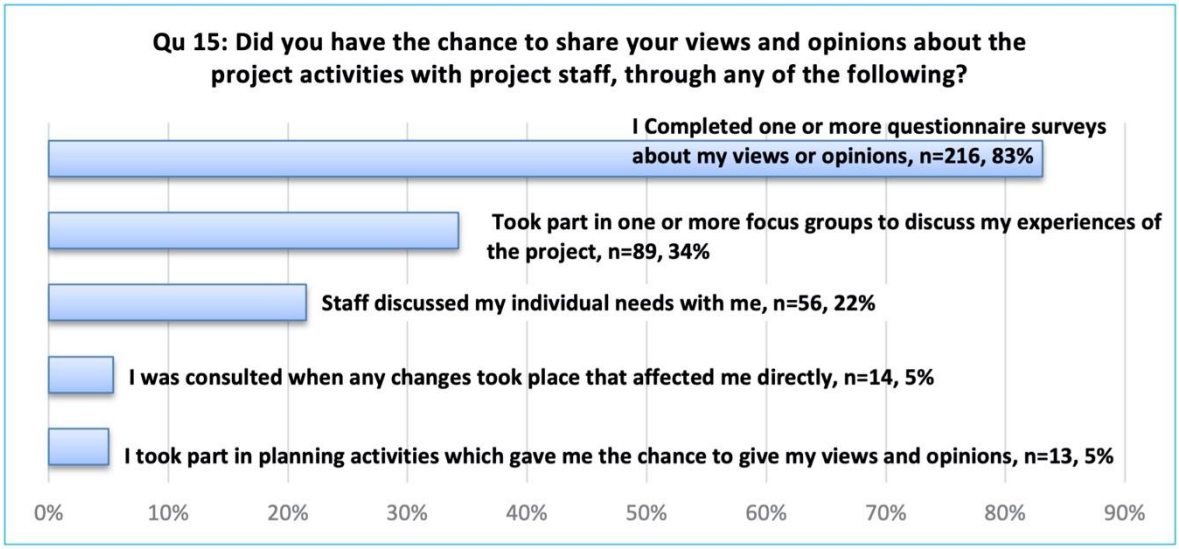
Further training events included a Training of Trainees implemented by UNICEF for child inclusion and PWD[66] in year 3 of the project. Forty four groups completed parenting skills sessions including recognising and dealing with violence against children and those with limitations.[67]

Plan International presented numerous training sessions for issues related to accountability. The training revealed the diversity in the lives of Syrian refugees from interviews made in the field. In addition, IMC successfully navigated the issues associated with child laws in Lebanon and also aided in strengthening local health care centres. '*The continuous collaboration between the planning and programming department, the on-site teams, and the beneficiaries has been a vital source of the success of the project*,' reported Plan International staff. They added: '*The challenges created by COVID-19, including but not limited to fieldwork, made it essential that intersectional needs be met through working with the refugees*' (Plan International staff members).

The importance of working with refugees was also recognised through providing opportunities for adult beneficiaries to share their views and concerns with staff. As shown in figure 10, the majority

Figure 10: Did you have the chance to share your views and opinions about the project activities with project staff, through any of the following?

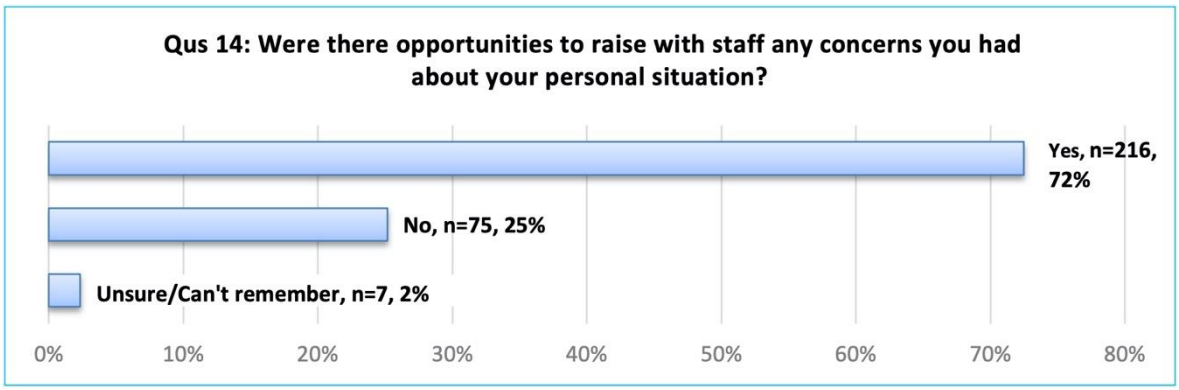
[66] Plan International and IMC (July 2019) Annual Report, March - May 2019.
[67] Plan International and IMC (2020) Annual Report, June 2019 - May 2020, AHP LBN GBV CPiE Project, Yr3_FINAL.



Total number of respondents=260. Total number of responses =388

of beneficiaries, 83% (n=216), had completed one or more questionnaire surveys about their views and opinions. Thirty four percent (n=89) had taken part in one or more focus groups to discuss their experiences and 22% (n=56) had been able to discuss with staff their individual needs. On the other hand, only 5% (n=14) of the adults were consulted when any changes took place that affected them directly and only 5% (n=13) took part in planning activities where they were able to share their views and opinions. However, on a more positive note, figure 11 indicates that the majority of beneficiaries (n=216, 72%) were able to raise concerns with staff about their own personal situation.

Figure 11: Were there opportunities to raise with staff any concerns you had about your personal situation?



Total number of responses =298

Clearly a range of feedback systems were used by staff to support the project transparency and accountability. Predominantly, questionnaire, surveys or focus groups were used to gather adult beneficiaries' view. There is no evidence in the evaluation data collected to assess whether the feedback gathered in this way had any impact on amending the programmes or activities that beneficiaries were involved in.

SUMMARY: Transparency and accountability

How transparent and accountable was the programme?

Sub question 6(a): In what ways, and to what extent were implementing partners sufficiently accountable to, and engaged with, affected communities or populations?

Plan International and partners had clear systems of accountability in place throughout the four years of the project. Detailed quarterly progress reports were submitted to donors. Project monitoring and evaluation data provided donors with regular information about how beneficiaries felt about the support they received from PSS interventions.

Staff reported that the collaboration and regular sharing of data between front-line support workers and the programming department was a major reason for the project's overall success. Monitoring data gathered by front-line staff helped the programming department be responsive to the changing needs of beneficiaries.

Sub question: 6(b) What accountability practices were perceived as the most useful by the affected communities or populations?

The majority of adult beneficiaries confirmed that questionnaires and focus groups were used to gather views and opinions about the support they had received. Adults also reported that they were able to speak to staff individually about their own personal problems.

Evaluation data from child beneficiaries was gathered by outreach staff. Child-friendly response forms, employing a pictorial format, were used effectively to gather their views and opinions.

Sub question: 6(c) What evidence exists of programmes having been influenced by effective communication, participation and feedback from affected people and communities?

Only a relatively few of the adult beneficiaries surveyed for the evaluation reported that they had been involved in the planning of activities or that their feedback was used to change how projects were implemented.

EQ7 Additional questions: Plan International only

- GBV strategies: How appropriate are the GBV strategies of the programme?

It is clear from the evaluation data that the gender-based violence strategy of the project was a success. Plan International believed GBV case management '*had been a great success'.* However, it was also felt that multi-year funding was needed to enable the development of further projects to ensure sustainability.

In the interview with an IMC staff member, the interviewee reported: *'We have seen a change in perception about GBV issues, as well as levels of empowerment and levels of understanding. We saw some changes on the ground.'* However, the IMC representative expressed the need to work more with community leaders in order to enhance project response. They believed that '*this kind of co-operation was lacking and was an under-addressed issue'*.

Plan International also noted that it was obvious that financial support was needed in the community and therefore would be essential to ensure that services continued. They recommended: '*This element should be taken into consideration in the future planning of GBV programming*'.

The effects of the crisis in Lebanon have, indirectly, contributed to the success of project logistics. The need to shift to online methods indirectly and successfully helped to redistribute money which

DFAT's flexibility allowed through a budget adaptation. One key informant explained that: '*One example is that groups of beneficiaries were divided into smaller groups to ensure full attendance*'. They added that: '*Some sessions were given more than once*' (KI, IMC).

SUMMARY: GBV Strategies

How appropriate are the programme's GBV strategies?

> **7(a) How appropriate are the programme's approach and strategies for addressing GBV, from both prevention and response perspectives, in terms of:**
> **- Adapting approaches/ strategies to different forms of GBV and the socio-legal and cultural contexts that the project works within;**
> **- Engaging with families and communities;**
> **- Working with service providers to improve capacity and quality of services.**

Donors regarded the project's GBV strategy to be successful. However, key informants expressed concerns about the sustainability of the strategy for the future. In this respect, the importance of engaging with the Lebanese government on GBV issues was highlighted. Working with authorities at a national level was seen as a way of addressing some of the barriers to reducing GBV. Additionally, partner agencies stressed the need to work with community leaders in order to increase the reach and impact of GBV interventions.

Key informants also pointed out that successful programme planning in the future needed to be based on first-hand knowledge of the values and cultures of the affected communities.

The project's shift to on-line delivery helped to improve capacity and release resources to support the changing needs of beneficiaries during the pandemic.

- Capacity of front-line staff: How has the programme improved the capacity of front-line staff to provide quality protection and health services?

The DFAT representative pointed out that numerous capacity building activities for front line staff had been encouraged and supported during the time of the project. A Plan staff member explained that the organisation continually maintained flexibility to ensure the comfort and safety of its front line workers during the tumultuous times in Lebanon. To help with this strategy, expert consultants were recruited to provide staff with appropriate support. They said: '*At PLAN, we believe this is our added value. Having this is key to the success and the do no harm approach – this has always proven to be a strong point we have for our staff, as they are under severe amounts of psychological and physical stress during these times' (Staff member, Plan).*

An IMC staff member also highlighted the value of the self-care support provided by Plan saying: **'***The initiative from Plan to provide staff care was very important to us. It showed us how important staff's wellbeing is to Plan (Staff member, IMC)*

SUMMARY: Capacity of front-line staff

Capacity building activities were both supported and encouraged by DFAT, particularly in relation to interagency working. Senior Plan project staff also emphasised the benefits of supporting the well-being of front-line staff. Providing staff care activities was seen to be particularly important in the final year of the project when the day-to-day operational context in the country was extremely challenging. However, budget pressures in this last year meant that there was insufficient funding to

deliver the self-care programme. The lack of access to self-care had a detrimental effect on staff and team morale during this period.

- Use of resources: How has the project minimised costs and leveraged available resources?

Project resource usage adapted well to the challenging circumstances of the crisis in Lebanon during the pandemic. Although the unforeseen pandemic could have potentially affected the project budget, expenditure was on track as Plan was able to adopt ethical, efficient and economical use of funds.

A DFAT representative reported that the organisation supported financial flexibility, saying: '*Plan directed savings generated from the cancellation of the International Women's Day event and some group activities to purchase 500 hygiene kits for women, girls and their families.'* They believed that this was '*another example of the effective combination of Plan's efficiency and DFAT's flexibility in the use of funds, in this case, to cover a critical gap that saved four healthcare centres from closing, especially at a time when there have been huge concerns within the underfunded health sector"* (KI, DFAT).

However, the DFAT representative recommended GBV actors to consider incorporating an emergency cash component '*as the population in the country was sinking deeper into poverty which may lead to increased numbers of GBV, as witnessed during troubling financial times*' (KI, DFAT).

SUMMARY: Use of resources

Project budgets were managed efficiently throughout the lifetime of the project. In year four, financial savings and capacity building were achieved through adopting new ways of working. A combination of on-line and in person support during the pandemic meant that any subsequent savings could be used to support beneficiaries with essential supplies and services during the period of lockdown.

Rapidly increasing rates of inflation in the country in the final months resulted in the project's purchasing power being constantly reduced. This was the position of most of the humanitarian organisations operating in the country at that time. It became increasingly difficult for senior project staff to lever any additional resource from external agencies at that time.

B: CARITAS and PARTNERS

EQ1 Relevance: was the response appropriate and relevant?

The Caritas project was successful in addressing the humanitarian issues arising from the Syrian crisis. The KI interviewed believed that the project also played an important role in supporting beneficiaries to cope with several emergencies that occurred in Lebanon during the period the project was underway. These included political unrest, security incidents, economic deterioration, the global pandemic and the Beirut port explosion. One DFAT interviewee stated: '*Given the current situation in the country, the national services are not enough to cover the ongoing gaps.'* They added: *'There are huge needs that should be covered and the role of INGOs in the context is very important. Without INGO support, beneficiaries' needs cannot not be met and every single activity can contribute to the safety of those affected by the crisis' (KI Caritas)*.

The project was relevant to ensuring the survival of beneficiaries and meeting both their short-term and their long-term needs for shelter, basic needs, PSS, finance, social inclusion and resettlement. Project activities were aimed at providing protection services, reducing risk to vulnerable beneficiaries, improving wellbeing and providing a degree of stability for people, including PWDs, who had been displaced during the crisis.

Although the KI interviewed was not specific in referring to particular examples, they explained that through the provision of awareness sessions, the project helped to address negative perceptions and attitudes. These were on issues such as child marriage, GBV, suicide, education and child labour amongst refugee and local communities in Lebanon. This has a potential, long-term impact given that the project was implemented in the safe shelter and the changing perception and knowledge can impact the beneficiaries' behaviour after they leave the shelter.

During the project, Caritas delivered quality protection services to meet the needs of refugees and other vulnerable migrant women in Lebanon. This was maintained during the COVID-19 pandemic as changing realities significantly impacted on the quality of service delivery highlighting the need for programming design to be adaptable to contextual changes. Caritas, therefore, adapted its response during the pandemic to ensuring that relevant support and help was provided for the project beneficiaries. One interviewee said: '*The project constantly adapted to the situation and provided online GBV sessions keeping direct face-to-face intervention only for high-risk cases' (KI, Caritas).*

With regard to COVID-19, a KI interviewee explained: '*Notably in Lebanon, through funding to Caritas, Australia supported increased access to high-quality protection services for SGBV survivors - women and children - some of whom were Persons with Disabilities' (KI interviewee).* Specifically, Caritas organised awareness sessions, reported new cases and adopted related SOPs aimed at minimising the disruption to shelter provision as a result of the pandemic. In addition, quarantine spaces were provided, without affecting the delivery of other services. An initiative was implemented that allowed new GBV survivors to isolate for 14 days prior to joining the residents, thus reducing the risk of a COVID-19 outbreak.

As the project got underway, it became important to meet the need for increased coordination between organisations and partners, including DPOs. It was also important to be adaptable to the humanitarian needs resulting from changing contexts in the country. For example, it was difficult to operate safe spaces to empower vulnerable people due to movement restrictions in the country and the closure of community centres.

