EVALUATION REPORT ANNEXES

INDEPENDENT COUNTRY PROGRAMME EVALUATION ANNEXES

LEBANON

2010 – 2014

Evaluation Office

New York
June 2014

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Abbreviations and Acronyms

AMDD	Averting Maternal Death and Disability
ANC	Antenatal Care
ARC	Arab Resource Collective
ARCL	Armenian Relief Cross of Lebanon
ASRO	Arab States Regional Office
AWP	Annual Work Plan
AWPMT	Annual Work Plan monitoring tool
BCC	Behaviour Communication Change
CAS	Central Administration of Statistics
CAWTAR	Centre for Arab Women in Training and Research
CBO	Community-based Organization
CC	Component Coordinator
CCA	Common Country Assessment
CSA	Centre for Studies on Ageing
CDR	Council for Development and Reconstruction
CEDAW	Committee on the Elimination of Discrimination against Women
CESCR	Committee on Economic, Social and Cultural Rights
CIPD	Conference on Integration of Population and Development
CO	UNFPA country office
COAR	Country Office Annual Report
COM	Council of Ministers
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Conflict Prevention and Recovery
CSO	Civil Society Organization
CUSFU	Centre Universitaire de Santé Familiale et Communautaire
DAC	Development Assistance Committee
DEX	Direct Execution (by UNFPA)
DFA	Department of Family Affairs
DGUP	Directorate General of Urban Planning
DHS	Demographic and Health Survey
DRP	Department of Research and Planning
ECOSOC	Economic and Social Council of the United Nations
ECRD	Educational Centre for Research and Development
EfC	Education for Change
EmONC	Emergency Obstetric and New-born Care
FACE	Fund Authorization and Certificate of Expenditures
FBO	Faith-based Organization
FP	Family Planning
GBV	Gender-Based Violence
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GFP	Gender focal point
GNI	Gross National Income
GoL	Government of Lebanon
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security

H4+	Harmonized Approach for Cash Transfer
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
NHPC	National High Population Committee
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
IAWG	Inter-Agency Working Group
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development (The Cairo Conference)
ICPDPOA	International Conference on Population and Development Programme of Action
IEC	Information Education Communication
IMC	Inter-Ministerial Committee
IMTI	International Management and Training Institute
INGO	International Non-Governmental Organization
IOCC	International Orthodox Christian Charities
IP	Implementing Partner
IWSAW	Institute for Women's Studies in the Arab World
LAU	Lebanese American University
LEA	Lebanese Epidemiological Association
LECORVAW	Lebanese Council to Resist Violence against Women
LFPA	Lebanese Family Planning Association
LSOG	Lebanese Society for Obstetrics and Gynaecology
LTA	Long-Term Agreement
MARPS	Most at Risk Populations
MCH/MNCH	Maternal and Child Health/Maternal, New-born and Child Health
MD	Millennium Declaration
MDG	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
M&E	Monitoring and Evaluation
MEHE	Ministry of Education and Higher Education
MENA	Middle East and North Africa
MHTF	Maternal Health Thematic Fund
MMR	Maternal Mortality Rate
MICS	Multi Indicator Custer Survey
MISP	Minimum Initial Service Package
MoF	Ministry of Finance
MoIM	Ministry of Interior and Municipalities
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MoYS	Ministry of Youth and Sports
MoV	Means of Verification
MSM	Men who have sex with men
MTR	Mid-Term Review
MYFF	Multi-year Funding Framework
NAP	National AIDS Program
NCEA	National Commission for Elderly Affairs

NCLW	National Commission for Lebanese Women
NEPR	National Emergency and Reconstruction Program
NEX	National Execution
NGO	Non-Governmental Organization
NPMP	National Physical Master Plan
NPTP	National Poverty Targeting Program
NSDS	National Social Development Strategy of Lebanon
NSSS	National Social Security System
NSSF	National Social Security Fund
NTC	National Teaching Curriculum
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Cooperation and Development
OHCR	Office of High Commissioner of Human Rights
OSD	Office for Social Development
PAPCHILD	Pan Arab Survey on Mother and Child
PAPFAM	Pan Arab Survey for Family Health
PCA	Programme Coordination and Assistance
P&D	Population and Development
PHC	Primary Health Care
PHCS	Public Health Care Centres
PHI	Public Housing Institution
PMTCT	Prevention of Mother-To-Child Transmission (of HIV during delivery)
PRSP	Poverty Reduction Strategy Paper
PTCC	Programme Technical Coordination Committee
PWD	Persons with Disability
RAMOS	Reproductive Age Mortality Survey
RBM	Results-based Management
RH	Reproductive Health
RHP	Reproductive Health Programme
RHCS	Reproductive Health Commodity Security
RHR	Reproductive Health and Rights
RO	Regional Office
SBAA	Standard Basic Assistance Agreement
SDCs	Social Development Centres
SDG	Service Delivery Guidelines
SDP	Service Delivery Points
SPR	Standard Progress Report
SPSS	Statistical package for the Social Sciences
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
TBPE	Theatre Based Peer Education
TCC	Technical Consultative Committee
ToR	Terms of Reference
TOT	Training of trainers
TWG	Technical Working Group
U5MR	Under Five Mortality Rate
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office of Drug Control
UNOHCHR	Office of the United Nations High Commissioner for Human Rights
UNRWA	United Nations Relief and Works Agency
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
USJ	Saint Joseph University
VAW	Violence Against Women
WAD	World Aids Day
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
YFS	Youth Friendly Services
Y-PEER	Youth-peer to peer

Annex 1

TERMS OF REFERENCE FOR THE EVALUATION OF THE UNFPA 3RD COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT OF LEBANON (2010-2014)

1. ABOUT UNFPA

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

The goals of UNFPA - achieving universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and accelerating progress on the ICPD agenda and MDG 5 - are inextricably linked. UNFPA also focuses on improving the lives of youths and women by advocating for human rights and gender equality and by promoting the understanding of population dynamics. Population dynamics, including growth rates, age structure, fertility and mortality and migration have an effect on every aspect of human, social and economic progress. And sexual and reproductive health and women's empowerment all powerfully affect and are influenced by population trends.

2. MANDATE

The role of the Evaluation Branch at the Division for Oversight Services (DOS) is to: (1) support the Executive Director's accountability towards the executive board and wider public; (2) support the accountability of UNFPA Country Offices towards stakeholders and partners at country level; (3) provide quality assurance on UNFPA interventions both at the global and country levels; (4) contribute to learning at the corporate, regional and country levels.

The Evaluation Branch is planning to conduct the independent evaluation of the UNFPA 3rd Country Programme of Assistance to the Government of Lebanon in 2013, as part of its annual work plan.

