NESI-PARD External Evaluation: “Medical and Psychological Assistance to the Refugee Population in Southern Lebanon” – 30 December 2019 to 29 March 2021 - PRE-2019EH/0002

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Contents

Executive Summary

This evaluation concerns the Nazioarteko Elkartazuna - Solidaridad Internacional and PARD project "Medical and Psychological Assistance to the Refugee Population in Southern Lebanon" implemented from 30 December 2019 to 29 March 2021 targeting Palestinian and Syrian refugees living in 10 Palestinian informal gatherings in southern Lebanon.

The **Overall Goal** of the project is "To contribute to the full exercise of the right to health of Syrian and Palestinian women and young refugees in South Lebanon"; the **Specific Aim** is to "To promote access to health services and a life free of violence, through the creation and implementation of a system of medical and psychological assistance, for the refugee population victim of the Syrian conflict, with special emphasis on women". It's **Expected Results** are 1) "Creation of health care spaces and services that promote the right to health among the highly vulnerable refugee population of 10 informal settlements in southern Lebanon"; 2) "Provide a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in southern Lebanon" and 3) "Sensitize the refugee population in 10 informal settlements in South Lebanon on sexual and reproductive rights, gender equity and promote the construction of peace through the collection of testimonies and their international dissemination".

Objective of the Evaluation

The evaluation is intended to promote continuous quality improvement in project design, implementation, measurability and impact of Nazioarteko Elkartazuna - Solidaridad Internacional and PARD interventions. Based on OECD-DAC criteria, this includes the relevance of project strategies to contextual factors and to population needs; the adaptability of project actions to changing circumstances and to unexpected challenges; the appropriateness of the project's measurement indicators; the extent to which the project has achieved its objectives; and the impact of the project on the 'social status' and 'agency' of beneficiary women. In addition, the evaluation is expected to highlight the sustainability and replicability of project strategies and provide recommendation on its future direction.

Methodology

Primary data was obtained through field visits for first hand investigation along with the review of related project documents. A desk review of background documents included 1) UN and academic policy documents and reports on Sexual and Reproductive Health Rights (SRHR) and Gender-based Violence (GBV); 2) The latest studies on Palestinian informal settlements in Lebanon; and 3) Reports on recent developments in Lebanon (Financial Crisis, COVID-19 pandemic and the Beirut Port Explosion).

An Evaluation Matrix was developed based on OECD-DAC criteria, detailing the evaluation questions, fields of investigation and data sources and was the guiding analytical tool for the evaluation process.

Four types of qualitative research methods were used – key informant interviews, group interviews, focus groups, and case studies - as well as a basic quantitative survey of beneficiaries attending the focus groups. Total participants were 88 (7M/81F) and included 2 Key Informants (1M/1F); 6 PARD staff (1M/5F); 5 Popular Committee Members (5M); 3 GBV survivors (3F) and 72 Focus group participants (72F).

FGD Respondent Profile: Nearly two thirds were Palestinians from Lebanon (PRL) and almost one third were Syrians; The majority (38%) were 36 -55 years old, followed by 29% aged 26 -35 years, 19% aged 18-25 and 13% aged 56 years or older; 71% of respondents are currently married; 28% of ever married respondents were married before 18 years of age. Nearly a quarter of respondents were less than 18 years old at first pregnancy.

Limitations: The selected participants in several FGDs did not fit with the evaluator's selection criteria due to difficulties in reaching many beneficiaries. Due to COVID 19 precaution measures, the recordings of some interviews and FGDs were often garbled due to external noises and the wearing of masks.

Planning Logic & Implementation Plan

At the Specific Target and Results levels of the Logical Framework, the Expected Indicators are specified along with Verification Sources and the Assumptions & Risks of External Factors. The Overarching Objective/Overall Goal adequately describes a precise long term objective. However, The Specific Target needs more tangible description of the direct benefits for the target group. Results 1 and 2, identify concretely the intended achievements of the project through the creation of safe spaces and provision comprehensive PSS support. The second component of Result 3 introduces an advocacy dimension to the project which can be further developed by articulating a more direct connection with the first component 'sensitization' of the local community and with the project's Specific Target. Most of the Objectively Verifiable Indicators (OVIs), for the Specific Target and the Results require refinement and improved articulation to facilitate the monitoring process.

Evaluation Findings

Relevance

Contextual factors affecting Palestinians in Lebanon have persisted since the formulation of the project. The Palestinian informal gatherings in southern Lebanon are accurately defined as areas of high vulnerability and marginalization since they are not recognized as official Palestinian refugee camps. Gatherings also host many Syrian refugees who have been denied refugee status since 2015. The recent unanticipated developments in Lebanon (financial crisis, COVID 19, the Beirut Port explosion) were accurately shown to have exacerbated vulnerability in the gatherings.

The project's problem analysis is appropriately formulated on evidence based data specifying target group priorities and needs, especially for women, who are marginalized at multiple levels, lacking reproductive health awareness, burdened by patriarchal norms that justify exposure to violence in the private and public space, including the imposition of early marriage. The project justification also sheds light on refugee women's urgent need for mental health support, as poverty and unemployment increases.

The beneficiary selection criteria conform with the profile of the target groups highlighted in the problem analysis, namely Palestinian and Syrian refugee women and youths, women survivors of GBV and newborn children.

The project was formulated with the participation of local stakeholders through a needs assessment of 500 Syrians and through consultations with local governing bodies (Popular Committees) and local Women's Committees empowered by PARD over many years to act as intermediaries with the population in the gatherings.

Although fully implemented, two components of the project need further elaboration in the problem analysis to better demonstrate relevance: 'Medical waste recycling' (I.O.V.5.R.1) and advocacy for 'the construction of peace through the collection of testimonies and their international dissemination' (component of Result 3).

Coherence:

The project design is aligned with the international humanitarian principles and good practices of humanitarian response, which aim to ensure that vulnerable populations have access to aid, otherwise unobtainable, such as Syrian refugees unable to register with UNHCR since 2015; and Palestinians in the gatherings who do not receive UNRWA primary health care or emergency relief.

The main stakeholders in the targeted gatherings (Popular Committees, Municipalities and Women's Committees) are described extensively including the level of relationship between the municipalities and popular committees. The stakeholder analysis does not sufficiently address the opportunities and constraints of working with key UN agencies and with national and local NGOs (some of whom are collaborating with the project) especially the potential for charting referral pathways.

Effectiveness:

The Specific Target/Objective of the project was almost fully realized through increasing the access of women in the gatherings to health services, psychological services and awareness raising interventions. The project exceeded the planned number of gatherings through its intervention in Karantina (Beirut) bringing the total number of gatherings to eleven. People who attended Gender-Based Violence Workshops were four times more numerous than planned and women receiving medical services were provided with more than twice the anticipated rate of sessions. Complementary services were offered to beneficiaries, including COVID-19 workshops and the distribution of dignity kits for women and diapers for babies. The number of PSS counselling beneficiaries more than doubled with the addition of group therapy sessions. On the other hand, Pap test targets were lower than anticipated. Contrary to plans, men were not mobilized to attend sensitization workshops on SRHR and gender equity; and youth participation in these workshops was not provided.

Result 1: The creation of health care spaces and services that substantiate beneficiaries' right to health was fully achieved through the establishment of 3 health clinics offering reproductive health services, and the introduction of two psychological assistance offices offering safe and discrete psychosocial support.

Medical care services included gynecology and obstetrics (prenatal monitoring and post-natal services). The most frequently used medical services were gynecological consultations and ultrasound gynecology. Obstetrics consultations were comparatively low and would benefit from closer examination. A Breast and Cervical Cancer Campaign was introduced to overcome beneficiary reluctance to undergo Pap tests. Gynecological follow up visits after the tests were conducted with all test beneficiaries.

The vast majority of interviewed medical service beneficiaries were fully satisfied with the performance of PARD clinics with a few variations on staff performance and clinic schedules.

Result 2: Psychosocial care services for GBV survivors appear to have been comprehensive through outreach to identify potential cases, psychological counselling and referrals to specialized mental health services legal and protection support. The planned number of individual therapy cases was identified and provided with PSS support: 90 women attended the sessions with the majority of survivors having been supported to confront and overcome physical abuse.

At the request of beneficiaries, group PSS sessions were introduced to address beneficiary reluctance to attend individual counselling. Nine group therapy sessions were conducted for 116 survivors. Nearly half of FGD respondents reported that they had received psychological counselling. Those who were willing to speak about PSS support expressed satisfaction with the service and gratitude for the assistance of the attending psychologist.

Result 3: More than twice the number of planned Awareness Raising Workshops were implemented. The extent of outreach of PARD workshops is corroborated by FGD participants with nearly three quarters attending Reproductive Health Workshops and around half attending GBV workshops. Four out of ten women had attended both types of workshops. A high level of knowledge acquisition was reported in the FGDs and reflected in the testimonies collected by PARD-NESI. It would be beneficial to strengthen the sources of verification on knowledge acquisition with more frequent topic-related knowledge tests to measure more accurately the extent and type of awareness gained.

A short advocacy film was reportedly produced depicting testimonies on sexual and reproductive health rights intended to promote peace building in local, national and international arenas. It would have been useful to also elaborate on the status of the local, national and international dissemination of the film in the Final Report.

PARD and NESI implemented activities in close collaboration and coordination with local community groups closely attuned to local needs and priorities.

Efficiency

NESI and PARD's planning, monitoring and compliance (technical and financial) procedures seemed sufficiently developed to ensure transparent and accountable management. Nearly all project components (medical services, PSS support, awareness raising) were implemented in a timely manner by the end of the project. PARD and NESI introduced immediate measures to ensure the safety of patients and staff upon the onset of the COVID-19 pandemic. Many beneficiaries praised the timely announcement of upcoming clinic schedules, psychologist visits and awareness raising activities.

The project was adequately cost-effective. Expenditures varied only slightly from the allocated budget despite the two-fold increase in medical consultations: 43% of expenses consisted of goods and services for day to day undertakings (maintenance, workshops, campaigns, medication, 17 employees, etc.). The cost of Awareness Raising was disproportionately low and would have benefited from additional educational material and more beneficiary knowledge tests.

PARD's unremunerated and unquantified contribution in implementing a higher frequency of services and additional types of interventions likely constitutes a noteworthy contribution to the cost effectiveness of the project.

Strong beneficiary participation in the monitoring and evaluation process was ensured through the local Women's Committees. NESI-PARD's planning, monitoring and compliance (technical and financial) procedures were seen to be sufficiently developed but varied in rigor and thoroughness. Nevertheless, they were satisfactorily conceived to validate areas such as staff work time, completion of tasks, and the authorization of procurement, etc.

Impact

The Focus groups and interviews with beneficiaries show that many have 'understood', 'assumed' and 'applied', to varying degrees, some of the new concepts and practices they have gained. The extent of the change can only be credibly demonstrated over a longer period of time.

FGD respondents who have also benefited from other or previous PARD empowerment interventions were most reflective of multiple levels of change in their knowledge, attitudes and practices given the accumulated or combined exposure to various types of PARD and NESI training and awareness raising. In the immediate term. The Breast and Cervical cancer campaign was the most impactful on their knowledge, attitudes and behaviors.

For younger FGD respondents and refugees from Syria, who have newly benefited from access to NESI-PARD services, newly gained knowledge has made a difference in more limited areas such as access to free and effective treatment.

Most FGD respondent have attended more than one workshop. Health topics included multiple mentions of learning about safe pregnancies, family planning, and the need for regular medical check-ups. The most mentioned PSS related learning areas were domestic violence and adolescent violent behavior. GBV was

rarely mentioned in the FGDs. The most mentioned gender equity learning areas were women's right to free expression and the right to socialize and break isolation.

Changes in attitudes and practices on reproductive health included opposition to early marriage, and early pregnancies, as well as support for regular checkup visits with the gynecologist.

Improved parenting was the most mentioned behavioral change in the FGDs by applying negotiation skills and becoming more patient and solicitous towards children even under stressful situations.

Most FGD respondents older than 25 (two third of beneficiary sample) and those who have been PARD beneficiaries over several years viewed reproductive health, mental health and violence from a gender perspective. They asserted that PARD-NESI workshops and PSS group sessions had enabled them to strengthen their personality, to discard fear of speaking and have thus empowered them to resist the influence of traditional/patriarchal social norms (Ability to impose their opinion in the household and in society, including Popular Committees).

Sustainability

The durability of the project's social benefits (awareness raising of hundreds of women) is made possible by NESI-PARD's local intermediaries the Women's Committees, a unique autonomous community rooted system with ongoing empowerment and training from PARD. Organizational Development is one of PARD's Strategic Objectives and Its institutional capacity is regularly assessed to ensure that improvements are introduced to further strengthen the organization. Staff capacity building is a permanent component of overall annual plans. Nevertheless, its monitoring tools need to be improved and its reporting capacities appear to be constrained by dearth of personnel to compile, and analyze data in a timely and systematic manner. Developing a data management system was one of the priorities PARD identified in the Strategic Plan 2019-2021 and it is hoped that resources can be secured to allow for this key improvement.

Key Recommendations

Project design: Review the project's logical framework to ensure that project achievements are measurable and better monitored and evaluated; Explore appropriate outreach approaches to mobilize men in tailored SRHR awareness raising sessions; Consider dividing awareness raising sessions according to age group; Allocate more resources and time for men's workshops, beneficiary workshop evaluations, beneficiary knowledge tests, educational material, etc.

Knowledge Management: Strengthen analysis by centralizing and standardizing basic beneficiary data, by category of intervention; establish a Case Management Monitoring System.

Monitoring & Evaluation: Strengthen analysis of data (such as analysis of reporting Annex lists); Establish stringent reporting schedules for PSS activities

Ensuring Quality: Measure the benefits for beneficiaries to provide evidence of progress towards objectives; Increase and diversify satisfaction questionnaires; Conduct regular topic related beneficiary knowledge tests and regular beneficiary evaluation of workshops; Develop a project specific capacity building component.

Lessons Learned

Extended disruption of activities, requires structural adaptations and frequent planning adaptations to ensure project management flexibility; Challenges to the mobilization of beneficiaries are resolved through culturally sensitive approaches.

1 Introduction

1.1 Background

PARD is well-known for being the only NGO providing services in the Palestinian gatherings of southern Lebanon, Beirut and Mount Lebanon. It is also the only NGO working with Palestinians that has adopted a public health strategy focusing on 1) environmental health, and 2) health education to improve physical, mental and social well-being through the prevention and treatment of diseases.

In addition, PARD is one of the few NGOs that approach health issues from a community-based perspective. It has also integrated a human rights-based approach in all policies and programs and has mainstreamed gender at all levels and in internal organizational practices and attitudes. PARD's Emergency Relief Strategy on Public Health aims to 1) Reduce public health risks and promote safety and dignity of emergency-affected communities; 2) Raise awareness on public health risks and solutions; and 3) Empower local communities to design and manage facilities, and monitor interventions.

PARD has extensive experience working in emergency situations and promptly started assisting refugees from Syria as they arrived in Lebanon in 2011. In 2019, PARD was already assisting 3,000 Syrian families who had taken shelter in the informal gatherings of Beirut and southern Lebanon.

This project is an extension of PARD's ongoing interventions with the most vulnerable of groups, Palestinian and Syrian refugees living in highly marginalized and service-deprived gatherings. As mentioned in the Terms of Reference, the project's intervention strategy focuses on women through three components:

- The creation of spaces and medical care services
- Psychological care for refugee women victims of violence
- Raising the awareness of the refugee population about sexual and reproductive rights, gender equity and promoting peace building

This project is also an extension of the partnership between PARD and Nazioarteko Elkartazuna-Solidaridad Internacional (NESI) who have been collaborating together on education in the informal settlements of southern Lebanon for several years, allowing the building of joint NESI-PARD strong links with the local population and its needs and priorities (NESI-PARD project proposal)

The project was implemented from 30 December 2019 to 29 March 2021 targeting Palestinian and Syrian refugees living in the 10 Palestinian informal gatherings of Shabriha, Wasta, Burghliyeh, Itanieh, Kfarbadda, Jim Jim, Maachouk, Jal al Bahr, Qasmiyeh, and Sekke in southern Lebanon.

