



MEDICAL AND PSYCHOSOCIAL ASSISTANCE TO THE REFUGEE POPULATION IN SOUTHERN LEBANON: EVALUATION OF PHASE THREE

Conducted for Popular Aid for Relief and Development (PARD) and
Nazioarteko Elkartazuna – Solidaridad Internacional

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Executive Summary

Introduction

This executive summary presents the main results of the evaluation of the third phase of the Popular Aid for Relief and Development (PARD) and Nazioarteko Elkartasuna-Solidaridad Internacional (NESI) project entitled, “Medical and Psychosocial Assistance to the Refugee Population in Southern Lebanon.” The project was established to provide health and psychosocial services to ten informal gatherings comprised of mostly Palestinian and Syrian refugees in the Saida and Sour areas of the south and was funded by The Basque Agency for development cooperation. The third phase took place between December 30, 2021 and March 29, 2023.

Methods

The evaluation was summative and formative in nature and addressed both process and outcome indicators. Extensive desk review of agency documents, related international agency reports, and scientific literature was performed. One-to-one interviews were conducted with the NESI project officer and five PARD agency staff, and eight focus groups were held with a total of 64 participants. Qualitative data were compiled and analyzed using MAXQDA. The framework used for analysis followed eight evaluation criteria developed by the Organization for Economic Cooperation and Development (OECD). Behavioral impact could only be assessed by self-report of beneficiaries as there was no longitudinal component to the evaluation design. Changes in knowledge levels were assessed by pre- post- tests in workshop settings.

Description of the intervention

The overall aim of the project was to promote access to health and a life free of violence, with a special emphasis on women in the ten identified gatherings. Specifically, the project focused on three outcomes: 1) the creation of safe spaces and women’s health services, 2) the provision of psychosocial care for women survivors of gender-based violence (GBV), and 3) the empowerment of women through training on life skills and provision of vocational training in nursing.

The health services component provided clinical services through two fixed clinics and a mobile clinic that provided obstetric, gynecologic and family planning services. Breast and cervical cancer screening campaigns were also conducted. Psychosocial care was provided through individual counseling both in-person and through a telephone hotline, as well as group counseling and education. The empowerment component in phase three consisted of awareness sessions on conflict resolution, communication, self-confidence and preparation for employment. Vocational training in nursing (professional and auxiliary) was carried out through contract with the Afak Institute.

Results

Logic model and project plan

Program logic was well-developed, however some modifications to increase clarity are recommended. For example, medical services should be expressed in terms of number of visits, with an estimated number of planned consultations and procedures for each. Number of women beneficiaries should also be noted, given that there may be multiple visits for some women. .

Relevance

The interventions planned are clearly relevant to the situation. The populations in the gatherings are living in chronically distressed conditions. As Palestinian and Syrian refugees, they have access to only casual or seasonal labor to sustain basic needs, and their situation has worsened considerably over the past few years. Lebanon's economic collapse, with currency depreciation of 98%, and chronic shortages in fuel, medicine, and electricity have exacerbated the already difficult conditions in the gatherings.

UNRWA does not provide basic health services in the gatherings, as they are not formal Palestinian camps. For Syrians, some have access to other United Nations services (UNHCR), but health care is also not located in the gatherings. Traveling outside the gatherings for care is difficult because of the costs of transportation. Also, lack of awareness of the importance of self-care causes women to prioritize health care needs of other family members over their own. Women also repeatedly articulated the need for child health services in the gatherings.

The prevalence of gender-based violence (GBV) has risen with the economic stresses and the lockdown measures necessary during COVID-19. Psychosocial assistance and empowerment-related education have been shown to be beneficial for women survivors of GBV. Women in the communities are either unaware or reluctant to seek out resources to deal with GBV.

Effectiveness and Efficiency

The interventions were effective. Given the need for women's health care, cancer screening, and need for access to resources to address GBV, the project planned and delivered over 5600 medical services to over 2500 women, and over 500 mammograms, and pap tests with follow-up for all. A total of 40 workshops with 476 participants were held on the empowerment-related topics noted above. Over 500 women participated in awareness workshops on GBV, and over 120 GBV survivors received psychosocial support and referrals for legal advice. A total of 13 women completed vocational training in nursing, with several more continuing their studies. The integration of women's health care with empowerment-related education and identification and treatment of GBV is a strong feature of the program.

Services were cost-effective, and the program coped with inflation due to removal of fuel and medicine subsidies without exceeding the allocated budget.

Patients were satisfied with the services, although it is recommended that the patient satisfaction survey be expanded slightly to cover additional aspects of satisfaction such as relationship with the provider and participation in care.

Interventions were monitored carefully and recording of interventions was complete. Digitalization of patient records is underway and should be continued. If possible, a single patient record that links all treatment conducted for an individual patient, should be developed.

It is also recommended that the project review the age and frequency guidelines for breast and cervical cancer screening that are published by the Lebanese Ministry of health and World Health Organization.

Alignment and Coherence

The project aligns successfully with the UN systems by filling gaps in services offered by them. Coordination with other NGOs takes place through the South Lebanon gathering group. Referral pathways are specified for breast and cervical cancer screening using UNRWA or UNHCR, however there are gaps, especially for unregistered Syrians. For GBV survivors coordinated follow-up is conducted.

Participation

The project benefits from participation from a network of strong women's committees in each gathering. There is frequent communication between the committees and the director and project staff. The committees participate in an "Identification Process" that prioritized need and specify activities. The committees are involved throughout the project cycle.

Impact

Result one: Medical Services

Breast and cervical cancer screening along with women's health consultations had a positive impact on women's health, and there was evidence that women have become more aware of the importance of preventive health. At the same time, the clinic is sometimes seen solely as a source of medication (sometimes needed and sometimes not). Awareness sessions on medications could address this issue.

Result two: Psychosocial care for GBV survivors

The one-to-one counseling and group therapy sessions with women GBV survivors was clearly beneficial to their ability to cope with their situation, based on review of patient statements and focus group results. Awareness sessions about GBV resulted in increased beneficiary knowledge of local resources, based on session evaluation and focus group responses. A focused intervention on early marriage resulted in substantial change in a pre- post- evaluation.

Result three: Empowerment through awareness sessions and vocational training

Almost all women trained reported understanding skills addressed in awareness sessions, based on knowledge tests. In focus groups, women reported real gains in self-confidence and were able to supply examples, both within and outside the family. Even though these results are based on self-report, they seem to represent application of learned behaviors. Most importantly the awareness sessions represented an opportunity for women to share experiences, gain

"If nothing changed because of the awareness sessions, you wouldn't see us here telling our opinion with this confidence. When we started, there were only five women. Now you will see 25 women in the sessions."

insight and eventually chart a course toward greater empowerment. The nursing training component was successful for women involved. Many other women requested training or supplies for business activities such as sewing and food preservation.

Sustainability

The strength of the women's committees in the gatherings represents a significant local capacity. Also, the integration of educational sessions and psychosocial support has resulted in empowerment-related changes that have begun to diffuse beyond the direct beneficiaries of the interventions.

Conclusions

The public health and community education program undertaken by PARD and NESI is sophisticated in its planning and successful in its implementation. It has made and continues to make a substantial contribution to the health and well-being of women in the ten gatherings.

Recommendations

The following recommendations range from specific modifications in the administrative realm to broader and more aspirational goals. They should be taken in the context of the overall programming in the gatherings.

Program plan

1. Simplify and clarify levels in logic model according to the detailed suggestions outlined in the text. Targets for medical services are better expressed in terms of woman beneficiaries who receive an estimated number of visits, as the objective of the project is to improve the well-being of women in the population, rather than deliver a targeted number of services.
2. Consider conducting an assessment of the need for child health services in the gatherings, considering the economic situation resulting in lack of funds for transportation and overcrowding at UNRWA clinics.
3. Implementation of awareness sessions on appropriate use of medications is recommended. Key learnings would include the harm of antibiotic overuse, and the appropriateness of Panadol for many childhood and adult illnesses, including colds and fever.
4. Additional formal vocational training could be included. The resumption of previous training activities for home-based income-generation projects such as sewing and home-canned foods (mooneh) production were requested and should be renewed if possible.

Quality of care

5. Review PARD Reproductive and Sexual Health protocol and add guidelines for mammography. It is recommended to consider the Lebanese ministry of health guidelines which recommend routine mammograms begin at age 40. WHO recommendations recommend HPV testing, however if cytology alone (pap smear) is available, screening should begin at age 30 and repeated every three years. Annual gynecologic exams should still be continued.
6. The use of the WHO essential medicines list, including the use of generic medications is recommended.
7. If resources permit, a single patient record linking medical and psychosocial care would be beneficial, allowing more integrated care.

Monitoring and Evaluation

8. Consider expanding the patient satisfaction survey to cover domains such as information given, relationship with the provider, and participation in care.
9. Consider sampling the population to assess patient satisfaction, rather than surveying all patients. A sample of 750 from 2500 patient visits would give a margin of error +/- 3% at the targeted level of 80%
10. Given adequate resources, consider alternate methods of evaluation of particular aspects of the program. These would employ a stronger design, with pre- and post- measurements of both attitudes and behaviors.
 - a. Explore the use standardized questionnaires for assessing stress and depression, and increased agency and self-confidence. Several have been validated in Arabic-speaking populations and translated into Arabic.

List of Acronyms

CEDAW	Committee on Elimination of Discrimination against Women
CRC	United Nations Convention on the Rights of the Child
FG	Focus groups
GBV	Gender-based violence
KAFA	Enough Violence and Exploitation
MEAL	Monitoring, Evaluation and Learning
NGO	Non-governmental Organization
NESI	Nazioarteko Elkartazuna - Solidaridad Internacional
OECD	Organization for Economic Cooperation and Development
PARD	Popular Aid for Relief and Development
SMED	Survival Minimum Expenditure Basket
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFIL	United Nations Interim Force in Lebanon
UNDP	United Nations Development Program
WHO	World Health Organization

Introduction

This document presents the results of an evaluation of the third year of the Popular Aid for Relief and Development (PARD) and Nazioarteko Elkartasuna-Solidaridad Internacional (NESI), project “Medical and Psychosocial Assistance to the Refugee Population in Southern Lebanon.” This project has delivered health and psychosocial services in ten informal gatherings in South Lebanon (Saida/Sidon and the Sour/Tyre area). It was funded by The Basque Agency for development Cooperation .

Residents of these gatherings are mostly Palestinian and Syrian refugees, and have lived under very difficult and precarious conditions for many years. Most families have traditionally relied on remittances or seasonal labor to meet basic needs, and recent rapid inflation has dramatically increased the costs of bread, fuel and medicine. Of course, there has been no concomitant increase in income, with the collapsing Lebanese economy presenting decreased opportunities for work. Difficulty in meeting even basic needs has increased sharply, illustrated by a recent survey documenting that poverty rates have reached 93% among Palestinians.¹ In addition, as the gatherings are not formal Palestinian camps, there is no United Nations (UNRWA)-provided health infrastructure traditionally present in Palestinian camps (such as health clinics), and in addition, Syrians would not be eligible for these services even were they present. Women have been particularly hard-hit by the general circumstances. In crisis, women refugees will traditionally neglect their health, especially with regard to preventive services.² Trauma and displacement also can lead to gender-based violence (GBV)³ because of family stress exacerbated by poverty and precarity.⁴ To address some of the most pressing issues in these communities, PARD and NESI embarked on a three-pronged project comprising women’s health care, provision of psychosocial support, and training for on empowerment, designed in collaboration with each community. The project uses a public health community-based approach, providing primary women’s health care and also emphasizing prevention through general health education and breast and cervical cancer screening. Crucially, the project also provides psychosocial care, again on two levels- prevention and treatment. Prevention programs focus on education on GBV, child marriage, and dealing with overall stress, and treatment is provided through a telephone hotline and one-to-one or group therapy sessions for GBV survivors and any other women facing psychological problems.

An overarching strategy of the project is to empower women through educational and action-oriented interventions related to self-confidence, self-actualization, negotiating skills, conflict resolution, leadership skills, and vocational training in nursing. These strategies operate across different levels – the individual, the family, and the community, as well as the broader economic, social, and political spheres of life, and PARD’s interventions cross-cut these levels in an integrated fashion.

Objectives

There are four main areas of focus in the evaluation:

- To assess the project from a macroscopic point of view, addressing issues of relevance, effectiveness, efficiency, alignment, participation, coherence, impact, sustainability, and response to a changing context, with a special focus on women's empowerment.
- To assess whether the project objectives were achieved, along with strengths and weaknesses in the design, implementation and monitoring stages.
- To generate a set of recommendations and lessons learned to guide ongoing work.
- To promote a culture of quality improvement in design, implementation, measurability and impact of interventions implemented by NESI and PARD.