3. CONTEXT

The Standard Basic Assistance Agreement (SBAA), signed between the Government of Lebanon and the United Nations Development Programme (UNDP) on the 10th of February 1986 and which applies *mutatis mutandis* to UNFPA, constitutes the Basis of Relationship. The 2010-2014 Third Country Programme Document (CPD), approved in 2009, constitutes the legal basis for the relationship between the Government of Lebanon and UNFPA.

Lebanon is a middle income country with an estimated population of 4.259 million people in 2011[1]. The GDP per capita (2005 PPP $) is 11,868[2]. Lebanon's human development index (HDI), which rose from 0.716 in 2005 to

[1] World Bank, World Development Indicators, http://data.worldbank.org/country/lebanon
[2] UNDP, Human Development Indicators, 2011 report, http://hdrstats.undp.org/en/countries/profiles/LBN.html

0.739 in 2011, gives the country a rank of 71[3] out of 187 countries with comparable data. The percentage of deprived households dropped from 30.9 percent (6.8 percent of those living in extreme deprivation) in 1998 to 24.6 percent in 2004/05 and whereby 5.2 percent of the latter live in extreme deprivation[4]. Still, social and economic regional disparities exist, with poverty pockets including urban poor. These are manifested in terms of educational attainment, gender disparities, health status, fertility behaviour, unemployment, child labour, purchase power, and participation issues particularly as it relates to women, youth and other vulnerable groups.

In spite of solid achievements in Gender Equality, Equity and Empowerment of Women, much remains to be pursued building on achievements and lessons learned. In education, 83.3 percent of women are literate and school enrolment ratios of girls to boys at primary levels is equal[5]. Access of Lebanese women to national decision-making and their participation in political life remains weak. Lebanon has not yet lifted its reservations on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the existing family laws still discriminates against women. Though recently there has been an increased number of victims of violence who have sought support, still women rarely request adequate legal or other protection against the different forms of violence.

Government spending in the social sector is relatively moderate, where approximately 8.1 percent of the GDP goes to the health sector[6]. Contraceptive prevalence rate is estimated at 58 percent, of which 34 percent modern contraceptives, primarily IUDs, pills and condoms[7]. Antenatal care and attended deliveries in Lebanon are universal. Almost 96 percent of pregnant women received care during pregnancy, and attended birth was almost 98 percent of deliveries (Pan Arab Project for Family Health, Lebanon, 2004) though some regional disparities still exist. However, only about 52 percent of women received post-natal care. Maternal mortality ratio dropped from the observed level of 140 and 107 per 100,000 live births in 1990 and 1993 respectively to 86.3 in 2004[8].

Awareness of STI/HIV/AIDS prevention is very high in Lebanon (91 percent)[9] although 20 percent of students had never heard of HIV/AIDS[10]. Despite the fact that Lebanon is considered a low prevalence country, still there are indications of clearly defined pockets of concentrated epidemic with population at risk thus representing major challenge to be addressed in order to halt potential rapid spread of epidemic.

In this context, UNFPA decided to commit a total of USD 10 million over the 5 years of its third programme of assistance to the Government of Lebanon (2010-2014). The programme consists of three components: (a) reproductive health and rights (allocated with USD 5.5 million); (b) population and development (allocated with USD 2.0 million); and (c) gender equality (allocated with USD 2.0 million).

The reproductive health and rights component aims at increasing access to health services and improving their quality, particularly in underserved areas and with focus on vulnerable groups. The population and development component is intended to improve effective and accountable governance of state institutions and public administrations. Under the gender equality component, two objectives are pursued: (a) integrating gender equality and the human rights of women and adolescent girls in pertinent national and sectorial laws, policies, strategies, and plans; and (b) prevention and protection from, and response to, gender-based violence improved at the national level.

[3] Ibid.
[4] Living Conditions of Household Survey, Lebanon, 2004
[5] Ibid.
[6] WHO Global Health Observatory for 2009
[7] Pan Arab Project for Family Health, Lebanon, 2004
[8] Ibid.
[9] National AIDS Programme, Lebanon
[10] Global School- Based Health Survey, Lebanon, 2005

4. OBJECTIVES AND SCOPE OF THE EVALUATION :

The overall purpose of the exercise is to produce an independent and useful evaluation report, with a view to contributing to the elaboration of the next UNFPA country programme for Lebanon.

The specific objectives of the independent evaluation of the UNFPA 3rd country programme for Lebanon are:

- to provide the UNFPA country office in Lebanon, national programme stakeholders, the UNFPA Arab States regional office, UNFPA headquarters as well as the wider audience with an independent assessment of the relevance and performance of the UNFPA third country programme for Lebanon;
- to provide an analysis of how UNFPA has positioned itself to add value in an evolving national development context;
- to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The evaluation will cover all activities (including soft aid activities) planned and/or implemented during the period 2010-2013 within each programme component (reproductive health and rights, population and development and gender equality). Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects.

As a complement to the assessment of the three programme components, the evaluation team will also conduct an assessment of the programme monitoring and evaluation system.

5. EVALUATION CRITERIA AND EVALUATION QUESTIONS

In accordance with the methodology for CPEs as set out in the Evaluation Branch Handbook on How to Design and Conduct Country Programme Evaluations (2012)[11], the evaluation will be based on a number of questions (limited to a maximum of ten) covering the following evaluation criteria:

Relevance

- To what extent are the objectives of the programme (i) adapted to the needs of the population (in particular the needs of vulnerable groups), (ii) aligned with government priorities (iii) as well as with policies and strategies of UNFPA?
- To what extent is the UNFPA country programme aligned with the UN strategy (UNDAF) in Lebanon?
- To what extent was the country office able to respond to changes in the national development context?

Effectiveness

- To what extent have the expected results of the programme been achieved?

Efficiency

- To what extent were programme resources (funds, expertise, time, etc.) converted into results?

Sustainability

- To what extent are the results of UNFPA supported activities likely to last after their termination?

[11] http://www.unfpa.org/public/home/about/Evaluation/Methodology

Besides the above standard evaluation criteria, the programme will also be assessed against the two following specific criteria, with a view to characterizing the strategic positioning of UNFPA within the UN system in Lebanon:

Coordination

- To what extent did UNFPA contribute to coordination mechanisms in the UN system in Lebanon ?

Complementarity

- To what extent did UNFPA contribute to complementarity (i.e. avoiding overlap and duplication of activities / seeking synergies) among UN agencies in Lebanon?

The questions listed above are only indicative; the final set of evaluation questions will be determined during the design phase, after a discussion with the evaluation reference group.

6. EVALUATION METHODOLOGICAL APPROACH

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate.

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers.

Stakeholders participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation team will perform a stakeholders mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

7. EVALUATION PROCESS

The evaluation will unfold in three phases, each of them including several steps.