1.2 Objective of the Evaluation

As specified in the evaluation's Terms of Reference, the objective of the evaluation is to promote continuous quality improvement in project design, implementation, measurability and impact of Nazioarteko Elkartazuna-Solidaridad International and PARD interventions. Based on OECD-DAC criteria, this includes the relevance of project strategies to contextual factors and their correspondence with population needs; the adaptability of project actions to changing circumstances and to unexpected implementation challenges; the appropriateness of the project's measurement indicators especially on women's enablement to 'access' and 'control'; the extent to which the project has achieved its objectives; and the impact of the project on the social status and agency of beneficiary women.

In addition, the evaluation is expected to highlight the sustainability and replicability of project strategies and provide recommendation on its future direction.

1.3 Methodology

Approach

Primary data was obtained through field visits for first hand investigation along with the review of related project documents and background material; during the evaluation's preparatory phase, PARD submitted the project proposal, an early draft of the project's Planning Matrix with various supporting documents including the findings of the Beneficiary Satisfaction Survey, a draft of the Final Financial Report, the GBV Survey, the PARD Strategic Plan 2019-21 and Annual Report 2019.

A desk review of background documents included 1) UN and academic policy documents and reports on Sexual and Reproductive Health Rights (SRHR) and Gender-based Violence (GBV); 2) The latest studies on Palestinian informal settlements in Lebanon; and 3) Reports on recent developments in Lebanon (Financial Crisis, COVID-19 pandemic and the Beirut Port Explosion).

The evaluation questions were developed during the preparation phase in a matrix table detailing how the research questions will be addressed (fields of investigation and data sources) as specified in the ToR. The evaluation matrix was the guiding analytical tool for the evaluation process (Annex 7.2).

Data Collection Methods & Sampling

In addition to the literature review, four types of qualitative research methods were used – 2 key informant interviews, 2 group interviews, 10 focus groups, and 3 case studies - as well as a basic quantitative survey of 72 beneficiaries attending the focus groups.

a. Key Informant interviews:

- One remote interview with a public health expert and development practitioner in marginalized communities
- One face to face interview with a medical practitioner and expert on primary health care situation in Palestinian camps and gatherings

b. Group Interviews (GIs):

- One GI with PARD Project Management Team (1M/5F): Director of PARD, the programme manager, the project coordinator, the psychologist, the coordinator of Community Health Workers and a member of the Medical Team (Midwife)
- One GI with members of Popular Committees in the gatherings (5M) representing Maachouk, Abu Al Aswad- Kfarbadda – Jim Jim, Qasmiyeh and Itanieh.

c. Focus Group Discussions with Beneficiaries of Medical Services and Awareness Raising Workshops

- Three Focus Groups with 16 women beneficiaries aged 18-25 from Itanieh, Maachouk, Qasmiyeh, Shabriha, and Wasta gatherings
- Four Focus Groups with 33 women beneficiaries aged 26 and above from Burghliyeh, Kfarbadda, Maachouk, Sekke, Shabriha and Wasta gatherings
- Four Focus Groups with 23 women beneficiaries who are also members of the Women's Committees from Burghliyeh, Itanieh, Jim Jim, Jal El Bahr, Kfarbadda, Maachouk, Qasmiyeh, Shabriha, and Wasta gatherings,

d. **Three Case Study interviews** with GBV survivors from Jim Jim, Maachouk, and Shabriha.

Participants were assured of confidentiality and gave Informed consent and permission to record the sessions.

FGD Respondent Profile

The total number of FGD participants consisted of 72 women beneficiaries, of whom 68 had benefited directly from the project while the remaining four were beneficiaries of other PARD programs. Twenty-two participating beneficiaries (30%) were also members of the Women's Health Committees. Participants represented the project's 10 target gatherings (Annex 7.10).

Nationality: Nearly two thirds (61%) were Palestinians from Lebanon (PRL) and almost one third (31%) were Syrians. Seven per cent were Lebanese and only one respondent was a Palestinian from Syria (PRS).

Age: The majority (38%) were 36 -55 years old, followed by 29% aged 26 -35 years, 19% aged 18-25 and 13% aged 56 years or older.

Residence: The ten gatherings were represented in the sample group: 24% Maachouk, 15% from each of Shabriha and Wasta, 13% Sekke, 11% Qasmiyeh, 7% Itanieh, 6% Kfarbadda, 4% Jim Jim, and 3% from each of Burghliyeh and Jal El Bahr.

Educational Level: the majority of participants (46%) have attended intermediate school, followed by 19% with secondary education and 15% with elementary schooling. The remainder have attended University.

Household Size: the majority (47%) belong to households consisting of 4 to 6 members. Nearly a quarter of respondents (24%) belonged to smaller households of 1 to 3 members and 17% belonged to larger households of seven members or more.

Marital Status: 71% of respondents are currently married, 15% are either divorced, separated or widowed and 14% are single or engaged. Twenty-eight percent of ever married respondents (60) were married before they reached 18 years of age. Early marriage was most prevalent among the 36-55 age group (30%), and declined progressively among younger participants aged 26-35 years (24%) and 18-25 years (21%). Among respondents who had children (58), 24% were less than 18 years old at the first pregnancy.

Work Status: Only 17% of respondents are currently working in a range of occupations including farm work, cleaning, teaching and NGO jobs (coordinators and supervisors).

Limitations

Project Documents: The development of the methodology was completed prior to the receipt of the Final Technical Report and was developed based only on a draft of the Planning Matrix (without the Activities Section) containing PARD comments only on Results 1 and Result 3, along with a draft financial report, Annexes 1, 2, 4, 5, 6 (summary table), and 10, as well as samples/templates of verification documents (listed in Annex 7.4). The evaluator mistakenly assumed that the information was sufficient and proceeded with the design of the data collection tools, the field work and had nearly finished the analysis and part of the writing when the 52-page Final Technical Report was delivered with Annex 6 (disaggregated version in Excel) and Annex 9. This involved more review and major rewriting to incorporate the extensive new information and to change many of the initial findings and recommendations.

The evaluator did not obtain Annexes 3, 7, and 11.

FGD Participants: The selected participants in several FGDs did not fit with the evaluator's selection criteria. Half of the participants in the Sekke FGD were also Women Committee members and dominated the discussion at the expense of regular beneficiaries. The FGDs with young women included single or

divorced women who had not benefitted from the project under evaluation. Their testimonies were used only in the Relevance Section. Finally, one of the GBV case studies was a recent beneficiary who had received only one counselling session from the PARD psychologist.

Tape Recordings: Due to COVID 19 precaution measures, the recordings of some interviews and FGDs were sometimes unclear or garbled due to external noises and the wearing of masks. it was often difficult to recognize the name of respondents and provide their profile with the citations used.

1.4 Evaluator Profile

Leila Zakharia has over twenty years' social development experience in the Arab region with extensive knowledge of civil society organizations and networks working on gender, youth and refugee issues

- Extensive experience carrying out multiple assessments, evaluations and studies including refugee and child protection projects assessed on behalf of Christian Aid, CAFOD, DanChurch Aid, Jesuit Refugee Services, Oxfam NOVIB and UNRWA, among others.
- 10 years' experience working on Syria related UN, INGO and CBO interventions at the regional and national levels targeting Syrian refugees and Palestinian refugees from Syria
- 10 years' experience as a social development expert with Oxfam Novib and Welfare Association overseeing, monitoring and evaluating projects in Lebanon, Egypt and Morocco, including engagement with relevant government and UN agencies as well as national and regional civil society networks,
- Actively involved in developing coordinated NGO advocacy strategies to ameliorate the legal status of Palestinian children and oversaw the development of a joint NGO emergency and recovery response plan for Nahr El Bared camp in 2006 encompassing a range of projects that address the psychosocial needs of Palestinian children and women
- 12 years' experience as NGO director in Lebanon working on Palestinian women's economic and social empowerment and on Early Childhood Education,
- Research and advocacy experience on women's rights, child rights and the rights of refugees.

2 Description of the Project

2.1 Objectives & Expected Outcomes/Results

The project consists of a long-term Overall Goal, and appropriately focused on one Specific Aim/target with three Outcomes/Results.

Overarching Objective/Overall Goal:
To contribute to the full exercise of the right to health of Syrian and Palestinian women and young refugees in South Lebanon.

Specific Aim/Target:
To promote access to health [services] and a life free of violence, through the creation and implementation of a system of medical and psychological assistance, for the refugee population victim of the Syrian conflict, with special emphasis on women.

Outcome/Result 1
Creation of health care spaces and services that promote the right to health among the highly vulnerable refugee population of 10 informal settlements in southern Lebanon.

Outcome/Result 2
Provide a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in southern Lebanon.

Outcome/Result 3
Sensitize the refugee population in 10 informal settlements in South Lebanon on sexual and reproductive rights, gender equity and promote the construction of peace through the collection of testimonies and their international dissemination.

2.2 Planning Logic and Implementation Plan

The intervention logic for the project is structured around the above mentioned Overall Goal, Specific Target, and the three Results/Outcomes. At the Specific target and Results levels, the Expected Indicators (assumed to be the standard Objectively Verifiable Indicators - used in Log frames) are clearly specified along with Verification Sources and the Assumptions & Risks of External Factors.

The Overarching Objective/Overall Goal adequately describes a precise long term objective namely, 'the full exercise of the right to health' which it is assumed covers both mental and physical heath.

On the other hand, the Specific Target does not precisely describe the direct benefits to the target group. Based on the expected Results 1,2, and 3. the first benefit in the Specific Target is actually to 'increase' rather than 'promote' access to health [services], since 'promote' implies advocating for access to health services. The second benefit mentioned in the Specific Target 'a life free of violence' is insufficiently specific and realistic as a direct target group benefit since is difficult to measure. It would have been more logical to directly address GBV in the Specific target (such as empower GBV survivors to address the causes /challenge the perpetrators /mitigate the consequences, etc.). Also, it may have been more fitting to include 'a life free of violence' in the Overarching Goal.

Results 1 and 2, identify concretely the intended achievements of the project 'creation of health spaces' and 'provision of comprehensive psychosocial care', elements which project management must achieve and sustain.

The first component of Result 3, is realizable as a management target namely 'sensitize [the population] on sexual and reproductive rights, gender equity'. However, the second component of Result 3 "promote the construction of peace through the collection of testimonies and their international dissemination" introduces again an advocacy dimension to the project which does not have any logical thematic connection with the first component and with the project's Specific Target. The 'collection of testimonies' could have been better conceptualized in a separate result on the production of knowledge/educational material for the sensitization of beneficiary, local and international audiences. The 'construction of peace' is unrealistic and impossible to achieve as a project result and is best revised to better express its intentions.

Most Objectively Verifiable Indicators (OVIs), i.e. performance measures, are difficult to align with the projects' Specific Target and Results. OVIs are intended to describe Objectives and Outcomes in operationally measurable terms (usable by project managers in the monitoring process), which are best

specified in terms of Quantity, Quality, Time, Target group, and Place. It is the quality component of the OVIs that needs improvement to better measure results for monitoring purposes as well as for evaluation purposes (See Annex 7.3 for the full breakdown of the project's OVIs). For instance:

> in ***I.O.V.1.O.E*** *"*Within 3 months of the start of the project, two fixed clinics and one mobile clinic are equipped and provide quality services to refugees in highly vulnerable situations", the quality component of the OVI, consisting of clinics that 'provide quality services,' is too vague to be measurable and is not articulated in terms of the Specific Target's intended effects 'access to health [services] and a life free of violence'.
>
> In ***I.O.V.2.R.3 "***At the end of the project, at least 80% of sensitized people state that they assume, understand and apply the new practices in sexual and reproductive health and gender approach learned". The quality component describes more than one intended change for beneficiaries, 'assume, understand and apply', each of which is very difficult to measure on a routine basis and therefore not helpful at the operational level to track progress with regularity.

Annex 7.3 provides a breakdown of each OVI, to assist NESI and PARD in identifying missing elements and to explore more cohesive alternatives, better linked to the project's Specific Target and Results.

Finally, the activities in the implementation plan of the proposal were charted on an annual rather than on a quarterly basis, giving the mistaken impression that all interventions started and ended together. It is also advisable to add sub-activities to the plan (e.g. group therapy sessions, individual counselling, follow-up visits, agreements with external service providers, etc.), to better monitor and assess timeliness.

3 Evaluation Findings[1]

3.1 Relevance: "Is the Intervention Doing the Right Things?"

As will be demonstrated in this section, the project's responsiveness to contextual factors and target group priority needs was satisfactorily analyzed and conceptualized based on reliable and comprehensive data sources on Palestinian and Syrian refugees along with evidence collected from local stakeholders and beneficiaries. Likewise, beneficiary selection criteria were appropriately reflective of the most vulnerable target groups identified in the problem analysis.

Although fully implemented, two components of the project need further elaboration in the problem analysis 'Medical waste recycling' (I.O.V.5.R.1) and advocacy for 'the construction of peace through the collection of testimonies and their international dissemination' (component of Result 3).

3.1.1 Context: Persisting and Emerging Challenges

The NESI-PARD Proposal and Final Technical Report show that the contextual factors affecting Palestinians in Lebanon have persisted since the formulation of the project (denial of the exercise of inalienable national rights as Palestinians; lack of civil, socio-economic and refugee rights as exiled temporary residents of Lebanon; and plummeting UNRWA resources). Likewise, for Syrian refugees in Lebanon who continue to be affected by the fall-out of the protracted Syrian crisis (continued exile, lack of residence permits, diminishing humanitarian aid, etc.).

[1]Questions posed in research criteria titles are quoted from. 'Better Criteria for Better Evaluation: Revised Evaluation Criteria, Definitions and Principles for Use'. www.oecd.org/dac/evaluation

The project proposal accurately highlights that the location of the project in the Palestinian informal gatherings in the Southern District of Lebanon has special significance in terms of vulnerability and marginalization since they are not recognized as official Palestinian refugee camps or as Lebanese neighborhoods by the Lebanese government and therefore do not benefit from UNRWA or Lebanese municipal services. In addition, Palestinian refugee residents are deprived from the right to work in most professions, as with all Palestinians in Lebanon (PRL). Gatherings have also hosted relatively large fluctuating numbers of refugees from Syria since 2011. Those who began arriving after 2015 were denied official registration as refugees and are highly vulnerable[2]. Syrians continue to overburden gathering infrastructure and to inflate rental fees as well as to reduce daily wages especially in the informal sector and thus to replace Palestinian wage labor. Notwithstanding that the multiple crisis situation in Lebanon has driven more than 50% of the Lebanese population into poverty, with higher rates projected amongst refugees and migrants.

The characteristics of the ten targeted settlements in the proposal including demography, livelihood, and government structures were based on the Rapid Needs Assessment (RNA) of informal gatherings conducted across Lebanon by UNDP and UN-Habitat in 2013. A more recent UNDP study was published in 2018 "Assessing Vulnerabilities in Palestinian Gatherings in Lebanon: Results of the 2017 Household Survey" which provides additional contextual information inclusive of PRL, PRS, Syrians and Lebanese[3] confirming the data provided in the NESI-PARD proposal and the relevance of the medical assistance project:

- "20% of residents in the gatherings suffer from extended physical or psychological health problems."
- "57% of households in the gatherings reported having at least one family member who needed health treatment with 11% unable to obtain [access/afford] treatment."
- "35% of households in the gatherings are severely affected by dampness" with nefarious health implications

In addition, during the course of the project Lebanon was beset by three - to date intractable - crises as detailed in the PARD-NESI Final Technical Report: 1) A financial crisis described by the World Bank as *"likely to rank in the top 10, possibly top three, most severe crises episodes globally since the mid-nineteenth century… with deliberately inadequate policy responses [by Lebanese authorities]."*[4] 2) the onset of COVID 19; and 3) the Beirut Port explosion.