Methods

The evaluation is both summative and formative. It is summative in that it will review and summarize project design, implementation and accomplishments over the past year. It is formative as it will attempt to generate concrete recommendations that can be used to modify future work for the organization and its partners. In addition, the evaluation will address both process indicators ("Did the project do what it set out to do?") and impact indicators ("What difference did the project make?").

The evaluation used a consultative and participatory approach. Stakeholders were involved in the evaluation, and were invited to comment on or add important criteria by which the project was evaluated. Confidentiality and elements of consent were assured throughout, in order that beneficiaries felt free to participate. The results of the evaluation were presented and discussed with PARD staff and the NESI project officer.

Desk review

All documents related to the project were reviewed to have an accurate knowledge of the context in which the project has operated, to gain in-depth knowledge of the interventions, and to refine the data collection instruments. A list of documents reviewed is included as Annex One. An evaluation matrix was developed that included evaluation criteria mapped to relevant questions, indicators that operationalize these questions, and a proposal to collect information for each objective. The matrix is included as Annex Two.

Primary data collection

Sampling: All relevant personnel, such as the NESI project officer, the PARD director, the project coordinator, the midwife, the psychologist, and the community health worker were interviewed without need of sampling.

Purposive sampling was used to constitute eight focus groups (FG) for discussions by beneficiaries. The evaluator consulted with the project coordinator and the staff regarding beneficiaries in two age groups (18-30, and 31 and over) within each settlement. Number and characteristics of FG participants is described below.

Data collection: Instruments were developed using the project logic model, as well as the modified OECD criteria and the gender analysis tool. All data collection instruments are appended in Annex Three. Instruments were provided to translation staff prior to the interviews. During data collection, Arabic and English were both used, with translation support provided by a bilingual staff.

Interviews and discussions were taped with the consent of the participant(s) and translated responses were transcribed and loaded into MAXQDA® for analysis. Between October 5 and 13, the PARD director, project coordinator, midwife, community health worker, and psychologist were interviewed. The NESI project officer was interviewed in January, 2023.

Focus group discussions: A total of eight focus group discussions were held with 64 general beneficiaries and seven nursing students between October 6 and 13, 2022. Discussions were held in the settlements of Maashouk, Shabriha, or Jim Jeem, or at the PARD office.

Characteristics of Focus Group participants: The following analysis was conducted on the 64 general beneficiaries (including the women’s committee participants). The mean age of participants was 40, with a mean number of 3 children. A total of 73% were married, 23% single, with 2% each widowed and divorced. A total of 80% were Palestinian, 13% Lebanese, and 7% Syrian. Residence of the participants is shown in Table 1.

Settlement	Number	Percent
Maashouk	11	18%
Jal el Bahr	7	11%
Shabriha	2	3%
Burghliyah	2	3%
Qasmiyah	14	23%
Jim Jeem	1	2%
Kfar Bedda	3	5%
Wasta	8	13%
Aitaniyah	5	8%
Sikkeh	9	15%

Out of a possibility of five activities (clinic, mammography, pap smear, health education, and psychological support), the 64 women participants had attended a mean of 3 activities. A total of 23% had participated in all five activities, 16% in four, 22% in three, 27% in 2, 9% in one. A small number (3%) had missing data on number of activities.

The seven nursing students were between 16 and 19. Five were Palestinian (four from Lebanon and one from Syria) and two were Syrian.

Limitations

The evaluation had three main limitations. First, the impact of interventions that aim to increase empowerment is best measured with a pre-post design and precisely developed behavioral indicators. In this evaluation, empowerment was evaluated through statements and examples given by women beneficiaries regarding improvements in specific knowledge and behaviors related to empowerment (self-confidence, communication, and decision-making) and through knowledge-testing conducted after workshops. This method, retrospective self-report from a non-random sample, can contain greater bias than a larger, random sample that aims to capture behaviors. Second, the focus group discussions were held with a translator. It is possible that some of the nuances of participant communications were lost in the translation, however the evaluator has basic Arabic skills and frequently asked for clarification if

needed. Third, beneficiaries may be biased reporters as they may be reluctant to report negative experiences for fear of exclusion from future services.

Evaluator Profile

Dr. Barbara Pizacani holds a PhD in Epidemiology, a Master's degree in public health with a focus on Maternal-Child health and a Bachelor's degree in Nursing. She has worked in public health for more than 30 years, in areas of maternal child health, tobacco control, and program evaluation and has published much of her work in peer-reviewed journals. In addition, she coordinated public health programs in South Lebanon during the Lebanese Civil War, from 1984-1987, and much of that work took place in Ain-el-Helweh Camp near Saida (Sidon).

Description of the Intervention

Agency Background

The Popular Aid for Relief and Development (PARD) is an independent non-profit, rights-based grassroots organization founded in 1985. Its mission is to promote gender justice and the rights of marginalized and vulnerable groups especially in the Palestinian gatherings. PARD does so by providing access to healthcare, environmental health and education services, and by empowering women, youth, and children to practice their rights to participate effectively within their communities. PARD also provides support and relief to people affected by disasters.

As a rights-based, needs-responsive, participatory organization, PARD envisages that refugees in Lebanon enjoy civil and social rights and gender justice, and are empowered to participate meaningfully in life-determining decisions. In particular, it envisions Palestinians as full community members with right to participate effectively and equally within the society.

PARD is committed to accountability and transparency on crucial issues such as decision-making mechanisms, operations, finance and relations, and is committed to all relevant international agreements and conventions on human rights, such as CEDAW, CRC, the Beijing declaration and the Alma-Ata declarations. PARD is a member of SPHERE which has developed the most widely-recognized and comprehensive humanitarian standards for NGO operations, and PARD's director has additionally worked as an accredited SPHERE trainer.

Over the years, PARD's programs have changed, adjusting to the circumstances in the country and the gatherings. The activities evaluated in this document represent only one part of the overall program that includes environmental health services, (waste and water supply management), educational support through several kindergartens, and a substantial relief program through food vouchers or parcels and hygiene kits.

More importantly, its public health and empowerment work, one of its core strategies, has a far greater scope than is reflected in the activities reviewed in detail here. A few examples (not an exhaustive list) are described below:

- Implementation of workshops for women and youth to assess community needs and conduct community mapping

- Additional topics for empowerment training including participatory leadership
- Support of other types of vocational training -- graphic design, preschool education, sports coaching, hospitality, and accounting
- Training on First Aid
- Psychosocial activities for children focusing on emotional regulation, communication skills, and peer-to-peer and family relationships

Agency Organization and Management

The project is directed from PARD's Saida office. It is overseen by a full-time project coordinator who is responsible to PARD's director. She conducts all project monitoring, makes frequent site visits, and supervises all project staff. The staff for the project evaluated here consists of physician-gynecologist, a midwife, a psychologist, and a community health worker. All are employed full-time. PARD has additional staff relating to this and other projects including administrative staff, accounting staff, and a monitoring and evaluation (MEAL) unit.

Review of the Intervention

As described in the agency proposal, the project addresses the needs of the subject population, a highly vulnerable refugee population, mostly Palestinian and Syrian, living in ten informal settlements in southern Lebanon. The aim is to promote access to health and a life free of violence with special emphasis on women, through a strategy based on three components:

- Creation of health care services
- Psychosocial care for refugee women victims of violence.
- Women's empowerment through training on conflict resolution and peacebuilding and vocational training for young refugee women on nursing and auxiliary nursing

The overall objectives reflects PARD's rights-based approach. As outlined by the World Health Organization (WHO)⁵The WHO Constitution (1946) envisages "...the highest attainable standard of health as a fundamental right of every human being."

Through needs assessments conducted at several points within this project, it was determined that there was a clear need for primary health care services focusing on women's reproductive health, psychological support, and protection from exploitation and gender-based violence (GBV). To meet this need, a mobile clinic and two fixed clinics were established in phase one. In phase three, The project continued to provide medical consultations for gynecologic care, prenatal and postnatal services, and family planning to the population. Additionally, a campaign was launched for the early detection of breast and cervical cancers through the provision of mammograms and Pap smears. The program also provides psychological support in the form of private and group sessions for women, focusing on women survivors of GBV.

During this phase, the project continued to address women's empowerment through a series of workshops to improve skills in self-confidence, conflict resolution, communication and preparation for employment. In addition, nursing and auxiliary nursing training courses for young refugee women were

offered to improve these women's economic opportunity and social status, and to empower them with skills that would also benefit their families, communities and local populations.

Analysis of the Logic Model and Indicators

The agency outlined the project using a logic frame, displayed in columns with an Overall Objective, a Specific Objective, and Results One, Two and Three in the left column. Subsequent columns, from left to right were entitled Indicators, LB, Verification Sources, and External Factors.

Below is a critique of the strengths and recommended modifications of the logic frame. Annex Four shows the first two columns on the original logic model along with details of the suggested modifications described below.

Overall and Specific Objectives

First, the project's **Overall Objective** is described as: "To contribute to the full realization of the right to health of Syrian and Palestinian refugee women and youth in South Lebanon. As it is a general and overarching statement, it might better termed "**Primary Aim.**"

The logic frame then describes a **Specific Objective**: "Promote access to health and a life free of violence and child marriage, through medical and psychological assistance, for the refugee population in 10 informal settlements, with special emphasis on women." This objective might be better named a "**Secondary Aim**" to refer to the overall (or Primary)aim/objective above, and to distinguish it from activity-specific objectives that follow. In addition, the secondary aim lacks some specificity. A suggested form is as follows: Increase access to women's health care services, and modify causes and results of violence and child marriage in the ten informal settlements. This statement could also be easily combined with the Primary Aim above, for one overall Aim.

By removing the Specific Objective (now renamed Secondary Aim) from the internal part of the frame and moving it to the top, Result One (Create spaces and health care services that promote the right to health among the highly vulnerable refugee population in 10 informal settlements in South Lebanon) now is allowed to pertain to the relevant activities (termed indicators) to its right, such as medical consultations, patient satisfaction, and breast and cervical cancer screening.

In the next area of the logic frame, three activities were listed to the right of this objective (completion of 4500 medical consultations, and achievement of an 80% patient satisfaction rate for these consultations, and "80% of women in the nursing training courses obtained their certificates." The first two activities should be moved to Result One, and the third (on nursing training) should be moved to Result Three (Refugee women in 10 informal settlements in South Lebanon empowered and trained in professional nursing skills and promoted peace building through the collection and dissemination of testimonies. As noted, these suggestions have been detailed in Annex Four.

Comments on Specificity and Completeness of Indicators(Results One, Two and Three)

Result One: *Created spaces and health care services that promote the right to health among the highly vulnerable refugee population in 10 informal settlements in South Lebanon.*

I.O.V.1.O.E: At the end of the project, 4,500 medical consultations have been carried out.

- Wording would be better expressed as: “At the end of the project at least 2,500 women will receive gynecologic, family planning and/or pre- or post- natal care, in approximately 3,000 visits. Each woman will receive a consultation and one or more procedures, and may have repeat visits.
 - From a public health point of view, we are interested in how to improve the health and well-being of women in the population. It is best to phrase objectives in terms of how many women will benefit from services, rather than specifying the number of services each will receive.
 - The original indicator language specified services, rather than women beneficiaries. In fact, clinic documents showed that during each visit, a woman received both consultation with the medical provider and usually at least one other procedure. These were added together and termed “consultations,” causing some confusion.
 - During a visit, the clinician must decide what procedures are necessary during the consultation. Thus, procedures, such as ultrasounds, are difficult to set as targets.
 - Most importantly, this language omits an estimated targeted number of women beneficiaries.

I.O.V.1.R.1.: By the end of the project, at least 500 women will have taken the Pap test.

- Additional language with respect to age is recommended (between 30 and 64).

I.O.V.2.R.1.: By the end of the project, at least 500 women will have undergone mammograms.

- Additional language with respect to eligibility is recommended: At least 500 women will undergo either routine mammograms (if age 40 and over) or diagnostic mammograms (if recommended by the project physician).

I.O.V.3.R.1.: At least 500 gynecological follow-up visits will have been carried out by the end of the project.

- As noted by staff, this indicator refers to follow-up visits after mammography or pap tests. It would be helpful to specify this to differentiate it from the 4,500 consultations specified in **I.O.V.1.R.1.**

Result Two: *Provided a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in South Lebanon.*

I.O.V.1.R.2.: By the end of the project, at least 360 women will be aware of local resources for psychological support and know, identify and know where to ask for help in case of gender-based violence.

- Well-specified.

I.O.V.2.R.2.: By the end of the project, at least 90 women who have experienced gender-based violence, with a special focus on child marriage, have been identified and psychologically supported through safe site visits.

- Well-specified, however, in practice, many more women in the target population need and have received psychological support for depression and stress due to the severe conditions in the gatherings. The objective could be reworded to include services extended to those women.