There was also a pressing need to integrate mobile services with online interventions. These were aimed at addressing urgent GBV cases with a focus on women, children and PWDs and those unable to express themselves through fear of their perpetrators. Furthermore, the KI interviewed added that flexibility was required in the provision of funding to cover emergencies including the cost of an M&E system. Consequently, an M & E officer was appointed who was involved in all MEAL tool design and data collection for the project.

In addition, to ensuring the relevance of the project, it appears there is a need to take into consideration lessons learned from the previous HPA programme. A KI identified the following list of interventions that had been used with previous projects: *'The allocation of resources to existing gaps; support for post-shelter life; coordination with other centres for case management of women and children survivors; strengthening of alternative family-based care models to support unaccompanied minors [foster homes]; hiring of caretakers specifically for unaccompanied minors to support either their family reunification or relocation in a third country; coordination with juvenile judges and with UNHCR and other relevant actors to prioritise legal actions and resettlement of*

unaccompanied children' (KI)

However, despite the challenges faced during the refugee crisis in Lebanon, Caritas provided a relevant and appropriate response to the local context that met the needs of a specific group of beneficiaries. This group consisted of women refugees who were being left without support. Referred to the shelters by the justice system, they were at high risk of GBV and, consequently, highly vulnerable.

As well as the COVID-19 pandemic, the Beirut port explosion and the economic and political crisis in Lebanon significantly affected the programme and led to changes in the existing model. For example, at the start of the pandemic, the shelters were '*very quickly overwhelmed*' but this was mitigated by changes made to SOPs within the shelters and the introduction of safety measures to protect both staff and residents.

A DFAT KI believed that with the increased rates of GBV in the wake of the lockdown measures, the main challenge faced by Caritas was to accept referred cases into the shelters. They stated that: '*Caritas continued its coordination with the GBV taskforce and tried to strike a balance between the health of residents and the number of calls to receive emergency cases into the shelters*.'

To protect both staff and beneficiaries, services such as counselling and legal support were delivered remotely and staff received training to improve the quality of services during this period. One of the aims of this development was to support beneficiaries experiencing severe stress. In addition, changes made to the international acceptance of Syrian refugees led to increased numbers and longer stays in the shelters. This necessitated the implementation of a planning model to transition the residents to post-shelter life earlier than previously planned. A member of Caritas staff explained: '*Adaptability of programming is pivotal. There is no escape from it. Programmes need to factor this in and be less traditional and rigid. Emerging realities change this every day. In our experience, we needed to adapt quickly and swiftly – particularly because we are responsible for these people's lives'* (Staff member, Caritas).

Finally, an interviewee felt strongly that staff care was not prioritised by the team. The shelters became understaffed and the staff overworked. As a result, prioritising staff care then became essential to the success of the programme.

SUMMARY: Relevance

How relevant and appropriate was the response?

> **Sub question 1(a): How relevant and appropriate was the response from the perspective of affected communities, sub-national and national government departments and relevant service providers?**

Key informants and staff were confident that the humanitarian activities delivered in the Caritas shelters were entirely relevant. The interventions provided in the shelters were designed to meet the specific and immediate survival needs of a group of extremely vulnerable women and children. The provision was focused on supporting both the short and long-term needs of those beneficiaries who were survivors of GBV. Awareness sessions provided to beneficiaries in the shelters helped them to address negative perceptions and attitudes on a number of sensitive topics, such as, suicide and child marriage.

Sub question 1(b): How well did the NGOs and their partners respond to needs assessment information, both initially in planning and over the course of implementation, as needs changed and as the context changed over time?

Caritas was successful in adapting the project and align services to respond to the changing needs of beneficiaries. In addition, during the pandemic, a significant increase in referrals to the shelters led to the development of new ways of working. During this period, certain services were delivered remotely and some beneficiaries were supported in planning a transition to a post-shelter existence.

Staff reported, however, that the needs of PWDs, and particularly those with physical disabilities, were not well catered for in the project. In addition, the emotional and support needs of staff appeared to be overlooked. This was especially the position during the pandemic, as staff shortages led to increased workloads and decreased capacity in the shelters.

Sub question 1(c): To what extent did the assistance align with the following guidance:
- Australia's Humanitarian Strategy (updated in May 2016);
- DFAT's Disability Inclusion Strategy (released initially in 2009 and updated in 2015);
- DFAT's gender equality and women's empowerment strategy (updated in 2016);
- the Australian Government's COVID-19 Aid Strategy, 'Partnership for Recovery;
- Australia's COVID-19 Development Response' (released in May 2020);
- other key Australian government policies and priorities?

The aims of the Caritas project were to improve wellbeing and provide stability for those vulnerable women displaced as a result of the refugee crisis. The project's focus on supporting the needs of vulnerable women and children at risk of GBV reflected the aspirations in DFAT's Gender Equality and Women's Empowerment Strategy. This is particularly evident in the project's provision of 'appropriate counselling, accommodation, legal and practical support for women and their children'.[68]

Sub question 1(d): What are the key findings that should inform future programming to ensure the relevance and appropriateness of outcomes, outputs and strategies from both a GBV response and prevention perspective? Consider the specific needs and priorities of different stakeholders, including children.

A number of those interviewed for the evaluation felt strongly that lessons needed to be learned from previous AHP programmes. Key informants also believed that, for future projects there should be greater co-ordination across agencies and particularly DPOs. In addition, for any future projects, it would be an advantage to have available mobile and outreach services. Such provision would help in identifying and supporting those in the community who were most vulnerable and at risk of GBV. One KI explained that this could be done through a community-based project separate from a safe shelter project. This type of programming could be implemented by other CL departments operating community centres.

EQ2 Effectiveness: was the response effective?

The Caritas response to the crisis in Lebanon appeared to be effective in a number of ways. For example, supporting beneficiaries for the transitioning to post-shelter life resulted in beneficiaries being less likely to return to the shelters. The Caritas team provided services that were tailored

[68] https://www.dfat.gov.au/sites/default/files/gender-equality-and-womens-empowerment-strategy.pdf

specifically for each beneficiary, based on their individual needs. In this way, the project was able to effectively support the women to find a permanent job when they left the shelter.

However, one Key Informant believed: '*It is clear that durable solutions were hard to implement in the current context given the pandemic, the closure of borders and the reduction in resettlement opportunities to a third country*.' They added that it was important to always consider exit strategies that integrated GBV prevention and mitigation based on a Do No Harm approach, even from the start of the planning stage of the programme.

In relation to the monitoring and evaluation of the project, MEAL policies and procedures were implemented through quarter reflection workshops throughout the lifetime of the project. Each workshop was prepared with CL shelter teams and co-facilitated by CL. This consisted of reviewing the progress of implementation aimed at meeting agreed targets and identifying challenges and lessons learned. The activities were revised based on emerging needs. The on-site monitoring was affected by COVID-19 and, consequently, replaced with regular monthly and bi-weekly meetings supplemented by *ad hoc* meetings when needed.

At the start of the project a baseline safety, well-being and satisfaction survey was conducted, repeated in year 2 and year 3 adapted to COVID-19. Given that the end of the project was marked by the exit of a higher number of residents, the exit interview was intensified. This exit interview was undertaken throughout the lifetime of the project with residents who were exiting the shelter.

In relation to monitoring and evaluating the effectiveness of the project, one KI added that Caritas was effective in cross-partnership M&E but only annual reports were received by the donor. An interviewee recommended that regularly reporting monitoring and evaluation should be ongoing rather than being carried out at the end of the implementation.

Despite this, Caritas quickly and effectively resolved challenges experienced with responding to the changing contexts and needs in Lebanon resulting from the COVID-19 pandemic. This included provision of several awareness-raising sessions, the reporting of new cases, legal follow-ups and adoption of COVID-19 related SOPs to normalise the new situation inside shelters. Quarantine spaces were provided without affecting the delivery of other services. Additionally, an initiative was introduced that allowed new GBV survivors to isolate for 14 days prior to joining the residents, thus preventing the risk of a serious COVID-19 outbreak. To support the initiative, PCR testing was made available in the shelters. There was also coordination between shelters in case people needed to be redirected. These precautions proved effective in managing two outbreaks that occurred in two shelters.

Amid the protests and COVID-19 pandemic, Caritas faced several challenges, including the need for further support for residents to depart shelters and to implement more durable solutions as airports remain closed, the inability to receive a high number of new GBV cases, an increase in frictions among residents, and a scale down of some activities due to budget constraints.

*One interviewee said: 'Caritas's response to overcoming these issues included the provision of several awareness sessions, regular updates on residents' cases, legal follow-ups and adoption of COVID-19 related SOPs to normalise the new situation inside shelters (*Caritas, staff member*).*

Many beneficiaries received emergency psychological and trauma care following GBV and then went on to receive care for their ongoing recovery. Drawing on work on the ground with GBV survivors, PSS and awareness sessions and activities tailored to meet the needs of beneficiaries were

instrumental in changing attitudes and negative perceptions as well as improving the mental health of residents. The impact of the project on the women's resilience and their ability to become empowered was highly significant. One member of staff was able to observe: '*The effect of the project on their resilience and the ability to empower the women was clear. Women have learnt what is acceptable and what is not the acceptable way for a woman to be treated'* (Caritas, staff member).

Shelter staff were invested in the wellbeing of the beneficiaries, building trusting relationships and treating them with dignity and respect. This approach had tremendous impact on the beneficiaries' self-esteem and self-confidence. A staff member said: '*Even the simplest of things, such as feeling respected and treated with dignity, and feeling cared for and recognised as being worthy made a lasting impact* (Caritas, staff member).

With regards to transitioning to post-shelter life, the beneficiaries participated in livelihood activities such as sewing, cooking, art and make-up classes which were channelled into business opportunities. Some beneficiaries began their businesses in the shelters, often selling their wares and services to Caritas staff or to customers outside the shelters. One Caritas member of staff recalls one woman who left the shelter. They explained: *'She and another woman she had met at the shelter opened up a small hairdressing business together'* (Caritas, Staff member).

Change occurred when beneficiaries' views were considered in decision making and in adapting the programme activities. This approach improved the wellbeing of residents, forging the path to becoming involved in other project activities. Adapting SOPs for managing GBV to the local context and individual needs also proved helpful in providing much needed support. One participant felt that the project was '*very connected*' to the participants since it did not engage a top-down approach but reflected the needs of the community. For example, one staff member pointed out: *Residents wanted more input into the types of activities that were being offered. At one point, they provided feedback that they particularly enjoyed the physical aspects of Zumba and so the number of sessions of this was increased'* (Caritas, Staff member).

Caritas staff interviewed believed that the project was effective and successful in addressing basic assistance such as, for example, shelter, food, medical help and physical activities. In addition, the locations of Caritas shelters were not disclosed for security reasons. These actions contributed to the immediate needs of security, safety, physical and mental wellbeing on an individual and at a family level were met. Consequently, staff engagement and commitment have helped prevent any fraud or security issues occurring while delivering protection services.

Caritas took effective steps to strengthen their systems, processes and future capabilities through training in coordination with CRS. However, staff training may have been limited to basic skills as reported by a CRS respondent. They said: '*Caritas staff could have benefited from more targeted sessions that would advance the project towards working at a community level in the future*' (Caritas, staff member).

One KI pointed out, however, that Caritas Lebanon capacity strengthening through staff training continued to the end of the project. In addition, for months afterwards, a targeted community-based project was implemented to meet the unique needs of residents. Training was tailored and designed based on the learning needs assessment of CL staff.

As part of the effective response to COVID-19, SOPs were developed for the prevention and management of COVID-19 cases. Staff received training on COVID-19 management by professional teams to ensure the implementation of COVID-19 guidelines. One unexpected positive outcome was

that staff developed the adaptability and resilience to work under extreme pressure. This was particularly observed during the COVID-19 pandemic when referrals to the shelters and workloads increased significantly.

SUMMARY: Effectiveness

How effective was the response?

Sub question 2(a): How clearly defined were the intended outcomes for the response?

The intended outcomes were clearly defined as the project's primary objective was to provide for the immediate needs of women and children survivors of abuse and GBV.

Sub question 2(b): How clearly defined was the rationale or strategies by which the NGOs intended to achieve those outcomes, i.e., their theory of change?

The Caritas project's response strategies were also clearly defined as they were based on providing appropriate and immediate support to women and children subjected to GBV. The project employed psychological and social support strategies to support beneficiaries in overcoming the trauma of their experiences.

Sub question 2(c): To what extent were the intended outcomes achieved?

The project's intended outcome of providing immediate support to vulnerable women and their children was achieved. Individual outcomes for beneficiaries were achieved through a combination of resilience building activities, livelihood and skills training. In addition, the provision of a comprehensive programme of support resulted in beneficiaries being less inclined to return to the shelter after leaving.

Sub question 2(c): Did any either negative or positive significant unintended outcomes occur? For example, to what extent did the support provided through shelters contribute to women and children regaining their confidence and to living an independent, post-shelter life?

Staff affirmed that beneficiaries in the Caritas shelters were treated with dignity and respect. Staff invested in the well-being of beneficiaries and this had an indirect impact on their families and communities.

One unexpected positive outcome from the project was that staff developed the adaptability and resilience to work under extreme pressure. This was particularly observed during the COVID-19 pandemic when referrals to the shelters and workloads increased significantly.

Sub question 2(e): What has been learned about how change does or doesn't happen in these contexts, i.e., in relation to the NGOs' theories of change? For example, which of the response strategies were most effective in terms of achieving the intended outcomes?

The key informants interviewed were clear that enduring change was difficult to achieve for GBV survivors, given the current challenges in the country. As a learning point for the future, they felt it was important to consider exit strategies at the planning stage for any GBV-focused humanitarian

activity. Project staff observed that real change occurred when beneficiaries' views were listened to and taken into account in the planning and delivery of programmes and activities.

Sub question 2(f): To what extent has the project contributed to addressing the root causes and contributory factors of GBV? Consider how the project has worked within all levels of society, e.g. individual, relationships, communities and societal/systems

The Caritas project addressed the immediate needs of GBV survivors in the shelters rather than delivering preventative programmes in the community. In building self-confidence, resilience and knowledge, the project helped to provide the skills beneficiaries needed to become financially independent when returning to the community.

Sub question 2(g): To what extent will the response outcomes be sustained? What further efforts, if any, from the NGOs and their implementing partners would have increased the likelihood of sustainability?

Key informants stressed that the sustainability of the project was predicated on having effective monitoring and evaluation systems in place. The regular gathering of information, combined with flexible funding arrangements, would ensure that the project had the resources to respond immediately to any future emergency situations. In addition, a greater level of engagement with the community was thought to be of help in securing the future sustainability of the project.