These unanticipated developments were accurately described as factors that have exacerbated the vulnerability of the project's target groups due to the devaluation of the Lebanese currency, the contraction of the economy with the massive loss of jobs (formal and informal), and the related rise in domestic violence due to unemployment and pandemic lockdowns

[2]Syrian Refugees not registered with UNHCR are unable to access humanitarian assistance, including healthcare, food assistance and shelter

[3]UNDP (September 2018). Assessing Vulnerabilities in Palestinian Gatherings in Lebanon: Results of the 2017 Household Surveyhttps://reliefweb.int/sites/reliefweb.int/files/resources/UNDP_VulnerabilitiesReport_Online_Final_0.pdf

[4] World Bank Group MENA Region (Spring 2021). Lebanon Economic Monitor: Lebanon Sinking (To the Top 3), p.11 https://documents1.worldbank.org/curated/en/394741622469174252/pdf/Lebanon-Economic-Monitor-Lebanon-Sinking-to-the-Top-3.pdf

3.1.2 Quality and Comprehensiveness of Priority Needs

The project concept is appropriately formulated on evidence based data specifying target group priorities and needs, especially for women, who are marginalized at multiple levels, lacking reproductive health awareness, burdened by patriarchal norms that place them at the bottom of the social hierarchy and that justify their exposure to violence in the private and public space, including subjecting them to early marriage. Based on UN Vulnerability assessments (WASH, Housing, Livelihoods, etc.) the proposal justifies its focus on medical assistance by underlining the particular (but not exclusive) vulnerability of unregistered Syrian refugee women who are unable to address their most urgent health needs, with a similar limited access for Palestinian women in the gatherings to UNRWA primary and reproductive health services and to Lebanese public health and municipality services (waste disposal, water and sewage systems, etc.).

The proposal and technical report also sheds light on refugee women's urgent need for mental health support, as unemployment among men increases and spouses remain idle at home, channeling their sense of unworthiness through increased manifestations of domestic abuse. As confirmed in the recent PARD-NESI GBV survey, '81% of respondents stated that they have heard of incidences of violence against women' and that 'domestic violence in its different forms and types' was the most frequently reported GBV manifestation by the survey's FGD respondents especially after the COVID 19 pandemic when men became more violent towards wives and families.

The pervasiveness of misleading patriarchal norms among women was also revealed in the GBV Survey and upheld the awareness raising component of the project. Some of the most prominent findings were:

- 47% of survey respondents conformed to cultural norms that promote GBV
- Multiple respondents in the survey's FGDs endorsed early marriage and 'mentioned that marrying under the age of 18 is acceptable to them'.

3.1.3 Appropriateness of Target Group Selection Criteria

The selection criteria listed in the project proposal conform with the profile of target groups highlighted in the problem analysis. The primary focus was on registered and unregistered refugee groups in 10 informal settlements inclusive of PRL, PRS and Syrians without excluding other nationalities, such as most vulnerable Lebanese in neighboring municipalities. Selection criteria focused on women, youth and newborn infants as follows:

1. Women of reproductive and menopausal age who have access to medical care services.	To fill the vacuum of reproductive and medical health services in the gatherings
2. Women and youth attending training sessions	To instigate and disseminate awareness on sexual and reproductive health and GBV
3 Women survivors of GBV	To fill the gap in psychosocial care and protection
4. Newborn children	To further fill the vacuum in health services and support mothers with safe and hygienic circumcision procedures

Nationality was not specified as a fixed selection criterion, likely because it would tend to establish quota requirements and undermine the inclusiveness of the project. However, estimates of beneficiary distribution by nationality were provided separately in the NESI-PARD proposal consisting of 63% PRL, 33% Syrian refugees, 3% Lebanese and 1% PRS (Table 1).

Table 1: Estimated population distribution by nationality

Informal Gatherings	PRL	PRS	Syrian Refugees	Lebanese	Estimated Total
Shabriha	1,300	80	2,800	55	4,155
Wasta	500	5	85	10	595
Burghliyeh	215	-	50	-	265
Itanieh	380	-	-	10	390
Kfarbadda	650	39	90	35	775
Jim Jim	380	-	-	10	390
Maachouk	4,000	63	960	640	5,600
Jal al Bahr	1,680	24	1,540	-	3,220
Qasmiyeh	2,225	59	1,190	-	3,415
Sekke	2,950	60	1,000	-	3,950
TOTAL	**14,280**	**330**	**7,715**	**760**	**22,755**
Percentage	**63%**	**1%**	**33%**	**3%**	**100%**

3.1.4 Stakeholder Participation in Project Design

Based on project documents and interviews, the project was formulated through a needs assessment surveying 500 Syrian refugees residing in southern Lebanon. Stakeholder participation was reinforced through consultations undertaken with beneficiaries of previous projects, members of the Popular Committees governing the gatherings, Women's Committees acting as intermediaries between PARD-NESI and the local population and through field staff interactions with beneficiaries. The project team reports that the consultation process generated a variety of suggestions and recommendations which reflected the priorities and engagement of local actors. Participation in project design was repeatedly confirmed in this evaluation's group interview with Popular Committee representatives and the FGDs with members of the Women's Committees.

3.2 Coherence: "How Well Does the Intervention Fit?"

Coherence with humanitarian policies: The NESI-PARD project proposal asserts that the project design is aligned with international humanitarian standards for 'saving lives' and 'alleviating suffering' through assistance of refugees from Syria, victims of a protracted crisis in their country which continues to endure armed conflict, social fragmentation and exile. NESI and PARD uphold the principles and good practice of humanitarian response standards including those of the SPHERE project.[5] The project is aligned to the humanitarian policy of ensuring vulnerable populations have access to aid which otherwise they could not obtain, such as Syrian refugees unable to register with UNHCR since 2015; and Palestinians in the gatherings who do not receive UNRWA primary health services or in-kind relief. Subsequently, PARD-NESI have demonstrated their alignment with humanitarian policies through the rapid response to the catastrophic Beirut Port explosion in the Karantina neighborhood. PARD-NESI also responded quickly to the relief requirements of the Covid-19 pandemic (distribution of hygiene items, soap, antiseptic, etc.),

[5]Sphere is a global movement started in 1997 aiming to improve the quality of humanitarian assistance. The Sphere standards are the most commonly used and most widely known set of humanitarian standards. Sphere's flagship publication is the Sphere Handbook. Wikipedia

thus insuring that isolated and marginalized Palestinians, Lebanese and Syrians in the gatherings gain access to rapid emergency humanitarian aid.

Coherence with Stakeholder Analysis:

Local Stakeholders: The main stakeholders in the targeted gatherings are extensively identified in the Project Proposal and the Final Technical Report consisting of 1) the Popular Committees responsible for the 10 gatherings, 2) the Lebanese municipalities governing the area in which each gathering is located, and 3) the Women's Committees acting as intermediaries between PARD and the local population.

It should be added that most Popular Committees are influential conduits to the broader concerns of Palestinians living in Lebanon (including PRS) since they are designated by the Palestine Liberation Organization or consist of sub-committees to Popular Committees in nearby larger Palestinian agglomerations.

Relations between the Popular Committees and Municipalities are described in detail, showing which municipalities are open to collaborating with the gatherings. PARD management reported direct access to some municipalities and is considering strengthening such relationships for potential project/program coordination. A fruitful relationship with the Abassiyeh Municipality emerged during the course of the project with the signature of an agreement on the disposal of degradable medical waste from PARD clinics (PARD-NESI Final Technical Report). Future stakeholder analyses would benefit from an identification of direct potential opportunities for NESI-PARD in each municipality.

Several Women Committee members mentioned that they often consult on upcoming PARD activities with the 'mukhtar', another local official. The potential benefit of this stakeholder needs to be further explored and articulated if it is sufficiently significant.

UN & International Agencies: In relation to UN and International Agencies, the project's Stakeholder Analysis does not include UNRWA since PARD management stated that they collaborate with the Agency in the education sector and in relief distribution - if the need for coordination arises from UNRWA's perspective. Nevertheless, PARD-NESI mentioned in the Final Technical Report that regular meetings are held with UNRWA and UNHCR, to 'share management criteria and to implement an effective division of labor in the humanitarian field'.

National Stakeholders: The NESI-PARD Project Proposal states that its services are aligned with the Ministry of Health's public health policies. However, the potential for collaboration is non-existent due to the well-known stance of the Lebanese government to exclude Palestinians from public services.

It would be useful to list and analyze NESI-PARD's NGO partners collaborating on the project with a discussion of opportunities and constraints.

Potential for Referral systems:

The potential for GBV referral systems are limited to one local NGO (Association Najdeh) in the proposal, but has expanded in practice during the course of the project to include nine venues (discussed in the Effectiveness Section). UNICEF who is responsible for overseeing UNHCR GBV referral systems for Syrian refugees is not mentioned in the project documents. PARD management stated that it has yet to explore the potential advantages and disadvantages of the UNICEF-led system and the extent of its quality and usefulness before deciding to formally collaborate with the Agency.

The opportunities and constraints of collaboration with UN agencies such as UNRWA, UNHCR and UNDP would have enriched the project's stakeholder analysis and provided insights on the strengths and weaknesses of existing referral pathways.

3.3 Effectiveness: "Is the Intervention Achieving its Objectives?"

3.3.1 Planned and Actual Target Populations

Specific Target: *To promote access to health and a life free of violence, through the creation and implementation of a system of medical and psychological assistance, for the refugee population victim of the Syrian conflict, with special emphasis on women*

As will be detailed in this section, the project exceeded the planned number of gatherings through its intervention in Karantina (Beirut) bringing the total number of gatherings to eleven. People who attended Gender-Based Violence Workshops were four times more numerous than planned (Table 2); women receiving medical services and PSS support were provided with near twice the anticipated rate of consultation sessions (Table 3).

Table 2. Planned and actual PARD beneficiaries by activity

Beneficiary Category	**Planned Total**[6]	**Actual Total**
Patients seen in clinics and homes	3.600	3460
Children seen in clinics (circumcised)	150	153
Patients who undertake Pap tests	400	236
Patients who undertake Mammograms	400	450
Subtotal Medical Consultations	**4,450**	**4,299**
Women who receive psychological support(individual therapy sessions) in clinics and homes.	90	90
Women who receive psychological support (group therapy sessions) in clinics and homes.	0	116
People who receive sexual and reproductive health workshops	1200	1,281
People who receive workshops on Gender Violence	360	1,202
Subtotal Psychological support &Awareness Raising Workshops	**1,560**	**2,689**

Most beneficiaries have benefited from at least two project components. This is confirmed in the basic information survey of FGD respondents. On average, each respondent benefited from 5 different types of project services/interventions. Among them 9 respondents benefited from as much as 10 to 17 types of services/interventions and only 2 respondents accessed one type of service. A majority of FGD respondents (82%) confirmed that they had attended Gynecological Consultations and nearly three quarters (74%) attended Reproductive Health Workshops. Around half participated in GBV awareness raising workshops (51%), Family Planning Consultations (50%) and Psychosocial Counselling (47%). Other services with high participation rates include Pap tests (40%), Ultrasound Gynecology (36%), Obstetrics Consultations (31%), Mammograms (29%) and Ultrasound Obstetrics (25%).

On the other hand, Pap test targets were less in demand than anticipated (Table 2). Of the planned 1,200 "People who receive sexual and reproductive health workshops", 200 participants were supposed to be men and 400 should have been youths. The lack of male participation in SRHR awareness raising sessions is an important shortfall for the project's gender based approach. As for youth participation in these

[6]Source: NESI-PARD Project Proposal, p. 25

workshop, it is very likely that a good proportion of participants were young women but the report does not provide the needed data.

Finally, complementary activities which were not specified in the project's log frame and/or in the project's financial report include the distribution of relief and hygiene items (2000 dignity kits for women and 500 baby diapers), and the organization of Covid-19 Awareness Raising Workshops. Some activities were assumedly funded (fully or partially) through other projects and/or donors.

Targeted Locations
NESI-PARD demonstrated that they were highly adaptable to changes in circumstances since 11 target gatherings were reached by the project instead of 10 as planned. The additional location in Beirut (Karantina) was selected following the Beirut port explosion in August 2020 which led to massive destruction of substantial portions of the city and left thousands of families bereft of humanitarian aid due to government inaction. Karantina is a highly marginalized and poor Beirut district which also hosts a large community of migrants, including Syrians and a few PRS. Many lacked residency permits and were unable to seek assistance at nearby relief and health care centers.

NESI-PARD were able to intervene in Karantina partly because of the disruption of normal activity during the Lebanese uprising and the resultant roadblocks and paralysis of the country. This allowed NESI-PARD to divert the project's mobile clinic and to be among the first to intervene in Karantina. A rapid needs assessment revealed that mental health and primary health services were urgent priorities. PARD management related that *"We noted suicide attempts among children and widespread trauma among women. We saw women afraid to talk to us and to leave their homes. There were also many injuries and a lack of health services and we worked on primary health care for the wounded"*

NESI-PARD also adapted project interventions to overcome women's reluctance and fear to undergo Mammograms and Pap tests during the Covid-19 pandemic, by introducing a new activity 'Breast and Cervical Cancer Campaign'. Beneficiaries were also provided with unforeseen relief services as mentioned previously.

3.3.2 Increased Access to Health Care in Vulnerable Communities

Result 1: Creation of health care spaces and services that promote the right to health among the highly vulnerable refugee population of 10 informal settlements in southern Lebanon.

Medical Consultations
As reflected in NESI-PARD documents medical services were provided through 7,700 medical consultations reaching 3,460 women at an average of 2.2 services per patient, not inclusive of Mammograms and Pap tests. By nationality, beneficiary women included 1,818 PRL (52%); 416 PRS (12%), 716 Syrians (21%) and 510 Lebanese (15%) with a higher proportion of PRS and Lebanese than anticipated due mainly to the inclusion of the Karantina intervention. (Table 1 and Satisfaction Survey)

Thus, the planned 3,600 medical consultations more than doubled by the end of the project. Table 3 shows the medical care services provided which include prenatal services, pregnancy monitoring with quarterly visits for pregnant women to undergo ultrasound service and monitor fetal growth. (NESI-PARD documents)

PARD management and staff underlined that responsiveness to the launch of the clinics was initially slow Demand quickly grew as NESI-PARD implemented several corrective measures including 1) the

distribution of brochures to women who suffered from anemia or inflammations, encouraging them to visit NESI-PARD clinics; 2) Whenever possible the clinics opened in conjunction with SRHR awareness raising sessions. Patients began to inform acquaintances and relatives. PARD staff clarified that patients were reassured when they discovered that they would be treated by a female gynecologist. Also, beneficiaries soon discovered that NESI-PARD clinics offered medicines not available through UNRWA and that unlike UNRWA clinics they would have regular access to Ultrasound scans. *"At the beginning we had to wait after opening the clinic before women would come. Now we arrive and find them waiting for us". (PARD Management)*

Interviewed members of the Popular Committees confirmed that the project has been responsive to women's medical needs. In their view, the clinics have many advantages. They are outfitted with advanced medical equipment overseen by a female physician. They have also facilitated the early detection of cancer in women and have afforded pregnant women with accessible community-based gynecological services: *"It has given people local services and has helped them [women] avoid the inconvenience and expense of travelling long distances to visit clinics and hospitals [in urban areas/official camps]". (Popular Committee for Abu Al Aswad- Kfarbadda – Jim Jim).*

As shown in Table 3, the most frequently used medical service during 2020 were gynecological consultations (36.1%) and ultrasound gynecology (33.1%). The low rate of obstetrics services (8.4%) requires closer examination although it is likely a reflection of actual delivery trends encountered in the targeted communities. The PARD-NESI Final Technical Report shows that the project had also followed-up 180 women with newborn infants. Obstetrics home visits by the midwife, nurse and community health workers were carried out in the early post-delivery period offering 'Instructions on proper hygiene, breast feeding, proper nutrition of mothers, proper dressing for the wounds for women who had caesarian section operations, and newborn care'.