I.O.V.3.R.2.: At the end of the project, at least 90 women who have suffered gender violence have been advised about the possibilities to legally prosecute their abuser and/or rapist.

- Well-specified.

Result Three: Refugee women in 10 informal settlements in South Lebanon empowered and trained in professional nursing skills and promoted peace building through the collection and dissemination of testimonies.

I.O.V.3 O.E. At the end of the project, at least 80% of the women participants in the training courses in nursing and nursing assistant obtain the professional certificate. (note this indicator was moved to correspond to the result).

- Well-specified

I. O.V.1.R.3. At the end of the project, 100 local women have been trained in empowerment and conflict resolution.

- Empowerment could be defined more specifically The specific covered in the workshops were self-confidence, communication, and conflict resolution, with some training on resumé writing for the nursing students. These skills are related to empowerment, but should be specified as such.

I.O.V.2.R.3 At the end of the project, at least 80% of the trainees report taking ownership, understanding and applying the empowerment and conflict resolution skills learned.

- Applying the skills learned could be more specifically operationalized using a time frame and a standard set of questions. Given sufficient resources, an additional verification source could be included to collect baseline information on behaviors related self-confidence or conflict resolution, and then a follow-up survey to interview a sample of women 6 months post-workshop to assess changes in behavior. Standardized and culturally validated questionnaires, which have been translated into Arabic and have been used in Arab countries, could be used.

Analysis

The following section presents the analysis of the information collected, using the OECD evaluation criteria. For each criterion, a set of corresponding indicators was developed.. The following results are

organized according to the developed indicators. After each indicator is reviewed, the result is summarized.

1.Relevance: Is the intervention doing the right thing?

Indicators:

- 1.1 Extent to which the strategies are based on pre-existing assessment of the situation, identification of needs, and alignment with previous experience and research
- 1.2 Alignment between expressed needs by participants and nature of objectives
- 1.3 Quality of SWOT analysis and extent to which objectives were appropriately tailored
- 1.4 Assessment of planned quantity of services, within budgetary constraints

Indicator 1.1: Extent to which the strategies are based on pre-existing assessment of the situation, identification of needs, and alignment with previous experience and research

In order to assess whether strategies are based on pre-existing assessments of the situation and identification of needs, the following reviews were conducted:

- Review of the externally produced situation reports by the World Bank and United Nations
- Review of the available peer-reviewed literature on breast and cervical cancer
- Review of work on GBV, psychosocial support, and strengthening women's empowerment.

Review of recent externally produced situation reports

As noted previously, It has been widely documented that the economic situation in Lebanon is dire. Rapid inflation has accompanied the collapse of the Lebanese pound in 2019. The situation has been characterized by the World Bank Group as among the worst economic crises since the nineteenth century.⁶ The crisis has been further intensified by the COVID-19 epidemic and the Port of Beirut explosion in 2020. As a result, more than half the country's population is likely below the poverty line. Unemployment in Lebanon increased from 11.4% in 2018-19 to 29.6% in 2022.

And these conditions apply to the country as a whole. The gatherings in which this health project are situated experience even greater hardship as already scarce opportunities for work shrink further. Additionally, the United Nations Relief and Works Agency for Palestine Refugees (UNWRA), the main provider of health and education services for Palestinians, has experienced deep cuts to its services. At a meeting of UNRWA's Advisory Committee held in Lebanon in June 2022, the UNRWA Commissioner-General expressed deep concern about the funding gap of approximately \$100 million for the remainder of the year. stating, "The stories we hear are heartbreaking... Over 80% of Palestine refugee infants do not receive dietary requirements for healthy growth."⁷

The situation for Syrian refugees living the gatherings is equally difficult. A recent United Nations Vulnerability Assessment estimated that 88% of Syrian refugee households are living below the Survival Minimum Expenditure Basket (SMEB), the absolute minimum amount required to cover lifesaving needs.⁸ In addition, In 2015, the Lebanese government no longer allowed refugees to register with the United Nations High Commissioner for Refugees (UNHCR). This resulted in a many of the displaced with

no legal residency in Lebanon, no United Nations protection, and no UNHCR services, such as cash assistance and subsidized health care.

Review of peer-reviewed literature on breast and cervical cancer

Breast cancer

Breast cancer is the most commonly reported cancer in woman, and the 2016 rate in Lebanon was 84 per 100,000 women. This is the highest rate in the Arab world, although still lower than most Western countries.⁹ Breast cancer in Lebanon also appears to present at a younger age– a median of age 50 compared to 63 in western countries¹⁰ though there is some controversy about this.¹¹ Although these trends may be partially attributed to the national breast cancer awareness and screening program in Lebanon, this may be only be a partial explanation. Risk factors for breast cancer such as older age at marriage, having fewer children, taking oral contraceptives, and smoking are more prevalent among many Lebanese women.

Separate statistics for Palestinian women in Lebanon are not available, but 2016 rates among Palestinian women in other locations were much lower -- 32 in Jordan and 14 in Palestine (per 100,000 women). As the populations of the gatherings are more similar to those in Jordan and Palestine with regard to risk factors, it is likely that rates are not as elevated as those reported in the Lebanese population. Nevertheless, in view of the lack of separate incidence rates for Palestinian women in Lebanon, it seems prudent that guidelines issued by the Lebanese Ministry of Health be followed.

Cervical Cancer

Cervical cancer was the tenth most common cancer In Lebanon between 2005 and 2016 with the rate fluctuating narrowly between 3.5 and 5.7 per 100,000 women. The rate was intermediate compared to other countries in the region. Among different age groups, the highest was in women 70-74, and the second highest was among women 50-59.¹² Cervical cancer is strongly related to human papillomavirus (HPV) infection, though other risk factors exist such as the presence of other sexually transmitted diseases, smoking, excess weight, oral contraceptive use and having had many children (high parity). In Lebanon, there is no national screening program for cervical cancer, and although the majority of Lebanese physicians perform pap smears, many do so only for patients who are symptomatic. Overall, estimates indicate approximately a 25% coverage, highly favoring the public sector.¹³ Clearly, low coverage concentrated mostly in the private sector leaves large numbers of women unscreened, resulting in later diagnosis and higher mortality.

Review of work on Gender-Based Violence, psychosocial support, and strengthening women's empowerment

Patriarchy and male dominance are prominent characteristics of Middle Eastern societies, indeed, of most societies to varying degrees. Patriarchy institutionalizes sexism and rigid gender role attitudes both in the family and in community institutions. The power differentials in patriarchal structures are maintained and reproduced by socialization. The system is then reinforced by an ideology rooted in the larger legal, cultural, and political spheres.¹⁴ The resultant conditions lead to the structural disempowerment of women and some authors have suggested that the system facilitates gender-based violence.¹⁵ Others point to the experience of war and violence in the current and recent time periods, and others to lack of resources as causes of GBV.¹⁶

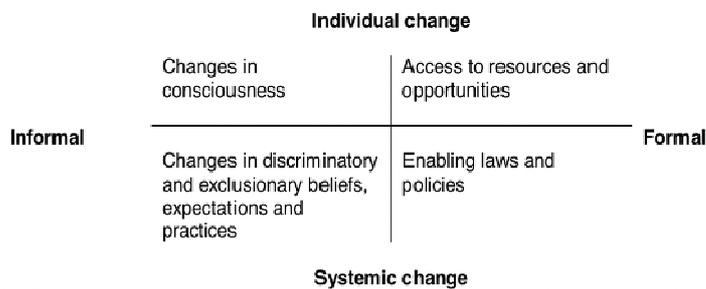
Whatever the causes, the PARD annual reports have established the existence of GBV in the gatherings for several years.^{17 18} Other studies have also documented the issue. Among pregnant women, one study reported that 59% of a sample of Palestinian women attending an UNRWA clinic said they had been emotionally or physically abused.¹⁹ Another study among Lebanese women presenting to primary care clinics reported that 35% reported experiencing domestic violence. In that study, verbal abuse and insult was the most common. Furthermore, those who reported violence had higher frequencies of physical symptoms than those who had not experienced violence.²⁰

Although prevalent before the advent of COVID-19 and the economic collapse, the situation has worsened since that time. Triangulated data from UNRWA indicate that incidents of domestic violence within Palestinian camps have risen and that children report witnessing these incidents within their households. Clearly, lockdown measures increase stress and provide opportunity for perpetrators to carry out acts of violence. They have also led to greater reliance on the internet and thus a greater exposure to online sexual harassment or women. According to year 2020 data collected by a KAFA, a Lebanese NGO working with survivors of GBV, the number of calls to their hotline increased three-fold, reaching an average of 950 calls on monthly basis during the fourth quarter.

The issue of child marriage is also an important facet of GBV. PARD has been focusing on this problem with the commission of a special study in 2020.²¹ That study noted that the rate of child marriage had quadrupled since the Syrian conflict started. Separately, a survey conducted by UNICEF in 2015-16 reported the prevalence of child marriage was 12% among Palestinian refugees in Lebanon, 25% among Palestinian refugees from Syria residing in Lebanon, and over 40% among Syrian refugees in Lebanon.²² The survey concluded that while there was a decrease in child marriage among all women, the prevalence was specifically increasing for Syrian women and Palestinian women from Syria living in Lebanon.²³ Clearly, the consequences of child marriage are significant, including the termination of educational and vocational pursuits, as well as physical and emotional risks associated with early pregnancy and childbearing.

Much work has been devoted to the connection between GBV (including child marriage) and subsequent anxiety, depression, post-traumatic stress syndrome and other mental health issues among women regardless of the national setting. Protective factors include psychosocial support, and “empowerment.”²⁴ Empowerment has been defined in many ways. One of the most widely accepted definitions is from Naila Kabeer, who emphasized the transformational aspect of empowerment. She said, “empowerment is the process by which those who have been denied the ability to make strategic life choices acquire such an ability.”²⁵ She and many other authors emphasize that empowerment is more than provision of resources to women so that they can become economically productive (though the latter is never detrimental). Empowerment entails internal changes whereby women become aware of their situation and collaborate and strategize to change their surrounding power relations. The model below, an adaptation of the Gender at Work framework by Cornwall²⁶ shows how the process works on the individual and collective levels.

Figure 1: Gender at Work Framework (adaptation by Cornwall)



The left side of the model showing “changes in consciousness” and “challenging wider discriminatory beliefs” are the key drivers of the changes that lie on the right hand side of the model. These changes in consciousness are an internal process, and feminist activists working on

empowerment emphasize that empowerment is not something that can be done *to* or *for* anyone else. The most effective role of external actors is not to try to empower women *per se*, but to facilitate: “to clear some of the obstacles, providing sign-posts, stiles, bridges and sustenance for those making those journeys.”²⁷ In addition, the importance of facilitating social support networks is key- these enable women to build critical consciousness, challenge taken-for-granted beliefs and strengthen their collective capacity.

In this vein, programs offering education that simultaneously build social support have been shown to help women and girls by reaffirming positive self-identities while living with persistent patriarchal and structural violence. For example, a study done among Palestinian women in the West Bank showed that women who had access to more robust social support and showed signs of agency and empowerment in their lives and were able to conserve good psychological functioning in the face of violence. Conversely, women with low social support and few opportunities to exercise agency were more susceptible to negative psychological outcomes when they were the target of GBV.²⁸

In addition, it has been shown that economic empowerment in the form of vocational training is protective against GBV, as it provides women with the means to support themselves and their children if a separation is necessary.²⁹

»» **Indicator 1.1 Results:**

- It is clear that these communities are in need of assistance on multiple levels and that the strategies employed by PARD are evidence-based and relevant to the situation. UNRWA health services are not available in the gatherings as they are not official camps, and as noted, they are experiencing deep cuts, making clinics overcrowded. Given the lack of cancer screening available in the gatherings and the serious nature of breast and cervical cancer, the initiation of these services filled a significant gap. In addition, the provision of pre- and post-natal services and gynecologic consultations through one mobile and two on-site fixed clinics also addresses a gap. Research has shown that distance to service is related

- to service utilization³⁰ and in this way, the population will be more likely to attain the WHO goal of four antenatal visits per pregnancy.
- In addition, the establishment of a system where women are seen frequently, in a private setting, with a female physician and midwife, provide the opportunity for screening and referral for GBV. This further strengthens the rationale for delivering these services. The project's provision of psychosocial services that integrate treatment for victims of GBV also avoids fragmentation of care.
 - The implementation of awareness sessions aimed at promoting self-confidence, communication and conflict resolution are key drivers of the first stages of empowerment: changes in consciousness. They also provide social support for women who attend. As such, these sessions are facilitating the process of change, and allowing the community to develop its own model of empowerment, rather than adopting an externally imposed one.
 - It should also be mentioned here that the worsening economic situation may be competing with health needs in terms of project relevance, and that poverty-reduction strategies be considered for further programming.

Indicator 1.2: Are the strategies based on expressed needs by participants and nature of objectives?