Sub question 2(h): How adequate were the NGO's M&E practices to monitor outcomes, and to enable them to assess the effectiveness and inclusion of their response. For example, are these practices triangulated, rigorous? Are the most marginalised reached through these processes?

Key informants had little to say about the Caritas MEAL processes. They confirmed, however, that reporting had taken place. They were concerned, though, that evaluations had not been regularly reported to DFAT through AHP regularly throughout the project. Shelter staff, however, did not feel they had the necessary skills to manage rigorous monitoring and evaluation processes. Staff pointed out that they received training which was aimed at strengthening the existing systems and processes in the shelters.

Sub question 2(i): How effectively did the NGOs monitor, manage and report risk, fraud and corruption?

There is limited evidence to confirm how Caritas managed the reporting of risk, fraud and corruption. However, it was pointed out by key informants that the engagement and commitment of staff helped to prevent any instances of fraud taking place in the shelters.

Sub question 2(j): To what extent have the agencies integrated COVID-19 considerations into their response (from May 2020 onwards)? How effective do these approaches appear to be to prevent or contain a COVID-19 outbreak in the programme sites?

Caritas was robust in integrating COVID-19 procedures into the day-today operation of the shelters. Standard operating procedures (SOPs) in the shelters were changed to incorporate hygiene and quarantine procedures as well as other appropriate interventions and COVID-19 preventative measures.

EQ3 Inclusion: Was the response inclusive?

The changing realities which significantly impacted on the quality of service delivery highlighted the need for programming design to be adaptable to contextual changes. Gender, diversity and inclusivity were major considerations. The underlying philosophy was: 'No one is left behind'. This referred specifically to women and children, some of whom were PWDs.

People with disabilities, however, were not formally targeted as part of the overall project therefore the number of PWDs was low. One KI from Caritas said: '*In discussions, we noted the low number of targeted PWDs in the project and have recommended further collaboration with DPOs and other actors to ensure a more efficient inclusive approach*' (Caritas, KI).

Staff interviewed said that it was difficult to accept PWDs into the project, especially those with physical disabilities. This was despite the changes that had been made to the shelters that were aimed at accommodating their needs. These included making the shelters more inclusive by renovation work. This included ramp building and rooms on the ground floor for PWD access to, for example, activities in the playground, food in the kitchen and other basic needs.

Despite these adaptations, only women and children PWDs who were mobile and were independently able to manage access to the ground floor facilities were accepted into the shelters. This resulted in the shelters not being able to support a wider range of PWDs. Those who were admitted were housed on the ground floor and an effort was made to provide them with the needed support. A Caritas staff member explained: '*The topic of PWDs was discussed during workshops of SOPs development because the project does outline support for persons with disabilities. But expert staff on this issue is still lacking. But*', they added, '*for persons with physical disabilities, this is increasingly difficult. At this stage, it was decided that we did not have the capacity or staff for this. But it was possible to support individuals who are more independent and able to take care of themselves, such as those with a sensory disability such as hearing' (Caritas, staff member).*

However, while a limited budget existed for furthering CL's support for PWDs in the shelters, simple steps were effectively taken to identify more inclusive activities. These included procuring books and materials for those with seeing or hearing impairments and identifying external service providers of educational or recreational opportunities. Also, provision existed to refer PWDs with more complex needs, to specialised service providers or other CL projects. For example, the PWD programme in Bekaa supported by CL and CRS.

Overall, it appears that the project's responsiveness to the needs of PWDs was seen by staff to be a significant weakness. They believed that neither the staff nor shelter accommodation were equipped to an appropriate standard to meet the specialised needs of PWDs.

However, although no specialised training was provided on dealing with people with particular disabilities, Caritas participated in inter-agency training for child protection and capacity building opportunities whereby case management for children with disabilities was included. According to a staff member at Oak shelter, the opinions of Syrian refugees, who constituted a majority of the residents, informed a number of adaptations to the programme activities to better address the specific needs of their families. These specific needs included medical and educational services for their children.

Also, the model was adjusted for Syrian refugees who needed to stay longer in the shelter because of legal issues and those for whom exiting the shelters would be life threatening. In most cases, SOPs for GBV survivors were adapted to individual needs as these varied from one person to another.

One Caritas staff member explained: '*There are not many safe shelters in the country, and our shelters were intended to be more short-term shelters. However, due to the need, some people stay more than one year in these shelters as their legal proceedings are under review. This is particularly the case for women and children from the refugee community. We held a "Case Conference" on the matter with Caritas to examine how some of these women and children's exit from the shelter can be life threatening' (Caritas, Staff member)*

One respondent from Cedar shelter mentioned that there was a huge focus on improving mental wellbeing of residents because most refugees were experiencing mental health issues. Also, significant results were witnessed with trans women, recovering drug addicts and those who were being forced into prostitution, indicating that the programme had a successful inclusive approach. One Caritas staff member said: '*The programmes had a very integrative approach and adopted a nationwide approach as well. The shelters themselves did not discriminate. They were in constant dialogue with the residents of the shelter including, in particular, those most vulnerable, about their needs and how to enhance their experiences and benefit*' (Caritas, staff member).

SUMMARY: Inclusion

How inclusive was the response?

> **Sub question 3(a): To what extent were the needs of different groups of people, including for example age, gender, ethnicity nationality and so on, considered in the design and implementation of the response?**

The provision offered in the Caritas shelters was primarily targeted at women and children. The principal of 'No one is left behind' was followed whenever possible by project staff. This inclusive approach was reflected in the support provided to minority and under-represented groups. Although both of the Caritas shelters were adapted to support access, in realty only a few PWDs received support. However, shelter programmes were often adapted in response to feedback from individual residents.

> **Sub question 3(b): What did the response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities and from minority groups?**

The Caritas project ensured the protection of women and children by providing essential GBV services. Shelter activities were also designed to protect the rights and dignity of SGBV survivors through access to legal and basic needs support. Every effort was made to protect the dignity of those physically independent PWDs who were able to be admitted to the shelter. Unfortunately, evidence suggests that only the specific needs of a small unrepresentative group of PWDs could be actually catered for in the shelters.

EQ 4 Efficiency: Was the response efficient?

The Caritas project stayed on track to meet its targets and was successful in providing basic needs to 913 beneficiaries, against the initial target of 950. This included food, healthcare, case management and PSS.

Caritas's staff were efficient in innovating and adapting their interventions to the changing context,

and with their M&E reporting amidst the pandemic. In addition, Caritas made efforts to balance effectiveness and efficiency in emergencies and achieved positive impact with available resources. For example, during the COVID-19 emergency, Caritas recruited a health advisor to help with accommodating families before their full integration into the shelters.

SUMMARY: Efficiency

How efficient was the response?

> **Sub question 4(a): To what extent was the response implemented according to agreed timelines and budgets?**

Key informants interviewed confirmed that, throughout, the project stayed mainly on track to achieve the agreed outcomes. Although the planned target for number of beneficiaries was not reached, the project was successful in providing support for a significant number of vulnerable women and children.

> **Sub question 4(b): b) In what ways was the response implemented to achieve good value for money (recognising that there are often higher costs necessary to achieve inclusive approaches, and to reach those who are most marginalised)?**

The project was able to provide a response to the refugee crisis in Lebanon through balancing effectiveness with efficiency. Budgetary efficiency was achieved during the COVID-19 pandemic through Caritas's use of external sources of funding. The additional funding ensured that the effectiveness of the services delivered in the shelters was not compromised in any way.

EQ5 Capacity building: Did the response reinforce local capacity and leadership?

Caritas staff engaged in inter-agency training when delivering project activities. This included extra capacity building to effectively manage the changing needs of beneficiaries. In addition, increased coordination with local actors to strengthen their capacity aimed to ensure long-term sustainability of protection interventions. Furthermore, the sustainability of the project required flexibility to use the funding to cover emergencies as they occurred. One interviewee said: '*There is a need for partners and organisations to be more organised or to be organised as much as we can and to strengthen coordination and communication during an emergency*' (KI, Caritas).

However, DFAT's main concern was related to sustainability. A DFAT representative reiterated on several occasions the need for Caritas to adopt durable solutions where exit strategies and post-shelter support should be put into place. These were developed at the beginning of the year 3 project and intensified as the programme reached the closing phase.

On shelter sustainability, however, a DFAT representative believed that the Lebanese government would be unable to financially support the shelters and they would need to be reliant on donor funding for years to come.

However, according to a UNHCR focal point, addressing the main challenges experienced during the project would need to be maintained in the future. Firstly, regular monitoring and evaluation would allow a continuous discussion about the challenges and risks faced. Secondly, the engagement of government in mitigating these challenges and supporting implementation would be of the utmost

importance. Thirdly, insider knowledge of cultural issues and the well-established customs of the concerned communities are essential ingredients in successful in-country projects. Therefore, it would be essential to continue to incorporate refugee opinions in the planning and programming process of future programmes and project activities.

SUMMARY: Capacity building

Did the response reinforce local capacity and leadership?

> **Sub question 5(a): To what extent did the response support and strengthen local partners, including civil society, for example, local women's organisation, disabled people's organisations and local government? What influence has this had on the ability of local partners to respond to needs in the future?**

There is little evidence to confirm that the Caritas project delivered in the shelters did anything other than respond to the immediate survival needs of women and children. However, there is an indication that training and livelihoods support led to less beneficiaries returning to the shelter.

Inter-agency working did take place and advice was sort from governmental agencies and NGOs. One major criticism of the project was its lack of engagement with DPOs.

> **Sub question 5(b): What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?**

There is no indication from the interviews that any local organisations outside of the Caritas partnership were involved in either the planning or the delivery of the project.

EQ6 Transparency and accountability: How transparent and accountable was the programme?

Regular feedback mechanisms helped the providers to understand the perspectives of beneficiaries. The information obtained informed changes in the design and delivery of activities and lead to higher levels of beneficiary engagement. For example, the number of Zumba sessions was increased when the beneficiaries expressed their preference for the activity and requested more sessions.

SUMMARY: Transparency and accountability

How transparent and accountable was the programme?

> **Sub question 6(a): In what ways, and to what extent were implementing partners sufficiently accountable to, and engaged with, affected communities or populations?**

Ethical guidelines were used throughout the planning and implementation of the programme. These included Caritas's requirements on safeguarding and professional body advice on providing psychological support and child engagement in emergency situations.

> **Sub question 6(b): What accountability practices were perceived as the most useful by the affected communities or populations?**

There is insufficient evidence from the evaluation in order to answer this question.

Sub question 6(c): What evidence exists of programmes having been influenced by effective communication, participation and feedback from affected people and communities?

Caritas staff confirm that the feedback from beneficiaries was used regularly to successfully inform and improve programme delivery.

9 CONCLUSIONS and LEARNING: PLAN INTERNATIONAL and PARTNERS

The AHP Lebanon project delivered by Plan International and partners was successful in providing relevant and appropriate support to targeted vulnerable people in Lebanon's refugee communities. In particular, it helped beneficiaries to address the physical needs, anxieties and trauma they had experienced as a result of war and displacement. Many of the beneficiaries felt better about themselves and more optimistic about the future as a result of being involved in the project.

The project was effective in providing beneficiaries with some of the skills needed to eventually achieve economic and emotional independence. Beneficiaries, for example, were supported to look after themselves and their children better and were more informed about their legal rights.

The GBV preventative activities implemented during the early years of the project had some success in changing behaviours and attitudes. Older children, in particular boys, benefited from these activities. The information and support that girls received helped them to respond to community norms about GBV.

The severe operational challenges faced by humanitarian agencies in Lebanon from 2019 onwards resulted in a significant refocusing of Plan International's response strategy. The COVID-19 pandemic had a major impact on the type of project activities provided for beneficiaries and how the activities were delivered. As the pandemic took hold, efforts were made to channel as much COVID-19 related practical support to beneficiaries as possible. These included, for example: hygiene materials, information about how to keep safe, financial support and the use of on-line materials. However, only a relatively small proportion of beneficiaries actually received the support they needed during the pandemic. Restrictions on movement, unreliable internet connections and regular electricity outages combined to make access to beneficiaries during the COVID-19 lockdown extremely difficult. As a result, support was not distributed equitably across beneficiaries.

The immediate needs of refugee women, particularly survivors of GBV, were well catered for in the project. People with disabilities and those who were vulnerable in the host community were not so well supported. In addition, there appeared to be insufficient consideration of how to engage with hard to reach and minority groups in the initial planning stages of the project. This included those with disabilities who were not independent or mobile and members of the LGBQTI+ communities.

It is uncertain at this present time as to how sustainable the work initiated by Plan International and partners in Lebanon will be in the future. The training and self-care support programmes offered to outreach workers and front-line staff were seen as ways of building capacity and project sustainability. The increased demands of the pandemic and economic inflation in the country put pressure on project budgets. Consequently, it became difficult to continue with project staff training and support programmes.

Adaptations made to project delivery during the pandemic released funding as a result of reduced community programmes. This was used for additional COVID-19 costs such as hygiene materials, cash payments to those in need and access to internet and cell phone data. Further, the funding released was also used to maintain essential survivor support services to beneficiaries, including PSS and specialist medical services for survivors of SGBV.

Learning

One key learning point that emerges from the evaluation is that it is important to ensure that community leaders are engaged with and committed to any future project from the initial planning stage to implementation and delivery. Community leaders can act as important facilitating agents and their local knowledge and cultural insights can be extremely useful in the development of programme activities and in identifying and accessing those beneficiaries at greatest need.

A second learning point relates to funding and budgets. The donor was flexible in adapting their funding arrangements so that the Plan International project could respond to changing and emerging needs in country. However, due to the major economic and financial uncertainties, future projects in Lebanon should have in place facilities to access as needed sources of finance that are protected from negative inflationary or financial exchange rate pressures.

Thirdly, the commitment of local government agencies in Lebanon is key to the future sustainability of refugee support projects. Considerable value could be gained in placing a greater emphasis on identifying government agencies that could be involved in future project delivery. There is a greater possibility of sustainability if these agencies are committed to a project through, for example, joint planning, co-funding or co-resourcing arrangements. However, realistically, this may be unlikely in the current economic/fiscal crisis. GoL and municipal authorities do not have the funds for existing services, so cannot be reasonably expected to fund new services.

10 RECOMMENDATIONS: PLAN INTERNATIONAL and PARTNERS

COVID-19

1 To develop and implement an updated COVID-19 response plan, which facilitates access to continued services for those most vulnerable to individual and household shocks. This should include a sustainability plan as well as a clear strategy for reach and a monitoring and evaluation framework that aligns with the changing COVID-19 context.