1) Design phase

This phase will include:

- a *documentary review* of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined: 2010-2013;
- a *stakeholder mapping* – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- a reconstruction of the *intervention logic* of the programme, i.e. the theory of change meant to lead from planned activities to the intended results of the programme;
- the finalization of the list of evaluation questions;
- the development of a data collection and analysis strategy as well as a concrete workplan for the field phase.

At the end of the design phase, the evaluation team will produce a **design report**, displaying the results of the above-listed steps and tasks.

2) Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions as agreed upon at the design phase.

At the end of the field phase, the evaluation team will provide the CO with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

3) Synthesis phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This second draft final report will form the basis for an **in-country dissemination seminar**, which should be attended by the CO as well as all the key programme stakeholders (including key national counterparts). The **final report** will be drafted shortly after the seminar, taking into account comments made by the participants.

8. INDICATIVE TIMEFRAME

Phases/deliverables	Dates
1. Drafting of the ToR	March 2013
2. Scoping mission	March 2013
3. Finalization of the ToR and recruitment of experts	March 2013
4. Design phase *Submission of the design report*	April 2013 *end of April 2013*
5. Field Phase	6 May-24 May 2013
6. Synthesis phase *- 1st draft final report* *- 2nd draft final report* *- Dissemination seminar (in Beirut)* *- Final report*	June-October 2013 *July 2013* *August/2013* *September2013* *October 2013*

9. COMPOSITION OF THE EVALUATION TEAM

The evaluation team will consist of:

- the **team leader** (Evaluation Adviser at the Evaluation Branch, UNFPA), with overall responsibility for the evaluation process, from the preparation of the ToR to the production of the final report. He will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables.
- a **reproductive health expert** (consultant) will support the team leader and provide expertise in reproductive and maternal health (including family planning, emergency obstetric and newborn care). She/he will take part in the data collection and analysis work during the design and field phases. She/he

will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to reproductive health and rights.

- a **population and development expert**, also **expert in monitoring & evaluation systems** (consultant) will support the team leader and provide expertise in population and development issues (including census, democratic governance, population dynamics, legal reform processes, national and local capacity development and national statistical systems) as well as in the assessment of the monitoring and evaluation systems. She/he will take part in the data collection and analysis work during the design and field phases. She/he will be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development and the assessment of the monitoring and evaluation system. At the synthesis phase, she/he will be responsible for putting together the first comprehensive draft of the evaluation report, based on inputs from other evaluation team members.
- a **gender expert** (consultant) to support the team leader and provide expertise on gender equality issues (women and adolescents reproductive rights, prevention of discrimination and violence against women, etc.). Besides her/his technical expertise, the gender expert should have a good knowledge of the Lebanese national development context and be fluent in Arabic. She/he will take part in the data collection and analysis work during the design and field phases. Thanks to her/his knowledge of the national development context, she/he will act as a facilitator for the organization and implementation of the field work. She/he will also assist other evaluation team members in the analysis of the documentation in Arabic. She/he will be responsible for drafting key parts of the design report and the final evaluation report, including (but not limited to) sections relating to the national context and gender equality. The gender expert will also be responsible for the quality control and editing of the translation of the final report in Arabic (this translation will be performed by a professional translator.)

The team will be assisted by an interpreter, during the field phase, for the conduct of focus groups with final beneficiaries.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

10. DELIVERABLES

The evaluation team will produce the following deliverables:

- a design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase;

- a debriefing presentation document (*Power Point*) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;

- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the evaluation reference group);

- a powerpoint presentation of the results of the evaluation for the dissemination seminar to be held in Beirut

- a final report, based on comments expressed during the dissemination seminar in Beirut.

All deliverables will be drafted in *English*. The PowerPoint presentation for the dissemination seminar and the final report will be translated in Arabic.

11. MANAGEMENT OF THE EVALUATION

The team leader will also be the manager of the evaluation.

He will be assisted by a **reference group** composed of representatives from the UNFPA country office in Lebanon, the national counterpart, the UNFPA Arab States regional office as well as from UNFPA relevant services in headquarters.

The main functions of the reference group will be:

- to discuss the terms of reference drawn up by the Evaluation Branch of UNFPA;
- to provide the evaluation team with relevant information and documentation on the programme;
- to facilitate the access of the evaluation team to key informants during the field phase;
- to discuss the reports produced by the evaluation team;
- to advise on the quality of the work done by the evaluation team;
- to assist in feedback of the findings, conclusions and recommendations from the evaluation into future programme design and implementation.

The team leader and the reference group will communicate mostly via e-mail, although "virtual" meetings (via tele or videoconference) may also be convened.

Terms of Reference for the Evaluation of the UNFPA 3rd Country Programme of Assistance to the Government of Lebanon (2010-2014) ANNEX I : Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent,** implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect peopleôs right not to engage. Evaluators must respect peopleôs right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.

3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.

4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholdersôdignity and self-worth.

5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Terms of Reference for the Evaluation of the
UNFPA 3rd Country Programme of Assistance to the Government of Lebanon (2010-2014) ANNEX II : Management response

UNFPA **Management response**	**Country Programme Evaluations** ***(from-to): é é é (name of the country)***

Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme, recommendations associated with cross-cutting issues. Within each cluster, recommendations should be ranked by priority levels (from 1 to 3).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic recommendations		
Recommendation #	**To é é é . *(e.g Executive Directorôs Office)***	**Priority Level é .*(from 1 to 3)***

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:é é

é ...é é ..é é é é é é é é é é .é ………………………………………………………………………………………… …… …………………

Key action(s)	**Deadline**	**Responsible unit(s)**	**Annual implementation status updates**	
			Status (ongoing or completed)	**Comments**

Recommendation #	To é é é .(*e.g. Country office*)	Priority level é ..

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:é é

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Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

Cluster 2: Recommendations associated with the programme		
Recommendation #	**To é é é ..**	**Priority level é ..**

Management response - *Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide detailed justification. Where accepted, please indicate key actions for implementation*:é ..é é é é é é é é ..é é é é é é é é é .é ....