Results from Focus Group Discussions

The evaluator opened each focus group discussion asking about the main problem affecting the health of the community. The universal answer was, "the economic situation." The conversations went in two general directions after that. First, women described the mental and psychological stress they endure trying to meet the day-to-day needs of their families, and especially of their children. One woman said, "I sometimes just scream." Another said, "Sometimes I hit my child, even though I don't want to." A third said, "the economic situation is causing many more family problems because of stress."

It is important to also note that the psychological distress experienced by the Palestinian population is compounded by a lack of hope for the future. One woman said, "there is no future. People are trying to commit suicide. Or they are trying to leave in a boat even though they know the dangers." These sentiments were more often expressed by the younger women beneficiaries, even those who were pursuing their educations. One expressed a sense of futility; "Even if I finish school, where will I find a job?"

The second general direction was the more concrete connection between economic distress and material necessities. The cost of medicines was mentioned in almost every group discussion. One woman stated, "almost all of my husband's salary goes to medicine." The fact that PARD services are free, including medication, was appreciated.

Women beneficiaries, although grateful and satisfied with the women's health and psychosocial services provided, also asked for child health services. There are no longer any primary care services available in the gatherings (a previous service provided by the humanitarian arm of the United Nations Interim Force in Lebanon (UNIFIL) has apparently been discontinued. Women again expressed dissatisfaction with the UNRWA services saying, "They don't even examine the child, they just give Panadol."

» **Indicator 1.2 Results:** Strategies are clearly based on expressed needs by participants. The fundamental problem expressed by participants was the severe economic hardship they face in the day-to-day life. This need was articulated as a root cause of other needs: health care and psychosocial support. In the context of severe economic conditions, the provision of free health care, with medications at no cost is a valuable strategy, although many mentioned the need for pediatric services. Women were also clearly in support of the awareness and education sessions specifically on self-confidence and stress reduction.

Indicator 1.3: Quality of SWOT analysis and extent to which objectives were appropriately tailored

SWOT Analysis	
Strengths:	Internal positive attributes of the organization that can facilitate activities
Weaknesses:	Internal attributes of the organization that may hinder achievement of its activities and goals
Opportunities:	External conditions that may facilitate activities of the organization
Threats:	External conditions that may stand in the way of organization activities

A SWOT analysis is an assessment that reviews the strengths, weaknesses, opportunities and threats that lie in both the internal and external environment. A SWOT analysis should address the following points listed in the box to the right. Through interviews with staff, it is clear that PARD has taken into account the four dimensions of a SWOT analysis in its planning processes. A clear strength emphasized by staff is its

relationship with each Women’s Committee in the gatherings. The committees represent a community leadership infrastructure, and the partnership allows the programs to function smoothly and to tailor objectives with direct feedback. Examples of Internal weaknesses mentioned by staff include the change from paper-based monitoring procedures to electronic data collection and the initiation of a single patient record for some services. External opportunities identified by staff lie in the form of increased interest among younger women in the gatherings both in the form of interest in women’s committee membership and attendance at awareness sessions. Other opportunities lie in awareness-raising for men being trained as First-Aiders, given renewed funding for that activity. Threats identified lie in the extreme stress represented by economic conditions and the conservative patriarchal social structure of the gatherings. PARD clearly operates with these factors in mind, and has successfully tailored certain objectives to navigate that situation. Several examples lie in the care provided for victims of GBV. Home visits are conducted for women may be restricted to their home. Another is the establishment of a hotline (a direct telephone connection to the PARD psychologist). This provides women with a more easily accessible way to receive support, information and referral.

» **Indicator 1.3 Results:** Strengths, weaknesses, opportunities and threats were well-considered throughout the planning process and activities were tailored accordingly.

Indicator 1.4: Assessment of planned quantity of services, within budgetary constraints

Services were appropriate in scope, given that women are not widely familiar with breast and cervical cancer screening.).

The planned quantity services were kept mostly at the same level as the year before, which represents ability to use resources wisely. The withdrawal of government subsidies on fuel and medicine resulted in higher costs for the program, yet services at roughly the same levels were continued.

- » **Indicator 1.4 Results:** The planned targets were appropriate in scope given the context. The project also met the challenge of delivering the targeted quantity of services despite higher costs stemming from removal of subsidies.

2. Effectiveness: Is the intervention achieving its objectives?

Indicators:

- 2.1 What was the scope of the specific project objectives given the needs?
- 2.2 Did the services meet accepted medical and educational standards?
- 2.3 Were patients satisfied with services?
- 2.4 Were actions appropriately timed?
- 2.5 What mechanisms were put in place to solve problems?
- 2.6 Were progress reports timely and complete?

Indicator 2.1: What was the scope of the project given the needs?

The extreme economic stress in the gatherings due to the economic collapse in the gatherings have been described above. This has led to further neglect by women of their sexual and reproductive health, and poorer overall health status. There are over 3,000 women in the gatherings who need yearly mammograms, and over 7,000 that should have annual gynecologic exams that may include a pap smear, according to WHO standards. It is unknown how many women in the gatherings may seek care elsewhere, but it is clear that UNRWA services are limited, and women have few resources to pay for private care. That said, it is unlikely that the project could perform more mammograms and pap smears even given unlimited resources because of the lack of awareness of the need for screening.

It is important to note the expressed need for pediatric services. This is a gap expressed by women and not currently addressed in the gatherings.

» Indicator 2.1 Results:

- Regarding women's health care services, the goals of several hundred mammograms and pap smears are appropriate, given the need for awareness raising. It is already evident that as women are starting to share their positive experiences with others, facilitating expanded services in the future.
- The project might consider seeking a way to add pediatric services.

Indicator 2.2: Did the services meet accepted medical and educational standards?

Medical standards

As reported by the gynecologist, routine mammography is performed on "older women" unless there is an indication otherwise. It was not clear whether the recommended age of 40 established by the Lebanese Ministry of Health was used. That recommendation is that routine screening should start age 40, and for as long as a woman is in good health, an annual clinical breast exam and mammography are

recommended. Women with known genetic family history of breast cancer should start screening ten years earlier than the family member was when diagnosed, or earlier depending on medical advice.³¹

In addition, the current WHO recommendation for prevention of cervical cancer is to use HPV DNA testing rather than cytology (pap smears). An HPV test is preferred to pap smear as it is more accurate and more cost-effective. However, the recommendation also states that existing programs with quality-assured cytology as the primary screening test should be continued until HPV DNA testing is operational. When using cytology, the WHO recommendation is to start at age 30 and screen every three years.³² Annual gynecologic exams should be continued in the interim.

Given sufficient resources, a single patient record that integrated medical and psychologist's care could be implemented, allowing for fully integrated care.

Educational standards

Although the evaluator did not have the opportunity to observe any of the workshops, it appears that a combined didactic and participatory method was used, with role-playing included. The curriculum was well-specified and the trainer is a Palestinian woman.

»» **Indicator 2.2 Results:**

- Review PARD Reproductive and Sexual Health protocol and add guidelines for mammography. It is recommended to consider the Lebanese ministry of health guidelines which recommend routine mammograms begin at age 40. WHO recommendations recommend HPV testing, however if cytology alone (pap smear) is available, screening should begin at age 30 and repeated every three years. Annual gynecologic exams should still be continued.
- A single patient record documenting all care received by various providers would be useful, given adequate resources for development.
- Educational standards are adequate.

Indicator 2.3: Were patients satisfied with services?

Patient satisfaction surveys were conducted on all patients seen at the fixed and mobile clinic.

The questionnaire was as follows:

1. How satisfied were you with the treatment of the doctors in the clinic?
2. How satisfied were you with the treatment of the nurse in the clinic?
3. How satisfied were you with the treatment of the midwife in the clinic?
4. How satisfied were you with the result of your treatment in the clinic?
5. Were you satisfied that you received treatment for free in the clinic?
6. How satisfied are you with the working days or hours of the clinic?

The results reflected high levels of satisfaction: 98.3% of women were satisfied or very satisfied with the services. However, this level of satisfaction reflects the instrument used, which lacks some completeness and specificity. Studies in the field³³ recommend measuring several domains of satisfaction, some of which were addressed, and some not. For example, question four addressed **effectiveness**, and question six addressed **access and facilities**, but no questions addressed **information, technical skill, participation, or relationships**.

Following are some example questions for each domain not addressed:

Information: How satisfied are you with the explanations the {doctor/other health professional} has given you about the results of your treatment?

Technical skill: The {doctor/other health professional} was very careful to check everything when examining you.

Participation: How satisfied were you with the choices you had in decisions affecting your health care?

Relationship: The {doctor/other health professional} treat me well and with respect

»» **Indicator 2.3 Results:**

- Add questions to the survey that address the domains of Information, Technical skill, Participation and Relationship.
- A random statistical sample would be an acceptable way to estimate patient satisfaction, and would be more efficient. A sample of 750 from the 2500 visits conducted would give a margin of error +/- 3% at the target of 80% satisfaction.

Indicator 2.4: Were actions appropriately timed?

In general, activities such as the mammogram campaign were preceded by awareness-raising workshops, community-based communication through the women's committees, and referrals through the clinics.

Regarding timelines of service, all staff and beneficiaries were queried by the evaluator regarding current delays and service cancellations given the economic crisis, and previously, because of COVID-19. There were no mentions of any delays or inappropriate timing.

»» **Indicator 2.4 Results:** Actions were appropriately timed, and delivered promptly without delay.

Indicator 2.5: What mechanisms were put in place to solve problems?

Mechanisms include routine communication between staff and women's committees, field visits by both the director and project coordinator, extensive documentation of all activities, interim progress reports indicating areas where targets may not be met. Transition to electronic methods for monitoring is underway.

»» **Indicator 2.5 Results:** Mechanisms put in place to solve problems are adequate.

Indicator 2.6: Were progress reports timely and complete?

»» **Indicator 2.6 Results:** Progress reports were complete and on time. Given the close monitoring of all project activities it is suggested that mid-year progress reports be shortened to address targets only, if acceptable by all parties involved.

3. Efficiency: How well are resources being used?

Indicators:

- 3.1 Extent of achievement of stated objectives within budget
- 3.2 Quality of implementation in view of resources available (cost-effectiveness)
- 3.3 Extent to which team had the capacity to implement the project (experience and qualifications)

Indicator 3.1: Extent of achievement of stated objectives within budget

Several line items were very slightly over budget, while others were under. The total direct costs were 100% of approved expenditures.

»» **Indicator 3.1 Results:** All objectives were achieved within the approved budget.

Indicator 3.2: Quality of implementation in view of resources available (cost-effectiveness) remove

A cost-benefit analysis is currently being conducted externally.

It should be noted here that the price of medication factors into costs. The WHO list of essential medicines is a useful tool to avoid high-cost and sophisticated medicines. Also, exploring the use of generic medicines is recommended, although unfortunately, there may not be a cost differential in the current Lebanese market.

»» **Indicator 3.2 Results:**

- Use the WHO Essential Medicines list for the project formulary, and explore whether generic medicines may be less costly.

Indicator 3.3: Extent to which team had the capacity to implement the project

The evaluator interviewed a physician-gynecologist, a midwife, a community health worker and the psychologist. The physician had training in the USSR and Ukraine, and has been practicing for over 20 years. The midwife studied nursing and midwifery in Syria and has over 20 years' experience in midwifery and maternal-child health. The community health worker has worked with PARD both in the Beirut area and the south for more than 25 years. The psychologist has worked with PARD less than a year, but has previous experience with GBV survivors.

»» **Indicator 3.3 Results:** All staff brought adequate qualifications and experience to their Jobs. They appeared well-organized, thoughtful and empathetic. Most are from the Palestinian community and as such, are trusted providers.

4. Alignment: How well do the interventions align with local public policies?

Indicator:

4.1 Description of other projects and services and assessment of communication and cooperation between them and the project

The project coordinator attends the South Lebanon Gathering Workgroup that was set up by the United Nations Development Program (UNDP) and the Palestine NGO Forum. UNRWA also attends these meetings. There is a natural, though informal collaboration with UNRWA because virtually all Palestinians are registered and therefore eligible for UNRWA services. According to PARD staff, the gynecologist regularly consults with UNRWA physicians if she needs a second opinion, and the director is in contact with UNRWA personnel regarding any issues that arise. In addition, UNDP funds some PARD work in the gatherings.

There have been occasional projects by other NGOs in the gatherings accompanied by requests to use community centers run by PARD. According to PARD staff, collaboration works well, but PARD appropriately requests that services not be duplicated where there is no additional need.

»» **Indicator 4.1 Results:** There is not a large number of other projects operating in the gatherings. It appears that collaboration with those present is adequate.

5. Participation: What is the degree of involvement of the subject population, as well as local and international agents?