Table 3. Distribution of medical consultation sessions

Type of Medical Service	Number of sessions	Percentage
Gynecological consultations	2780	36.1
Ultrasound Gynecology	2548	33.1
Obstetrics Consultations	650	8.4
Urine Test (Albumin test)	613	8.0
Ultrasound Obstetrics	585	7.6
Pregnancy test	191	2.5
Circumcision for male babies	118	1.5
Family Planning	89	1.2
Examination for IUD	81	1.1
Cervical Periscope	47	0.6
IUD (intrauterine device preventing pregnancy)	27	0.4
Dressing for wounds	29	0.4
Cervical Cauterization	7	0.1
Total Services	**7700**	**100.0**

As mentioned earlier in this section, the basic information survey of FGD participants (Annex 7.6) and their testimonies corroborate that the majority have benefited from one or more PARD medical service. A majority had undergone Gynecological Consultations (82%), followed by Family Planning Consultations (50%), Ultrasound Gynecology Scans (36%), Obstetrics Consultations (31%), and Ultrasound Obstetrics

Scans (25%). FGD beneficiaries who were also members of the local Women's Committees collaborating with PARD-NESI were more likely to show above average usage of the clinics.

Satisfaction with NESI-PARD Clinics

Although the project proposal had anticipated an 80% satisfaction rate, more than 90% satisfaction rates ('very satisfied' and 'satisfied') were recorded out of one survey of 900 female patients receiving NESI-PARD medical services (Table 4). The majority of patients (99.9%) declared that their health condition had been satisfactorily treated at the clinics.

The most favorable medical team rankings were given by patients who were 'satisfied' with nurses (63.9%) and midwives (62.6%) followed by satisfaction with the doctor (59.1%) and the result of the treatment obtained (50.4%). Those who were 'very satisfied' mostly favored the free medical service (49.5%) the result of the treatment (49.3%) and the clinic's attending gynecologist (40.6%).

The fact that midwives and nurses received fewer 'very satisfied' ratings is worthy of closer examination and may be linked to the need for a capacity building component in the project. This is also backed by above average dissatisfaction rates in Sekke and Jal El Bahr according to the survey's data. Sekke was most dissatisfied with the nurse and the midwife at 2.5% each compared to the overall rate of 0.4% and 0.2% respectively. Jal El Bahr was most dissatisfied with the doctor, nurse and the result of the treatment at 1.6% each compared to the overall rate of 0.2%, 0.4% and 0.3% respectively. As noted by the Public Health Expert interviewed for this evaluation, quality service delivery is primarily conditional on 'continuous education for the cadre'. In addition, quality delivery requires reviewing the size of the SRHR medical staff and number of social workers, given that the project has delivered nearly twice the number of planned medical consultations.

It is to be underlined that these results were gleaned from a single satisfaction survey which focused on the overall performance of the clinics. A more focused reflection of patient satisfaction could be obtained with additional surveys related to the type of medical service/consultations.

Table 4. Beneficiary Satisfaction with PARD Clinics

Total of All Areas (900)	Very Satisfied	Satisfied	Not Satisfied	Don't Know
Doctor	40.6	59.1	0.3	0
Nurse	35.7	63.9	0.4	0
Midwife	37.2	62.6	0.2	0
Result of the treatment	49.3	50.4	0.3	0
Treatment for Free	49.5	50.2	0.3	0

In the FGDs the majority praised staff performance and conduct. Maachouk beneficiaries said that PARD clinics are most appreciated for offering free medication and good treatment from gynecologist and staff and for making them feel safe: *"The doctor is so polite, she bends backward to help us and to make sure that she treats us well."* In Shabriha, an FGD participant added bluntly: *"I gained my right to receive medical treatment through the PARD clinic."*

Mammograms and Pap Tests

Planned targets for the Mammograms (400) and the Pap Tests (400) were partially reached at 428 tests and 263 tests respectively benefiting a total of 691 women. Distribution by nationality was PRL 70%, PRS

10%, Syrians 6%, and Lebanese 13%, again with higher proportions of PRS and Lebanese than anticipated due to the Karantina intervention. The participation of Syrian women is extremely low and was not addressed in the Technical Report nor mentioned during interviews. It is possible that some Syrian women prefer to obtain cancer-related tests and treatment by returning temporarily to Syria, if they have the ability to re-enter.

Overall, fewer women then expected registered for the Pap test due to fears of its intrusive nature and that it would be performed by male health workers (PARD staff). At the outset, mobilizing women to undergo both tests proved difficult, according to PARD Management and the Women Committee FGDs due to lack of knowledge or self-neglect. Many women were afraid to enroll during the Covid-19 pandemic. Others were overburdened with caregiving and online educational tasks after the closure of schools. This is when NESI-PARD decided to conduct a comprehensive unplanned campaign in all gatherings, including continuous awareness raising on cancer during workshops and the distribution of brochures on breast and cervical cancer.

Many FGD respondents were encouraged and gratified that PARD health workers had escorted them to and from the test site for mammograms and pap tests. Several older women in the Shabriha FGD said that of all PARD interventions, they had benefited most from the cervical cancer tests which enabled them to discover non-malignant conditions and to secure timely treatment.

Circumcisions

The NESI-PARD project provided circumcision to counter the widespread recourse to untrained persons performing the intervention under poor hygienic conditions such as 'hairdressing salons and homes' and putting newborn babies' health at risk. Furthermore, in hospitals the relatively high cost of this service is beyond the reach of most inhabitants in informal gatherings, especially refugees (PARD-NESI Technical Report).

As shown in Table 5 PARD-NESI reported the performance of 153 circumcisions in 2020 as planned. Distribution by nationality was not made available.

Four FGD respondents reported that their new born son/nephew had benefited from PARD's circumcision service. One Syrian respondent in the Shabriha FGD said that the gynecologist had encouraged referrals of other babies to ensure as wide an outreach as possible: *"I have two brothers who live in very dire conditions and they needed to circumcise their boys. When the clinic asked if someone else needed this service, I referred my brothers and 'hamdulillah' the clinic got in touch and the procedures were duly conducted."*

Table 5. Circumcisions by Gathering

Gathering	No. of Children
Maachouk	28
Shabriha	23
Wasta	9
Jal Al Bahr	18
Sekke	26
Kfarbadda	7
Qasmiyeh	20
Burghliyeh	9
Itanieh	7
Jim Jim	6

Gathering	No. of Children
Total Circumcisions	**153**

Medical Follow-up
Gynecological follow up visits were implemented for all Mammogram and Pap Test beneficiaries (691 patients). Additional follow-up visits were implemented for 63 cases involving patients who needed further medical and/or surgical and/or pharmacological interventions, either through PARD's physician or through referral to other specialists. This included three cases of breast cancer and one case of cervical cancer. (PARD-NESI Final Technical Report)

In addition, midwives and community health workers conducted 180 home visits (unlisted activity in the Log Frame) for obstetrics follow-up (post-natal care to mother and newborn infant).

3.3.3 Access to Comprehensive Psychosocial Care

Result 2: Provide a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in southern Lebanon

Identifying GBV Survivors
According to PARD management: "We saw through our distribution of food and hygiene kits that violence was increasing and multiplying, including the incidence of early marriage". This was corroborated by the subsequent PARD-NESI GBV survey in which 81% of responding women stated that they 'have heard of incidences of violence happening against women' in their communities. The most reported type of violence was physical, followed in descending order by emotional, sexual, and economic violence (e.g. deprivation of spending allowance). Verbal violence was the least reported and suggests that the most harmful and dangerous manifestations of violence are the most common.

Interviewed Popular Committee members supported the Project's psychosocial component and gave credit to Women's Committees for their role in identifying and addressing women's 'mental health' issues in their communities and gatherings. While agreeing that psychosocial support for women is a priority due to poverty, unemployment and the Covid-19 lockdown, most did not readily admit that violence against women was widespread. Certain participants stated that there was some degree of physical violence but conceded that there was plenty of psychological violence with rising divorce rates.

PARD management stressed that the process of identifying GBV survivors is fraught with difficulties due to women's reluctance to come forward, and due to the safety risks they may encounter once they seek support. Many FGD participants involved in community work confirmed that GBV and mental health are very sensitive subjects. As such, The Project Team relied mainly on the Women's Committees to identify GBV survivors. Committee members said that most women make indirect allusions to violence: *"When women talk they articulate their concerns. So you listen to them talk about being constantly online and constantly under pressure. When we catch indirect references of exposure to violence, we also respond indirectly; we mention that PARD has a psychologist and a hotline and we insist that everything will be kept secret." (Jim Jim FGD)*

Providing Psychological support for GBV Survivors
Nine unplanned group therapy sessions with 116 participants were introduced because beneficiaries preferred group counselling to individual sessions which they perceived as likely to generate social stigma. The group sessions were conducted between 27/7/2020 and 18/12/2020 in six gatherings (Jim Jim, Kfarbadda, Maachouk, Qasmiyeh, Sekke and Wasta) (Table 6)

Table 6. Summary PARD – NESI Group Therapy Sessions

Date	Location	No. of Participants
27/7/2020	Kfarbadda	12
24/9/2020	Maachouk	15
8/10/2020	Sekke	13
13/10/2020	Sekke	20
23/10/2020	Qasmiyeh	13
02/11/2020	Jim Jim	11
11/11/2020	Wasta	8
15/11/2020	Wasta	12
18/12/2020	Maachouk	12
Total		**116**

The key group session approach described in the Final Technical Report is to focus on self-esteem and empowerment, enable survivors to express hidden concerns to persons of confidence and equip them with the courage to expose GBV perpetrators, and seek support to break the cycle of violence. (PARD Management, Women's Committees, FGDs)

GBV survivors and women with other mental health problems received individual counselling. The PARD-NESI Technical Report mentions that during the group sessions the psychologist identifies women who are interested in more in-depth psychological support, either through additional group therapy or through individual follow-up. As planned for 2020, 90 women were identified as having been subjected to GBV or suffering from other psychological problems and were supported with individual therapy sessions. The majority of survivors (76) were the target of physical abuse, 17 suffered from emotional abuse and 3 from economic abuse, confirming perceptions voiced during interviews, FGDs and the GBV survey on the rise of physical violence against women.

The PARD-NESI Final Technical report also states that among the 90 GBV survivors, an unspecified number were referred for psychiatric care, legal aid as well for assistance from the local police. The report does not provide data or analysis on the results of the psychological counselling (e.g. level of progress, type of counselling, profile of survivors, type of referrals, frequency of follow-up etc.) as the OVI for psychological counselling only measures the number of cases identified and counselled.

The interview with PARD management and with beneficiaries also showed that the counselling work of the psychologist was not limited to the fixed clinics. One interviewed GBV survivor and her father received individual home counselling and another mentioned remote support from the psychologist at a police precinct in Beirut. In addition, the psychologist manages and supervises the results of referrals to other institutions (according to referral report templates) to ensure that GBV survivors are protected and treated according to recognized standards.

Many FGD respondents (47%) reported in their basic information questionnaire that they had received psychological counselling from PARD. Few mentioned this fact during the FGDs. Among those who spoke of receiving counselling, a woman from Sekke opined that worsening living conditions were the main cause: *"We have daily pressures to maintain living conditions since our situation is '3adam' [dreadful]. This pressure leads to many domestic problems. So we appreciate group therapy sessions because we learn how to do more things for ourselves."*

Protection: The decision to establish psychosocial assistance offices in fixed clinics also allowed women to receive counselling under the guise of medical services. This has ensured the privacy of women and was confirmed by most FGD participants who unanimously said feeling completely safe with PARD and asserted that PARD protects their privacy under all circumstances.

> *"PARD maintains our confidentiality. I never heard anyone attending PSS counselling talk about any breach of privacy". (Sekke FGD participant)*

> *PARD amply protects our privacy! They even ask for our permission when we appear in pictures that they want to post online or they want to print. They consult with us about everything. (Shabriha FGD participant)*

Two GBV survivors case studies illustrate that PARD-NESI had provided consistent support throughout the long trajectory of deterring and punishing sexual violence perpetrator. One case study in Maachouk involved a twice married and twice divorced woman who had been subjected to GBV by both husbands. PARD began supporting her when her second husband kidnapped and abused her children. She described her ongoing battle (with PARD support) to retrieve and to retain custody of her children through legal action and through lobbying local political authorities. She said that PARD support had empowered her and strengthened her resolve to pursue a protracted six-year battle: *"The PARD psychologist helped me with everything. She helped me discover myself, stand on my feet and file complaints. She makes me feel that I have agency and gives me hope. All I want is stability in the life of my daughters. In the meantime, I have learned to be patient."*

The case study conducted in Shabriha illustrated the process of seeking legal action against an elderly neighbor who had sexually abused a young girl aged 11. PARD was present during police interviews (once through an online conference session) and was able to deter the police from allowing the perpetrator from attending these police interviews. The respondent emphasized that her daughter continues to receive PARD psychosocial counselling to overcome the traumatizing impact of sexual assault and of testifying in public.

3.3.4 Raising Community Awareness on SRHR & Gender Equity

Result 3: Sensitize the refugee population in 10 informal settlements in South Lebanon on sexual and reproductive rights, gender equity and promote the construction of peace through the collection of testimonies and their international dissemination.

According to the progress report, between January and June 2020, three awareness raising topics on reproductive health and one topic on GBV were conducted by 6 PARD animators in the 10 gatherings as listed below (Table 7). Sixty workshop sessions were initially planned but a staggering 213 sessions were actually implemented at 10 participants /workshop reaching 5123 attendees, most of whom have attended every workshop.

Average attendance by topic slightly surpassed the planned number of participants from 1,200 to 1,281 women with 66 sessions on 'Reproductive Health and self-confidence' attracting a total of 1,497 attendees (Table 6). Distribution of participants by nationality was not reported. PARD beneficiaries were provided with knowledge to identify GBV through workshops that mobilized 1,200 women surpassing by almost threefold the targeted number of 360 women.

Table 7. Summary of Implemented Awareness Raising Sessions

Date	Topic	No. of Participants	No. of Sessions
2 Jan – 21 Feb 2020	Reproductive Health and Self Confidence	**1,497**	**66**
2 Mar – 17 Apr 2020	Gender Based Violence	**1,202**	**49**
22 Apr – 28 May 2020	Early Detection of Breast and Cervical Cancer.	**1,222**	**49**
1 – 30 June 2020	Menopause, Osteoporosis, Sexual Dysfunction	**1,202**	**49**
	Total	**5,123**	**213**
	Average Attendance by Topic	**1,281**	

PARD and NESI decided to increase the number of participants in GBV workshops after discovering a rise in violence, widespread demoralization and stress in the gatherings, propelled by the Lebanese economic crisis and the COVID 19 Pandemic.

The extent of outreach of PARD-NESI workshops is corroborated by FGD participants with nearly three quarters (74%) attending Reproductive Health Workshops and around half attending GBV workshops (51%). Four out of ten women had attended both type of workshops

The project team did not implement awareness raising workshops for men (200 out of the total target of 1,200) as planned in the project proposal. As previously mentioned the COVID 19 lockdown was a major deterrent for the project, Given the sensitivity of sexual and reproductive health issues and the need for specialized focused approaches in highly traditional communities, it is assumed that NESI-PARD will resume efforts to sensitize men once lockdown restrictions are eased.

Overall, the project had encountered difficulties in mobilizing both women and men: *"Among the challenges we [PARD] encountered were school closures which created a lot of pressure on mothers. She had become the teacher and could not leave the house. This made it difficult to secure attendance at activities."* PARD Management added that the number of participants in each workshop had to be reduced to 10 persons thus more than doubling the number of anticipated sessions and overextending the implementation schedule and staff input. COVID-19 protection measures were adopted and secured for beneficiaries to encourage their participation.

Changes in Attitudes and Practices

A full discussion of changes in knowledge, attitude and practices is carried out in the Impact Section based on the Result 3 Verification Indicator I.O.V.2.R.3 stating that "At the end of the project, at least 80% of sensitized people state that they assume, understand and apply the new practices in sexual and reproductive health and gender approach learned".