Inclusion

2 To systematically consider gender and diversity, with realistic targets for reach of subset populations put in place to inform programming strategy and ensure equitable programme focus and response.
3 To encourage collaboration with organisations such as DPOs, to develop a systematic approach to programme planning, ensuring that appropriate attention is paid to this vulnerable sub-group and their specific programming needs.
4 To provide quality, comprehensive training for all staff cadres on integration and inclusion of vulnerable sub groups and responsive programming where sub groups include, but are not limited to women, people with disabilities, LGBQTI+ community members and others.

Funding

5 Given the deteriorating socio-political context in Lebanon, Plan International and partners to consider integrating a cash component targeting households and individuals most vulnerable to shocks, to be implemented directly or through partnership.

Feedback and monitoring

6 To put in place community led monitoring (CLM) or community feedback loops to ensure access to programme participant perspectives and feedback on their participation in the relevant initiatives. This information should be integrated into routine data management systems to support programme improvement.
7 To put in place, and regularly review by relevant cadres, a systematic approach to risk identification and mitigation.

Programme delivery

8 To integrate the response within local systems and structures, including local government and community leaders. This is vital to support uptake and sustainability. Whilst this was done to an extent, a systematic engagement and integration agenda would benefit the programme quality and sustainability going forward.
9 To consider utilising a hybrid approach, comprising both online and face to face support for future programme work. This will ensure continued access to initiatives given the ongoing Covid context.

11 CONCLUSIONS and LEARNING: CARITAS and PARTNERS

The AHP Lebanon project delivered by Caritas and partners provided life-saving support to female survivors of GBV and SGBV and their children. The two shelters, Oak and Cedar, offered a valuable refuge for those vulnerable women affected by war, disaster and displacement. The support activities provided in these shelters was relevant to the immediate physical, psychological and emotional needs of beneficiaries. A significant number of vulnerable women and their children were helped during the four years of the project. Table 2 (page 7) indicated this was 900 beneficiaries.

Caritas believed the project was effective in achieving the agreed outcomes. Through a combination of resilience-building activities, livelihood and skills training it was claimed that many beneficiaries were able to achieve an independent existence after leaving the shelter. The views of residents were said to be actively taken into account in the planning of beneficiary support and group activities.

The project was less effective, however, in its response to those vulnerable women and children with disabilities. Adaptations were made to both of the shelters in order to accommodate PWDs. In reality, however, staff interviewed felt that they had neither the training nor resources to support PWDs appropriately.

The COVID-19 pandemic led to increased numbers of referrals to the shelters. The capacity and ability of staff to manage the additional workload was limited. Caritas maintained essential services during this period through the use of external funding. Shelter staff became more adept and flexible in their work practice as a consequence of adapting to the pressures experienced during the pandemic.

In general, however, staff had only a basic level of training to cope with the pandemic. Despite this, COVID-19 preventative measures became well integrated into the standard operating procedures of the shelters. The shelter activities were also adapted to align with the needs of the residents at this time.

The survival needs of those women who could not reach the shelters during the COVID-19 lockdown could have been supported through the use of mobile and outreach services.

The increased level of staff commitment and regard for the dignity and well-being of women and children in the shelters was one of the positive outcomes of the project.

Learning

Caritas and partners managed the project funding efficiently, particularly during the COVID-19 pandemic. However, the funding arrangements agreed at the beginning of the project did not readily allow for the re-allocation of resources in response to unforeseen and changing need. For any future donor-funded project in Lebanon, it is essential that flexible funding arrangements are built into the initial agreements. Given the current volatile economic situation in the country, it is important that Caritas and their partners have access to a cash component which will help to mitigate the impact of rising prices on the resource budgets.

The MEAL processes were effective in communicating to donors the progress of the project. However, it was evident that donors wanted to receive information on a more regular basis rather than just through the annual reporting procedure. A key lesson for any future project is that MEAL tools and processes need to be developed which support the gathering of data around the changing community contexts. Providing donors with such data will help in the leveraging of extra funding and in providing evidence for any amendment to project outcomes that might be needed. For example, an analysis of the risk presented to women and children refugees as a result of the port explosion.

Caritas and partners would benefit from examining the reasons behind why a number of PWDs were turned away from the shelters and what lessons could be learnt for the future from this information.

12 RECOMMENDATIONS: CARITAS and PARTNERS

Funding

1 To put in place a sustainability plan, including a funding framework, ideally for 10 years, to ensure the integration and, particularly, the funding autonomy of the shelters and the broader response. This could be done through social finance, unlocking additional funding from public sector, multi-purpose partnerships or other philanthropic avenues.
2 Given the deteriorating socio-political context in Lebanon, Caritas and partners to consider regularly monitoring and index linking the amount given as cash to support individuals on leaving the programme. This would ensure that individuals on exit from the shelter were able to purchase, at the current rates, enough provisions to support their immediate daily needs.

Communication and co-ordination

3 To design and put in place a visibility and communications strategy. This would serve to inform stakeholders of the programme approach, adaptations where relevant and progress and ensure that there is a systematic framework ensuring the visibility of the actions taken by partner

organisations. This would ensure that stakeholders are aware of the work being undertaken and there is full transparency associated with the programme execution. Although, for security reasons and the commitment to the anonymity and confidentiality of beneficiaries, this is currently limited. However, this could be strategically negotiated to ensure the necessary balance between communication and visibility and commitment to beneficiaries.

4 To systematise consultation and integration with their stakeholders and relevant processes. This could be achieved, for example, through a stakeholder mapping exercise with the identification of a communication approach/lead for each stakeholder. The monitoring of stakeholder communication could then be incorporated into the MEAL processes.

5 To encourage collaboration with organisations such as DPOs, to develop a systematic approach to programme planning, ensuring that appropriate attention is paid to this vulnerable sub-group and their specific programming needs.

Training and monitoring

6 To provide quality, comprehensive training for all staff cadres on integration and inclusion of vulnerable sub-groups and responsive programming where sub groups include, but are not limited, to women, people with disabilities, LGBTQI+ community members and others.

7 To develop MEAL tools and processes that provide data which help donors to understand the changing operational context in the country and its impact on GBV and the refugee community.

8 To provide donors with progress reports at regular points throughout a year and not just annually.

9 To provide front line shelter staff with access to systems that enable them to give feedback to project managers about any changes in the community environment that impact on refugees and survivors of GBV.

Future Provision

10 To scale up the response to continue to provide lifesaving support for vulnerable women and girls through the extension of capacity of existing shelters, and/or construction of new shelters.

11 To scale up mobile and outreach services to cover additional areas/beneficiaries, given COVID-19 restrictions and context.

13 REVIEW OF THE EVALUATION PROCESS

The evaluation team is grateful to have had the opportunity to scrutinise the projects implemented in Lebanon during the period 2017 to 2021 by Plan International and partners and Caritas and partners. There were a number of limitations to the evaluation

At the same time, the evaluation revealed many interesting findings and recommendations that will be of value to the organisations involved and for any subsequent DFAT and AHP partners responses to the refugee crisis in Lebanon.

Limitations of the evaluation process

Significant and ongoing security issues in Lebanon as well as the restrictions imposed by the COVID-19 pandemic led to a number of limitations being placed on the evaluation of the two AHP projects. The limitations had a subsequent impact on the scope and the implementation of the evaluation process in the country.

Initially, there were delays at the beginning of the evaluation. These delays led to challenges in meeting agreed deadlines, putting pressure on project staff from the two organisations as well as on

the local evaluation team. Consequently, insufficient time was available to check with interviewees to seek clarification or for further information about the points made during interview.

The closure of Lebanon's borders during the pandemic meant it was impossible to scrutinise the implementation of the evaluation at first had and, therefore, to be able to monitor the implementation of the in-country data collection procedures.

The sample number of adult beneficiaries to be interviewed had to be reduced due to challenges in accessing beneficiaries as a result of movement restrictions and security concerns.

The adult beneficiaries interviewed were selected by the staff involved in the project delivery and were not chosen independently. This probably led to the lack of representation of males, adults with disabilities and members of the host community in the adult beneficiary sample.

However, the purpose of the evaluation interviews was to provide opportunities for interviewees/participants to share their experiences and how they felt about the projects. There was no intention to select a representative sample through randomisation as the approach is not relevant to this type of research.

The adult beneficiaries interviewed were not able to comment on the value and impact of the GBV preventative activities as those selected for the evaluation had only a relatively short period of involvement with the project.

Due to safeguarding and security issues, it was not possible to interview the adult beneficiaries living in specialist shelter accommodation. The report, therefore, is not informed by the views of the women and children living in these shelters. Data about how the beneficiaries felt about the support they received came through the interviews with members of staff involved in the project. This secondary information, however, relied on staff reporting the views of beneficiaries rather than a first-hand account from the beneficiaries themselves.

Only two of the key informants were able to be contacted and agree to be interviewed for the evaluation. This was despite a range of key informants, from a number of relevant organisations, being nominated for interview. Views about the strategic importance and value of the project in relation to the refugee context in Lebanon are, therefore, limited to the views and understanding of those individuals interviewed.

COVID-19 restrictions led to a reliance on remote working arrangements through, for example, the use of telephone/cell phones to conduct interviews with key informants, staff members from Plan International and partners and Caritas and partners, as well as adult beneficiaries. These arrangements, coupled with regular electricity outages and unreliable internet provision in Lebanon, made it difficult to follow up on, or seek further clarification of, points raised by interviewees during the initial discussion.

Two quite different projects were reviewed under the same evaluation structure. It proved to be quite challenging to navigate the complexities of the different projects through documentation alone and without having opportunities to seek further clarification from those involved in the local delivery.

Successes of the evaluation process

Despite the limitations outlined above, there were a number of factors which contributed to the successful completion of the evaluation and its potential contribution to a greater understanding of the AHP response to the refugee crisis in Lebanon. These were, primarily:

1 A systematic and sound approach to the evaluation was developed which provided an appropriate focus and structure for the data gathering activities that took place in Lebanon during the months September and October 2021.

2 A range of instruments was developed to support the data collection activities in Lebanon. Guidance was included that provided information for the local evaluation team on the approach to interviewing key informants, staff, adult and child beneficiaries. The guidance ensured that a common procedure was adopted for all of the interviewers across all interviews. In addition, it aimed to ensure that interviewees were appropriately informed of the purpose of the evaluation, the reason for their involvement and how their information would be used in the final report.

3 With support from Plan International and partners, the evaluation was able to contact over 300 adult beneficiaries to take part in the semi-structured interviews. The interviews were undertaken in Lebanon, on cell phones using Kobo Toolbox software, at a time of major community tension and when there were also major electricity failures and internet outages.

4 Child beneficiaries in all of the focus groups felt sufficiently at ease and confident enough to be able to make meaningful contributions to the discussions. The data were used throughout the findings section for Plan International and partners. The success of the discussions was achieved through liaison with Plan International outreach staff who helped to not only identify participants but also organise and facilitate the group events.

5 The evaluation timeline changed during the course of the process due to major operational challenges in Lebanon at the time. All those involved worked hard to ensure that all amended deadlines were met. For the local team in Lebanon this was an extremely creditable achievement given the difficulties they had to face on a day-to-day basis.

14 ANNEXES

Annex 1: Questions for semi-structured key informant interviews

	Key Informant Questions	
1	Please can you tell me the organisation you work for, your job title and how long you have worked for the organisation?	☐
2	Can you please explain the nature of your involvement with either the Caritas project, the Plan project, or both?	☐
3	Generally speaking, how valuable do you believe INGO humanitarian interventions are in the Syrian crisis - in this case, in Lebanon? To what extent do they make a real difference to the lives of those affected by the crisis?	☐
4	The AHP project adopted an 'inclusive approach' to humanitarian action across Lebanon. In your view, how successful do you think such projects are in the context of Lebanon and the Syrian refugee issue? What about the AHP project?	☐
5	From your understanding, what elements of the project do you think worked well and what do you think might have been changed?	☐
6	What are your views about the project's response to the issue of GBV in Lebanon?	☐
7	From a strategic point of view, what do you feel are the key lessons to be learnt from the project after the four years of implementation?	☐
8	What do you think were the key challenges and risks over the duration of the AHP project? To what extent do you think these were mitigated?	☐
9	Do you think the initial expectations of the project were achieved?	☐
10	What is your view about the sustainability of the project? How will this be achieved?	☐
11	Is there anything else you would like to add?	☐

Annex 2: Information sheet to be sent to Key Informant interviewees

The evaluation
The independently-led evaluation will assess the Australian Humanitarian Response (AHP) responses to the Syrian Refugee Crisis in Lebanon. The evaluation will focus on the impact of the humanitarian activities in Lebanon implemented by the two humanitarian organisations involved. It will assess the relevance, effectiveness, and efficiency of the responses delivered by Plan International and Caritas. The AHP's cross cutting themes of inclusion, transparency and

accountability, localisation and cost effectiveness will also be taken into consideration as part of the evaluation.

The purpose of the interview will be to provide feedback to the project teams and evaluate the strengths and weaknesses of the programme.

You have been put forward to be interviewed by the organisations whose work is being evaluated because of your experience and understanding of the project. The information you provide will be incorporated into an evaluation report and published on the web sites of Plan International and Caritas. The interview will be conducted remotely by whatever is the most appropriate medium for you, for example, Skype, telephone or Zoom.

Informed Consent
You will be asked for consent for the interview to be audio-recorded. If you are happy to participate but not to be recorded, then the interviewer will only make written notes.

Participation in the evaluation is strictly voluntary and there will be no penalty for declining to take part. In addition, you are free to withdraw from the interview, at any time, as well as declining to answer any question, without giving reasons and without penalty or repercussion. In addition, you are free to request withdrawal of the information provided during the interview up to six weeks after the collection of the interview data.

Anonymity
Your anonymity will be assured and maintained throughout the proceedings and after the completion of the project. Your name will be used only on the consent form completed by the interviewer whilst carrying out the interview. The form will be stored securely in a locked cupboard then destroyed six months after the publication of the evaluation report. No person will be identified by name in the final report and no quote attributed to an individual by name.

If you would like further information about the interview procedures or the evaluation itself, then please contact the member of the evaluation team below.