Indicators:

5.1 Assessment of whether the selection of the subject population has been the most appropriate, and whether work is being carried out with collaborating entities

5.2 Involvement of local institutions in the design, implementation, monitoring and evaluation of the intervention

5.3 Participation of the subject population in the design, implementation, monitoring and evaluation of the intervention

Indicator 5.1: Assessment of whether the selection of the subject population has been the most appropriate, and whether work is being carried out with collaborating entities

Selection of the subject population has taken place on several levels. At the macro level, the choice was to work within the informal gatherings. As noted, the population consists of refugees living in difficult economic and social conditions with few services located directly on-site. As such the selection of the target population is appropriate.

More specifically, the emphasis has been placed on women, with service provision in physical and mental health, and empowerment sensitization. We have previously discussed the needs for women's health services and empowerment sensitization.

»» **Indicator 5.1 Results:** Given the situation of women in the gatherings, the selection of the target population is appropriate. In addition, PARD collaborates with other organizations such as KAFA and ABAAD working in the GBV field in Lebanon through its referral pathways.

Indicator 5.2: Involvement of local institutions in the design, implementation, monitoring and evaluation of the intervention

The popular committees have some degree of overall participation in the project as they are kept informed of the design and implementation of the project. There is constant communication between the PARD director and the popular committees, especially concerning the environmental services PARD provides. The evaluator observed that PARD was asked to become involved by various popular committees who were dealing distributing NGO resources for fuel to power to wells.

While there does not seem to be much interest on the part of popular committees in women's health services, there also have not been objections to the activities. This is encouraging and likely indicative of PARD's reputation in the gatherings, the length of time PARD has been active, and the carefully nurtured relationships.

- »» **Indicator 5.2 Results:** The popular committees are adequately involved in PARD’s activities in the gatherings.

Indicator 5.3: Participation of the subject population in the design, implementation, monitoring and evaluation of the intervention

As noted, PARD conducts an “Identification Process” before each phase of a new project. In the process that took place prior to the initiation of this phase of the project, 32 members and non-members of women’s committees were invited to participate in a four-session planning meeting. Women prioritized the issues they felt were most important, and developed strategies using a logic model framework. They identified medical services, medications, support of students, and vocational training as their main priorities.

The main partners were identified: mainly UNRWA and the associated municipalities. Realistic constraints were also identified.

Implementation and monitoring is carried out by continuous communication between PARD project staff (director, coordinator, and community health worker) and NESI. Women’s committee members were asked about their role in participation, implementation and monitoring in a focus group discussion, and members clearly stated satisfaction. Many beneficiaries participate in the evaluation of the project, as they speak to an independent evaluator each year.

- »» **Indicator 5.3 Results:** The subject population is highly involved with the design, implementation, monitoring and evaluation of the project.

6. Coherence: How well does the intervention fit?

Indicators:

- 6.1 Quality and comprehensiveness of needs assessment
- 6.2 Assessment of Intervention logic
- 6.3 Assessment of coordination with other systems, especially with regard to referral for abnormal cancer screening results, and for cases of GBV

Indicator 6.1: Quality and comprehensiveness of needs assessment

The needs assessment previously described under Indicator 5.3 was adequate and participatory in nature. In addition, a large amount of external study has documented the situation and the needs of both Palestinian and Syrian refugees in Lebanon (as described under indicator 1.1).

- »» **Indicator 6.1 Results:** PARD conducted an adequate needs assessment and considered multiple other sources of information on the situation in the population.

Indicator 6.2: Assessment of intervention logic

A detailed analysis of intervention logic and clarity is covered in the section called “Analysis of the Logic Model”.

- »» **Indicator 6.2 Results:** Intervention logic was well thought out. For example, the project recognized that interventions, such as the provision of mammograms, would need

associated awareness-raising sessions and provision of free transportation to the clinic site, in order to ensure beneficiary utilization.

Indicator 6.3: Assessment of coordination with other systems for abnormal results from cancer screening, or for GBV

For abnormal cancer screening results, the agency refers to either UNRWA, to clinics with UNHCR contracts (for registered Syrian refugees), or to other NGOs for follow-up for abnormal screening results. In some instances where no services were available, (for example for unregistered Syrians), PARD used its own resources to provide care, specifically ultrasounds.

For cases of GBV, PARD coordinates with several NGOs that provide shelter and legal assistance of women survivors. The project coordinator attends a South Lebanon GBV and Protection Working group where coordination issues can be discussed.

It appears that there may currently be greater resources available for Syrian women than Palestinians. This may be due to donor limitations. These are externally-imposed limitations that PARD must work with, and are not due to inadequate coordination. However, given the sparse resources for GBV, it would be helpful to establish a follow-up procedure to assess longer term outcomes, and to provide information to plan future interventions.

»» **Indicator 6.3 Results:** Coordination is adequate.

7. Impact: What difference did the intervention make?

Indicators:

7.1 Have the specific and overall objectives been met?

7.2 Assessment of improvement in:

- a) Women's health, including preventive health
- b) Self-confidence, communication and negotiation skills, both within and outside the family setting
- c) Awareness of, and ability to address gender-based violence, including child marriage
- d) Attitudes toward self and work among nursing students

7.3 What factors facilitated or hindered achievements?

7.4 What local capacities were generated?

Indicator 7.1: Have the specific and overall objectives been met?

The following table lists the planned and achieved project indicators. As shown, all targets were met or exceeded.

Table 2: Implementation of Planned Indicators			
Indicator	Number or percentage planned	Number or percentage achieved	Met or exceeded target (100%= met)
I.O.V 1: At the end of the project, 4500 medical consultations have been carried out	4500	5606	125%
I.O.V 2: At the end of the project, at least 80% of the patients served will report being satisfied with the service provided*	80%	98.3%	123%
I.O.V 3: At the end of the project, at least 80% of the women participants in the training courses in nursing assistant obtain the professional certificate.	16	13	100%
I.O.V.1.R.1: At the end of the project at least 500 women will have taken the Pap test	500	500	100%
I.O.V.2.R.1 By the end of the project, at least 500 women will have undergone mammograms	500	510	102%
I.O.V.3.R.1 At least 500 gynecological follow-up visits will have been carried out by the end of the project	500	1010	202%
I.O.V.5.R.1 All assimilable medical waste will be brought to the medical waste collection center in the municipality of Abbasiyeh	100%	100%	100%
I.O.V.1.R.2: By the end of the project, at least 360 women will be aware of local resources for psychological support and know, identify and know where to ask for help in case of gender based violence	360	494	137%
I.O.V.2.R.2: By the end of the project, at least 90 women who have experienced gender-based violence , with a special focus on child marriage, have been identified and psychologically supported through safe site visits	90	121	134%
I.O.V.3.R.2: At the end of the project , at least 90 women who have suffered gender violence have been advised about the	90	121	134%

possibilities to legally prosecute their abuser and/ or rapist			
I.O.V.1.R.3: At the end of the project, 100 local women have been trained in empowerment and conflict resolution	100	476	476%
I.O.V.2.R.3: At the end of the project, at least 80% of the trainees report taking ownership , understanding and applying the empowerment and conflict resolution skills learned	80%	92.5%	116%
I.O.V.3.R.3: 40 empowerment and conflict resolution workshops will be conducted for 100 beneficiaries	40	40	100%

*Patient satisfaction surveys were completed by 1803 women from June 1 to November 30, 2022.

» **Indicator 7.1 Results:** All targets were met or exceeded.

Indicator 7.2a: Assessment of improvement in women’s health, including preventive health

Women in the focus group discussions expressed appreciation for the mammogram and pap tests, especially because they were free. They stated that they would never have the screening done if they had to pay for it because they could never afford it.

One woman, who was initially reluctant to have a mammogram said she went along on the screening trip just for a “shamit hawa” (a small vacation). She decided at the last minute to have the mammogram and discovered she had cancer. She was treated successfully and now works with the project to encourage other women to be screened.

The mobile clinic has provided a large number of consultations. It is safe to say that most of these would not have occurred without the PARD project for several reasons. First, women usually prioritize their family’s health over their own, and indeed, this was specifically expressed in the focus group discussion (“we can tolerate sickness, but the children cannot”). Second, the resources for women’s health do not exist in the settlements. Although UNRWA provides some services, there is no transportation provided, and more importantly, no concomitant education to encourage women to use the services.

Medication

One of the main comments regarding the medical services was that needed medication was provided for free. Indeed a successful visit to the doctor was equated with receiving desired medication. One woman focus group participant said, “the services benefitted me, mainly because I can't afford to buy medication, I have a vitamin D deficiency -- in the pharmacy it’s LL140, 000 but it’s free in the clinic.”

Although the provision of free and easily accessible medications was beneficial, sometimes the availability of free medications translated into pressure from patients for inappropriate or unnecessary medications, some of which were even meant for the patient’s family rather than the patient. This frustration was expressed by the gynecologist, but she stated that it was generally dealt with successfully through discussions between the midwife and the patient.

This is not to suggest that provision of free medications is a negative in any way. Rather, it points to a need for community education about commonly prescribed medications. One woman said that “My

mother is old, and she needs Difen - it's a painkiller for bone. And she goes to the mobile clinic, and they don't give it to her because there's UNRWA, but UNRWA doesn't give this." Another said, "At UNRWA, children get the same medication no matter what they are suffering from.... Panadol." In these and other cases, there is a need for patient education on appropriateness of Panadol for many childhood and adult illnesses, including colds and fever, the consequences of overuse of certain medications, available substitutions, and encouragement to try more easily accessible drugs, rather than an automatic rejection of an UNRWA-supplied medication.

- » **Indicator 7.2a Results:** Breast and cervical cancer screening and well as provision of services in the mobile clinic had a positive impact on the health of women in the gatherings. Community education on use and misuse of commonly prescribed medications could be beneficial.

Indicator 7.2b: Assessment of improvement in self-confidence, communication and negotiation skills, both within and outside the family setting.

Data to evaluate this indicator were gathered from pre- and post-session knowledge tests, as well as focus group interviews.

Knowledge tests

Knowledge tests conducted each awareness sessions on self-confidence and conflict resolution showed excellent results, with the lowest score at 96%.

Although encouraging, these results reflect a change in knowledge and attitudes, but not behavior occurring under pressure of a family context. Nevertheless, the results were positive.

Focus group results

Remarkably, women from every focus group, without exception, expressed improvements in their self-confidence and skills in negotiation and communication, both within and outside the family.

On the personal level, most often women talked about how they used to "keep silent" and now they "speak up." Some examples from focus group discussants:

- "I used to join sessions, but just sit in the corner and not say anything. Now I tell my opinion."
- "I used to keep silent when someone yells at me or makes an argument with me but now I know how to communicate and tell my thoughts to everybody."
- "If someone says bad things about me, now I speak up. I'm telling them not to talk bad about me."

Another spoke more generally about an increased sense of self-knowledge:

- "About self-confidence... Now we know who we are, and we have confidence in ourselves. For me, whatever other people say about me, if I am convinced about what I'm doing, I keep doing it.- I used to have fear to ask for my rights, now I am not afraid."

Several women spoke about changes in their family relationships. One woman said,

- "I'm not afraid to talk and speak up in my family... If you know how to express your thoughts inside the family, and then you learn how to do that outside the family."

Others spoke about communication with their husbands, saying that they now communicate, whereas before they used to “keep silent.” One woman described her relationship with her husband, saying that he had been verbally abusive for a long time. After attending the sessions, she began to speak up and defend herself. She stated that her husband was astonished and asked, “Who is teaching you this?” She also added that his behavior changed after this point.

Additionally, women spoke of applying these skills to advocate for their daughters. One woman related how her daughter used to get bullied by fellow students in the bus, and how she taught her to “be confident” and “ask for your rights.” Another told a story about her own attitude toward her daughter’s hearing problem. Before the awareness sessions, she was uncomfortable talking about her daughter’s problem. But afterwards, she became more confident and had the courage to face people and tell them that it’s a common problem, and they need to communicate with her daughter in another way.

There were changes on the community level as well. Women from one of the poorest gatherings spoke for the group, saying,

- “Before the sessions with an Inaam (the community health worker), we didn’t have a voice. We didn’t give our opinions to the people at Sikkeh but now we are giving our opinions. And even those people who are in control at Sikkeh are asking us about our opinion.”

“If nothing changed because of the awareness sessions, you wouldn’t see us here telling our opinion with this confidence. When we started, there were only five women. Now you will see 25 women in the sessions.”

To this evaluator, one of the most strongest indicators of change over time was the statement made by an older woman who had been attending sessions for several years. She said,

“If nothing changed because of those awareness session, you wouldn’t see us here telling our opinion with this confidence. When we started, there were only five women. Now you will see 25 women in the sessions.”

»» **Indicator 7.2b Results:**

- Awareness sessions had a clear impact on participants’ self-reported levels of self-confidence, as well as their skills in communication and negotiation .