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments

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<tr><td colspan="6">Clusters 3: Recommendations associated with cross-cutting issues</td></tr>
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Annex 3

List of people interviewed

NAME	TITLE
UNFPA	
Mrs Asma Kurdahi	Assistant Representative
Mrs Nada Aghar Naja	National Programme Officer - Reproductive Health
Ms Christelle Mousallem	Field Coordinator
Ms Reema Masoud	
UNDP	
Shombi Sharp	Deputy Country Director, Chair of UNDAF M&E WG
WHO	
Dr. Alissar Rady	Medical Officer
UNICEF	
Ms Rajae Msefer Berrada	UNICEF deputy representative
UNHCR	
Ms Aye Aye Than	Associate Field Officer (Health)
Alice Wimmer	Public Health Officer
MoSA (Beirut)	
Ms. Dia Saleh	Head of Family Affairs Department
Ms. Mariam Mghamess	P&D focal point, Head of population department
Mrs. El Gjali	Social worker
P&D project	
Mrs Mireille	Director
Ms. Manal Said El Hourani	Accreditation standards expert
Dr.Rafic Baddoura	Member of NCEA – Hotel-Dieu de France
BEIRUT	
Dr Mohamad Ali Kanaan	Former MoPH – Project Manager
Mrs Nina Lahham	Former MEHE - Head of Orientation and Guidance department
Mrs Maguy Ghanem	Consultant Reproductive Health situation analysis
Ministry of Education and Higher Education	
Ms Sonia Najem	School Health Education - MEHE
Ms Sonia Khouri	Head of Orientation and Guidance department - MEHE
National AIDS Programme	
Dr Mustapha El Nakeeb	National AIDS Programme Manager, member of the AIDS Theme Group
University Saint Joseph	
Mrs Kahi Hyam	Director CUSFC and project manager
Dr Fady El Hage	Dean FES and project manager
Ms Muriel Albina	Project Coordinator
Mrs Nora Dakkash	Coach in school for FES related activities and trainer
Mr Nabil Wheibe	Trainer
Ms. Martine Najem	Ex P&D project director
SDC Baalbeck/Beqaa	
Mrs Huda Suayyyed	Director
Mrs Rabiaa Muslimani	Social worker

Mrs Awatef Rifai	Nurse
Mrs Ibtihage Khalul	Midwife
Mrs Olfat Mortada	Public Health Nurse
Ms Sima Intably	CUSFC Youth focal point
Masar	
Mrs Mrs Rania Sabaayon	Coordinator
Centre for Studies on Ageing	
Dr Abla Sibai	Director
Dr Nabil Kronfol	Member
Central Administration of Statistics	
Najwa Yaacoub	Acting Head
Makassed	
Dr Reem Rabah	Makassed PHC Coordinator - Expert USJ-CUSFC /YFS training manual
Amel Association	
Dr Malak Wehbe	Medical coordinator
Balamand University	
Mrs Mrs Habouba Oun	Project manager humanitarian youth project –
VAPA	
Ms Mrs Farah Share	Trainers & coach in TBPE
Ms Sabine Ojeil	
Y-PEER Network	
Ms Carla Daher	Former UNFPA Y-PEER Coordinator
Ms Rachel Mallah	Focal Point and Regional trainer
Mr Nadim Abou Alwan	Focal Point and Regional trainer
Ms Dunia Fatayri	Youth Coordinator LFPA
American University of Beirut/Faculty of Health Sciences	
Dr Rima Afifi	Acting Dean, Team Leader Evaluation of the TBPE in education sector
Dr Faysal Kak	Chairperson Lebanese Society of Obstetricians and Gynaecologists,
YMCA	
Mrs Lady Habchy ,	Project manager
Ms Hasmig Donoyan	Social worker, Social Services, Fondation Karagheusian
ECRD	
Mr Antoine Skaff	Project manager and Executive Committee member
Mr Wael Kazan	Project coordinator
Ms Eva Ghassibi	Executive Committee member
Ms Sonia Najem	Executive Committee member - MEHE
Ms Najla Barghoush	Educational inspection
Ms Lodi Nabulis	
Ms Fatme Fadlallah	Consultant - Development of the RH curriculum
Machha PHCC, Akkar	
Dr Hourye Zoobi	Physician PHCC
Ms Fatam Zoobi	Administrateur PHCC
Mrs Oumayme	FGD participants – Beneficiairies
Mrs Nahed	
Mrs Zahra	
Mrs Roukaya	
MoSA SDC Halba	
Ms Huda El Rifai	Midwife
Mabarrat school director	
Hussein Zaher	FGD participants - Students : Peer educators and audience

Ahmed Ali	
Dr Nada Chalhoub	School Physician
Ms Randa Jooma	School Counsellor, TBPE trainer and students
Sibline Training Centre	
Ms Wafaa Kanaan	Trainer MISP (MoPH)
Mr Alaa	FGD participants - UNRWA PHC centres health providers
Mrs Mona	
Mr Ahmad	
Ms Mona	

Annex 4

Evaluation Matrix

EQ1 : To what extent was the UNFPA 3rd country programme for Lebanon able to: (i) address the needs of the population; (ii) align with the priorities set by relevant national policy frameworks as well as the UNFPA strategic plan and (iii) respond to changes occurred in the national development context during its period of implementation?			
Judgement criteria	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
JC.1.1 : The needs of the population , in particular those of vulnerable groups, were well taken into account during the programming process	- Evidence of an exhaustive and accurate identification of the needs prior to the programming of the RHR, P&D and Gender components of the CPAP - The choice of target groups for UNFPA supported interventions in the three components of the programme is consistent with identified needs as well as national priorities - Extent to which the interventions supported by UNFPA (in the three components of the programme) were mainly targeted at most vulnerable, disadvantaged, marginalised and excluded population groups	- CPAP - AWPs - National policy/strategy documents Needs assessment studies	- Documentary analysis - Interviews with UNFPA CO staff - Interviews with implementing partners - Interviews/Focus groups with final beneficiaries

Reproductive Health

Reproductive health services - The interventions designed to achieve output 1 of the Reproductive Health (RH) component i.e. '*Enhancing Ministry of Public Health (MoPH) capacities for providing quality RH services at primary and secondary care levels in Targeted Areas*' are in continuity with the previous country programme. The priorities defined in the previous country programme focused on reinforcing MoPH at primary health care level and were carried forward in the 3rd country programme. The selected target areas for interventions are located in the regions of the Bekaa, the South, the North and Nabatie which count the highest proportion of deprived households.[12]

The final evaluation of the 2nd country programme (2002 – 2009) reported that the UNFPA collaboration with Lebanon was effective in increasing coverage of reproductive health services reaching around 170 primary health care centres (PHCs) all over Lebanon and especially in the under-served regions of the country. Through continuing to be aligned with MoPH policy to support the primary health care level UNFPA during the third country programme aims at reaching the poor. The '*Accessibility to primary health care services and to public hospital services for the poor has increased*' and the focus on primary health care centres *'has contributed to lowering of out of pocket spending'.* In a country like Lebanon where 80% of the population uses private services, UNFPA planning to support public health services contributes to targeting the vulnerable populations. *[13]*

The UNFPA focus on PHC centers contributed to target the most vulnerable as these centers do not differentiate between insured and uninsured patients regarding nominal fees. This supports the MoPH policy being '*to ensure a safety net while providing an alternative to the uninsured to have access to affordable essential services through its network*'.[14]

A '*Rapid Assessment of the Impact of Syrian Crisis on Socio-Economic Situation in North and Bekaa*' was conducted by UNDP in August 2012. The survey was conducted on a sample of Lebanese households to investigate the impact of the Syrian crisis on the livelihoods of local communities. In Bekaa and North respondents acknowledged a decreased access to healthcare, the main cited reasons for this decrease being increased demand on the services of primary health care institutions, the lack of ability to pay for health services on the Lebanese side (the majority of the respondents) and the absence of primary health care centres within community, since they cannot access to Syrian border hospitals anymore. Several studies that were conducted earlier showed that Bekaa and North citizens often accessed Syrian health care centres because of lower cost of services when compared to the Lebanese health care system and/or because of the proximity of the centres.[15] This confirms the vulnerability of the population as regards to the access to the health services in some areas of Lebanon, particularly in Bekaa and in the North.