Name of interviewer: Contact details:

Annex 3: Guidance notes for KI interviewers

Before the interview

1	Contact the interviewee using the email address provided in the Inception Report. In the email include:	☐
2	who you are;	☐
3	a request for an interview;	☐
4	information about the evaluation, its nature and purpose;	☐

5	a brief explanation about why they have been chosen to be interviewed as a key informant;	☐
6	date and time for the interview and how the interview will be conducted i.e. telephone, Skype, Zoom, etc;	☐
7	a list of the questions to be asked during the interview and explain that if they wish, and have time, they can identify the questions they feel they have the background to answer and would like to discuss;	☐
8	the informed consent procedure as outlined in the Inception Report.	☐

During the interview

1	Complete the key informant interview form.	☐
2	Confirm with key informant that consent has been given to record the interview and indicate on the form supplied.	☐
3	On completion of the interview, ask the key informant if there is anything else that they would like to add or if there is anything that has not been discussed that they would like to talk about.	☐
4	Thank the key informant for their time.	☐
5	Remind the key informant that they can request removal of their data up to 6 weeks from the date of the interview.	☐
6	If they ask for a copy of the notes/transcription of the interview then agree it can be sent to them.	☐
7	Confirm interviewer's contact information.	☐

After the interview

1	Email interviewee thanking them for their time.	☐
2	Ensure any written notes are stored securely and that the audio recording is password protected.	☐
3	Ensure the evaluation team have access to written notes and audio recording so as to begin the transcription/analysis.	☐

Annex 4: Questions for semi-structured project staff interviews. Plan International and partners

1 Please can you tell me the organisation you work for and your job title and how long you have worked for the organisation? ☐

2	What is the nature of your involvement with Plan International?	
3	What are your views about any changes that were made to the original project plans?	
4	What do you think worked well, what do you think could have been improved?	
5	Can you provide examples of the challenges and successes associated with the project?	
6	To what extent do you feel that the project(s) was aligned to the needs of refugees in Lebanon?	
7	Is there anything that could have been improved to strengthen the alignment?	
8	The Plan project aimed to take an inclusive approach to the delivery of humanitarian action. What's your view of this approach? To what extent was it appropriate? Please explain the reasons for your answer.	
9	What are your views about the capacity building and self-care elements of the projects?	
10	Do you feel that the project has had any impact (either positive or negative) that was not foreseen at the point of project development?	
11	How do you feel about including adults and children with disabilities in the project?	
12	What lessons do you think have been learnt over the four years of the project?	
13	What were the challenges for the delivery of the project in year 4, particularly in relation to COVID-19. To what extent were these managed successfully?	
14	To what extent do you think the project(s) made a real difference to the lives of Syrian refugees living in Lebanon?	
15	Overall, how successful was the project(s) in challenging gender-based violence?	
16	Can you provide any specific case story examples of beneficiaries whose lives have improved significantly as a result of the support they received from the project?	
17	Is there anything else you would like to add?	

Annex 5: Information sheet to be sent to project staff interviewees. Plan International and partners

The evaluation

The independently-led evaluation will assess the Australian Humanitarian Response (AHP) responses to the Syrian Refugee Crisis in Lebanon. The evaluation will focus on the impact of the humanitarian activities in Lebanon implemented by the two humanitarian organisations involved. It will assess the relevance, effectiveness, and efficiency of the responses delivered by Plan International and Caritas. The AHP's cross cutting themes of inclusion, transparency and accountability, localisation and cost effectiveness will also be taken into consideration as part of the evaluation.

The purpose of the interview will be to provide feedback to the project teams and evaluate the strengths and weaknesses of the programme.

You have been put forward to be interviewed by the organisations whose work is being evaluated because of your experience and understanding of the project. The information you provide will be incorporated into an evaluation report and published on the web sites of Plan International and Caritas. The interview will be conducted remotely by whatever is the most appropriate medium for you, for example, Skype, telephone or Zoom.

Informed Consent

You will be asked for consent for the interview to be audio-recorded. If you are happy to participate but not to be recorded, then the interviewer will only make written notes.

Participation in the evaluation is strictly voluntary and there will be no penalty for declining to take part. In addition, you are free to withdraw from the interview, at any time, as well as declining to answer any question, without giving reasons and without penalty or repercussion. In addition, you are free to request withdrawal of the information provided during the interview up to six weeks after the collection of the interview data.

Anonymity
Your anonymity will be assured and maintained throughout the proceedings and after the completion of the project. Your name will be used only on the consent form completed by the interviewer whilst carrying out the interview. The form will be stored securely in a locked cupboard then destroyed six months after the publication of the evaluation report. No person will be identified by name in the final report and no quote attributed to an individual by name.

If you would like further information about the interview procedures or the evaluation itself, then please contact the member of the evaluation team below.

Name of interviewer: Contact details:

Annex 6: Guidance notes for project staff interviewers. Plan International and partners

Before the interview

1	Contact the interviewee using the email address provided in the Inception Report. In the email include:	☐
2	who you are;	☐
3	a request for an interview;	☐
4	information about the evaluation, its nature and purpose (see Inception Report);	☐
5	a brief explanation about why they have been chosen to be interviewed as a key informant;	☐
6	date and time for the interview and how the interview will be conducted i.e. telephone, Skype, Zoom, etc;	☐
7	a list of the questions to be asked during the interview and explain that if they wish, and have time, they can identify the questions they feel they have the background to answer and would like to discuss;	☐
8	the informed consent procedure as outlined in the Inception Report.	☐

During the interview

1	Complete the project staff interview form.	☐
2	Confirm with interviewee that consent has been given to record the interview and indicate on the form supplied.	☐
3	On completion of the interview, ask the interviewee if there is anything else that they would like to add or if there is anything that has not been discussed that they would like to talk about.	☐
4	Thank the interviewee for their time.	☐
5	Remind the interviewee that they can request removal of their data up to 6 weeks from the date of the interview.	☐
6	If they ask for a copy of the notes/transcription of the interview then agree it can be sent to them.	☐
7	Confirm interviewer's contact information.	☐

After the interview

1	Email interviewee thanking them for their time.	☐
2	Ensure any written notes are stored securely and that the audio recording is password protected.	☐
3	Ensure the evaluation team have access to written notes and audio recording so as to begin the transcription/analysis.	☐

Annex 7: Questionnaire survey for adult beneficiaries. Plan International and partners

1 Are you? *Tick only one*

Male ☐
Female ☐

2 How old are you? *Tick only one*

18 to 25? ☐
26 to 35? ☐
36 to 55? ☐
56 or over? ☐

3 What nationality are you? *Tick only one*

Syrian ☐

Lebanese	☐
Other	☐
I'd rather not say	☐

4 In what district of Lebanon do you live in now? *Tick only one*

Bekka	☐
Mount Lebanon/Beirut	☐
South Lebanon	☐
North Lebanon	☐
Somewhere else – please explain	☐
I'd rather not say	☐

5 Were you aware that the support you received was part of a project run by Plan International and International Medical Corp? *Tick one only*

Yes	☐
No	☐
Unsure	☐

6 During what years were you involved in the Plan project? *Tick one or more that apply*

During 2019 or earlier	☐
During 2020/2021	☐
Unsure/Can't remember	☐

7 Overall, approximately how long were you involved with the project run by Plan? *Tick one only*

Six months or more	☐
From 1 month to less than 6 months	☐
Less then 1 month	☐

8 Where did the project activities you were involved in take place? *Tick one or more that apply*

In a 'safe space'	☐
In a shelter or other settlement	☐
In a community centre	☐
Elsewhere in the community	☐
In your home	☐
A men's centre	☐
Somewhere else (please specify)	☐

9 You answered "Somewhere else" to the previous question. Please can you explain where you were involved in the project activities?

If yes, please explain

10 What type of support/activities did you take part in when you were with the Plan project? *Tick one or more that apply*

Specialist and/or medical support e.g. from a therapist or a hospital or doctor	☐
Group activities such as art workshops and exercise classes such as Zumba	☐
Educational support – e.g. improving maths and language skills	☐
Parenting skills support	☐
Livelihood training – eg secretarial, language or construction skills	☐
Community projects	☐
Other – please explain	☐

11 You answered "Other" to the previous question. Please can you tell us what other type of support/activities you took part in when you were with the Plan project?

If yes, please explain

12 Which of the activities did you find helpful or useful? *Tick one or more that apply*

Specialist and/or medical support e.g. from a therapist or a hospital or doctor	☐
Group activities such as art workshops and exercise classes such as Zumba	☐
Educational support – e.g. improving maths and language skills	☐
Parenting skills support	☐
Livelihood training – secretarial, language or construction skills	☐
Involvement in community projects	☐
Other – please explain	☐

13 Were there any other activities you think should have been included?

If yes, please explain

14 Were there opportunities to raise with staff any concerns you had about your personal situation? *Tick one only*

Yes	☐
No	☐
Unsure/Can't remember	☐

15 Did you have a chance to share your views and opinions about the project activities with project staff with any of the following? *Tick one or more that apply*

I completed one or more questionnaire surveys about my views or opinions	☐
I took part in one or more focus groups to discuss my experiences of the project	☐
Staff discussed my individual needs with me	☐
I took part in planning activities which gave me the chance to give my views and opinions	☐
I was consulted when any changes took place that affected me directly	☐

16	**What are your views about the staff?**	*Tick one or more that apply*
	I felt able to approach the staff about my problems	☐
	I felt staff listened to my concerns	☐
	The information staff provided was helpful	☐
	I found the staff sympathetic to my situation	☐
	Whenever I did not understand anything the staff were able to explain things clearly to me	☐
17	**Did you receive any support from Plan International staff during the lockdown period of the COVID-19 pandemic?**	*Tick only one*
	Yes	☐
	No	☐
	Unsure/Can't remember	☐
18	**What type of support did you receive during the lockdown period?**	*Tick one or more that apply*
	Hygiene materials such as sanitisers, masks and gloves	☐
	Emergency financial support	☐
	Contact from project staff via WhatsApp, email or phone call	☐
	Video materials	☐
	Educational materials	☐
	COVID-19 preventative measures	☐
	Other	☐
19	**Which of the support activities did you find useful during the lockdown period?**	*Tick one or more that apply*
	Hygiene materials such as sanitisers, masks and gloves	☐
	Emergency financial support	☐
	Contact from project staff via WhatsApp, email or phone call	☐
	Video materials	☐
	Educational materials	☐
	COVID-19 preventative measures	☐
	Other	☐
20	**Did you take part in Program Ra?**	*Tick only one*
	Yes	☐
	No	☐
	Unsure/Can't remember	☐
21	**What Program Ra topics did you take part in?**	*Tick one or more that apply*
	Understanding the difference between sex and gender	☐
	Thinking about the way men and women expect to behave	☐
	Understanding the impact of gender roles on the lives of men and women	☐

Identifying the difficulties that young men face on expressing their emotions	☐
Thinking about the livelihoods of men and women and their sex life	☐
Discussing challenges faced during negotiations about having sex or abstaining	☐
Peer pressure to use drugs and understanding addiction	☐
Discovering how profiling people can affect personal relationships	☐
Identifying types of violence in relationships, family and local communities	☐
Help to identify anger in yourself and ways to express this other than through violence	☐

22	**To what extent did the topics covered in Program Ra help you to understand the following?**	**A lot**	**A little**	**Not at all**
		Tick one for each statement		
	The difference between sex and gender	☐	☐	☐
	The way men and women expect to behave	☐	☐	☐
	The impact of gender roles on the lives of men and women	☐	☐	☐
	Identifying the difficulties young men face on expressing their emotions	☐	☐	☐
	The impact of livelihoods of men and women on their sex life	☐	☐	☐
	The challenges faced during negotiations about having sex or abstaining	☐	☐	☐
	The importance of peer pressure and the use of drugs and addiction	☐	☐	☐
	How profiling people can affect personal relationships	☐	☐	☐
	Identifying types of violence in relationships, the family and local communities	☐	☐	☐
	Identifying anger in yourself and the ways to express this other than through violence	☐	☐	☐

23	**Did taking part in Program Ra change your attitude towards the following?**	**My attitude changed negatively**	**It didn't change at all**	**My attitude changed positively**
		Tick one for each statement		
	The way you behave towards women?	☐	☐	☐
	Women's role in society and the community?	☐	☐	☐
	Talking openly to others about your feelings?	☐	☐	☐
	Taking drugs and other addictive substances?	☐	☐	☐
	The use of violence when you get angry?	☐	☐	☐
	The use of violence generally against women?	☐	☐	☐

24	**Do you have a disability?**	*Tick one only*
	Yes	☐
	No	☐

25 **If you have a disability were your disability needs met by the project in the following circumstances?**

Tick one for each question

	Never	Some of the time	Most of the time	N/A
In a shelter or other settlement?	☐	☐	☐	☐
With specialist services?	☐	☐	☐	☐
In community-based projects?	☐	☐	☐	☐
Taking part in group activities?	☐	☐	☐	☐

26 **What was the quality of the support you received for your disability?**

Tick one only for each question

	High quality	Average	Low quality	N/A
Whilst staying in the shelter or other settlement?	☐	☐	☐	☐
With specialist services?	☐	☐	☐	☐
In community-based projects?	☐	☐	☐	☐
During group activities in the shelter or the community?	☐	☐	☐	☐
Specific training you might have received?	☐	☐	☐	☐

27 **What did you do once the project support had come to an end?**

Tick one or more that apply

I continued to live in the shelter or camp	☐
I was able to find somewhere to live in the community	☐
I tried to return to my home country	☐
I was able to get a residency permit	☐
Another humanitarian organisation provided me with help	☐
Plan International continued to support me	☐
I tried to find employment	☐
I used the skills I had learnt at the project to get a job	☐
I became a community volunteer	☐

28 **How do you feel about yourself now compared to previously?**

Tick one or more that apply

I feel a lot more confident now	☐
I feel more uncertain about the future	☐
I feel things will get better in the future	☐
I feel positive about what the future will hold for me	☐

29 **I am now able to do the following compared to previously.**

Tick one or more that apply

Manage my finances better	☐
Understand what my legal rights are	☐
Say what I need to say	☐
Look after my family better	☐

Look after myself better ☐

30 Overall, has being involved in the project improved your situation? *Tick one only*

My situation is worse than before ☐
My situation is the same as it was before ☐
My situation is better than before ☐

31 We are now at the end of the questionnaire. Just one final question. Is there anything else you would like to say or anything you would like to tell us about taking part in the project?

Please explain:

You have now completed the questionnaire.

Thank you for your time and help in enabling the project team to see what the successes of the project are and how the activities can be improved further.