The PARD-NESI Final Technical report asserts that 80% of an "[unspecified] group of women stated that they understand and apply the new practices in sexual and reproductive health and gender approach learned."

One sample Participant Evaluation Sheet (Knowledge Test) made available to the evaluator shows that on 28/4/2020 at least 80% of participants in a Breast & Cervical Cancer Workshop (location unspecified) gave correct answers to the following questions:

- Breast & cervical cancer is contagious (84%)
- One of the most important symptoms of breast cancer is stomach pain (80%)
- Self-examination and mammography are preventive methods for breast cancer (92%)
- One of the most important symptoms of cervical cancer is hemorrhage between two menstruation cycles (80%)
- A Pap test is not necessary to diagnose cervical cancer (96%)

NESI-PARD confirm that many knowledge surveys have been conducted, verified and validated during the course of the project. Analyses of the surveys' resultant quantitative data would have been useful to identify strengths and possible improvements in future actions.

If feasible and realistic, data on the extent to which beneficiaries 'assume' and 'apply' their knowledge needs to be highlighted through the elaboration of appropriate monitoring tools to record changed practices in a systematic manner at the operational level.

Peace Building and International Advocacy: A short advocacy film was reportedly produced depicting testimonies on sexual and reproductive health rights intended to promote peace building in international arenas. It would have been useful to also elaborate on the status of the local, national and international dissemination of the film in the Final Report.

3.3.5 Coordination

Project documents, interviews and FGDs confirm that NESI and PARD implemented the project in close collaboration and coordination with local community groups closely attuned to local needs and priorities.

The primary local coordination mechanisms consist of the Popular Committees overseeing the gatherings and Women's Committees which PARD had helped establish and empower in the 1990s as autonomous community groups complementing PARD interventions. Both committees support NESI-PARD coordination efforts on this project with local municipalities as needed. PARD Management said: "We rely on the Popular Committees to exchange information on priority needs and approaches. We also rely on Women's committees to collect waste management fees from inhabitants and to deliver the payments to the municipalities" where applicable.

Popular Committee interviewees agreed that the relationship with PARD was strong and long standing and appreciated the strong partnership that has emerged with NESI as a result of its support of their communities. One respondent commented that *'PARD is the only organization that communicates with us. In all honesty, even the agencies [such as NESI] that visit [and support] our gatherings come through PARD. In the interest of our people, we will continue to cooperate with PARD"*.

PARD management stated that it is exploring the possibility of building more robust involvement with municipalities and local Lebanese actors to explore joint Reproductive Health Care, given that many Lebanese women are turning to PARD for medical consultations,

As noted earlier, referral mechanisms were also established with nine local groups, official bodies (such as police precincts) and specialized institutions. In addition, PARD belongs to The Coordination Network of Local NGOs in South Lebanon, among many others, which coordinates interventions conducted in official camps and those conducted in unofficial gatherings. This helps strengthen complementarity and avoids project and program duplication as well as provides possibilities of establishing referral mechanisms in many program sectors such as this project's GBV component.

In the context of this project, the Project Team has also coordinated with UNRWA on GBV referrals and with UNDP Lebanon on waste management. PARD management noted that it did not collaborate on

health with UNRWA except for psychiatric referrals and access to psychotropic medication (if available). In addition, PARD Management mentioned fairly acceptable relations with UNICEF at the field level allowing the PARD psychologist to keep abreast of emerging GBV referral opportunities.

3.4 Efficiency: "How Well Are Resources Being Used?

3.4.1 Project Management

Timeliness

Nearly all project components (medical services, PSS support, awareness raising) were implemented in a timely manner by the end of the project with the exception of awareness raising activities for men (See Effectiveness Section) likely due to the Lebanese uprising and the lockdown.

Preliminary steps for the project were completed within the first three months of the project and consisted of mobile clinic maintenance, purchase of medical equipment and of medication supplies as well as medical staff training on newly acquired equipment (NESI-PARD documents & PARD Management). Coverage of the ten gatherings was secured on time through the mobile clinic servicing Jal al Bahr, Maachouk, Qasmiyeh, Wasta and Sekke gatherings and the two fixed clinics located in Shabriha (for Shabriha and Burghliyeh) and in Kfarbadda (for Kfarbadda, Jim Jim and Itanieh)

Medical Consultations: During the remaining nine months, medical services at each venue became available twice a month on a rotational basis through two medical teams. However, the PARD-NESI final report notes that the work days of fixed clinics often had to be extended to accommodate patient demand (as exemplified by the two-fold increase in medical consultations) and to raise awareness on COVID-19.

Table 8 shows that the satisfaction questionnaires reflect overall approval of the clinics' schedules: 34.3% were 'very satisfied', and 55.8% were 'satisfied', while 9.7% were 'not satisfied' and 12.3% recommended 'increasing the working days of the clinics'. The highest rates of 'very satisfied' responses were recorded in Jal El Bahr (67.2%). The highest rate of 'not satisfied' responses was expressed in Kfarbadda (19.6%) followed by Burghliyeh (18.2%). Both Kfarbadda and Burghliyeh also recorded among the highest rates of beneficiaries recommending an increase in clinic opening days at 19.6% and 18.2% respectively along with Itanieh at 18.5%.

Variances in satisfaction levels between gatherings on clinic schedules are worthy of further examination. It is possible that in some locations responses are linked to factors other than the number of opening days, such as the speed of PARD communication to alert beneficiaries. A few FGD respondents felt that waiting two weeks for the clinic to open was rather unfortunate and some complained that they did not know ahead of time. The majority however asserted that they knew which day the clinic was operational and did not need advance notice. Mostly, FGD respondents - along with Popular Committee interviewees - requested more clinic days to allow for additional NESI-PARD medical services rather than more time for existing services.

Table 8. Satisfaction Rates with Clinic Schedules

	Very Satisfied	Satisfied	Not Satisfied	Don't Know	Recommendations to increase Clinic Schedule
Total survey sample (900)	34.3	55.8	9.7	0.2	12.3
Jal El-Bahr (64)	67.2	29.7	3.1	0	9.4

	Very Satisfied	Satisfied	Not Satisfied	Don't Know	Recommendations to increase Clinic Schedule
Kfarbadda (46)	17.4	60.9	19.6	2.1	19.6
Burghliyeh (22)	45.4	41	13.6	0	18.2
Itanieh	29.7	48.1	22.2	0	18.5

SRHR and GBV Workshops: All awareness raising workshops were reported to have been completed between January and June 2020 (See Table 6, Effectiveness Section).

Onset of the Covid-19 Pandemic: As mentioned previously NESI-PARD adopted immediate measures to ensure the safety of patients and staff: "All necessary measures were taken for the prevention of COVID-19 starting from the protection measures for all the PARD workers in the project. The same measures were implemented for the patients in the mobile clinic, the women beneficiaries from the mammography and pap test campaigns, the women attending the awareness sessions, and the women attending psychological group or individual therapy sessions. Measures included wearing face masks, social distancing, hands sterilization and so on". (PARD-NESI Technical Report)

Staff Performance

External to this project, PARD pursues an Organizational Development Strategy with a staff capacity building component. Most recently various staff members were reported to have received training on Monitoring and Evaluation, Planning and Report Writing and the Sphere projects. Workshop participants included the Chief Accountant who attended SPHERE training, Project Coordinators and Center Supervisors (PARD Annual Report 2019 and https://pard-lb.org/programs/organizational-development/). PARD project staff is well-informed on strategies, policies and action plans. In 2019 alone, staff members participated in five internal Organizational Development Workshops to collectively conduct policy reviews, strategic planning, and develop action plans (Table 9)

Table 9. Internal PARD Organizational Development Workshops 2019

Topic	Participants
Strategic Planning 2019-2021	18 employees and two volunteers
Action Plan 2019-2021	18 employees and two volunteers
Emergency plan 2019-2021 (2 sessions)	14 employees and one volunteer
Review of Gender Equality Policy	9 employees and one volunteer

In addition to the satisfaction survey rating the performance of medical staff (See Effectiveness Section), most FGD respondents asserted that PARD staff was conscientious and showed interest and/or concern for their health situation (including mental health). They praised the timely announcement of upcoming clinic schedules, psychologist visits and awareness raising activities.

Referring to all NESI-PARD activities most FGD respondents stated unequivocally that activities were well organized and punctual. In the Maachouk FGD respondents agreed that 'with PARD everything occurs at the specified time'.

In the Shabriha FGD, participants noted that PARD staff gave advance notice for all services because they want as many women as possible to participate: *"They do this in all gatherings. They do what they have to do to ensure that you know - without forcing it upon anyone".*

The Maachouk and Sekke FGDs also said that PARD staff were continuously solicitous about patient health. One respondent stated *"They constantly inquire if we are comfortable and at ease"* and another added *"They ask about our health and what pains we are feeling"* and *"If we mention a health problem, they call us to announce when the clinic will be open to ensure that we will visit and not neglect ourselves".*

3.4.2 Cost-Effectiveness

Variances: Despite the two-fold increase in expected medical consultations, the project's expenditures varied only slightly from the allocated budget (Table 10). Based on a draft version of the project's Final Financial Report 'the Breast and Cervical campaign' showed the highest variance between budget and expenditures, underspending by USD 1,012, while total expenses were nearly equivalent to the budget showing a small balance of USD 379. As mentioned in the Effectiveness Section, many additional activities were conducted, but these were not charged to the project (except for COVID related medical supplies) and were likely covered from other sources.

Table 10. Project Budget & Expenses in USD[7]

Item	Budget	Expenses	Variance
1. Expenditure on the provision of goods and services for the protection of communities and individuals			
Mobile clinic maintenance	4,047.40	4,152.67	(105.26)
Clinic Equipment (1 mobile and 2 fixed)	41,269.33	41,279.00	(9.67)
Breast & Cervical Cancer Campaign	12,142.20	11,130.00	1,012.20
Medication[8]	11,201.19	11,450.83	(249.65)
Awareness Raising Workshops	1,699.91	1,700.00	(0.09)
Medical Staff fees	4856.88	4,800.00	56.88
Awareness Raising Materials	0	0	0
Sub TOTAL Provision expenses for goods and services	120,143.07	119,932.50	210.57
2. Testimony, reporting and advocacy costs	5,767.55	5,940.00	(172.45)
3. Staffing costs/Local	20,641.75	20,400.00	241.75
4. Operating costs	6,146.99	5,166.67	980.32
5. Evaluation and audit costs	10,877.39	11,758.79	(881.40)
Grand Total	**163,576.75**	**163,197.96**	**378.79**

Distribution of Allocations: Budget and expense items were similarly distributed, without any reference to reallocations in the Final Technical Report (Tables 10 & 11). Distribution of expenses without fixed assets (the purchase of medical equipment for 3 clinics) were reasonable: 43% of expenses consisted of goods and services for day to day undertakings (maintenance, workshops, campaigns, medication, medical staff fees, etc.) given that medical staff fees and workshops costs covered a substantial pool of 17 employees (1M/16F) as follows:

[7] The Project Budget & Expenses table likely contains some inaccuracies since the evaluator received a draft version of the financial report. NESI-PARD need to review and correct the table. All expenses were derived from the sheet 'CUAD4invoice list' which was the clearest budget and expenses breakdown in the report's workbook.
[8] This item, 'medication', does not include 'medical supplies COVID' which were listed in the PARD Financial Report under the item 'Equipment' without specifying the amount spent.

- Medical Services: three gynecologists, two nurses and three midwives working in shifts between Shabriha, Kfarbadda and the mobile clinic as well as one driver for the mobile clinic
- Psychosocial Services: one psychologist
- Awareness raising: seven workshops animators/Community Health Workers

'Local staffing' at 27% was the second highest cost, and comprised the project administrator and the project coordinator. Though proportionately high this is largely due to the low costs of awareness raising workshops (Total: USD 1,700 for 213 workshops) which would benefit in the future from allocations for the distribution of more information/educational material and improved animator remuneration with increased work time to conduct thorough beneficiary knowledge tests.

Table 11. Distribution of Allocations without Fixed Assets[9]

Item	Budget in USD	%	Expenditure in USD	%
1.Provision of goods and services	33,947.59	43.87	33,233.50	43.44
2. Testimony, reporting and advocacy costs	5,767.55	7.45	5,940.00	7.76
3. Staffing costs/Local	20,641.75	26.68	20,400.00	26.67
4. Operating costs	6,146.99	7.94	5,166.67	6.75
5. Evaluation and audit costs	10,877.39	14.06	11,758.79	15.37
Total	**77,381.26**	**100.00**	**76,498.96**	**100.00**

Cost by Beneficiary: Given project inputs on the provision of goods and services (Project funds, staff expertise, and time spent to deliver higher than expected outputs), the cost by beneficiary in each project component can be viewed as amply economical (Table 12).

The Breast & Cervical Cancer Campaign was the costliest by beneficiary at USD 16.11 but constitutes less than half the market price for Mammograms and Pap tests at USD 40 per patient (PARD-NESI Final Technical Report). The budget item does not include patient transportation to and from the test site and the follow-up of results with patients, assumed to have been conducted by volunteers.

The cost per beneficiary for Medical and Psychological Consultations (USD 5.75) and Awareness Raising interventions (USD 1.42) can be considered very low by all standards. However, it is also a reflection of less than average wages for workers in Palestinian communities and an indicator of substantive Palestinian community solidarity.

Table 12. Cost by Beneficiary 2020

Item	Expenditures USD	No. of Beneficiaries	Cost / Beneficiary
Medical and Psychological Consultations (maintenance, medical staff fees, medication)	20,403.50	3,550	5.75
Awareness Raising (workshops and materials)	1,700.00	1,200	1.42
Breast & Cervical Cancer Campaign	11,130.00	691	16.11

[9]Provision of Clinic Equipment (fixed assets for 3 clinics)

3.4.3 Planning, Monitoring and Compliance

NESI-PARD's planning, monitoring and compliance procedures (technical and financial) seemed sufficiently developed to ensure transparent and accountable management. The PARD executive board consists of the director, program manager, the financial officer and the newly appointed project coordinator. In addition, the project team is supported by NESI-PARD Project Management Unit, as well as by PARD cross-cutting programmatic units such as the Emergency Response Team (ERT) the Gender Equality Committee which oversees PARD's Gender Equality Policy (the latter committees were formed following the PARD Strategic Planning 2019-21).

Under normal circumstances the PARD Executive Board meets every two weeks to review implementation plans and emerging needs. During 2020, the Program Manager/Coordinator could not perform all responsibilities regularly (conduct frequent field visits to most project locations and collect reports from the project coordinator and/ or other field staff) and was often replaced by the PARD Director. Executive Board meetings were also disrupted by the lockdown and the roadblocks. This in turn affected reporting on the NESI-PARD project but did not affect implementation (PARD Management).

Financial validation procedures were applied through the Program Coordinator and the Administrator/Financial Officer as described in the NESI-PARD Project Proposal:

- The Program Coordinator prepares budgets and follows-up expense reports for the approval of the Director and the Board of Directors in collaboration with the Administrator/Financial Officer. The Program Coordinator also conducts periodic field visits and monthly reviews of field reports to monitor and validate implementation.
- The Administrator/Financial Officer secures, reviews and manages financial information and ensures that adequate supporting documents have been submitted. The Administrator also reconciles emerging financial discrepancies by checking account information and recommending/issuing corrective measures. He also verifies payment requests and recommends disbursements for Director approval.

Specifically, as indicated in the Technical Report, PARD generates a range of administrative documentation required by funders to validate financial status and transactions including: receipt of fund transfers, currency exchange receipts, bank statements on fund deposits, personnel contracts, pay slips and certification of part-time work as well as proof of every other expense expended towards the project.

The evaluator reviewed samples of project templates and forms used for monitoring and/or validation of financial and technical compliance as well as for compiling documented records for internal and external analysis and reporting (Annex 7.4).