[12] United Nations, United Nations Resident Coordinator System in Lebanon. *Lebanon Common Country Assessment,* 2007
[13] Walid Ammar MD, Ph.D, Ministry of Public Health, *Health* Reform *In Lebanon - Key Achievements at a glance*, 2009
[14] Idem
[15] Development Management International s.a.r.l. Rapid Assessment of the Impact of Syrian Crisis on Socio-Economic Situation in North and Bekaa, August 2012

The initial UNFPA plan to support outreach services responded to the identified discrepancies in coverage of public health services, including RH services, and problems of access to quality health services especially in rural areas 'which *result in large discrepancies in health indicators within the Lebanese population and regions'*.[16]

UNFPA supported an '*Assessment of Linkages between Sexual and Reproductive Health and HIV*" with the MoPH and the National AIDS Control Program' in 2010. Some of the recommendations of this assessment were included in UNFPA planning in aspects related to RH commodities and integration of SRH and HIV services within the Youth Friendly Service package.[17]

Young people - The 2004 family survey of the Pan Arab Project for Family Health indicated that the percentage of pregnant women between 15-19 among the total of pregnant married women at the time of the survey was 31.8 %, which is quite high but also requires caution as older women may have not all revealed their pregnancy. It should be noted that the fertility has decreased over the years in this age group.[18]

The 2011 Lebanon Global School-based Student Health Survey (GSHS) highlighted violence, drug use (marijuana), alcohol use[19] (total 21.2%, boys 27.1% and girls 16%) as the main issues faced by young people. Mental health problems were also highlighted with in total 13.5% (boys 13.5% and girls 13.5%) of students who actually attempted suicide one or more times during the past 12 months and 3.4% of students reported that they had no close friends. The Survey explored the attitude of young people towards sexual and reproductive health education in school, information available to young people on HIV/AIDS and to a lesser extent knowledge on HIV/AIDS.[20] Interestingly no information was included regarding reproductive health in the widely disseminated GSHS Fact Sheet. Under the current cycle (i.e. 2010-2011), UNFPA also partnered with UNICEF and WHO for the undertaking of a KABP among young people on STI/HIV/AIDS and high risk behaviour. [21] A number of other studies have been conducted in the previous country programme that highlighted the needs of young people and that were used for the design of the 3rd country programme in addition of the GSHS:

- Inventory Of Knowledge, Attitude & Behaviour Studies Related To Sexual And Reproductive Health Of Young Persons In The Arab States, 2004[22]
- Knowledge, Perceptions and Practices of Young People in Borj Hammoud Community Regarding Reproductive Tract Infections: An Operation Research Reproductive Tract Infections among Young People, May 2006[23]

[16] United Nations, United Nations Resident Coordinator System in Lebanon. *Lebanon Common Country Assessment*, 2007

[17] United Nations Population Fund, American University of Beirut, Ministry of Public Health and the National AIDS Control Program, *Assessment of Linkages between Sexual and Reproductive Health and HIV in Lebanon*, April 2010.

[18] The Pan Arab Project for Family Health Lebanon Health Survey 2004

[19] Defined as students who drank so much alcohol that they were really drunk one or more times during their life

[20] Ministry of Public Health, CDC, WHO. *Global School-based Student Health Survey*, Lebanon

[21] Faculty of Health Sciences, La Sagesse University, Knowledge, Attitudes, Behaviour, and Practices Survey (KABP) among Young People on Reproductive and Sexual Health, STI/HIV/AIDs, and related High Risk Behaviours. November 2011.

[22] Rima Afifi Soweid, Talar Manayan, Inventory of Knowledge, Attitude & Behaviour Studies Related To Sexual And Reproductive Health Of Young Persons In The Arab States, 2004

- Studies were also conducted on teachers' needs and on parents' opinion.[24]

These above cited studies on youth reproductive health reveal that Lebanese youth are exposed to unsafe practices, which have such consequences as unplanned pregnancy, sexually transmitted infections (STIs) and abortion.

Topics discussed during peer education interventions were initially defined by the Y-PEER approach supported by UNFPA and mainly focused on HIV/AIDS related messages. Later on, topics such as drugs addiction and early marriage were added in the subjects to be covered by Y-PEER network interventions. The latter was selected to address the needs of the Syrian young people targeted in 2012.

The needs expressed by young people during the focus group discussions depend upon their age. Younger people (13-14 years old) are interested in subjects like addiction to drugs or to smoking.[25] The elder ones are interested in generation gap between parents and young people, more reproductive health and maternal health issues. The Y-PEER trainers think it would be important for them to receive a training on drug counselling to respond to these expressed needs.

The Country Common Assessment (CCA) identified the inadequacy of public health services with respect to the needs of special groups such as young people. Although he CCA does not specifically define the needs of young people, it highlights an HIV incidence in the age group 15-49 of 0.1 percent but also a change in disease pattern whereby new HIV/AIDS cases have been being reported among young people rather than adults. It also reports 14 percent of the young reporting cases of depression or anxiety.[26]

UNFPA in collaboration with UNICEF and under the third programme cycle has supported the development and the implementation of a Youth Friendly Services (YFS) including a child protection component package aiming at fulfilling these gaps. The YFS packages addresses the following issues:

- Communication, counselling and confidence building and peer education
- Adolescence and puberty
- Development of healthy habits, behaviour and life patterns
- Rights related to sexual and reproductive health for adolescent and youth.
- Risk behaviours that negatively affect the physical and mental health of young people

[23] Mary Arevian, Anna Bernadette Chadarevian, Zana El Roueiheb, *Knowledge, Perceptions and Practices of Young People in Borj Hammoud Community Regarding Reproductive Tract Infections: An Operation Research Reproductive Tract Infections among Young People*, May 2006

[24] Studies in Arabic language

[25] Focus group discussion on Theatre Based Peer Education in Mabarrat School and on YFS in Baalbek SDC Centre in Annex 7

[26] United Nations, United Nations Resident Coordinator System in Lebanon. *Lebanon Common Country Assessment*, 2007