* * *

Annex 8: Guidance notes for interviewers of adult beneficiaries: Plan International and partners

Before the interview

1	Plan International project staff to collate telephone contact details of adult beneficiaries corresponding to the data collection targets identified in the Inception Report.	☐
2	Plan International project staff send interviewee contact details to evaluation team leader.	☐
3	Local evaluation team interviewers access Kobo and familiarise themselves with the questionnaire.	☐
4	Interviewers liaise with local Plan International staff and adult beneficiaries to confirm dates and times of telephone interviews.	☐

During the interview

1	Interviewer explains to the adult beneficiary the purpose of the interview and why they have been chosen.	☐
2	Interviewer explains to the adult beneficiary the informed consent procedure as outlined in the interview form including an assurance that their name will not be used nor will information be included in the report that will enable anyone to identify them.	☐
3	Interviewer asks for informed consent and indicates this on the form provided.	☐
4	Interviewer reminds the adult beneficiary that they can stop the interview at any time if they feel they do not want to continue.	☐
5	Interviewer commences interview using the Kobo web site.	☐

6	At the end of the interview, the interviewer thanks the interviewee for their time and the information they have provided in answer to the questions.	☐
7	Interviewer reminds the interviewee that they can request removal of their data up to 6 weeks from the date of the interview.	☐
8	Check with interviewee that they are comfortable with their answers to the questions.	☐

After the interview

1	Interviewer uploads adult beneficiary responses on to Kobo software.	☐

Annex 9: Questions for child beneficiary group discussions, age 10 To 13. Plan International and partners

Discussion Schedule

1 Can you please tell me what activities you participated in as part of the project?
2 What activities did you like best? Can you say why you liked them?
3 Have you learned anything from doing these activities? What have you learned?
4 What else would you like to have learned?
5 Would you like to have done other things? If so, what might they have been?
6 What happened about going to school while you were involved in the project?
7 How have the project activities helped with schoolwork? Can you give examples?
8 How have the project activities helped you to talk about yourself? Can you give examples?
9 How have the project activities helped you to get on better with friends and family? Can you give examples?
10 How did you feel during the COVID-19 pandemic?
11 How safe did you feel from the virus? Can you give examples of what made you feel safe or unsafe while you were involved in the project?
12 Have the remote sessions during the lockdown caused you more stress or have they helped you to feel less stressful?
13 During the lockdown, have you had additional chores to complete at home? What were the chores you were involved in?
14 What makes you happy or unhappy now? Can you give examples about what makes you happy or not happy?
15 Think back to when you first joined the project. How did being supported by the project make a difference to how you felt or how you behaved?
16 What would make you feel happy in the future?
17 Is there anything you would like to say that we haven't talked about today?

Annex 10: Questions for child beneficiary group discussions, age 14 To 18. Plan International and partners

Discussion Schedule

1 Can you please tell me what activities you participated in as part of the project?
2 What activities did you like best? Can you say why you liked them?
3 Have you learned anything from doing these activities? What have you learned?
4 What else would you like to have learned?
5 Would you like to have done other things? If so, what might they have been?
6 What have you learned from being involved in the following programmes?
- Community based programmes?
- Programme Ra?
- Life Skills 4 Protection?

7 How have the above programmes helped you to understand about violence against women and girls and how to prevent it? Can you give examples?
8 What happened about going to school while you were involved in the project?
9 How have the project activities helped with schoolwork or study? Can you give examples?
10 Can you give examples of any training you took part in? Such as training to get a job when you leave the shelter. What did you find helpful in the training?
11 How have the project activities helped you to talk about how you feel? What activities helped you do this?
12 How have the project activities helped you to get on better with people in your community? What activities helped you do this?
13 How have the project activities helped to keep you safe? What activities helped you do this?
14 How did you feel during the COVID-19 pandemic?
15 How safe did you feel from the virus? Can you give examples of what made you feel safe or unsafe while you were involved in the project?
16 Have the remote sessions during the lockdown caused you more stress or have they helped you to feel less stressful?
17 During the lockdown, have you had additional chores to complete at home? What were the chores you were involved in?
18 What makes you happy or unhappy now? Can you give examples about what makes you happy or not happy?
19 Think back to when you first came to the shelter. How did being in the shelter make a difference to how you felt or how you behaved?
20 What would make you feel happy in the future?
21 Is there anything you would like to say that we haven't talked about today?

Annex 11: Guidance notes for interviewers of child beneficiaries. Plan International and partners

Before the discussion

1	Questions issued to project staff.	☐
2	Child beneficiaries are identified according to age-groups, gender and target numbers as listed in the Inception Report.	☐
3	Schedule for date, time, venue and staffing for the group discussions arranged.	☐

4	Schedule of group discussions sent by Plan International project staff to local evaluation team leader.	☐
5	Parents/guardians of child beneficiaries are contacted and receive information about the purpose of the evaluation and the informed consent process.	☐
6	Informed consent obtained from parents/ guardians and recorded on appropriate form.	☐
7	Parents/Guardians informed of date, time and location of group discussions.	☐

During the discussions

1	Key staff organise the room in which the discussion will take place and ensure recording equipment is available and working.	☐
2	Children and parents/guardians, if appropriate, welcomed into the room and told the purpose of the group discussion and why they have been chosen.	☐
3	Reminder given that any child can leave the room if they do not want to continue and that there will be someone available to help them if needed.	☐
4	Record number of children present and their gender on relevant form.	☐
5	Child beneficiaries informed of the group discussions and why they have been chosen.	☐
6	Informed consent obtained from child beneficiaries and recorded on appropriate form.	☐
7	Begin discussion using question schedule already provided.	☐
8	When all the questions have been discussed ask the group if they have anything else to say. Thank the children and parents/guardians for their attendance.	☐

After the discussion

1	Recording of discussions, plus any notes taken, to be sent to local evaluation team leader.	☐

CARITAS

Annex 12: Questions for semi-structured project staff interviews. Caritas and partners

Caritas project staff questions

1	Please can you tell me the organisation you work for and your job title and how long you have worked for the organisation?	☐

2	What is the nature of your involvement with Caritas?	
3	What are your views about any changes that were made to the original project plans?	
4	What do you think worked well, what do you think could have been improved?	
5	Can you provide examples of the challenges and successes associated with the project?	
6	To what extent do you feel that the project(s) was aligned to the needs of refugees in Lebanon?	
7	Is there anything that could have been improved to strengthen the alignment?	
8	The Caritas project adopted as a primary goal the immediate improvement and long-term wellbeing of shelter residents. What is your opinion of this? Do you feel it was appropriate? Please explain the reasons for your answer.	
9	What are your views about the capacity building and self-care elements of the projects?	
10	Do you feel that the project has had any impact (either positive or negative) that was not foreseen at the point of project development?	
11	How do you feel about including adults and children with disabilities in the project?	
12	What lessons do you think have been learnt over the four years of the project?	
13	What were the challenges for the delivery of the project in year 4, particularly in relation to COVID-19. To what extent were these managed successfully?	
14	To what extent do you think the project(s) made a real difference to the lives of Syrian refugees living in Lebanon?	
15	Overall, how successful was the project(s) in challenging gender-based violence?	
16	In your opinion, what aspects of the project provision did beneficiaries find the most valuable?	
17	How effective were the group activities in building beneficiaries' confidence and resilience?	
18	What further activities would you have like to have seen be delivered in the shelters? What, additionally, would beneficiaries have gained from these activities?	
19	In your opinion, what skills and competences did beneficiaries gain from the support they received in the shelters? Can you please give examples?	
20	Can you provide any specific case story examples of beneficiaries whose lives have improved significantly as a result of the support they received?	
21	Is there anything else you would like to add?	

Annex 13: Information sheet to be sent to project staff interviewees. Caritas and partners

The evaluation

The independently-led evaluation will assess the Australian Humanitarian Response (AHP) responses to the Syrian Refugee Crisis in Lebanon. The evaluation will focus on the impact of the humanitarian activities in Lebanon implemented by the two humanitarian organisations involved. It will assess the relevance, effectiveness, and efficiency of the responses delivered by Plan International and Caritas. The AHP's cross cutting themes of inclusion, transparency and accountability, localisation and cost effectiveness will also be taken into consideration as part of the evaluation.

The purpose of the interview will be to provide feedback to the project teams and evaluate the strengths and weaknesses of the programme.

You have been put forward to be interviewed by the organisations whose work is being evaluated because of your experience and understanding of the project. The information you provide will be incorporated into an evaluation report and published on the web sites of Plan International and

Caritas. The interview will be conducted remotely by whatever is the most appropriate medium for you, for example, Skype, telephone or Zoom.

Informed Consent
You will be asked for consent for the interview to be audio-recorded. If you are happy to participate but not to be recorded, then the interviewer will only make written notes.

Participation in the evaluation is strictly voluntary and there will be no penalty for declining to take part. In addition, you are free to withdraw from the interview, at any time, as well as declining to answer any question, without giving reasons and without penalty or repercussion. In addition, you are free to request withdrawal of the information provided during the interview up to six weeks after the collection of the interview data.

Anonymity
Your anonymity will be assured and maintained throughout the proceedings and after the completion of the project. Your name will be used only on the consent form completed by the interviewer whilst carrying out the interview. The form will be stored securely in a locked cupboard then destroyed six months after the publication of the evaluation report. No person will be identified by name in the final report and no quote attributed to an individual by name.

If you would like further information about the interview procedures or the evaluation itself, then please contact the member of the evaluation team below.

Name of interviewer: Contact details:

Annex 14: Guidance notes for project staff interviewers. Caritas and partners

Before the interview

1	Contact the interviewee using the email address provided in the Inception Report. In the email include:	☐
2	who you are;	☐
3	a request for an interview;	☐
4	information about the evaluation, its nature and purpose (see Inception Report);	☐
5	a brief explanation about why they have been chosen to be interviewed as a key informant;	☐
6	date and time for the interview and how the interview will be conducted i.e. telephone, Skype, Zoom, etc;	☐
7	a list of the questions to be asked during the interview and explain that if they wish, and have time, they can identify the questions they feel they have the background to answer and would like to discuss;	☐
8	the informed consent procedure as outlined in the Inception Report.	☐

During the interview

1	Complete the project staff interview form.	☐
2	Confirm with interviewee that consent has been given to record the interview and indicate on the form supplied.	☐
3	On completion of the interview, ask the interviewee if there is anything else that they would like to add or if there is anything that has not been discussed that they would like to talk about.	☐
4	Thank the interviewee for their time.	☐
5	Remind the interviewee that they can request removal of their data up to 6 weeks from the date of the interview.	☐
6	If they ask for a copy of the notes/transcription of the interview then agree it can be sent to them.	☐
7	Confirm interviewer's contact information.	☐

After the interview

1	Email interviewee thanking them for their time.	☐
2	Ensure any written notes are stored securely and that the audio recording is password protected.	☐
3	Ensure the evaluation team have access to written notes and audio recording so as to begin the transcription/analysis.	☐

Annex 15: Plan International and Partners Evaluation Rubric

Evaluation Rubric for the Evaluation of the Australian Humanitarian Partnership (AHP) Lebanon Response

Plan International and partners
Overall rubric score = 2.8
Between 'Good' and 'Less than adequate'

Key

Excellent:
There is **strong evidence** produced from triangulating between **a significant number** of reliable sources including PLAN/CARITAS project documents, quality assured PDMs, independent reviews/ evaluations (that meet DFAT standards), evidence-based research independently conducted in the sector as well as interviews and FGDs with beneficiaries and stakeholders directly related and external to the project.

Good:
There is **good evidence** produced from triangulating between **several** reliable sources including PLAN/CARITAS project documents, PDMs, as well as interviews and FGDs with beneficiaries and stakeholders directly related and external to the project.

Less than Adequate:
There is **little evidence** produced mainly from personal opinions and other non-validated assertions.

Poor:
Includes **almost no evidence** from primary data collected.

Satisfactory		Unsatisfactory	
4.	**Excellent** *(Achieved more than 80% of the expected outcomes)*	**2.**	**Less than adequate** *(Achieved 30-50% of the expected outcomes)*
3.	**Good** *(Achieved 50% - 80% of the expected outcomes)*	**1.**	**Poor** *(Achieved less than 30% of the expected outcomes)*

1 **Relevance**

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **Was the response appropriate and relevant**					
Sub-questions	***Sub-sub questions***				
*How **relevant** and **appropriate** was the response from the perspective of affected communities, sub-national and national government departments and relevant service providers?*	(1a) How appropriate are activities to the needs of affected communities?	There is strong evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is considerable evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is weak evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is almost no evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.
How well did the NGOs and their partners respond to needs assessment information (both initially in planning, and over the course of implementation), as needs changed, and as the context changed over time	(1b) To what extent did the planning of NGOs and their partners respond to the changing needs and context of affected populations?	There is strong evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is considerable evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is weak evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is almost no evidence that demonstrates that planning adapted to the changing needs and context affected populations equally and in an inclusive manner.
To what extent did the assistance align with Australia's Humanitarian Strategy (updated in May 2016), DFAT's Disability Inclusion Strategy (released initially in 2009 and updated in 2015), DFAT's	(1c) To what extent is the response in alignment with key Australian government policies and priorities on gender equality, disability inclusion, and Covid-19?	There is strong evidence that demonstrates that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is considerable evidence that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is weak evidence that demonstrates that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is almost no evidence that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.

gender equality and women's empowerment strategy (updated in 2016), the Australian Government's COVID-19 Aid Strategy, 'Partnership for Recovery: Australia's COVID-19 Development Response'(released in May 2020) and other key Australian government policies and priorities?					
What are the key findings that should inform future programming in order to ensure the relevance and appropriateness of outcomes, outputs and strategies, from both a GBV response and prevention perspective? Consider the specific needs and priorities of different stakeholders, including children.	(1d) To what extent was the response relevant and appropriate to the protection and basic needs of women, girls, men and boys with and without disabilities?	There is strong evidence that demonstrates that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is considerable evidence that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is weak evidence that demonstrates that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is almost no evidence that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.
	(1d) To what extent did the support provided to programme staff through the response enhance their capacities to better address the needs of women, girls, men and boys with and without disabilities?	There is strong evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is considerable evidence that the response engaged programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is weak evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is almost no evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.

	(1d) To what extent did the educational support activities provided to children facilitate their learning at school?	There is strong evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is considerable evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is weak evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is almost no evidence that the educational support activities provided to children with and without disabilities improved learning at school.