**Indicator 7.2c: Assessment of improvement in awareness of, and ability to address gender-based violence
Psychologist’s services**

The approach used by the psychologist to treat GBV survivors was well-planned and based on cognitive behavioral therapy, a solution-based method that emphasizes a rational view of problems. She also consistently offered psychosocial support in sessions and through the hotline (a confidential phone line that the psychologist will answer at any time). A review of her notes on consultations with women revealed consistent benefit. Women beneficiaries were asked to evaluate their sessions with the

psychologist, and some examples are cited below. Many expressed appreciation for the opportunity to vent, to share problems that cannot be easily shared with others, and to use referral-based resources.

- “I benefitted a lot psychologically , through advice and solving my issue which got me to this situation. I also benefitted a lot from the referrals. I vented what I needed to vent , and I spoke a lot about things I can’t share with other people. The therapist didn’t leave me alone but supported me.” (age 28)
- “I suffered from violence all my life I was in need for someone to counsel me in order to get rid of the violence from my family , and I was very comfortable in the sessions.” (age 18)
- “It was a nice experience , and I want to benefit from the group sessions more because they help emotionally and make me feel better. I also want to share my thoughts and feelings about the violence we suffer from as women.” (age 25)
- “I was helped a lot by the therapist and the one-on-one sessions in overcoming my issues and with day to day issues , and she followed up with me and supported me emotionally and she played a major role in the improvement of my mental health. I also took part in the group sessions which helped me communicate with the others.” (age 22)

Knowledge and attitude assessments

A pre- post- evaluation of an three-session intervention with adolescents focusing on early marriage showed very good results. At the end of the course, more participants believed that education would ensure their independence, fewer believed that their family had the right to decide whom they would marry, and more would refuse a proposal from someone they did not know. Full results are shown below in Table 3.

Question	Pre (n=45) %	Post (n=42) %
How can you be independent?		
By marriage	24	0
By completing my education	76	100
By working in a young age	2	0
Your family has the right to decide to whom and when you will get married		
Agree	56	10
Who should respect your personal boundaries?		
Everybody	73	81
Everybody except my family	22	19
Everybody except the man I love	7	0
What would you do if your family forced you to get married before 18?		
I agree, immediately	7	0
I refuse, but if they insisted I agree	29	7
I refuse and discuss it with my family	42	45
I refuse and ask for help from someone who I know will help me	24	48
You fell in love with a handsome guy and he loves you too. He proposed, but you are under 18? Do you agree to his proposal?		
I agree, Immediately	13	0
I agree on the engagement only	40	5
If I was sure that he loves me, I agree	20	14
I refuse his proposal	29	81
If a "proper guy", according to the society standards (wealthy, religious, moral, educated...), proposed, and he likes you a lot, would you agree?		
I refuse, because I don't know him	9	0
I get to know him first and if I liked him I agree	76	38
I refuse	18	62
You are 18 years old now, you finished your school education, and a proper guy proposed. Do you agree?		
Yes	67	36

Separate awareness sessions with women of all ages were held. The evaluation components asked women to write down how they would deal with GBV if they had to face it. Answers were discussed as a group.

Focus group results

Women in the focus groups spoke frankly, although generally, about their experiences with GBV, and the use of the resources offered by PARD in the form of the psychological consultations and the hotline,

Consistent with the testimonials noted above, women from the focus groups reported substantial stress relief in sessions with the psychologist, and changes in their attitudes and behavior. The rejection of shame when experiencing GBV was expressed by women in many groups. Additionally, women knew what to do:

- “Don’t keep silent”
- “Always go to someone who can help”
- “Call the hotline”

Some woman reported that informing husbands of available resources, and suggesting they would use those resources, helped reduce the violence. Another woman responded that it’s good to have backup (the PARD resources), but it’s important to teach women how to be confident, defend themselves, and get out of the situation.

Women also commented that they talked to others about PARD resources, and about GBV more generally. One woman said:

- “Before we used to fear sexual violence and keep silent. Now we are speaking up, and we're teaching the children to not be afraid and to come and tell them if they face sexual violence or physical violence.”

Another recounted how parents often keep silent about sexual violence toward a child, because “it’s a shame” and the child will be blamed. But now they have learned they have to speak up.

There was substantial discussion of child marriage among women interviewed. Women unanimously agreed that early marriage was something to be avoided. There was strong agreement that women should finish their education before marrying, that girls should have the ability to decide whom to marry, and that it takes maturity to decide on a good mate. One woman recounted a story about a young girl who married her cousin because of family pressure, but later divorced him because of abuse. Only when she was older and more mature was she able to decide on a more appropriate mate.

There were many comments about changes in community norms regarding early marriage. Some said there was greater awareness among parents of its dangers, others said it was young women themselves who were more frequently insisting on waiting to marry, some even until their later 20s. However, many did also state that the dire economic situation promotes early marriage.

»» **Indicator 7.2c Results:**

- Psychosocial counseling and support has clearly benefitted beneficiaries’ ability to cope with their situation.
- A series of focused sessions on early marriage for adolescents showed substantial change in participants’ attitudes.

- There was some evidence that awareness sessions may have affected rates of early marriage, but it is difficult to tell whether this may be a declining secular trend.

Indicator 7.2d: Assessment of attitudes toward self and work among nursing students

Seven women from the cohort of nurses trained at the Afak Institute participated in a focus group. They expressed strong opinions about the need for legal protection for women against GBV, saying, “every abuser should be in prison”, but also saying that violence against women is ignored by the society and by legal authorities.

They also discussed internal changes that they had undergone during their training, such as increased self-confidence, and greater maturity and empathy.

They were all appreciative of the program. though they asked that funding for equipment and transportation be reinstated.

- » **Indicator 7.2d Results:** Vocational training implemented for nursing students was successful, resulting in some degree of economic empowerment. Women reported internal changes such as greater maturity and self-confidence.

Indicator 7.3: What factors facilitated or hindered achievement?

Facilitators

PARD has many years of experience working in the Palestinian gatherings and is a trusted partner. Relationships with the popular committees and the women’s committees are strong. PARD has used a participatory strategy such that women who are previous beneficiaries are now active in the projects. Almost all providers are Palestinian, providing an additional element of trust.

Hindrances

Although the project has made substantial gains in the area of women’s empowerment, defined here as increases in self-confidence and communication skills, women still described substantial fear of reprisal if they accessed services or made the decision to divorce. Most significant was the fear of losing custody of their children. The improvements seen in women’s defense of their rights was remarkable in face of the barriers they face.

Additionally, the severe economic situation has had a potential to hinder achievements. The cost of all medicines has risen steeply, along with medical supplies and fuel. Nevertheless, PARD met or exceeded all targets. The economic situation has also increased not only need in the gatherings but also feelings of desperation. In one incident a man stood at the entrance of one of the gatherings, and insisted on receiving food vouchers before he would allow the mobile clinic from entering. PARD staff were patient, worked with the man to explain the separate food voucher program, and assured him that he would receive benefits if eligible. This incident reflects the quality of training and professionalism shown by the PARD staff. They themselves are also affected by the economic and social crisis in the country, but nevertheless managed to maintain a calm demeanor. In addition, as direct service providers, the psychologist, community health worker and midwife experience considerable stress while serving this community. These work conditions can easily lead to “burn-out,” and PARD has successfully addressed

this potential through promoting informal ways of relieving work-related stress, as well as holding ongoing professional trainings on maintaining professional standards.

»» **Indicator 7.3 Results:**

- Women are facing situations of GBV and learning to deal with them, despite the substantial hindrances of fear and anxiety.
- The organization has successfully leveraged its experience and reputation to overcome substantial hindrances presented by the ongoing economic crisis. It has demonstrated high standards of professionalism in addressing difficulties.

Indicator 7.4 What local capacities were generated?

The strength of the women's committees in the gatherings demonstrates the development of strong local capacity. Various community development projects have been undertaken over time, spearheaded by the committees. One example was a project to provide a permanent covering for a section of a dangerous canal that was running through the gathering. A child had fallen in, and despite requests to the adjacent municipality, nothing had been done. Women from the committee prepared a file documenting the problem, negotiated with the municipality to cover the canal, and were ultimately successful. They used advocacy skills of problem-solving, communication, and negotiation, and had the self-confidence to persist despite comments from the popular committee that they would never succeed in their request.

Another important element of the empowerment work is the inter-generational and community-wide effects described by participants in the awareness sessions. Women told other women about the hotline and other PARD services to deal with GBV. They also reported teaching their children how to advocate for themselves in instances of bullying or sexual harassment. These types of capacities are personal and long-lasting, and they represent important steps toward empowerment.

»» **Indicator 7.4 Results:**

- The strength of many of the women's committees in the gatherings represents a significant local capacity.
- The integration of educational sessions and psychosocial support has resulted in empowerment-related changes that have begun to diffuse beyond the direct beneficiaries of the interventions.

8. Sustainability and Viability: Will the intervention last?

Indicator 8.1: To what extent can project benefits be expected to continue after donor involvement is ended?

To the extent that the PARD and NESI interventions have focused on increasing awareness, changing attitudes and building capacity, the project has achieved sustainable benefits. As noted in the previous section under local capacities, women's committees represent a sustainable, community-based feature in the gatherings that would certainly persist without donor funding. Also as noted, empowerment-related knowledge and attitudes have begun to diffuse through the population, via friends and neighbors, as well as beneficiaries' daughters.

Another feature of the program that represents a PARD and NESI commitment to sustainability is the vocational training provided to the women of nursing cohort. These women will personally benefit by having a career and thus become economically empowered, but will also benefit their friends and neighbors through their knowledge of health and disease. Additionally, the students interviewed for this evaluation described internal changes they experienced through facing the challenges of the work, and sometimes the objections of their family. They described learning about the realities of death and illness and talked about the importance of empathy and communication with patients and families. They all felt they are now more mature than their age. These women will clearly make a sustainable contribution to their communities.

On the other hand, the provision of medical services is difficult to sustain without donor participation. This becomes more true every year in Lebanon in view of the economic collapse. Where people were previously poor, many are now in desperate circumstances and would be completely unable to pay for services themselves. A redesign of the medical program would likely need to be undertaken were donor funding to cease.

»» **Indicator 8.1 Results**

- The capacity-building activities are sustainable without external funding, though expansion and reinforcement is always desirable.
- Medical services would be difficult to sustain, especially in the current economic environment.

Conclusions

The public health and community education program undertaken by PARD and NESI is sophisticated in its planning and successful in its implementation. It has made and continues to make a substantial contribution to the health and well-being of women in the ten gatherings. Specifically:

Interventions were relevant. They fill a needed gap in services, and were designed to address primary health care needs in women's health, preventive services, and health education. The health education component reaches beyond just health, aiming to facilitate consciousness-raising, social support and collective action of women beneficiaries. It should also be noted here, though, that potential socio-economic interventions such as food or cash assistance, or livelihood facilitation, may have begun to compete in terms of relevance because of the deteriorating situation in the country.

Interventions were effective and efficient. The project plan cleverly integrated women's health care with identification of cases of GBV. The clinical venue gave women a chance to talk to a provider in private, and represented first contact for resources for a survivor to access treatment and other resources.

Project Implementation was organized and flexible, especially given the chaotic environment presented by the economic crisis, lack of electricity and fuel, the end of subsidies for medicine, and ongoing threat of COVID-19.

Interventions were participatory in nature. The involvement of women's committees ensures relevance and a connections with the grass roots of the communities. PARD's contribution to the growth and maturity of the committees represents a substantial and sustainable achievement.

Last, the project has had a positive impact among beneficiaries, not only on their physical health status, but also on their emotional health and well-being. The changes reported by women in their self-confidence, ability to communicate and negotiate were notable. Of course, the beneficiaries of the project represent only a relatively small proportion of women in the gatherings, but there was some evidence of diffusion across social and family networks.

Recommendations

The following recommendations range from specific modifications in the administrative realm to broader and more aspirational goals. They should be taken in the context of the overall programming in the gatherings.

Program plan

11. Simplify and clarify levels in logic model according to the detailed suggestions outlined in the text. Targets for medical services are better expressed in terms of woman beneficiaries who receive an estimated number of visits, as the objective of the project is to improve the well-being of women in the population, rather than deliver a targeted number of services.
12. Consider conducting an assessment of the need for child health services in the gatherings, considering the economic situation resulting in lack of funds for transportation and overcrowding at UNRWA clinics.
13. Implementation of awareness sessions on appropriate use of medications is recommended. Key learnings would include the harm of antibiotic overuse, and the appropriateness of Panadol for many childhood and adult illnesses, including colds and fever.
14. Additional formal vocational training could be included. The resumption of previous training activities for home-based income-generation projects such as sewing and home-canned foods (mooneh) production were requested and should be renewed if possible.