- Sexually transmitted infections
- Type of violence
- Risks arising from early marriage and adolescent pregnancy
- Unwanted pregnancy and contraceptive methods
- Life skills
- Child protection and civic participation

During the second country programme, two UNFPA supported studies were undertaken regarding youth friendly services (YFS). The first one a *'Needs Assessment for a University-based Youth Clinic in Beirut, Lebanon: A Mixed Quantitative and Qualitative Study'* [27] to evaluate the needs, interests, and barriers to using the services. The interests reported by the participants were:

- Relationships between the youth and their parents
- Sexual education (Youth Clinic regarded as a resource for the youth the parents can trust);
- Drugs active and passive smoking, and the role of peer pressure in the initiation of the smoking habit,
- Diet and nutrition, especially for young girls,

The barriers that would prevent the youth from using a Youth Clinic were: cost of services (and thus being dependant on parents), feelings of fear, embarrassment, and discomfort; not being used to consulting specialised services, location of the clinic in a neighbourhood dominated by a different religious community. Participants specified two forms of counselling services that would respond to their needs: individual support in the form of one-on-one meeting with professionals; and group meetings or seminars for parents with professionals.

The second one i.e. '*Study of Youth Friendly Services in 5 centres in Lebanon*' was undertaken in October 2009[28]. It looked at the extent to which these 5 centres were providing youth friendly services and identified the gaps. The results of these studies were used to adjust and adapt the YFS training package.

Humanitarian interventions - An *Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon*[29] was undertaken from June to August 2012 by UNFPA in partnership with Yale University, led by a national researcher, with a view to assessing the reproductive health needs and

[27] Nancy Maroun, Hyam Kahi, Nathalie Chemaly, Hala ElKahi, and Elie A. Akl, *Needs Assessment for a University-based Youth Clinic in Beirut, Lebanon: A Mixed Quantitative and Qualitative Study,* The Open Public Health Journal, 2013, 6, 21-30

[28] Ministry of Social Affairs, Ministry of Public Health and UNFPA: *Study of Youth Friendly Services in 5 centres Lebanon*, 2009

[29] Usta Jinan, Masterson Amelia Reese, Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon, 2012

the GBV situation among the displaced Syrian women and girls. The assessment provided specific recommendations. Some of these recommendations were taken into account by UNFPA for its response. For instance high prevalence of anaemia was found among the Syrian women and UNFPA included the provision of iron tablets and folic acid to the health centres through MoPH. The assessment highlighted that 27% of interviewed Syrian women who were pregnant did not attend antenatal check-ups, that the prevalence of low birth weight (LBW) was 11% and that 34% couples in the North and 40% couples in Bekaa were using any method of contraception (including rhythm method). These issues (low antenatal attendance, high rate of LBH and low contraceptive rates) were included the education sessions organised for Syrian women developed by the different partners on the one hand and through provision of contraceptives through MoPH or directly to primary health care outlets that cater for the needs of the Syrian refugees on the other. The assessment also reported that 24% of the interviewed Syrian women had delivered at home. Since all the refugees are not registered with UNHCR they do not have access to subsidised delivery services and some cannot afford the cost of delivering in hospital. Some were waiting for registration but others do not feel comfortable in being registered because of the political situation. UNFPA will be addressing this gap by supporting cost of antenatal and delivery services to some Syrian refugee women.

A high number of pregnancies among Syrian refugees, including women below 18, was reported by the partners working in service delivery points (SDPs). Some of the pregnancies are not followed. There is little demand for FP and Reproductive Tract Infection rates (RTI) are high.[30] [31]

The distribution of RH kits responds to the need for reinforcing RH services including family planning and RTIs in health facilities that were identified for their high attendance of Syrian refugees in the North, Bekaa, South, Beirut and Mount Lebanon. These target facilities had been identified in collaboration with the partners involved in the Syrian crisis health response such as United Nations High Commissioner for Refugees (UNHCR) and International Medical Corps (IMC).[32]

At times pre-established response mechanisms did not always allow addressing the needs in a specific way. This is the case for the dignity kits that were designed for a specific target group of Syrian women refugees. In some instances the content of the kits responded well to the needs of the refugees (e.g. women living under tents in the Bekaa Valley) and completed the kits provided by other organisations. It contained items allowing women to maintain proper hygiene and dignity (sanitary napkins, wet wipes, bath towel, women head scarf, women underwear, women long sleeve t-shirt). In Beirut women interviewed perceived these kits as not really addressing their expectations. For instance women beneficiairies in Beirut reported that the items contained in the kit was not appropriate to their needs and they had different expectations from the kits. Since they were living in the city and were, to some extend, supported by relatives they were able to afford what was available in the kits and were expecting different items such as blankets and kitchen items..[33]

Population & Development

The Population and Development (P&D) component of the 2nd Country programme produced extensive analyses of the population dynamics, vulnerable groups

[30] Interview with IPs, field visit
[31] Usta Jinan, Masterson Amelia Reese, Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon, 2012
[32] UNFPA staff, Partners
[33] SPR 2012, Interview with selected beneficiaries

and conditions regarding reproductive health (RH) and gender by conducting the following surveys:

- Disability in Lebanon: Vulnerability assessment of the disabled (May 2007)
- Female Headship in Lebanon. Vulnerability Assessment of Female heads of households (June 2007)
- Experiences, needs, vulnerabilities and resources of older adults (November 2007)
- Preparedness and Responsiveness of Lebanese NGOs, Social clubs and clinics in the provision of services to seniors in Lebanon (November 2007)
- Assessment of the responsiveness and readiness of Social Development Centres (SDCs) and MoSA- supported NGOS and Institutions (November 2007)

The data and analyses were (partially) filling a gap of several decades since the last general population census, dated back to 1932. Attempts were made to update the Census but failed owing to crises and reluctance of the governments and political parties to revise the fragile balance between confessional groups and communities.

Beyond data on general population and vulnerable groups, the country office (CO) was able to identify shortcomings to be addressed for further integration of P&D by monitoring and evaluating the achievements of the 2nd Country programme. The report of the evaluation of the 2nd country programme[34] corroborated analyses shared by CO management, based on implementation experience and confirmed by Ministry of Social Affairs (MoSA) staff met by the Evaluation team: high turnover of ministers (1.5 years tenure as an average), lack of continuity in policy owing to personalized leadership and political polarization, and human resources shortages (70% of the management positions vacant or acting including that of the Director General).

The MoSA Units' Needs Assessment[35] was conducted in 2010, funded under the first AWP of the P&D component of the 3rd Country programme. Under the same AWP, the standard approach of P&D was initiated with training sessions on integrating population dynamics, reproductive health and gender as well as result-based monitoring methodology in development planning for MoSA central units and decentralized centres (SDCs). The elaboration of a national social development strategy document was already supported by UNDP however without ensuring a wider contribution of various relevant UN agencies (finalized in 2011).