The templates varied in rigor and thoroughness and showed evidence that internal project documentation is satisfactorily conceived to validate staff work time and the completion of tasks, the justification of procurement (e.g. medication), etc. These documents can be further exploited to measure more precisely project outcomes.

Medical service samples consisted of:

- Time sheets in Arabic, rigorously designed for midwives (requiring name, month, year with table of work time by location, date, day of the week, start and end time, signature), and less rigorous for the gynecologist (requiring name, month, year, table of consultations by location, dates and fees without a slot for signature and date of submission of report)

- Mobile Clinic monthly report forms, supply request template, and monthly medication dispensation sheets in Arabic (review contents in Annex 7.4). The latter does not provide space for registering the signatory of the report and its date of submission. The contents of the remaining documents are satisfactory especially the Medical Supply Request which requires three signatures (center coordinator, project coordinator and PARD director)

Awareness Raising Workshop samples and templates included:

- Sample of workshop attendance sheet in Arabic signed by participants, containing title of workshop, date and location, and Workshop group number.
- Awareness Raising Workshop briefing form in Arabic containing location, date, topic, number of attendees, name and signature of community health worker
- Post Workshop Beneficiary Evaluation Sheet in Arabic containing five questions to test beneficiary knowledge containing workshop topic, date, location and table listing the questions, and the number and percentages of correct and incorrect answer. The form should require the signature of implementing staff. It constitutes a valuable record of evidence on knowledge gained by beneficiaries if used regularly.

Psychosocial templates (mostly in the English language) are detailed in items 9-12 of Annex 7.4 and include a sample Psychotherapy Group Session Plan in Arabic and English conducted by the psychologist, a rigorous GBV Referral and Follow-up form in Arabic. It should be noted that templates intended for case management files are designated by Case Number to protect beneficiary identity. Once again, these templates are a valuable record of evidence on all components of PSS support if used regularly..

3.4.4 Stakeholder Participation in Planning, Implementing & Monitoring

As mentioned in the Effectiveness Section, NESI-PARD ensured beneficiary and stakeholder participation in monitoring and evaluating the project through consultations with the local Popular Committees, local governing bodies assigned by the PLO and with the 20 women's committees (total membership 231 local women) which PARD has empowered for several years to act as intermediaries between PARD and the community. (PARD-NESI Final Technical Report, FGDs, interviews).

Public presentations were organized at the launch of the project as well as community outreach through Community Health Workers and the Women's Committees. FGD participants were confident that PARD wants to keep hearing their voices, as exemplified in the recently established hotline and through WhatsApp groups. *"We feel that they listen to us"* said an FGD respondent in Maachouk adding that *"PARD tries to be responsive within its means and as circumstances allow ".* In Shabriha, FGD participants said that they were continuously consulted about preferred topics for discussion at SRHR awareness raising workshops and/or PSS group sessions. Sometimes the meetings are held in beneficiaries' homes: *"Every time they call, they give us details and ask what date and time suits us best. We have asked for, and have been given, workshops on adolescence and on the thyroid gland, not just breast and cervical cancer"*.

Regular consultations with local authorities (the Popular Committees) and participation in this evaluation afforded community representatives the opportunity to review and assess project results and to provide new insights on existing challenges. One Popular Committee member noted that this evaluation's group interview should be regularly replicated as it provides a better understanding of project objectives, outcomes and the indicators needed to assess achievements.

The satisfaction survey involved a substantial sample group of 900 beneficiaries who have been given the opportunity to provide input on the quality of services, medical staff performance and to voice recommendations.

As mentioned previously, strong beneficiary participation in the monitoring process is mainly ensured through the local Women's Committees. They contribute to the project's planning and monitoring process with feedback on encountered challenges and preferred solutions. Members undergo a comprehensive training program to equip them with problem-solving, needs assessment and management and planning skills (among others) and function as a "community alarm system, provide ideas, input and involvement in project implementation and serve as [PARD] spokes[persons] with the male-dominated Popular Committees that govern the Palestinian gatherings" (PARD Annual Report 2019)

FGDs with Women's Committees described holding regular meetings (on WhatsApp under current lockdown circumstances) to review all ongoing PARD projects and to develop action plans for community outreach on impending PARD activities including the organization of beneficiary transportation, the promotion of mental health and the availability of NESI-PARD psychosocial counselling. They strengthen their knowledge of local needs also through involvement in data collection for surveys and assessments such as the Breast and Cervical Cancer Campaigns and the Satisfaction Survey.

The FGD in Jim Jim also underlined that [some] Women's Committees have actively contributed to establishing a 'Corona Crisis Group' in gatherings as infections began emerging. A Women Committee respondent from Kfarbadda said:

> *"Each gathering meets according to need. We have a lot of Corona cases in Kfarbadda. As soon as one family gets infected another one follows. That's why we're not meeting. Some other gatherings may not have been as badly affected. But we continue working with people, talking to them and ensuring that they receive the required documentation if they need hospitalization."*

Interviewed Popular Committee members corroborated that Women's Committees are key community organizers supporting PARD management and ensuring that the community gains maximum benefits from NESI-PARD interventions. They variously described the Women's Committees as 'the ones who can enter people's homes' and who 'have spread a culture on health and environmental health' and who have been 'central to the COVID-19 response'. Nevertheless, some interviewees complained of insufficient consultation and hoped that PARD would intervene to iron out communication difficulties.

Some Women Committee members in the FGDs admitted that sensitivities sometimes arise in the relationship with the Popular Committees caused by deep-rooted patriarchal norms, with one participant from Jim Jim commenting:

> *"The truth is we are dealing with a male dominated society. It's an important achievement that the Women's Committees have worked and toiled to build relationships with the Popular Committees. Sometimes there are sensitivities but you have to insist on continuing. We are confident of our capabilities and we will go on."*

3.5 Impact: Understanding, Assuming & Applying Knowledge Gained

I.O.V.2.R.3 *At the end of the project, at least 80% of sensitized people state that they assume, understand and apply the new practices in sexual and reproductive health and gender approach learned.*

PARD management emphasized that saving lives was one of the project's most tangible long-term impact on beneficiaries and the community (e.g. 691 women were tested for cancer and 63 revealed symptoms that were promptly treated). Recovery rates were not reported but it is highly plausible that many if not most were treated successfully.

Popular Committee members added that early detection of cancer had been an impactful project consequence as it had involved large numbers of women in all gatherings. Scores of beneficiaries discovered various other symptoms of diseases due to the Pap tests and many FGD respondents have asserted to have become convinced to seek regular reproductive health check-ups.

Also testimonies currently being collected by NESI PARD were reported to reflect many instances of changed behavior in a range of unspecified areas. The Focus groups and interviews with beneficiaries show that **many have understood, assumed and applied to varying degrees some of the new concepts and practices they have gained** through the project.

Those women who have benefited from PARD and NESI through previous and/or current empowerment projects were most reflective of multiple levels of change in their knowledge, attitudes and practices given the accumulated or combined exposure to various types of PARD training and awareness raising. For new beneficiaries, representing the younger age groups in the gatherings and refugees from Syria, NESI - PARD support has made a difference in specific areas depending on the activities attended and the services received.

3.5.1 Perceived Changes in Beneficiary Knowledge

FGD respondents who had attended awareness raising workshops affirmed that they had been 'enlightened' and have learned 'things that they knew nothing about previously'. Most have gained knowledge in more than one topic and sub-topic. One Women Committee member in the Shabriha WC FGD summarized the impact of PARD's awareness raising workshops as follows:

> *"We have been introduced to all kinds of subjects and we have gained awareness. PARD has steered us towards the correct path and has supported us both psychologically and physically."*

The most favored reproductive health topics included multiple mentions of learning about safe pregnancies and family planning (Maachouk, Shabriha, Jim Jim, Sekke) and the social causes of early marriage and its health consequences (Maachouk, Shabriha, Jim Jim):

> *"We didn't know what our rights were and we learned that we have to oppose early marriage for our daughters" (Jim Jim FGD)*

Many also spoke about learning that regular medical visits and tests were essential for maintaining their health:

> *"A woman should preserve her health and her body. She should not become pregnant too young; she should space her pregnancies and shouldn't have too many children as her body becomes adversely affected by too many births". (Maachouk FGD)*

Some spoke about being made aware of the COVID 19 virus, how to reduce mental stress and the manifestations of cancer.

The most mentioned learned mental health issues were parental violence against children (Shabriha) and the manifestation of violent behavior among adolescent children. Few respondents explicitly mentioned GBV as an area of learning although many have attended GBV workshops and many repeatedly referred to learning about and practicing some aspect or other of their rights.

The most mentioned gender equity issues learned included women's right to express themselves and 'voice an opinion', and the right to socialize and break the isolation imposed on homemakers and mothers in the traditional environment of the gatherings and camps. As indicated by a Sekke FGD participant, beneficiaries had also learned how to deal with social obstacles limiting their freedom and autonomy:

> *"A woman didn't have the courage to disagree with her husband. She has learned that she can disagree and she has become better able to convince him and other women to change their attitudes." (Sekke FGD)*

3.5.2 Perceived Changes in Beneficiary Attitudes & Practices

FGD respondents were probed to illustrate how they have applied their newly gained knowledge from NESI - PARD workshops. The examples given provide snapshots of the likely impact of the project on other beneficiaries.

Reproductive Health

In Maachouk, an unmarried respondent aged 19 declared that she will not bear children as soon as she gets married. She will 'resist social pressure' and will wait for at least a year after marriage before becoming pregnant. In Shabriha, Jim Jim and Sekke FGDs women voiced similar changes in attitude towards family planning with several respondents pointing out that having fewer children provides them with a better life and is preferable to raising children in poverty and destitution.

Overall, the most notable difference that the project has made in the lives of many respondents (especially those older than 25 years of age) was learning about breast and cervical cancer. In the Shabriha, Jim Jim and Sekke FGDS many women confessed that prior to the PARD reproductive health workshops and campaigns they never went to a gynecologist. They warned other women in their situation that even the slightest health symptom should be taken seriously. A woman in Sekke said *"I have started going regularly to the PARD clinic for check-ups and tests and I focus on improving my knowledge on reproductive health and on raising the awareness of others."*

Another woman in the Shabriha FGD who underwent treatment after taking a Pap test revealing symptoms that needed treatment said *"Now I understand why I have to keep seeing the doctor regularly. It keeps my mind at ease and I feel reassured that I am in good health"*. She urged other women to visit the gynecologist and to take care of themselves.

Psychological Changes/Parenting

The most mentioned mental health changes were related to parenting, likely because participants did not wish to divulge more intimate psychological challenges. In the Maachouk, Shabriha and Jim Jim FGDs many women had confronted problems with their adolescent children and testified to changing their behavior through learning about parenting in NESI - PARD group therapy sessions or individual counselling. They had become more patient and have allocated special time to listen and negotiate with their child.

> *"I learned how to control myself. I used to react immediately. They [PARD lectures and group sessions] taught me that you have to be patient with children and understand them. You also have to become more sociable and engage with women in similar circumstances." (Shabriha FGD)*

Several FGD participants also spoke of having successfully dealt with an adolescent child's violent behavior as a result of PARD PSS support:

> *"You have to be disciplined with the violent child and I made my husband understand that this was necessary. Now my son is a different person. He was 15 [when violence started] and he is now 21. They taught me how to deal with him. I hold a discussion session with him every day and I reason with him on becoming an upstanding and respected person." (Shabriha FGD)*

Attitudinal Changes/Gender Equity

Most respondents older than 25 (two thirds of FGD sample) and those who have been PARD beneficiaries over several years viewed reproductive health, mental health and violence from a gender perspective. They asserted that PARD workshops and group sessions had enabled them to strengthen their personality, to discard fear of speaking and have thus feel empowered to resist the influence of traditional/patriarchal social norms.

> *PARD gives us confidence and encourages us to become more outgoing and not to hesitate to express our opinions. We also discover that we are no longer alone and that PARD will support us if we have problems. (Shabriha FGD)*

Younger respondents and Syrian women, newly benefiting from PARD were more reserved on articulating issues of gender equality.

Women Committee respondents in Shabriha stated that a man should not control a woman. A woman has her private life and takes her own decisions and has choice and agency. They added that awareness was key to enabling women to stand up 'a little bit' for themselves. As committee members they described themselves as 'Abadayat' [tough women] and as having gained standing in society, going with 'a raised head' to meet with Popular Committees and other officials. *"We speak with full confidence"* stated one respondent, adding *'we challenge the committee on why 'fulan' [such and such a man] has the right to attain or do something while 'fulana' [his female counterpart] is not allowed the same [right/consideration]?"*

Women Committee members interviewed in Jim Jim echoed that through the project and previous PARD interventions they realized that women had rights. They have become courageous, lost their shyness, opened up to society, and stopped remaining at home. One participant said *"After marriage there was control over my movements but as my personality developed and I became more empowered through PARD awareness raising activities, my husband started to adapt to my going out and working with the Women's Committees"*. Another member, not married and living alone with her father said: *"At first you feel a lot of fear then after PARD workshops I started going out more often and becoming bolder. When he objected, I would reply 'you have rights and so do I. I am the same as you and I want to go out and move about'".*

Respondents belonging to the 26-45 age group but were not members of the Women's Committees echoed similar views on practicing their right to express themselves and socialize. An FGD participant in Sekke said *"Like the other attendees, I used to stay at home and I was afraid to express my opinion. Now I am no longer afraid and give my opinion to my husband. I have become more sociable. Also, the knowledge I have gained I share with other people"*. Another FGD participant in Sekke, who appears to be in conflict with her husband on parenting added that she advised other women to *"strengthen their personality, impose themselves at home and defend the right to raise their children whom they have borne for nine-months and breast fed for many years."*

3.5.3 Perceived Changes in Community Attitudes & Practices

PARD management said that at the community level the Breast and Cervical cancer campaign was attracting community engagement. Several cases who had been diagnosed and treated with cancer have started raising awareness in the community and/or helping the Project Team in delivering test results to patients.

Popular Committee representatives recognized that community awareness on reproductive health issues has increased. This was corroborated by the FGDs with the Women's Committees who perceived several areas of improvement. Some changes may have appeared prior to the NESI-PARD Medical project and are best viewed as a continuation/revival of an ongoing process of change. The communities inhabiting the informal gatherings remain conservative and need to be sensitized or re-sensitized on a regular basis. The most frequently mentioned areas of change were:

- **On Breast and cervical cancer:**

Participants in the Sekke and Shabriha Women Committee FGDs reported that women's initial reluctance to submit to the cancer tests have slowly dissipated:

> *"You make a tour of the neighborhood and promote taking tests and women would tell us 'let's leave it to nature'. It's inconceivable! How leave it to nature? We persisted with the campaign and in the end women responded and took the test and this encouraged additional numbers of women to follow suit. (Shabriha FGD)*

> *"This issue of breast cancer, we never gave it a thought prior to the PARD campaign. After we personally submitted to the tests we started reassuring other women that the procedures were tolerable and encouraged them to do the same. Now more and more women in the community are coming forward and requesting mammograms and pap tests" (Sekke FGD)*

- **On Family Planning:**

Women Committee members in the Sekke FGD highlighted the mounting demand for family planning consultations which they associate with the ongoing Lebanese financial crisis and with widespread unemployment.

> *Men are feeling the economic pressure and there is growing acceptance for the need to reduce the number of children in the family. (Sekke FGD)*

- **On Early/Forced/Arranged Marriages**

Women Committee participants in the Jim Jim and Sekke FGDS spoke of changes in community attitudes towards early and arranged marriages

> *"Women used to allow their daughters to be married at ages 13-14. Now we consider that marriage at 20 or at 25 is not an advanced age. Now the woman, she decides whom to marry… to live her life …rather than choose a fate of injustice and misery." (Sekke FGD)*

> *"Everyone agrees that early marriage affects and endangers health. People used to marry young but less nowadays… [Instead] A girl now goes to school, gains skills and speaks her opinion in front of men … father … husband." (Jim Jim FGD)*

- **On PSS Support**

In the Shabriha FGD for Women's Committees, participants perceived that negative attitudes towards PSS counselling have diminished since the beginning of the project, with rising numbers of women

coming forward by themselves and asking to see the psychologist.