Quality of care

15. Review PARD Reproductive and Sexual Health protocol and add guidelines for mammography. It is recommended to consider the Lebanese ministry of health guidelines which recommend routine mammograms begin at age 40. WHO recommendations recommend HPV testing, however if cytology alone (pap smear) is available, screening should begin at age 30 and repeated every three years. Annual gynecologic exams should still be continued.
16. The use of the WHO essential medicines list, including the use of generic medications is recommended.
17. If resources permit, a single patient record linking medical and psychosocial care would be beneficial, allowing more integrated care.

Monitoring and Evaluation

18. Consider expanding the patient satisfaction survey to cover domains such as information given, relationship with the provider, and participation in care.

19. Consider sampling the population to assess patient satisfaction, rather than surveying all patients. A sample of 750 from 2500 patient visits would give a margin of error +/- 3% at the targeted level of 80%
20. Given adequate resources, consider alternate methods of evaluation of particular aspects of the program. These would employ a stronger design, with pre- and post- measurements of both attitudes and behaviors.
 - a. Explore the use standardized questionnaires for assessing stress and depression, and increased agency and self-confidence. Several have been validated in Arabic-speaking populations and translated into Arabic.

Lessons Learned: What worked?

Facilitation and support works.

Empowerment is not something that can be done “to” women, it must come through internal changes in consciousness. The awareness sessions facilitated this internal change, and the life skills of communication and negotiation represented a concrete benefit. This consciousness-raising represents the first step toward women-led collective action to improve their situation.

Integrated care works.

Combining medical and preventive care with screening and psychosocial treatment for GBV is effective in connecting women survivors of violence to services. The practice is often recommended but rarely implemented because standard care is fragmented.

Women’s committees work.

Women’s committees have created a nexus between the grass roots of the community and NGOs, popular committees and municipalities. Although there have been variable successes, the institution is critical and should be fostered.

Psychosocial care works.

Women are living in stressful, precarious conditions, without hope of improvement given the political situation in Palestine. Chronic untreated stress leads to high allostatic load, and poor mental and physical health. The benefits of psychological help to deal with the severe stress were emphasized by women, especially considering those services are completely inaccessible elsewhere.

Best practices based on results obtained and proposals on the future of the operation, which could be financed.

Several of the potential modifications mentioned in the text and the recommendations represent “best practices” in public health and may need separate financing.

- 1) Conduct longer-term program planning for GBV survivors. For example, explore ways to increase opportunities for vocational training for these women. Also, though few women have used shelter services, it would be important to know the outcomes for those women

- 2) A formal assessment of the need for child health services including an exploration of alternative models or partnerships that could address this gap would build a strong knowledge base for further programming.

Annexes

1: List of agency documents reviewed

Document	Notes
MEAL policy	
Anti-corruption policy	
Child protection policy	
Protocol GBV	Excellent overview especially UN and Lebanese laws
Gender Policy	Large amount background on gender issues – mainstreaming, PARD objectives.
Finance policies and procedures	
Phase 3 Health project proposal	
1 st Progress report phase 3	
Patient satisfaction survey	Could be revised
2 nd Progress report phase 3	
Identification Process for phase 3	
Monthly clinic reports	OK
First quarter group therapy sessions	Evaluation was good – write what to do in case of GBV and discuss
Session plan conflict resolution	Evaluation data for training –Knowledge test had good results.
GBV group therapy	Sessions from February and March – some include description of referral sources, some not.
Hotline record (hotline.doc)	No dates on this record. Second excel file (with dated) not reviewed.
Individual psych consultations	Same as above
Individual psych consults identified through targeted group sessions	Same as above
Referral forms psychologist	Good- especially with follow-up.
Case study GBV survivor	Great success story
Intervention Plan (Early marriage) for Female Refugee Adolescents in Targeted Informal Settlements in South of Lebanon	Independence, self-esteem, and emotional intelligence. Very good and well-supported curriculum plan.
Results of the Adolescent intervention plan above (on early marriage)	Well done with pre- and post- evaluation with good improvement and suggestions for future planning. Mentioned in limitations that increased knowledge may not translate into behavior.
Testimonies	Short statements by clients who had psych consultations. These are the pre-post for the adolescent sessions reported on in the “intervention plan” above. Knowledge based.
Brochures / PowerPoints	Health education materials
Cumulative valuation of training sessions -n 3 rd session on self-confidence and empowerment	Very good post-test scores- lowest was 96%
Mammography and pap smear records	Add age and indication (routine or problem)
PARD Reproductive and Sexual Health Protocol	Should add guidelines for mammography in section on Breast self-examination,.
Clinic record for patient visit	

2: Evaluation Matrix

Evaluation Criteria	OECD Criteria	Indicators	Sources
Relevance	<p>Is the intervention doing the right thing?</p> <ul style="list-style-type: none"> How consistent were the strategies with the objectives defined? How adequate were planned strategies in relation to the context Was the agency able to respond to real needs of the targeted group? Has the program considered the main strengths, weaknesses, opportunities and threats in the area? 	<p>1.1 Extent to which the strategies are based on pre-existing assessment of the situation, identification of needs, and alignment with previous experience and research.</p> <p>1.2 Alignment between expressed needs by participants and nature of objectives</p> <p>1.3 Quality of SWOT analysis and extent to which objectives were appropriately tailored.</p> <p>1.4 Assessment of planned quantity of services, within budgetary constraints</p>	<p>Interview and focus groups discussions</p> <p>Project proposal and progress report</p> <p>Peer-reviewed literature</p> <p>External reports</p>
Effectiveness	<p>Is the intervention achieving its objectives?</p> <ul style="list-style-type: none"> What was the scope of the specific project objectives? Were actions appropriately timed? What mechanisms were put in place to solve problems? 	<p>2.1 What was the scope of the specific project objectives given the needs?</p> <p>2.2 Did the services meet accepted medical and educational standards?</p> <p>2.3 Were patients satisfied with services?</p> <p>2.4 Were actions appropriately timed?</p> <p>2.5 What mechanisms were put in place to solve problems?</p> <p>2.6 Were progress reports timely and complete?</p>	<p>Interview and focus groups discussions</p> <p>Project proposal and progress reports</p> <p>Patient satisfaction survey</p> <p>External reports</p>
Efficiency	<p>How well are resources being used?</p> <ul style="list-style-type: none"> To what extent has the program, achieved results in relation to its technical, administrative, and financial resources? 	<p>3.4 Extent of achievement of stated objectives within budget.</p> <p>3.5 Quality of implementation in view of resources available (cost-effectiveness)</p> <p>3.6 Extent to which team had the capacity to implement the project (experience and qualifications).</p>	<p>Interview and focus groups discussions</p> <p>Project proposal and progress reports</p> <p>Financial reports</p> <p>External reports</p>
Alignment	<p>How well do the interventions align with local public policies?</p> <ul style="list-style-type: none"> Degree of complementarity with other strategies or projects in the beneficiary communities 	<p>4.1 Description of other projects and services and assessment of communication and cooperation between them and the project.</p>	<p>Interview and focus groups discussions,</p> <p>Project proposal and progress reports</p> <p>External reports</p>

Evaluation Criteria	OECD Criteria	Indicators	Sources
Participation	What is the degree of involvement of the subject population, as well as local and international agents?	5.1 Assessment of whether the selection of the subject population has been the most appropriate, and whether work is being carried out with collaborating entities. 5.2 Involvement of local institutions in the design, implementation, monitoring and evaluation of the intervention. 5.3 Participation of the subject population in the design, implementation, monitoring and evaluation of the intervention	Interview and focus groups discussions Project proposal and progress reports External reports
Coherence	How well does the intervention fit? <ul style="list-style-type: none"> • Did the intervention follow the intervention logic? • How compatible was the project's intervention logic with other initiatives targeting refugees and informal gatherings? 	6.1 Quality and comprehensiveness of needs assessment 6.2 Assessment of Intervention logic 6.3 Assessment of coordination with other systems, especially with regard to referral for abnormal cancer screening results, and for cases of GBV	Interview and focus groups discussions Project proposal and progress reports External reports
Impact	What difference does the intervention make? <ul style="list-style-type: none"> • Have the specific and overall objectives been met • What were the positive and negative effects on the beneficiary women? • What factors facilitated or hindered achievements? • What local capacities were generated? 	7.1 Have the specific and overall objectives been met? 7.3 Perceptions of improvement in: <ul style="list-style-type: none"> ○ Women's health, including preventive health ○ Self-confidence, communication and negotiation skills, both within and outside the family setting ○ Awareness of, and ability to address gender-based violence, including child marriage. ○ Attitudes toward self and work among nursing students 7.3 What factors facilitated or hindered achievements? 7.4 What local capacities were generated?	Interview and focus groups discussions Project proposal and progress reports
Sustainability and Viability: Will the intervention last?	To what extent can project benefits be expected to continue after donor involvement is ended?	8.1: To what extent can project benefits be expected to continue after donor involvement is ended?	As above plus external reports

3. Interview Guides

PARD director	
Introduction	
As part of the evaluation, I'd like to ask some questions about how the project has been planned and implemented, and how you feel about the work. Everything you say is confidential. I would like to record the interview so I don't have to take notes. Is that OK with you? Do you have any questions for me before we begin?	
Relevance	1. Why do you think each strategy (medical, psychosocial, training) were the right ones to address the needs?
Effectiveness	2. Please give an example of one problem that occurred during the project and how it was addressed.
Efficiency	3. Are there ways you have considered to improve efficiency? If so, please describe.
	4. Could you describe trainings or workshops that have taken place in the last year (2022) (similar to the training plan described in the last evaluation report).
Alignment	5. What other projects operate in the ten gatherings, and what services do they offer?
Participation	6. How are women selected for each intervention? (Note, this has been described before – please answer only if there are changes for this year).
	7. Please describe the participation of the women's committees in planning, implementation and monitoring. (Note: There is a lot of information on the work of the women's committees in last year's KII for the evaluation. Please answer only if there is additional information for this year).
	8. To what extent are men and boys involved in project activities?
Coherence	9. How has the project coordinated with other resources, especially for referral for follow-up for abnormal test results or cases of GB?
Impact	10. Were there any unintended consequences or negative results of the project? For example, in the areas of: <ul style="list-style-type: none"> a. People's safety, security, dignity and rights; b. Culture, gender, and social and political relationships;
	11. Please comment on the vocational training component of the project in terms of addressing GBV, building capacity within the community, and overall sustainability of the projects. Do you plan to continue this element of the project given future opportunities to do so?
Sustainability	12. Please comment on the sustainability of the medical services (clinic, cancer screening, GBV psychosocial support) after funding ends for this project. You can comment specifically on: <ul style="list-style-type: none"> a. diversity of funding sources, b. community support for the project, c. advocates in the community who would champion the project, or d. other factors that you would consider important to sustainability.
Lessons learned and recommendations	13. What lessons have you learned this past year that you will carry forward into other projects?

PARD Project Coordinator	
Introduction	
I'm conducting an evaluation of the third year of the PARD health project. I want to ask some questions about how the project has been planned and implemented, and how you feel about your work. I have about 12 questions, and I hope we can cover them in half an hour.	
I want to add that everything you say is confidential. I would like to record the interview so I don't have to take notes. Is that OK with you? Do you have any questions for me before we begin?	
Relevance	How did the project build on existing local capacities?
	How were beneficiaries involved with specifying the strategies? For example, the women's committees?
Effectiveness	Please describe the effect of the severe economic conditions on project implementation. For example, were services reduced, or did beneficiaries have to wait longer for services?
Efficiency	How do you monitor the project activities? How has the recommendation to digitize monitoring instruments been going?
	Are there ways you have considered to improve efficiency? If so, please describe.
	Please describe how staff is apprised of changing conditions on the ground, and how partners such as the Popular Committees and Women's Committees keep staff informed. Are there any specific mechanisms you use, such as periodic meetings or communications?
Alignment	Please describe additional care provided for women who had concerning results through the breast and cervical cancer screening program, i.e. what referral services are available, and how were costs covered?
	How does the population receive primary care? Through UNRWA? What about Syrian refugees who are not Palestinian and not registered with UNHCR?
Participation	Could you describe the relationships between the women's committees and the popular committees?
Coherence	Do you think the interventions have stayed consistent to the original logic? If there are any breaks in the logical flow, please describe.
Impact	Overall, how has the PARD work in women's health care and empowerment made a difference?
	In your view, what interventions have had the greatest impact on the community?
Sustainability	Please comment specifically on the <u>sustainability</u> of training. How have you built in a sustainability component (e.g., are women trained to become trainers themselves? How successful has this strategy been in terms of project sustainability?
Employee engagement and development	This work is difficult and stressful. How do you, as director and senior staff, deal with the frustrations of a longstanding and refractory situation? Do the staff you work with sometimes get "burned out"? Are there mechanisms in place to support staff?
Lessons learned and recommendations	What lessons have you learned this past year that you will carry forward into other projects?