In 2011, the MoSA Minister changed and requested UNFPA to focus on aging rather than continuing on widespread approach of integrating P&D in development planning. This strategic shift was consistent with the identification of the elders as one of the most vulnerable groups in Lebanon, as demonstrated by the 2007 surveys, and subsequent studies[36] undertaken at the same period and afterwards (notably by the Centre for Studies on Aging, supported by UNFPA). The tragic conditions in some elderly institutions were highlighted several times in the medias. They were confirmed both by MoSA social assistants and heads of SDCs

[34] United Nations Population Fund, Evaluation of UNFPA's Country Programme of Assistance 2002 – 2009
[35] Lebanon, Ministry of Social Affairs and United Nations Population Fund, *Assessment of the Ministry of Social Affairs Units' Capacities and Needs*, 2011
[36] Detailed in JC 3.1 below.

gathered for the two focus groups (see annexe 7).

The strategic shift was also consistent with the results of the MoSA Units' Needs Assessment of 2010. The shortcomings in integrating P&D were far beyond UNFPA funding and operational capacity under the P&D component, even if supported by the P&D Project staff, a dedicated project management unit. The Evaluation team was able to check that shortcomings reported in 2010 were still valid, if not aggravated.

In supporting the aging priorities, UNFPA further focused its interventions on (i) generating knowledge on the living conditions of the elderly. (ii) setting norms and standards for elderly institutions, and (iii) enhancing capacities of MoSA to adequately address ageing needs and priorities at advocacy, planning and programming levels. In Lebanon, besides a few private/commercial institutions, most elderly institutions are charitable undertakings on behalf of deprived old persons, without family support. The Lebanese cultural settings call for even dependent elders to stay within the family. Most of the residents of charitable and MoSA/MOPH institutions are widowed women without family ties, or with relatives who are no more able to care about them. They can safely therefore be accounted for most of them among the vulnerable groups.

The target group of UNFPA focus on elderly people living in institutions is relatively limited. An on-going survey supported by NCEA came to 4,000 residents whose typology is still to be defined. The extent to which this figure can be expected to grow is not yet estimated but all demographic and economic trends should concur to a steady increase in the coming ten years. Lebanon was the first among Arab countries to undergo the demographic transition: decreased mortality rate, decreased fertility and the related adjustment period where higher age classes will grow – without resources to capture among the active population. In Lebanon, the phenomenon is likely to induce even more dramatic situations owing to the lax fiscal policy and lack of safety nets.

Gender

The UNFPA CO programs took into consideration the needs of the Lebanese population in its programming process, mainly by targeting women and girls. The programming linked the CO efforts with the broader mandates to meet the needs of underserved populations, among which women and girls may be more vulnerable. Youth (adolescent boys and girls) has been a major target group that has been recently addressed, as is mandated in UNFPA directives. The rural and marginalized areas in Lebanon have been specially targeted. The decision to support these efforts was based on the findings of several needs assessments and studies which led to the development of the Country Programme Action Plan (CPAP, 2010). These include the GBV studies as follows : (a) Assessment of media coverage of Gender-Based Violence in Lebanon (Lebanese Council to Resist Violence Against Women), (b) Review of GBV Resource and Training Material in Lebanon (Education for Change), (c) Review of Gender-Based Violence Research in Lebanon (Education for Change), (d) GBV lexicon (Dr Jinan Usta). It is to be noted that some of the studies mentioned above were initiated in 2009 and others in 20121and completed in 2012. In addition, programming was based on a thorough situation analysis of gender based issues (Situation Analysis of GBV in Lebanon 2010, Center of Arab women for Training and Research). Recently the programs addressing Youth group (adolescent boys and girls) and the rural and marginalized areas in Lebanon have been specially targeted, based on several needs assessments and studies, namely Assessment of Linkages between Sexual and Reproductive Health and HIV. Programming also drew on the conclusions and recommendations arising from the UNFPA Evaluation of the 2nd Country Programme cycle (Evaluation of UNFPA's Country Programme of Assistance 2002-2009 Lebanon, Consultation and Research Institute, April, 2010). Moreover, UNFPA designed its humanitarian interventions based on several assessments,

including an assessment of the RH/GBV situation facing Syrian women undertaken in June - August 2012. Some of the report's recommendations were taken into account by UNFPA, such as increasing services to women who are survivors of GBV and promoting a hotline; yet the recommendation to create men's support groups was not followed up on by the UNCT. (Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon, UNFPA, 2012).

The choice of target groups for UNFPA supported interventions is based on the above assessments on priorities identified by line ministries supported by UNFPA and on the national context. It also builds on partnerships forged earlier by UNFPA. At the policy level, UNFPA provides technical assistance mainly to the National Commission for Lebanese Women (NCLW) and related NGOs to coordinate through the project "Enhancing the Capacity of the National Commission for Lebanese Women for Promoting Gender Mainstreaming in Sector Plans and Program" (2010- on-going) with related decision makers in order to push the gender issues onto the Government's agenda and in order to ensure that these institutions are able to promote by themselves policies which are gender-sensitive and gender responsive. At the middle level, UNFPA training programs through the Project "Improving Prevention of, Response to and Protection around Gender Based Violence at the National Level (2008- 2013)" targeted intermediate groups such as social/health service providers, policemen, journalists, to raise their awareness on gender issues in general and GBV in particular. A Steering Committee of the GBV Action Plan, established and supported by UNFPA CO in 2009 , was considered a breakthrough as it brings together all actors involved in GBV whose joint efforts contributed to better addressing GBV issues in a complementary manner at various levels i.e. advocacy, programming, coordination, etc. Later on and to ensure continuity and ownership, the leadership for coordination efforts by all GBV stakeholders was assumed by MoSA which also provides guidance to the GBV training programs. As a results of UNFPA's efforts and support many GBV training programs and services (RH, sexual health, Counseling Listening Centers etc) and a series of normative tools and resources on GBV and RH such as the GBV Lexicon, website-Peer theatre based, games, etc. have also been developed and utilized by a wide range of users including NGOs, schools, youth groups, etc. In addition, UNFPA supported the development of a knowledge sharing and coordination tool "Tanseeq" GBV Newsletter, which aims at briefly featuring the GBV work and efforts done by various relevant partners and stakeholders.

At the grass-root level, UNFPA, in its gender interventions, addressed part of its initiatives to areas that are most impoverished. These interventions focused on vulnerable Women and Youth in Akkar, Baalbek and the Palestinian camps. The choice of geographic targeting rests on the poorest regions in the country and the most disadvantaged population groups

In addition, the humanitarian interventions of UNFPA in response to the Syrian crisis targeted vulnerable Syrian women and girls, with the aim of covering some of the basic needs (dignity and rape management kits were distributed). An Implementing Partner field officer noted that, "for the first time someone somewhere is thinking purely of a woman's needs and that feels great." Indeed, more than 50,000 women and girls were supported by UNFPA in 2012 – 2013 through provision of dignity kits and personal supply and sanitary items.