> *"PSS for most people signals that there is something wrong with your mind [mental capacities]. We told people that this is untrue. PSS helps you with temporary problems. Even when a woman accepts to attend a group session you can see that at first she waivers between talking and not talking. Afterwards they feel better and encourage others to attend." (Shabriha FGD)*

- **On the Corona Virus**

In the Shabriha and Jim Jim FGDs, Women's Committees spoke of widespread misconceptions on the Corona virus, with many believing that it did not exist. Once the disease entered the gatherings and more people got infected, NESI - PARD relief interventions helped mitigate the influence of skeptics:

> *"We helped spread knowledge on the need to stay at home, cleanliness and hygiene. The distribution of hygiene items, even simple things for prevention, a bar of soap, sanitizer helped fight these misconceptions about corona in the community." (Shabriha FGD)*

3.6 Sustainability: "Will the Intervention Benefits Last?"

3.6.1 Social Sustainability

The durability of the project's social benefits (awareness raising of hundreds of women) is made possible by NESI-PARD's local intermediaries the Women's Committees, a unique autonomous community rooted system with ongoing empowerment and training from PARD. As mentioned elsewhere, they consist of 16 committees in the project's target gatherings with around 200 members (PARD-NESI Final Technical Report).

Many FGD respondents testified that they are engaging in the active transmission of the awareness gained to others (see beneficiary citations in the Effectiveness and Impact Sections). The results of the Breast and Cervical Cancer Campaign on health awareness was a significant introduction to the project and the sustainability of its effects (ongoing public demand) appears strongly likely, for the foreseeable future.

The repeated training on gender empowerment has rendered gender equity the main slogan of Women Committee members who confidently discuss patriarchy and male dominance as the main challenge that women face in their homes and societies. The transmission of these values was best confirmed by young respondents (who have not attended personally PARD workshops) and who said they had learned about SRHR and gender rights through their mothers, who in their turn had learned about them from PARD workshops.

3.6.2 Institutional Capacity

Organizational Development appears to be of primary importance for PARD to sustain its program and is one of its Strategic Objectives. The current areas of focus and development include governing bodies, administrative structures, data management, roles and responsibilities, conflict management, capacity building, among others. (PARD SP 2019-21)

PARD is an officially registered association and is able to pursue - without undue obstruction - its activities in Lebanon in the regions and areas where the Palestinian gatherings are located as well as other vulnerable areas during emergencies. It has a well-defined rights based vision, mission and value statement anchored in a community participatory approach. It conducts Strategic Planning every three years with the involvement of staff.

Emergency Relief is another main Strategic Objectives and PARD is equipped and prepared to engage in immediate emergency relief as was demonstrated in its responses to COVID-19 pandemic (Relief & Awareness Raising) and the Beirut Port explosion (Relief, Emergency health care for the wounded & Reproductive Health).

In addition to samples developed for the project by NESI-PARD, PARD has developed a number of other procedural documents over the years to strengthen its administrative systems (Human Resources, Job descriptions, Salary Scales, Electronic Communication and a Code of Conduct[10], among others) and its policies (Gender-Based Violence, Child Protection Policy and Sexual and Reproductive Health Protocol) as cited in the NESI-PARD project proposal. .

PARD has demonstrated through this project that it has effective monitoring mechanisms. it implements its activities without major delays, is highly adaptable to changes in external circumstances and its accounting system is sufficiently robust to manage financial issues as well as reconciling expenditures to varying and multiple donor-specific project allocations.

Nevertheless, its monitoring tools need to be improved and its reporting capacities appear to be constrained by dearth of personnel to compile and analyze data in a timely and systematic manner. Developing a data management system was one of the priorities PARD identified in the Strategic Plan 2019-2021 and it is hoped that resources can be secured to allow for this key improvement.

4 Conclusions

The main strength of the project is that it has fully achieved its objective and has provided and increased access to health care services for Palestinian and Syrian refugee women in the gatherings which are devoid of such services. The initial challenges faced in drawing women to benefit from each component of the project was evidence that target groups were mostly unaware that NESI-PARD services were concrete opportunities to improve their lives and strengthen their resilience. The main causes of their reluctance/unresponsiveness were aligned with the project's problem analysis and confirmed the power of traditional norms such as fear of being examined by male health workers, and fear of stigma from attending PSS counselling.

The Women's Committees played a key role in mobilizing women, identifying challenges and applying culturally sensitive solutions.

On the other hand, the main weakness of the project is that the quality of achievements was mainly demonstrated through anecdotal evidence - the narrative of beneficiaries. The findings have shown that this was due to 1) Limitations in the articulation of performance indicators able to show how well services/interventions were delivered; and 2) Lack of data or lack of data compilation, or weak data analysis, taking into account that much of the existing information that NESI-PARD collects can be exploited to strengthen measurability.

The satisfaction survey highlighted the well-perceived performance of the clinics and medical staff. but the project would have garnered more insights from exploring as well beneficiary views on specific medical services. Information on activities and beneficiaries were often not synthesized or analyzed suggesting that details were not sufficiently explored during implementation, such as the

[10]Ibtikar Research & Consulting (August 2013). Welfare Association - Lebanon: NGO Capacity Building Assessment

comprehensiveness of PSS support showing the linkages between identification, diagnosis and treatment (case management monitoring).

The project correctly identifies the key components of impact indicators for GBV survivors 'learn', 'identify' and 'seek support' and for sensitized people 'understand', 'assume', and 'apply'. They are comprehensive and capture the main elements that can demonstrate the extent of short-term-impact and should be retained but measured separately, if operationally feasible.

The fact that long-term impact has been demonstrated to be cumulative and has been most discernible among beneficiaries who have benefited from more than one NESI-PARD and/or PARD project, indicates that this project should continue to build on its achievements over a longer-period of time. Its continuation with an adjusted project design and with closer attention to youth and men would generate more durable effects and may further change community attitudes towards SRHR and gender equity, such as early marriage, women's rights, the right to health, etc.

5 Recommendations

Project design

- **Logical Framework**
  Consider reviewing the project's logical framework to ensure that project achievements (benefits to beneficiaries) are better monitored and evaluated with realistically measurable indicators and feasible sources of verification.

  Ensure that all project activities are identified and listed, especially the various kinds of follow-up that are undertaken and play a key role in providing data to demonstrate the extent and quality of interventions.

- **Stakeholder Analysis**
  Enrich the project's stakeholder analysis and provide insights on the strengths and weakness of collaboration with UN Agencies and provide insights on the strengths and weaknesses of existing referral pathways.

  Include a list of NESI-PARD's local NGO partners (and/or potential partners) collaborating on the project with a discussion of opportunities and constraints.

- **Awareness Raising for Men:**
  Strengthen the gender-based approach. Explore appropriate outreach interventions to mobilize men through tailored SRHR awareness raising sessions. The Technical Report mentions that some male community members were motivated to volunteer their help during the Breast and Cervical Cancer Campaign because the tests had benefited immediate relatives. This is one example of an entry point for engaging men, through issues that are close to their heart and of direct significance. The Public Health expert (interviewed KI) suggested that Women's Committees should be empowered to recruit and mobilize young men and women to work together on reproductive health and GBV to create role models for mixed gender initiatives and mixed gender peer learning. Capacity Building may be necessary.

- **Sensitization by Age Group:**
  Consider dividing awareness raising sessions according to age group and avoid mixing younger

women (newlyweds, single, engaged) with older more experienced women. The FGDs for the 18-25 age group revealed that most participants were timid and less able to identify and articulate responses and experiences related to SRHR and GBV.

- Strengthen the awareness raising component of the project by allocating more resources and time for men's workshops, beneficiary workshop evaluations, beneficiary knowledge tests, and educational material, etc.

Knowledge Management[11]

- Strengthen analysis by centralizing and standardizing basic data on beneficiaries to generate accurate profiles of participants in project activities. It is important to have access to reproductive health data such as age group, year of marriage and year at first pregnancy, as well as knowledge acquisition levels by age group, residence etc., to name but a few.

  The centralization and standardization of data will also allow cross-referencing with the number and type of activities attended by beneficiaries. This will help highlight the hidden strengths and weaknesses of the project and will enable PARD management to examine trends in service demand, and beneficiary knowledge acquisition as well as improve projections, enable rapid adjustments and, if needed, better tailor the content and frequency of activities.

- PSS Case Management Monitoring:
  The succinct information on PSS support underlines that the psychologist is overworked and requires a part-time or full-time administrative assistant or an IT Manager (if finances allow) to establish a case management monitoring system. The assistant/IT manager can 1) compile and synthesize collected case data, using patient code numbers to protect privacy and 2) generate well-documented and regular monthly reports.

Monitoring and Evaluation

- Strengthen Analysis:
  If NESI-PARD cannot secure an IT Manager for the foreseeable future, analysis of the quantitative data collected should be strengthened by showing proportions/percentages that measure variables and analyzes their causes and/or significance for the activity or the project. Lists alone (of beneficiaries, sessions, follow-up visits, referrals) provide insufficient information for research and analysis. NESI-PARD's analysis and perspective is very important for evaluations

- PSS Reporting Schedules:
  Establish stringent reporting schedules for PSS activities (using adequately designed reporting forms) to allow for regular updates and in-depth monitoring of action plans and outcomes.

- Evaluation Preconditions:
  Ensure that all project narrative and financial reports with their annexes are completed before internal and external evaluations are conducted. Keep in mind that monitoring is a continuous internal process of data collection and analysis. An evaluation (external or internal) is undertaken at project-midterm or at completion and requires more thorough research to verify the

[11]Conditional on PARD's financial ability to hire the required staff (especially an IT manager), equipment and relevant knowledge management systems:

monitoring data that has already been analyzed and integrated in progress reports.

Ensuring Quality & Tracking Impact

- Diversity Verifiable Outcome Indicators to better track short term impact (changes in beneficiaries) for such categories as gynecological, obstetrics, mental health and awareness raising interventions

- Frequency of Satisfaction Surveys:
  Consider conducting several satisfaction surveys using smaller beneficiary sample groups to focus on the different categories of medical services (Gynecological, Obstetrics, etc.)

- Topic-specific beneficiary knowledge tests
  Consider undertaking more frequent topic-specific beneficiary knowledge tests to verify the extent to which awareness raising workshops have transmitted knowledge to beneficiaries.

- Beneficiary workshop evaluations
  Consider conducting beneficiary evaluation sessions at the end of Awareness Raising Workshops (topics, animation methods, clarity of communication), to better assess the effectiveness of approaches, methods and tools.

- Staff Capacity Building
  Consider adding a staff capacity building component to the project, based on bi-annual needs assessments in consultation with staff and, where relevant, based on beneficiary input (satisfaction surveys, beneficiary knowledge tests, beneficiary evaluations of attended workshops, etc.)

6 Lessons Learned

Evaluations

A final external evaluation is a necessary process for Solidaridad Internacional and PARD to obtain information on the achievement of project results in their different dimensions, progress, weaknesses and strengths from their design, implementation and monitoring, which will contribute to future interventions. (PARD Technical Report)

Project Management

There were some management mechanisms that had to be changed during the course of the project. The implementation obstacles created by extended transportation and mobility challenges in the wake of the Lebanese uprising and the COVID 19 lockdown demonstrated the need to expand PARD's organizational structure. It was decided to appoint a coordinator for the project who would directly oversee activities and compensate for the unavoidable and unforeseen absences within PARD management. In future, this would equip NESI-PARD with more flexibility to adapt its plans and continue to operate in the context of Lebanon's protracted crises situations. (PARD Management)

Culturally Sensitive Mobilization

The challenges of mobilizing women to benefit from medical consultations, submit to Pap test and recognize the need for PSS support are effectively resolved 1) through culturally sensitive peer group involvement in identifying and responding to women's concerns about privacy, safety and reputation and 2) through the creation of safe PSS spaces such as discrete psychological consultation offices running in parallel with clinic opening hours.

7 Annexes

7.1 References

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7.2 Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Fields of Observation	Sources
Relevance	How responsive was the project design to contextual and target group priorities and needs? How adaptable was the project concept to changes in circumstances?	Quality and comprehensiveness of needs assessment and problem analysis; Appropriateness of target group selection criteria Level of Involvement of local institutions and beneficiaries in the design of the intervention	FGDs & interviews, survey Case studies background and project documentation;
Coherence	How compatible was the project's intervention logic with other initiatives targeting refugees and informal gatherings?	Quality and comprehensiveness of stakeholder analysis Extent of responsiveness, potential for referral systems with other strategies and/or projects (UNRWA, other NGOs)applied in the area of intervention, sector or population	Interviews, background and project documentation
Effectiveness	To what extent has the project attained its objective and achieved its results, including any differential results across groups?	Perceived achievements and challenges Unplanned positive or negative changes the project has contributed to Measurement of results reached and progress towards specific objectives, (overall, by location, by age group, by gender) Extent of outreach and follow-up deployed towards reaching results (dissemination, home visits, communication) Factors enabling or hindering the Involvement of beneficiaries and local institutions in the implementation of the project	Project documents and analysis of satisfaction surveys; FGDs and Interviews; survey Case studies

Evaluation Criteria	Evaluation Questions	Fields of Observation	Sources
Efficiency	To what extent has the program delivered results/outcomes in an economical and timely manner (organization, management, supervision, work plans). Is the relation between input of resources and results achieved appropriate and justifiable?	Degree of compliance between planned and actual implementation plans and timelines, and between budget and expenditures. Enabling and limiting factors related to • Project management (clarity of planning procedures mechanisms for financial compliance with intended results, operational capacity, staff competence and participation, gender breakdown of staff and workers according to skills etc.) • Monitoring mechanisms (methods and frequency of analysis) • Stakeholder (beneficiaries, partners, etc.) participation in project monitoring and evaluation	Project documents; FGDs and Interviews; Survey Case studies
Impact	What impact has the program made in the lives of the direct beneficiaries and their families as well as the community at large?	Perceptions of positive/negative change in: • Reproductive health status and vulnerability to GBV • Knowledge, attitudes and practices of reproductive health rights, legal rights and equitable decision making in families Enabling and limiting factors to the creation of a system of medical and psychological assistance, and to community responsiveness on reproductive health rights, legal rights and gender equality	FGDs & interviews, Survey, case studies, project documentation;
Sustainability & Viability	To what extent can project benefits be expected to continue after SI involvement is ended?	Perceptions of capacity for continuity at the social, economic, programmatic, organizational and financial levels Enabling and limiting factors to durable systems	project documents; FGDs and Interviews;

Evaluation Criteria	Evaluation Questions	Fields of Observation	Sources
		• Support policies, • Institutional capacity, • Community commitment, capacity and participation in developing future strategies	
Alignment	To what extent is the project complementary with other strategies and/or projects applied in the area of intervention, sector or population?	**Alignment has been included under Relevance and Efficiency**	
Participation	To what extent have beneficiaries, , local and international agents been involved with the project?	**Participation has been included under Relevance, Effectiveness and Efficiency**	

7.3 Breakdown of Objectively Verifiable Indicators

Definitions[12]:

Objectively Verifiable Indicators (OVIs) describe the project's objectives in operationally measurable terms, specify the performance standard to be reached in order to achieve the goal, the purpose and the outputs. Therefore, OVIs should be specified in terms of Quantity, Quality, Time, Target group, and Place (QQTTP targeting)

Quality - The kind (or nature) of the change, (how well)

Quantity - The scope/extent of the change, (how much, how many)

Timing - When the change should have taken place. (by when)

Target group -(for whom)

Place - Location (where)

	Quality	Quantity	Time	Target group	location
	The kind (or nature) of the change, (how well)	how many	by when	for whom	where
SPECIFIC TARGET To promote access to health and a life free of violence, through the creation and implementation of a system of medical and psychological assistance, for the refugee population victim of the Syrian conflict, with special emphasis on women.					
Within 3 months of the start of the project, two fixed clinics and one mobile clinic are equipped and provide quality services to refugees in highly vulnerable situations (I.O.V.1.O.E)	equip and provide quality services	two fixed clinics and one mobile clinic are	Within 3 months of the start of the project,	to refugees in highly vulnerable situations	
At the end of the project, 3,600 medical consultations have been carried out. (*I.O.V.2.O.E)*		3,600 medical consultations	At the end of the project		

[12]Government of The Republic of Serbia EU Integration Office (2011). Guide to The Logical Framework Approach: A Key Tool for Project Cycle Management, Second Edition

	Quality	Quantity	Time	Target group	location
	The kind (or nature) of the change, (how well)	how many	by when	for whom	where
At the end of the project, at least 80% of attending patients will declare that they are satisfied with the service provided. *(I.O.V.3.O.E)*	declare that they are satisfied with the service provided.	at least 80% of attending patients	*At* the end of the project,	attending patients	
At the end of the project, at least 360 women learn, identify and know where to ask for help in case of gender-based violence. *(I.O.V.4.O.E)*	learn, identify and know where to ask for help in case of gender-based violence.	at least 360 women	*At* the end of the project,	women	
Outcome 1: Creation of health care spaces and services that promote the right to health among the highly vulnerable refugee population of 10 informal settlements in southern Lebanon.					
I.O.V.1. R.1.:At the end of the project, at least 400 women will have completed the Pap test. Option: At the end of the project at least 60% of women who have been diagnosed with symptoms of cervical disease or illness receive appropriate/successful treatment.	completed the Pap test	400 women	*At the* end of the project		
I.O.V.2. R.1.At the end of the project, at least 400 women will have undergone mammograms Option: something similar to above	undergone mammograms	400 women	*At the* end of the project		
I.O.V.3.R.1.: At the end of the project, at least 400 follow-up gynecological visits will have been carried out.	carried out.	400 follow-up gynecological visits	***At*** the end of the project,		
I.O.V.4.R.1.: At the end of the project 150 children will have been circumcised.		150 children	At the end of the project	children	
All [degradable]medical waste will be collected at the Beam of Environment (Shoa'a Al Bia'a) collection centre in Sarafand. *I.O.V.5. R.1*		All degradable medical waste			Beam of Environment collection centre in Sarafand.