PARD Gynecologist	
Introduction	
I'm conducting an evaluation of the third year of the PARD health project. I want to ask some questions about how the project has been planned and implemented, and how you feel about your work. I have about 12 questions, and I hope we can cover them in half an hour.	
I want to add that everything you say is confidential. I would like to record the interview so I don't have to take notes. Is that OK with you? Do you have any questions for me before we begin?	
Efficiency	1. Please describe your role in the project. How long have you worked with PARD in this position? What is your level of professional training?
Relevance	2. Do you think the services provided are adequate to the needs of the population?
Efficiency	3. What other staff do you work with and how do you divide responsibilities? Is there enough staff to get the work done? (For example, perhaps the midwife does routine exams and refers more complicated cases to you).
	4. In your opinion, are there ways the program use less resources but still get the same work done?
Effectiveness	5. Do you follow the guidelines of the Lebanese ministry of health for mammograms? Or other guidelines?
	6. What guidelines do you follow for cervical cancer screening? Do you offer HPV testing or immunization?
	7. What role do you play in cases where a woman may be experiencing gender-based violence? Can you share how you handle those situations?
	8. In your view, what barriers do women face in accessing women's health care (such as hesitancy, cost, transportation). How does the project overcome those barriers?
Impact	9. Could you describe the overall impact of the project? In your opinion, has it made a difference for women?
Alignment	10. How does the project link to other organizations working in women's health and GBV?
Lessons learned	11. What recommendations do you have for future work?

PARD Community health worker	
Introduction	
I'm conducting an evaluation of the third year of the PARD health project. I want to ask some questions about how the project has been planned and implemented, and how you feel about your work. Everything you say is confidential. I would like to record the interview so I don't have to take notes. Is that OK with you? Do you have any questions for me before we begin?	
Efficiency	1. What is your role in the project? How long have you worked with PARD in this position? What is your level of training as a community health worker?
	2. Were you able to hold the trainings in a timely manner, even in spite of limitations of COVID-19?
	3. Were women receptive to the training that you provided?
Relevance	4. Do you think the number of trainings and the topics are adequate for the needs of the population? If not, what changes or additions would you suggest? Effectiveness
Effectiveness	5. How do you evaluate whether the training was successful or not? <ul style="list-style-type: none"> a. Do you do pre and post knowledge tests at each evaluation, or at the end of the training? b. Do you do satisfaction evaluations at each session?
Impact	6. Do you think the trainings were beneficial in helping women cope with conflict at home? How do you know?
	7. Do you think the trainings have any effect on how women handle the issue of child marriage in their household? How can you tell?
	8. Do you think there were any negative consequences of the trainings? Please describe.
	9. Do you think that women share what they learn with their friends and family? Why?
	10. Can you share any success stories?
Lessons learned	11. What are your recommendations for the future?

PARD Midwife	
Introduction	
<p>I'm conducting an evaluation of the third year of the PARD health project. I want to ask some questions about how the project has been planned and implemented, and how you feel about your work. I have about 15 questions, and I hope we can cover them in half an hour.</p> <p>I want to add that everything you say is confidential. I would like to record the interview so I don't have to take notes. Is that OK with you? Do you have any questions for me before we begin?</p>	
Effectiveness	1. What is your role in the project? How long have you worked with Pard in this position? What is your level of training as a midwife?
Relevance	2. Do you think the services provided are adequate to the needs of the population?
Efficiency	3. What other staff do you work with and how do you divide responsibilities? Is there enough staff to get the work done?
	4. What barriers do women face in accessing women's health care (such as hesitancy, cost, transportation). How does the project overcome those barriers?
	5. In your opinion, are there ways the program use fewer resources but still get the same work done?
Effectiveness	6. How would you describe the level of health awareness in the women you care for?
	a. Knowledge of need for antenatal care
	b. Knowledge of family planning methods
	c. Knowledge of preventive care like mammograms and pap smears
	d. Knowledge of the risks of pregnancy in very young women
	7. How do you help raise awareness of women in these areas?
	8. What role do you play in cases where a woman may be experiencing gender-based violence? Can you share how you handle those situations?
9. What is the one biggest barrier have you have faced in the project and how did you address it?	
Impact	10. Could you describe the overall impact of the project? In your opinion, has it made a difference for women?
Lessons learned	11. What recommendations do you have for future work?

Focus Group Guide: General**Introduction**

Hello all, I'm Barbara and I am working with PARD to learn more about how you feel about PARD's program in your communities. The purpose of this discussion is for you to share whatever you want to about PARD services. I have about 10 questions and we have about an hour to talk.

Everything you say is confidential, and nobody has to answer any question they don't want to. Anyone can leave at any time.

It's really important to protect each other's privacy, so it is important that nobody repeats anything they heard from someone else during the discussion. Is that OK with everyone?

I would like to tape the interview to help me understand better what you said, but I will destroy the tapes when I finish the report. Is this also OK with everyone?

Do you have any questions before I begin?

First let's get to know each other. Could everyone go around and say just your first name and where you live?

Relevance	1. What are the main problems affecting well-being and good mental health in your community?
	2. In your opinion, what are the main problems affecting the reproductive health of women in your community?
Effectiveness	3. Which PARD activity did you find most useful? What activity needs to be improved?
	4. Which workshop topics did you like the most? Why?
Impact	5. What are the new things that you have learned through attending/benefiting from PARD activities?
	6. What new things are you doing since learning about them?
	7. Have you shared your experiences and changes with others in your community? How?
	8. Do you know where to get help in the case of GBV? Do you think other women in your community know where to seek help?
Efficiency & Participation	9. To what extent does the center consult with you about the service they offer?
Efficiency	10. To what extent do you feel that the service is well-organized and timely?
Impact & Lessons learned	11. What advice would you give to others on reproductive health issues and on reducing gender based violence?
	12. Is there anything else anyone would like to say?

Focus Group Guide: Women's committee**Introduction**

Hello all, I'm Barbara and I am working with PARD to learn more about how you feel about PARD's program in your communities. The purpose of this discussion is for you to share whatever you want to about PARD services. I would also like to find out more about your committee and how it is working. I have about 10 questions and we have about an hour to talk.

Everything you say is confidential, and nobody has to answer any question they don't want to. Anyone can leave at any time.

I would like to tape the interview to help me understand better what you said, but I will destroy the tapes when I finish the report. Is this also OK with everyone?

Do you have any questions before I begin?

First let's get to know each other. Could everyone go around and say just your first name and where you live?

Relevance	<ol style="list-style-type: none"> 1. What are the main problems affecting well-being and good mental health in your community? 2. In your opinion, what are the main problems affecting the reproductive health of women in your community?
Effectiveness	<ol style="list-style-type: none"> 3. Please tell me how the women's committee works with PARD to improve women's health in your community 4. To what extent does the committee participate in the planning and implementation of PARD's programs?
	<ol style="list-style-type: none"> 5. Which PARD activity do you think is the most useful? What activity needs to be improved?
	<ol style="list-style-type: none"> 6. To what extent do you feel that the services are well-organized and timely?
Impact	<ol style="list-style-type: none"> 7. Going back to your committee a bit, what would you say are the strengths of the committee?
	<ol style="list-style-type: none"> 8. What barriers or problems do you face as a committee, and how have you solved them?
	<ol style="list-style-type: none"> 9. Could you describe the relationship with the Popular Committee?
Sustainability	<ol style="list-style-type: none"> 10. What are the goals of the committee over the next year? 11. How do you see the committee in 5 years, for example? (probe for larger membership, more responsibility, greater respect).
Lessons learned	<ol style="list-style-type: none"> 12. What recommendations would you have for PARD on future work on women's health, and on reducing gender based violence? 13. Is there anything else anyone would like to say?

Focus Group Guide: Nurses**Introduction**

Hello all, I'm Barbara and I am working with PARD to learn more about how you feel about PARD's program in your communities. The purpose of this discussion is for you to share whatever you want to about PARD services. I have about 10 questions and we have about an hour to talk.

Everything you say is confidential, and nobody has to answer any question they don't want to. Anyone can leave at any time.

It's really important to protect each other's privacy, so it is important that nobody repeats anything they heard from someone else during the discussion. Is that OK with everyone?

I would like to tape the interview to help me understand better what you said, but I will destroy the tapes when I finish the report. Is this also OK with everyone?

Do you have any questions before I begin?

First let's get to know each other. Could everyone go around and say just your first name and where you live?

Relevance	1. First, I want to extend my congratulations on your hard work. As nurses, or nursing students, could you talk about the main problems affecting well-being and good mental health in your community?
	2. In your opinion, what are the main problems affecting the reproductive health of women in your community?
Effectiveness	3. All of you attended PARD workshops. Which workshops did you like the most? Why?
	4. To what extent do you feel the workshops were well-organized and valuable?
Impact	5. How did the things you learned in the workshops encourage you to study nursing?
	6. What were the barriers or problems you encountered?
	7. How does your family feel about your studies in nursing?
	8. How did your studies change you as a person?
	9. In what ways do you think you can now help your families and your communities?
Lessons learned	10. What advice would you give to women on reproductive health issues and on reducing gender based violence?
	11. What recommendations do you have for PARD regarding their programs in general?
	12. Is there anything else you would like to say?

4. Recommended Revisions to Logic Model

Note: Revisions (in red) are made to the Objectives and Indicators sections only, and are explained in the text.

<p>OVERALL OBJECTIVE AIM Contribute to the full realization of the right to health of Syrian and Palestinian refugee women and youth in South Lebanon.</p> <p>SECONDARY OBJECTIVE AIM Promote access to health and a life free of violence and child marriage, through medical and psychological assistance, for the refugee population in 10 informal settlements, with special emphasis on women.</p>	
Objective	Indicators
<p>OVERALL OBJECTIVE Contribute to the full realization of the right to health of Syrian and Palestinian refugee women and youth in South Lebanon. <i>Renamed to "Overall Aim" and moved to top of frame</i></p>	
<p>SPECIFIC OBJECTIVE Promote access to health and a life free of violence and child marriage, through medical and psychological assistance, for the refugee population in 10 informal settlements, with special emphasis on women <i>Renamed to "Secondary Aim" and moved to top of frame</i></p>	
<p><i>Note: the following Result now pertains to I.O.V.1.O.E, to I.O.V.3.O.E and I.O.V.1.R.1 to I.O.V.5.R.1</i></p> <p>RESULT 1 Created spaces and health care services that promote the right to health among the highly vulnerable refugee population in 10 informal settlements in South Lebanon.</p>	<p>I.O.V.1.O.E: At the end of the project, 4,500 medical consultations have been carried out.</p>
	<p>I.O.V.2.O.E At the end of the project, at least 80% of the patients served will report being satisfied with the service provided.</p>
	<p><i>Moved this to Result 3</i></p> <p>I.O.V.3 O.E. At the end of the project, at least 80% of the women participants in the training courses in nursing and nursing assistant obtain the professional certificate.</p>
	<p>I.O.V.1.R.1.: By the end of the project, at least 500 women will have taken the Pap test.</p>
	<p>I.O.V.2.R.1.: By the end of the project, at least 500 women will have undergone mammograms.</p>
	<p>I.O.V.3.R.1.: At least 500 gynecological follow-up visits will have been carried out by the end of the project.</p>

Recommended Revisions to Logic Model, Continued

	I.O.V.5.R.1.: All assimilable medical waste will be brought to the medical waste collection center in the municipality of Abbasiyeh.
RESULT 2 Provided a comprehensive psychosocial care service to refugee women victims of violence in 10 informal settlements in South Lebanon.	I.O.V.1.R.2.: By the end of the project, at least 360 women will be aware of local resources for psychological support and know, identify and know where to ask for help in case of gender-based violence.
	I.O.V.2.R.2.: By the end of the project, at least 90 women who have experienced gender-based violence, with a special focus on child marriage, have been identified and psychologically supported through safe site visits.
	I.O.V.3.R.2.: At the end of the project, at least 90 women who have suffered gender violence have been advised about the possibilities to legally prosecute their abuser and/or rapist.
RESULT 3 Refugee women in 10 informal settlements in South Lebanon empowered and trained in professional nursing skills and promoted peace building through the collection and dissemination of testimonies.	Note: this objective was moved from Result 1 above as it corresponds directly to Result 3. I.O.V.3 O.E. At the end of the project, at least 80% of the women participants in the training courses in nursing and nursing assistant obtain the professional certificate.
	I. O.V.1.R.3. At the end of the project, 100 local women have been trained in empowerment and conflict resolution.
	I.O.V.2.R.3 At the end of the project, at least 80% of the trainees report taking ownership, understanding and applying the empowerment and conflict resolution skills learned.
	I.O.V.3.R.3 At the end of the project, testimonies of the socio-economic abuse of Palestinian refugee women in Lebanon have been disseminated locally, nationally and internationally.

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