2 Effectiveness

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
	Key evaluation question: **Was the response effective?**				
	Sub-questions				
How clearly defined were the intended outcomes for the response, and the rationale or strategies by which the NGOs intended to achieve those outcomes (i.e., their theory of change)?	How clear, realistic and measurable were the end-of-programme outputs and outcomes statements? (2a)	The response had end-of-programme output and outcomes statements that were clear, realistic, and measurable and met all aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that met almost all aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that met few aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that did not meet the DFAT standard.
	How aligned are the intended outcomes to the rationale or strategies by which the NGOs intended to achieve the outcomes? (2a)	The intended outcomes are strongly aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are considerably aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are weakly aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are not aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.
To what extent were the intended outcomes achieved, and did any significant unintended outcomes	To what extent were the intended outcomes achieved? (2b)	There is strong evidence that demonstrates the response achieved all of the intended end-of-programme outcomes.	There is considerable evidence to demonstrate that the response achieved almost all of the intended	The evidence is weak, or it demonstrates that the response achieved few of the intended end-of-programme outcomes.	There is no evidence, or the evidence demonstrates that the response did not meet any of the intended end-of-programme outcomes.

eventuate, either negative or positive? For example: *CAN DO: To what extent did the support provided through shelters contribute to women and children regaining their confidence, and to live independently post-shelters life?*			end-of-programme outcomes.		
	To what extent did the support provided through shelters contribute to women and children with and without disabilities regaining their confidence, and to live independently post-shelter life? (2b/a)	N/A	N/A	N/A	N/A
	To what extent did the response strengthen protection mechanisms for refugee and host communities in Lebanon affected by the Syria crisis? (2b)	There is strong evidence that the response strengthened protection mechanisms for all beneficiaries equally.	There is considerable evidence that the response strengthened protection for all beneficiaries equally.	There is weak evidence that the response strengthened protection mechanisms for all beneficiaries equally.	There is almost no evidence that the response strengthened protection mechanisms for all beneficiaries equally.
What has been learnt about how change does or doesn't happen in these contexts (i.e. in relation to the NGOs' theories of change)? For example : *CAN DO: which of the response strategies were most valued by project participants, and were most effective in terms of achieving the intended outcomes?*	To what extent was the programme logic and any underlying assumptions verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community? (2c)	The theory of change of the programme and its underlying assumptions are verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are partly verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are limitedly verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are not verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.
	What response strategies were most valued by the beneficiaries? What response strategies were most effective in achieving the intended outcomes? (2c/a)	N/A	N/A	N/A	N/A

To what extent has the project contributed to addressing the root causes and contributing factors of gender-based violence (GBV)? Consider how the project has worked within all levels of society - (e.g. individual, relationships, communities and societal/systems).	How has the response addressed the root causes and contributing factors of gender-based violence? (2d)	There is strong evidence that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There is considerable evidence that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There is little evidence that shows that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There was no evidence indicating attention was paid to providing all beneficiaries with access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.
		No empirical evidence available There is strong evidence that demonstrates that IMC established inclusive feedback and complaint mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	No empirical evidence available There is considerable evidence that demonstrates that IMC established inclusive feedback and mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	No empirical evidence available There is weak evidence that demonstrates that IMC established inclusive feedback and complaint feedback mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	No empirical evidence available There is no evidence that demonstrates that IMC established inclusive feedback and complaint-based feedback mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.
To what extent will the response outcomes be sustained? What further efforts, if any from the NGOs and their implementing partners would have increased the likelihood of sustainability?	What steps have the NGOs and implementing partners taken to increase the likelihood of sustainability of programmes? (2e)	There is strong evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is considerable evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is weak evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is no evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.
		There is strong evidence that demonstrates that NGOs and implementing partners work with local organisations including DPOs, women organisations, local and national governments to	There is considerable evidence that demonstrates that NGOs and implementing partners work with local organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.	There is weak evidence that demonstrates that NGOs and implementing partners work with local organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.	There is no evidence that demonstrates that NGOs and implementing partners work with local organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.

		improve sustainability of outcomes.			
How adequate were the NGO's M&E practices to monitor outcomes, and to enable them to assess the effectiveness and inclusion of their response?	To what extent did the M&E practices meet the standards of DFAT to monitor outcomes and assess the effectiveness and inclusion of the response? (2f)	There is strong evidence of very good quality M&E practices meeting all the DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is considerable evidence of a very good quality M&E plan meeting almost all of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is negligible or weak evidence of a very good quality M&E plan meeting any of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is no evidence of a very good quality M&E plan meeting any of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.
		There is strong evidence that demonstrates there was a very good degree of attention to the use of performance information to support management decision-making, learning and reporting on all investment outcomes	There is considerable evidence that demonstrates there was a good degree of attention to the use of performance information to support management decision-making, learning and reporting on almost all investment outcomes.	The evidence is weak, or it demonstrates there were some examples of the use of performance information for management decision-making but, overall, there was little attention to uses other than for reporting	There is no evidence, or the evidence demonstrates that no attention was given to obtaining performance information.
How effectively did the NGOs monitor, manage and report risk, fraud and corruption?	To what extent did NGOs and implementing partners mitigate risks and reduce the likelihood of fraud and corruption? (2g)	There is strong evidence that risks were well managed with controls being effective at reducing the likelihood and consequences of risks.	There is considerable evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.	There is weak evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.	There is no evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.
		There is strong evidence that demonstrates that Plan/Caritas and implementing partners undertook regular security risk assessments and had contingency plans for all areas of operation across Lebanon.	There is considerable evidence that demonstrates that Plan and implementing partners undertook security risk assessments and had contingency plans for all areas of operation across Lebanon.	The evidence is weak that demonstrates that Plan/Caritas and implementing partners undertook security risk assessments and had contingency plans for all areas of operation across Lebanon.	There is no evidence that security risk assessments were carried out in all areas of operation across Lebanon; No contingency plans were in place.

To what extent have the agencies integrated COVID-19 considerations into their response (from May 2020 onwards)? How effective do these approaches appear to prevent or contain a COVID-19 outbreak in the programme sites?	What COVID-19 prevention and containment measures have the agencies adopted and implemented in the programme sites? (2h)	All programme sites had a comprehensive COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national protocols including lockdown guidelines, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	Most programme sites had a COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including but not limited to lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	All programme sites had a weak COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	All programme sites had no COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.
		There is strong evidence that COVID-19 prevention and containment measures were adopted and implemented in programme sites from May 2020 onwards.	There is considerable evidence that COVID-19 prevention and containment measures were adopted and implemented in the programme sites from May 2020 onwards.	There is evidence that COVID-19 prevention and containment measures were adopted and implemented in some programme sites from May 2020 onwards.	There is no evidence that COVID-19 prevention and containment measures were adopted and implemented in all programme sites from May 2020 onwards.
	To what extent have the measures effectively prevented or contained any COVID-19 outbreaks in the programme sites including (2h)	There is strong evidence that the COVID-19 measures effectively prevented or contained any COVID-19 outbreaks in the programme sites.	There is considerable evidence that the COVID-19 measures effectively prevented or contained any COVID-19 outbreaks in the programme sites.	There is weak evidence that the COVID-19 measures effectively prevented or contained any COVID-19 outbreaks in the programme sites.	There is no evidence that the COVID-19 measures effectively prevented or contained any COVID-19 outbreaks in the programme sites.
	To what extent did Plan and Caritas adapt activities and services to mitigate the impact of COVID-19 on the existing programmes? (2h)	All activities and services were adapted to mitigate the impact of COVID-19 on existing programmes.	Most activities were adapted mitigate the impact of COVID-19 on existing programmes.	It was not possible to adapt most activities but key services were provided during the COVID -19 lockdown.	No activity or service took place during the COVID-19 lockdown.

3 Inclusion

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How inclusive was the response?**					
Sub-questions	***Sub-sub-questions***				
To what extent were the needs of different groups of people (including age, gender, ethnicity etc.) considered in the design and implementation of the response, including in influence and decision-making roles?	To what extent was the programme designed and implemented to facilitate gender equality, diversity and social inclusion? (3a)	There is strong that evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is considerable evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is weak evidence, or it does not demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is no evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.
What did the response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities and minorities?	To what extent did the activities of the intervention protect the dignity and right of affected populations, promote gender equality and address barriers to inclusion, including persons with disabilities and minorities? (3b)	There is strong evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	There is considerable evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	The evidence is weak, or it does not demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	There is no evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.

4 **Efficiency**

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How efficient was the response**					
Sub-question(s)	***Sub-sub-questions***				
How efficiently were programme activities implemented?	To what extent was the response implemented according to agreed timelines and budgets? (4a)	There is strong evidence that the response made very good use of available time and resources in relation to all end-of-investment outcomes.	There is considerable level of evidence that demonstrates the investment made good use of available time and resources in relation to almost all end-of-investment outcomes.	The evidence is weak, or it does not demonstrate that the investment made less than adequate use of time and resources in key areas.	There is no evidence to demonstrate that the investment made very poor use of time and resources.
In what ways was the response implemented to achieve good value for money (recognising that there are often higher costs necessary to achieve inclusive approaches, and to reach those who are most marginalised)?	To what extent were the outputs and resources sufficient to achieve the programme outcomes? (4b)	There is strong evidence to demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is considerable evidence demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is little evidence, or it does not demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is no evidence to demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.

5 Localisation

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **Did the response reinforce <u>local capacity/leadership?</u>**					
Sub-question(s)	***Sub-sub-questions***				
To what extent did the response support and strengthen local partners, including civil society (e.g. local women's organisation, disabled people's organisations) and local government? What influence has this had on the ability of local partners to respond to needs in the future?]	To what extent did the programme activities/services strengthen the capacities of international, national and local stakeholders (including (I)NGOs, WOs and DPOs, and government entities) to better protect the rights and dignity of vulnerable populations? (5a)	There is strong evidence to show that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	There is considerable evidence that demonstrates that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	The evidence is weak, or it does not demonstrate that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	There is no evidence that demonstrates that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.
		There is strong evidence that demonstrates that local partners are able attract donor.	There is considerable evidence that demonstrates that local partners are able attract donor funding.	The evidence is weak, or it does not demonstrate that local partners are able to attract donor funding.	There is no evidence that demonstrates local partner are able attract donor funding.
What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?	To what extent were local stakeholders actively involved in the planning, management, and implementation of the programme activities? (5b)	There is strong evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response, including in influencing and decision-making roles.	There is considerable evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response, including in influencing and decision-making roles.	The evidence is weak, or it demonstrates that participation of diverse local stakeholders in the planning, management and implementation of the response was weak.	There is no evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response.

6 Transparency and accountability

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How transparent and accountable was the response?**					
Sub-question(s)	***Sub-sub-questions***				
In what ways, and to what extent were implementing partners sufficiently accountable to, and engaged with, affected communities or populations?	To what extent were Plan and partners accountable to affected communities? (6a)	There is strong evidence to demonstrate that that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is considerable evidence to demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is weak evidence, or it does not demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is no evidence to demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.
		There is strong evidence to demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is considerable evidence to demonstrate that Plan and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is weak evidence, or it does not demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is no evidence to demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.
What accountability practices were perceived as the most useful by the affected communities or populations?	How useful were accountability practices to affected populations? (6b)	All programme partners have effective inclusive feedback and complaint mechanisms in place and analyse data coming from these mechanisms regularly.	All programme partners have inclusive feedback and complaint mechanisms in place and analyse data coming from these mechanisms.	Few programme partners have inclusive feedback and complaint mechanisms in place, but data from these mechanisms are only limitedly analysed.	None of the programme partners have inclusive feedback and complaint mechanisms in place.
What evidence exists of programmes having been influenced by effective	What evidence exists of programmes being informed by feedback	There is strong evidence to demonstrate that activities/services are	There is considerable evidence to demonstrate that activities/services are	There is weak evidence, or it does not demonstrate that activities/services are shaped	There is no evidence to demonstrate that activities/services are

communication, participation and feedback from affected people and communities?	and complaint mechanisms? (6c)	shaped by accountability mechanisms.	shaped by accountability mechanisms.	by accountability mechanisms	shaped by accountability mechanisms.

Annex 16: Caritas and Partners Evaluation Rubric

Evaluation Rubric for the Evaluation of the Australian Humanitarian Partnership (AHP) Lebanon Response

Caritas and partners
Overall rubric score = 2.8
Between 'Good' and 'Less than adequate'

Key

Excellent:
There is **strong evidence** produced from triangulating between **a significant number** of reliable sources including PLAN/CARITAS project documents, quality assured PDMs, independent reviews/ evaluations (that meet DFAT standards), evidence-based research independently conducted in the sector as well as interviews and FGDs with beneficiaries and stakeholders directly related and external to the project.

Good:
There is **good evidence** produced from triangulating between **several** reliable sources including PLAN/CARITAS project documents, PDMs, as well as interviews and FGDs with beneficiaries and stakeholders directly related and external to the project.

Less than Adequate:
There is **little evidence** produced mainly from personal opinions and other non-validated assertions.

Poor:
Includes **almost no evidence** from primary data collected.

Satisfactory		Unsatisfactory	
4.	**Excellent** *(Achieved more than 80% of the expected outcomes)*	**2.**	**Less than adequate** *(Achieved 30-50% of the expected outcomes)*
3.	**Good** *(Achieved 50% - 80% of the expected outcomes)*	**1.**	**Poor** *(Achieved less than 30% of the expected outcomes)*

1 **Relevance:**

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **Was the response appropriate and relevant**					
Sub-questions	***Sub-sub questions***				
*How **relevant** and **appropriate** was the response from the perspective of affected communities, sub-national and national government departments and relevant service providers?*	(1a) How appropriate are activities to the needs of affected communities?	There is strong evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is considerable evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is weak evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.	There is almost no evidence that activities are designed based on the needs of affected populations equally and in an inclusive manner.
How well did the NGOs and their partners respond to needs assessment information (both initially in planning, and over the course of implementation), as needs changed, and as the context changed over time	(1b) To what extent did the planning of NGOs and their partners respond to the changing needs and context of affected populations?	There is strong evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is considerable evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is weak evidence that demonstrates that planning adapted to the changing needs and context of affected populations equally and in an inclusive manner.	There is almost no evidence that demonstrates that planning adapted to the changing needs and context affected populations equally and in an inclusive manner.
To what extent did the assistance align with Australia's Humanitarian Strategy (updated in May 2016), DFAT's Disability Inclusion Strategy (released initially in 2009 and updated in 2015), DFAT's	(1c) To what extent is the response in alignment with key Australian government policies and priorities on gender equality, disability inclusion, and Covid-19?	There is strong evidence that demonstrates that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is considerable evidence that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is weak evidence that demonstrates that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.	There is almost no evidence that the response is aligned with key Australian government policies and priorities on gender equality and disability inclusion and Covid-19.

gender equality and women's empowerment strategy (updated in 2016), the Australian Government's COVID-19 Aid Strategy, 'Partnership for Recovery: Australia's COVID-19 Development Response'(released in May 2020) and other key Australian government policies and priorities?					
What are the key findings that should inform future programming in order to ensure the relevance and appropriateness of outcomes, outputs and strategies, from both a GBV response and prevention perspective? Consider the specific needs and priorities of different stakeholders, including children.	(1d) To what extent was the response relevant and appropriate to the protection and basic needs of women, girls, men and boys with and without disabilities?	There is strong evidence that demonstrates that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is considerable evidence that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is weak evidence that demonstrates that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.	There is almost no evidence that the response was relevant and appropriate to the protection and basic needs of girls, boys, women, and men with or without disabilities.
	(1d) To what extent did the support provided to programme staff through the response enhance their capacities to better address the needs of women, girls, men and boys with and without disabilities?	There is strong evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is considerable evidence that the response engaged programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is weak evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.	There is almost no evidence that demonstrates that the support provided to programme staff enhanced their capacities to better address the needs of women, girls, men and boys with and without disabilities.