	Quality	Quantity	Time	Target group	location
	The kind (or nature) of the change, (how well)	how many	by when	for whom	where
Outcome/Result 2 Provide a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in southern Lebanon.					
At the end of the project, at least 360 women will know the local resources for psychological support and know, identify and know where to ask for help in case of gender-based violence. (I.O.V.1.R.2)	know the local resources for psychological support and know, identify and know where to ask for help in case of gender-based violence.	at least 360 women	***At*** the end of the project,	women	
I.O.V.2.R.2.: At the end of the project, at least 90 women who have suffered gender-based violence have been identified and psychologically supported through visits to safe sites	have been identified and psychologically supported	at least 90 women	***At*** the end of the project	Women who have suffered gender-based violence	
I.O.V.3. R.2.: At the end of the project, at least 90 women who have suffered gender-based violence have been advised on the possibilities of being able to legally prosecute their abuser and/or rapist.	have been advised on the possibilities of being able to legally prosecute their abuser and/or rapist.	at least 90 women	***At*** the end of the project	Women who have suffered gender-based violence	
I.O.V.4.R.2.: At the end of the project, at least 20 per cent of identified women who have suffered gender-based violence have initiated divorce proceedings and/or have requested protective measures such as restraining orders.	initiated divorce proceedings and/or have requested protective measures such as restraining orders	at least 20 per cent	At the end of the project	women who have suffered gender-based violence	
RESULT 3 Sensitize the refugee population in 10 informal settlements in South Lebanon on sexual and reproductive rights, gender equity and promote the construction of peace through the collection of testimonies and their international dissemination.					
I.O.V.1.R.3 At the end of the project 1200 people have attended sessions on sexual and reproductive health and gender-based violence.	attended sessions on sexual and reproductive health and gender-based violence.	1200 people	At the end of the project	people	

	Quality	Quantity	Time	Target group	location
	The kind (or nature) of the change, (how well)	how many	by when	for whom	where
I.O.V.2.R.3 At the end of the project, at least 80% of sensitized people state that they assume, understand and apply the new practices in sexual and reproductive health and gender approach learned.	state that they assume, understand and apply the new practices in sexual and reproductive health and gender approach learned.	80% of sensitized people	***At*** the end of the project	people	
I.O.V.3.R.3 At the end of the project, testimonies of women victims of violence and the sexual and reproductive health situation in informal settlements have been disseminated at the local, national and international levels.	Testimonies		***At*** the end of the project	women victims of violence	informal settlements

7.4 Review of Project Monitoring and Compliance Documents

Title of Template/Sample	Description of Required Information	Remarks
Medical Services		
1. Doctor Monthly Work Schedule in South Lebanon (A)	Name, month, year, table of consultation locations, dates and fees	Absence of slot requiring doctor's signature and date of submission of report
2. Midwife Monthly Work Schedule in South Lebanon clinics (A)	Name, month, year with table of work time by location, date, day of the week, start and end time, signature	
3. Monthly Medication Dispensation Sheet (A)	Location, date, Table by medication name and quantity dispensed	Absence of slot indicating signatory and date of submission of report.
4. [Medical] Supply Request (A)	Location, date, with table listing type of supply, quantity, and remarks; Requires signed and dated comments of center coordinator, project coordinator and PARD director	
5. Monthly Report on Mobile Clinic (A)	Location, date, table listing type of service and number delivered, tables listing total number of women and baby beneficiaries, no. of beneficiaries by nationality, list of type and number of cases and diseases treated	Absence of requirement for signature and date of submission
Awareness Raising Workshops		
6. Awareness Raising workshop attendance sheets (A)	Title of workshop, date and location, Group no. list of participants with name nationality and signature	
7. Awareness Raising workshop brief (A)	Location, date, topic, number of attendees, name and signature of community health worker	
8. [Beneficiary] Evaluation Sheet (A)	Subject of Workshop, Date, location, table with columns for questions, No. & percentage of correct and incorrect	Unsigned, tests beneficiary knowledge after awareness raising workshops. Total results, by gathering and by type of workshop were not reported in PARD final progress report.
Psychosocial Counselling		
9. Psychotherapy Group Session Plan (A, E)	Trainer, subject, location and date. With table showing Objectives of session, content, duration of each component with description of animation and evaluation methods and with signed attendance sheets	

Title of Template/Sample	Description of Required Information	Remarks
10. Page 4 of Follow-up visit [Presumed to be intended for GBV case management file] (E)	Box for follow visit: Case No., Date of visit, Present situation / Development of Problem, Intervention during visit, Response to intervention/symptoms, Coping with strategies, Protection Strategies, Referral; Box for Closure of file: Cause / Reason, Situation of case, symptom of case, Recommendations	Only English language titles and unclear whether Arabic internal case management forms exist. PARD final report does not mention how many GBV case files were closed, if any.
11. [GBV] Referral form (A)	Level of urgency; Part 1: date, [Referral From] location, name of PSS Senior Officer; [Referral To] Name of Service Provider; Case code, address, age; Reason of Referral, Symptoms; Date of Referral; Part 2 Follow up: Kind of communication, Date, results, recommendations	
12. Questionnaire of Psychological Consultation – First Visit (E)	Case Code, Center, Area, Name of specialist, Date of first visit of specialist, Date of first visit to listening center; 1. Information about the case: 2. Information about the family; 3. Grievance / Complaint: 4. History of Case; 5. Environment – Work – Social Relations; 6. Resources – Intervention Strategies – Relations – Protection Organizations; 7. Additional Information; 8. Intervention Plan	Only in English – and not accessible for review by relevant Arabic speaking reviewers especially with regard to the technical nature of the vocabulary

7.5 Evaluation Terms of Reference

Attached Separately

7.6 Medical Services, Counselling and Workshops by FGD Respondent Age Group

	All (N=72)		18-25 (N=14)		26-35 (N=21)		36 -55 (N=27)		56+ (N= 9)	
Medical Services	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Gynecological consultations	59	82	11	79	17	81	22	81	7	78
Obstetrics Consultations	22	31	6	43	9	43	8	30	1	11
intrauterine device	8	11	1	7	3	14	3	11	1	11
Urine Test (Albumin test)	12	17	4	29	4	19	3	11	1	11
Examination for IUD	5	7	0	0	1	5	2	7	1	11
Pap Test	29	40	0	0	3	14	14	52	6	67
Ultrasound Gynecology	26	36	4	29	10	48	10	37	2	22
Mammograms	21	29	0	0	1	5	14	52	6	67
Ultrasound Obstetrics	18	25	5	36	7	33	5	19	1	11
Pregnancy test	7	10	3	21	1	5	3	11	0	0
wound Dressing	4	6	0	0	1	5	2	7	1	11
Circumcision	4	6	3	21	0	0	1	4	0	0
Cervical Periscope	3	4	0	0	0	0	2	7	1	11
Cervical Cauterization	2	3	0	0	0	0	1	4	1	11
Family Planning	36	50	5	36	11	52	18	67	1	11
PSS Counselling	34	47	2	14	7	33	18	67	6	67
RH Workshops	53	74	7	50	14	67	23	85	9	100
GBV Workshops	37	51	5	36	7	33	16	59	9	100

7.7 Field Work Schedule

Location	Date	Time	Interviewees
Remote	13 March	4 PM	Key Informant, Aziza Khalidi, public health expert
Sekke Center	Wednesday 17 March	10 -11 AM	One FGD with beneficiary women aged **26-45** from Sekke
Saida Center		11.30 AM-1.30 PM	One group interview with project Team (PARD Director, Programme Manager, Project Coordinator, Psychologist, Community Health Worker and Midwife
Maachouk Center	Saturday 20 March	10 -11 AM	One FGD with beneficiary women aged **26-45** Maachouk & Jal El Bahr
		11.30 AM-12.30 PM	One FGD with beneficiary women **aged 18-25** from Maachouk & Jal El Bahr
		1 PM – 2 PM	One FGD with members of Women's Committees in Maachouk & Jal El Bahr
	Monday 22 March	10 – 11.30 AM	One Individual interview with GBV survivor benefitting from psychosocial support
		12 – 1 PM	Group Interview with representatives of Popular Committees: Maachouk, Abu Al Aswad- Kfarbadda – Jim Jim, Qasmiyeh and Itanieh
Shabriha Center	Wednesday 24 March	10 -11 AM	One FGD with beneficiary women aged **26-45** from Shabriha, Qasmiyeh, and Burghliyeh
		11.30 AM-12.30 PM	One FGD with members of Women's Committees in Shabriha, Qasmiyeh, and Burghliyeh
	Thursday 25 March	10 – 11.30 AM	One Individual interview with GBV survivor benefitting from psychosocial support
		12 – 1 PM	One FGD with beneficiary women **aged 18-25** from Shabriha, Qasmiyeh, and Burghliyeh
Jim Jim Center	Monday 29 March	10 -11 AM	One FGD with beneficiary women aged **26-45** Jim Jim, Kfarbadda, Itanieh, and Wasta
		11.30 AM-12.30 PM	One FGD with beneficiary women **aged 18-25** from Jim Jim, Kfarbadda, Itanieh, and Wasta;
	Wednesday 31 March	10 – 11.30 AM	One Individual interview with GBV survivor benefitting from psychosocial support
		12 – 1 PM	One FGD with members of PARD Women's Committees in Jim Jim, Kfarbadda, Itanieh, and Wasta
Saida Center		1.30 PM	Key Informant, Dr. Ismail Haidar, Pediatrician

7.8 FGD Guide

1. **Purpose of the Evaluation:**
   To review and evaluate the effectiveness and impact of PARD health activities in the community from your point of view. **We want to hear your voices.**
2. **Confidentiality**

The evaluation will not name individual participants as the source of information, and any quotation will only cite this meeting as a source

3. **Permission to Record**

May I record our interview? The recording will be saved securely for the duration of this assignment and it will be destroyed thereafter. It will be treated as confidential.

Evaluation Criteria	**Interview questions**
	Let's get to know each other: name, residence, employment.
	1. How did you learn about PARD and what made you join their activities?
Relevance	2. What are the main problems affecting the reproductive health of women in your community? 3. What are the main problems affecting well-being and good mental health in your community?
Effectiveness	4. Which PARD activity did you find most useful? What activity needs to be improved? 5. Which workshop topics did you prefer the most? Why? 6. Do you feel that PARD protects your privacy sufficiently and keeps you safe? 7. how does the center follow-up on your situation and how often? To what extent are you satisfied with the follow-up?
Efficiency	8. To what extent does the center consult with you about the service they offer and the extent of your satisfaction with the results; 9. To what extent Do you feel that the service is well-organized and timely?
Impact	10. What are the new things that you have learned through attending/benefiting from PARD activities? 11. What new things are you doing since learning about them?
Lessons Learned	12. What advice would you give to others on reproductive health issues and on reducing gender based violence?

7.9 Interview Guide

Popular Committees

4. **Purpose of the Evaluation:**
   - To review and evaluate the effectiveness and impact of PARD activities in community from your point of view.
5. **Confidentiality&Permission to Record**

The evaluation will not name individual participants as the source of information, and any quotation will only cite this meeting as a source

May I record our interview? The recording will be saved securely for the duration of this assignment and it will be destroyed thereafter. It will be treated as confidential.

Evaluation Criteria	**Interview questions**
	1. Please introduce yourselves name and position and gathering
Effectiveness	2. In your opinion how successful has the project been? What were its most useful results? what was the least useful?|
Relevance	3. To what extent Do you feel that the project addresses the main problems of women's health in the gatherings? Probe: SRHR, Violence 4. To what extent did you participate in the conception of the project? How did you participate in monitoring and evaluation? 5. What is your opinion of the Women's Committees?
Impact	6.. What changes has the program made in the lives of beneficiaries and their families and the community?
Sustainability & Viability	7. What kind of Strategies can be developed to maintain the sustainability of the intervention in the territory over time?
Recommendations	8. What recommendations do you have for PARD to develop the project?
Additional Comments	9. Do you have additional comments to make on the project?

7.10 Profile of FGD Respondents

1. Residence

Gathering	#	%
Burghliyeh =	2	3
Jal El Bahr =	2	3
Jim Jim =	3	4
Kfarbadda	4	6
Itanieh =	5	7
Qasmiyeh	8	11
Sekke	9	13
Shabriha	11	15
Wasta	11	15
Maachouk	17	24
Total	**72**	100

2. Age

Age	#	%
18-25	14	19
26-35	21	29
36 - 55	27	38
56+	9	13
NA	1	1
Total	**72**	100

3. Nationality

Nationality	#	%
Lebanese	5	7
PRL	43	61
PRS	1	1
Syrian	22	31
Total	**71**	**100**

4. Educational Level

Educational Level	**#**	**%**
Not literate	3	4
Read & Write	3	4
Elementary	11	15
Intermediate	33	46
Secondary	14	19
University	6	8
NA	2	3
Total	**72**	**100**

5. Household Size

Household Size	**#**	**%**
1 to 3 members	17	24
4 to 6 members	34	47
7 + members	12	17
NA	9	13
Total	**72**	**100**

6. Marital Status

Marital Status	**#**	**%**
Divorced	6	8
Engaged	1	1
Married	51	71
Separated	2	3
Single	9	13
Widowed	3	4
Total	**72**	**100**

7. Age at Marriage

Age at Marriage (N=60)	#	%
17 years and below	17	28
18-25	34	57
26-35	6	10
NA	3	5
Total	60	100

8. Number of Children

Number of children	**#**	**%**
1 to 2	16	28
3 to 4	19	33
5 to 6	13	22
7 and above	4	7
NA	6	10
Total women with children	**58**	**100**

9. Age at first delivery

Age at first delivery (N=58)	#	%
17 year and below	14	24
18-25	31	53
26-35	8	14
36+	2	3
NA	3	5
Total	58	100