	(1d) To what extent did the educational support activities provided to children facilitate their learning at school?	There is strong evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is considerable evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is weak evidence that the educational support activities provided to children with and without disabilities improved learning at school.	There is almost no evidence that the educational support activities provided to children with and without disabilities improved learning at school.

2 **Effectiveness:**

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
	Key evaluation question: **Was the response effective?**				
	Sub-questions				
How clearly defined were the intended outcomes for the response, and the rationale or strategies by which the NGOs intended to achieve those outcomes (i.e., their theory of change)?	How clear, realistic and measurable were the end-of-programme outputs and outcomes statements? (2a)	The response had end-of-programme output and outcomes statements that were clear, realistic, and measurable and met all aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that met almost all aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that met few aspects of the DFAT standard.	The response had end-of-programme outputs and outcomes statements that did not meet the DFAT standard.
	How aligned are the intended outcomes to the rationale or strategies by which the NGOs intended to achieve the outcomes? (2a)	The intended outcomes are strongly aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are considerably aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are weakly aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.	The intended outputs and outcomes are not aligned to the rationale or strategies by which the NGOs intended to achieve the outcomes.
	To what extent were the intended	There is strong evidence that demonstrates the	There is considerable evidence to demonstrate	The evidence is weak, or it demonstrates that the	There is no evidence, or the evidence demonstrates that

To what extent were the intended outcomes achieved, and did any significant unintended outcomes eventuate, either negative or positive? For example: *CAN DO: To what extent did the support provided through shelters contribute to women and children regaining their confidence, and to live independently post-shelters life?*	outcomes achieved? (2b)	response achieved all of the intended end-of-programme outcomes.	that the response achieved almost all of the intended end-of-programme outcomes.	response achieved few of the intended end-of-programme outcomes.	the response did not meet any of the intended end-of-programme outcomes.
	To what extent did the support provided through shelters contribute to women and children with and without disabilities regaining their confidence, and to live independently post-shelter life? (2b/a)	There is strong evidence that the support provided through shelters contributed to improved confidence and independence post-shelter life.	There is considerable evidence that the support provided through shelters contributed to improved confidence and independence post shelters life.	There is weak` evidence that the support provided through shelters contributed to improved confidence and independence post- shelter life.	There is almost no evidence that the support provided through shelters contributed to improved confidence and independence post -shelter life.
	To what extent did the response strengthen protection mechanisms for refugee and host communities in Lebanon affected by the Syria crisis? (2b)	There is strong evidence that the response strengthened protection mechanisms for all beneficiaries equally.	There is considerable evidence that the response strengthened protection for all beneficiaries equally.	There is weak evidence that the response strengthened protection mechanisms for all beneficiaries equally.	There is almost no evidence that the response strengthened protection mechanisms for all beneficiaries equally.
What has been learnt about how change does or doesn't happen in these contexts (i.e. in relation to the NGOs' theories of change)? For example : *CAN DO: which of the response strategies were most valued by project participants, and were most effective in terms of achieving the intended outcomes?*	To what extent was the programme logic and any underlying assumptions verified by beneficiaries with regards to how the program significantly improved their wellbeing and community? (2c)	The theory of change of the programme and its underlying assumptions are verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are partly verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are limitedly verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.	The theory of change of the programme and most of its underlying assumptions are not verified by beneficiaries with regards to how the programme significantly improved their wellbeing and community.
	What response strategies were most valued by the beneficiaries?	N/A	N/A	N/A	N/A

	What response strategies were most effective in achieving the intended outcomes? (2c/a)				
To what extent has the project contributed to addressing the root causes and contributing factors of gender-based violence (GBV)? Consider how the project has worked within all levels of society - (e.g. individual, relationships, communities and societal/systems).	How has the response addressed the root causes and contributing factors of gender-based violence? (2d)	There is strong evidence that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There is considerable evidence that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There is little evidence that shows that demonstrates that all beneficiaries had access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.	There was no evidence indicating attention was paid to providing all beneficiaries with access to livelihood support activities, GBV and protection services and that these services were GAD sensitive.
		N/A There is strong evidence that demonstrates that IMC established inclusive feedback and complaint mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	N/A There is considerable evidence that demonstrates that IMC established inclusive feedback and mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	N/A There is weak evidence that demonstrates that IMC established inclusive feedback and complaint feedback mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.	N/A There is no evidence that demonstrates that IMC established inclusive feedback and complaint-based feedback mechanisms in areas of GBV operations, to allow for confidential feedback or complaints from beneficiaries.
To what extent will the response outcomes be sustained? What further efforts, if any from the NGOs and their implementing partners would have increased the likelihood of sustainability?	What steps have the NGOs and implementing partners taken to increase the likelihood of sustainability of programmes? (2e)	There is strong evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is considerable evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is weak evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.	There is no evidence that NGOs and implementing partners have taken steps to strengthen their systems, processes and future capabilities.
		There is strong evidence that demonstrates that NGOs and implementing partners work with local	There is considerable evidence that demonstrates that NGOs and implementing partners	There is weak evidence that demonstrates that NGOs and implementing partners work with local	There is no evidence that demonstrates that NGOs and implementing partners work with local organisations

		organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.	work with local organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.	organisations including DPOs, women organisations, local and national governments to improve sustainability of outcomes.	including DPOs, women organisations, local and national governments to improve sustainability of outcomes.
How adequate were the NGO's M&E practices to monitor outcomes, and to enable them to assess the effectiveness and inclusion of their response?	To what extent did the M&E practices meet the standards of DFAT to monitor outcomes and assess the effectiveness and inclusion of the response? (2f)	There is strong evidence of very good quality M&E practices meeting all the DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is considerable evidence of a very good quality M&E plan meeting almost all of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is negligible or weak evidence of a very good quality M&E plan meeting any of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.	There is no evidence of a very good quality M&E plan meeting any of DFAT standards including triangulation to ensure data quality, routinely tracked performance against the baseline, the data was inclusive of people with disability, women, children and men.
		There is strong evidence that demonstrates there was a very good degree of attention to the use of performance information to support management decision-making, learning and reporting on all investment outcomes	There is considerable evidence that demonstrates there was a good degree of attention to the use of performance information to support management decision-making, learning and reporting on almost all investment outcomes.	The evidence is weak, or it demonstrates there were some examples of the use of performance information for management decision-making but, overall, there was little attention to uses other than for reporting	There is no evidence, or the evidence demonstrates that no attention was given to obtaining performance information.
How effectively did the NGOs monitor, manage and report risk, fraud and corruption?	To what extent did NGOs and implementing partners mitigate risks and reduce the likelihood of fraud and corruption? (2g)	There is strong evidence that risks were well managed with controls being effective at reducing the likelihood and consequences of risks.	There is considerable evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.	There is weak evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.	There is no evidence that risks were well managed with controls being effective at reducing the likelihood of the risks occurring.
		There is strong evidence that demonstrates that Plan/Caritas and	There is considerable evidence that demonstrates that Caritas	The evidence is weak that demonstrates that Plan/Caritas and	There is no evidence that security risk assessments were carried out in all areas

		implementing partners undertook regular security risk assessments and had contingency plans for all areas of operation across Lebanon.	and implementing partners undertook security risk assessments and had contingency plans for all areas of operation across Lebanon.	implementing partners undertook security risk assessments and had contingency plans for all areas of operation across Lebanon.	of operation across Lebanon; No contingency plans were in place.
To what extent have the agencies integrated COVID-19 considerations into their response (from May 2020 onwards)? How effective do these approaches appear to prevent or contain a COVID-19 outbreak in the program sites?	What COVID-19 prevention and containment measures have the agencies adopted and implemented in the programme sites? (2h)	All programme sites had a comprehensive COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national protocols including lockdown guidelines, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	Most programme sites had a COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including but not limited to lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	All programme sites had a weak COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.	All programme sites had no COVID-19 response plan e.g. SOPs and implementation mechanisms covering international and national guidelines including lockdown rules, social distancing, quarantining, face coverings, health monitoring, routine assessment of the safety and wellbeing of the residents etc.
		There is strong evidence that COVID-19 prevention and containment measures were adopted and implemented in programme sites from May 2020 onwards.	There is considerable evidence that COVID-19 prevention and containment measures were adopted and implemented in the programme sites from May 2020 onwards.	There is evidence that COVID-19 prevention and containment measures were adopted and implemented in some programme sites from May 2020 onwards.	There is no evidence that COVID-19 prevention and containment measures were adopted and implemented in all programme sites from May 2020 onwards.
	To what extent have the measures effectively prevented or contained any COVID-19 outbreaks in	There is strong evidence that the COVID-19 measures effectively prevented or contained	There is considerable evidence that the COVID-19 measures effectively prevented or contained any	There is weak evidence that the COVID-19 measures effectively prevented or contained any COVID-19	There is no evidence that the COVID-19 measures effectively prevented or contained any COVID-19

	the programme sites including (2h)	any COVID-19 outbreaks in the programme sites.	COVID-19 outbreaks in the programme sites.	outbreaks in the programme sites.	outbreaks in the programme sites.
	To what extent Caritas adapt activities and services to mitigate the impact of COVID-19 on the existing programmes? (2h)	All activities and services were adapted to mitigate the impact of COVID-19 on existing programmes.	Most activities were adapted mitigate the impact of COVID-19 on existing programmes.	It was not possible to adapt most activities but key services were provided during the COVID -19 lockdown.	No activity or service took place during the COVID-19 lockdown.

3 **Inclusion**

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How inclusive was the response?**					
Sub-questions	***Sub-sub-questions***				
To what extent were the needs of different groups of people (including age, gender, ethnicity etc.) considered in the design and implementation of the response, including in influence and decision-making roles?	To what extent was the programme designed and implemented to facilitate gender equality, diversity and social inclusion? (3a)	There is strong that evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is considerable evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is weak evidence, or it does not demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.	There is no evidence to demonstrate that the programme is designed and implemented to facilitate gender equality, diversity and social inclusion.
What did the response achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities and minorities?	To what extent did the activities of the intervention protect the dignity and right of affected populations, promote gender equality and address barriers to inclusion, including persons with disabilities and minorities? (3b)	There is strong evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	There is considerable evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	The evidence is weak, or it does not demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.	There is no evidence to demonstrate that basic goods and services provided through the response equally support and protected the dignity and rights of women and girls with and without disabilities including minorities.

4 Efficiency

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How <u>efficient</u> was the response**					
Sub-question(s)	***Sub-sub-questions***				
How efficiently were programme activities implemented?	To what extent was the response implemented according to agreed timelines and budgets? (4a)	There is strong evidence that the response made very good use of available time and resources in relation to all end-of-investment outcomes.	There is considerable level of evidence that demonstrates the investment made good use of available time and resources in relation to almost all end-of-investment outcomes.	The evidence is weak, or it does not demonstrate that the investment made less than adequate use of time and resources in key areas.	There is no evidence to demonstrate that the investment made very poor use of time and resources.
In what ways was the response implemented to achieve good value for money (recognising that there are often higher costs necessary to achieve inclusive approaches, and to reach those who are most marginalised)?	To what extent were the outputs and resources sufficient to achieve the programme outcomes? (4b)	There is strong evidence to demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is considerable evidence demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is little evidence, or it does not demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.	There is no evidence to demonstrate that the outputs and resources available were sufficient to achieve the programme outcomes.

5 Localisation

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **Did the response reinforce local capacity/leadership?**					
Sub-question(s)	***Sub-sub-questions***				
To what extent did the response support and strengthen local partners, including civil society (e.g. local women's organisation, disabled people's organisations) and local government? What influence has this had on the ability of local partners to respond to needs in the future?]	To what extent did the programme activities/services strengthen the capacities of international, national and local stakeholders (including (I)NGOs, WOs and DPOs, and government entities) to better protect the rights and dignity of vulnerable populations? (5a)	There is strong evidence to show that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	There is considerable evidence that demonstrates that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	The evidence is weak, or it does not demonstrate that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.	There is no evidence that demonstrates that partners and relevant stakeholders are more capable to provide GBV and child protection services in a gender and socially inclusive manner.
		There is strong evidence that demonstrates that local partners (such as Caritas Lebanon and CRS) are able attract donor.	There is considerable evidence that demonstrates that local partners (such as Caritas Lebanon and CRS) are able attract donor funding.	The evidence is weak, or it does not demonstrate that local partners (such as Caritas Lebanon and CRS) are able to attract donor funding.	There is no evidence that demonstrates local partner (such as Caritas Lebanon and CRS) are able attract donor funding.
What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?	To what extent were local stakeholders actively involved in the planning, management, and implementation of the programme activities? (5b)	There is strong evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response, including in influencing and decision-making roles.	There is considerable evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response, including in influencing and decision-making roles.	The evidence is weak, or it demonstrates that participation of diverse local stakeholders in the planning, management and implementation of the response was weak.	There is no evidence that demonstrates involvement of diverse local stakeholders in the planning, management and implementation of the response.

6 Transparency and accountability

Criteria and Definitions		Standards			
		Satisfactory		Unsatisfactory	
		Excellent (4)	Good (3)	Less than Adequate (2)	Poor (1)
Key evaluation question: **How transparent and accountable was the response?**					
Sub-question(s)	***Sub-sub-questions***				
In what ways, and to what extent were implementing partners sufficiently accountable to, and engaged with, affected communities or populations?	To what extent were Caritas and partners accountable to affected communities? (6a)	There is strong evidence to demonstrate that that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is considerable evidence to demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is weak evidence, or it does not demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.	There is no evidence to demonstrate that AAP MEAL systems are set up to collect, analyse and feedback on GEDSI related data.
		There is strong evidence to demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is considerable evidence to demonstrate that Plan and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is weak evidence, or it does not demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.	There is no evidence to demonstrate that Plan/Caritas and partners regularly communicated with affected populations (particularly those who are most marginalised) to solicit their feedback on activities/services.
What accountability practices were perceived as the most useful by the affected communities or populations?	How useful were accountability practices to affected populations? (6b)	All programme partners have effective inclusive feedback and complaint mechanisms in place and analyse data coming from these mechanisms regularly.	All programme partners have inclusive feedback and complaint mechanisms in place and analyse data coming from these mechanisms.	Few programme partners have inclusive feedback and complaint mechanisms in place, but data from these mechanisms are only limitedly analysed.	None of the programme partners have inclusive feedback and complaint mechanisms in place.
What evidence exists of programs having been influenced by effective communication,	What evidence exists of programmes being informed by feedback and complaint mechanisms? (6c)	There is strong evidence to demonstrate that activities/services are shaped by accountability mechanisms.	There is considerable evidence to demonstrate that activities/services are shaped by	There is weak evidence, or it does not demonstrate that activities/services are shaped by accountability mechanisms.	There is no evidence to demonstrate that activities/services are shaped by accountability mechanisms.

participation and feedback from affected people and communities?			accountability mechanisms.		