While the efforts of UNFPA in aligning their humanitarian interventions with the local and national needs were well noted, there remains to be room for improvement. . One of the local health officials underlined the lack of consultation between the humanitarian agencies and the local health centres noting that the assistance provided to them does not respond entirely to the needs of the beneficiaries; "Please tell the UN agencies not to parachute their assistance on us. Let us identify the refugees' needs together in order for your support to be more helpful." During this crisis, it is apparent that the needs of people constantly

change: for instance while the dignity kits addressed the real needs of the refugees once they arrived, after few weeks the priority of that same refugee group changed.

JC.1.2.: The objectives and strategies of the three components of the programme are consistent with the priorities put forward in the UNDAF, in relevant national strategies and policies and in the UNFPA strategic plan	- The objectives and strategies of the CPAP and the AWPs in the three components of the programme are in line with the goals and priorities set in the UNDAF - ICPD goals are reflected in the P&D component of the programme - The CPAP (in its three components) aims at the development of national capacities - Extent to which South-South cooperation has been mainstreamed in the country programme - Extent to which gender equality and women's empowerment have been mainstreamed in the country programme - Extent to which specific attention has been paid to the youth in the three components of the programme - Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectorial policies - Extent to which the objectives and strategies of the CPAP (both initial and revised) have been discussed and agreed upon with the national partners	- CPAP - UNDAF - AWPs - National policies and strategies - UNFPA strategic plan	- Documentary analysis - Interviews with UNFPA CO staff

Reproductive Health

The RH Component of the CPAP is aligned with the UNDAF output particularly as far as the young people related output is concerned, including the Youth Freindly Services. The UNDAF output 4.1.6 '*Enhanced capacity of relevant institutions to develop health policies*'[37] is supported by WHO with UNICEF and UNFPA as partners. This output is not clearly reflected in the CPAP. The 3rd country programme aims at strengthening the quality and performances of the RH services and their integration in the Primary Health Care (PHC) System but does not mention the development of policies. However the CPAP output indicators of the

[37] United Nations, United Nations Development Assistance Framework 2010-2014

related to young people refers to policy dialogue and production of policy briefs. The CPAP was designed to be consistent with the UNFPA Strategic Plan but some of the strategies do not fully fit into the national situation, for instance on aspects such as '*attain a critical mass of skilled attendants*' or '*develop comprehensive services for maternal or neonatal emergencies*'. In a country like Lebanon where 98% of the deliveries take place with skilled attendants and Emergency Obstetric and neonatal Care (EmONC) services are in place, planning such type of support is not entirely justified. The way the AWPs were designed is more realistic, with interventions more tailored to the national. context and responds to specific needs. For instance strengthening hospitals capacity in training programmes on outreach or developing Service Delivery Guidelines to address poor accessibility to RH services.

Through its planned support to develop guidelines and protocols, UNFPA seeks to develop national capacities in terms of youth friendly services and in terms of integrating reproductive health, gender and life skills in the school curriculum.

National policies: CPAP and AWPs are well-aligned with the national health priorities set in the MoPH Strategic Plan as they focus upon primary health care (PHC) (specific objective: '*Improve quality of primary health care programs*') and target underserved and poor regions (specific objective: '*Improve accessibility targeting the poor and population with special health needs*'. [38] [39] The CPAP however remains very broad and aims at covering a large number of thematic areas without putting emphasis on specific prioritised issues.

The *National Social Development Strategy of Lebanon*, *2001* states that the MoPH role is to '*Achieve Better Health and Work toward ensuring coverage to all through strengthening its regulatory role*'. It refers to the latest Health System Development Strategy[40] that proposes to strengthen primary health care services. In this respect UNFPA had planned to support the integration of reproductive health at primary health care level. It is recognised that 'the MoPH also needs the institutional capacity to exercise an effective regulatory role...'*It is also acknowledged that the MoPH often faces political and institutional obstacles in order to fulfil its regulatory role*'[41]. UNFPA has planned to support the development or revision of protocols, quality assurance tools, standards but support to the ministry in ensuring that reproductive health is sufficiently integrated in the regulatory system was not sufficiently planned. [42]

The type of support to be provided under Result 1 was discussed with the Ministry of Public Health based upon the collaboration under the 2nd country programme. It was defined as a continuation of the support of the Italian Cooperation project on the promotion of utilization of maternal health services in underserved areas. [43] The support outlined in the AWPs is '*in line with the national priorities and it complements the national initiatives undertaken by the Ministry to respond to existing related need* as *made clear by the director general of the MoPH*'.[44] It is also in line with the policy dialogue that was initiated

[38] Ministry of Public Health Lebanon, *The MOPH Strategic Plan*, 2007
[39] Ammar Walid MD, Ph.D, Ministry of Public Health, *Health Reform In Lebanon - Key Achievements at a glance* , 2009
[40] Kronfol, N. M.,*Beyond Reconstruction: a National Strategy for Health System Development in Lebanon*. Beirut: MOPH, WB and WHO, 2006
[41] Ministry of Social Affairs, *National Social Development Strategy of Lebanon*, 2011
[42] CPAP 2010 - 2014
[43] Interviews with UNFPA staff and consultant
[44] United Nations Population Fund, Report on Mid-Term Review of the UNFPA 2010-2011 Program Implementation, September 2012

regarding Universal Health Coverage and the basic health services reform in Lebanon. Similarly it is in line with the Primary Health Care (PHC) centre accreditation to improve the standards and quality of primary health care that has been initiated by the Government.[45] [46] However the CPAP and the AWPs do not reflect the role that UNFPA could play in integrating theRH related standards and normative tools in the accreditation process The support to the integration of the Life skills RH education curriculum in school manuals was designed as the following phase to the development of the curriculum. During the 2nd country programme, UNFPA started supporting the introduction of a gender sensitive reproductive health through life skills in the school curriculum through facilitating the development of a reference document. Ongoing dialogue was maintained with the Ministry of Education and Higher Education (MEHE) and the Educational Centre for Research and Development (ECRD, responsible for the integration and the continuous education of teachers) as regards the integration of the RH curriculum. Some of the MEHE counterparts[47] met during the evaluation mentioned that they were less informed about the extracurricular activities supported by UNFPA, for instance about the piloting of Theatre Based Education in public schools despite the fact that it is implemented by the ECRD. [48]

The recently revised and developed (2011) *National Strategy for Women in Lebanon, 2011-2021*[49] with the support of UNFPA refers only vaguely to reproductive health and do not refer to any of the specific issues such as family planning, maternal health or early marriage. The Youth Strategy developed with the Ministry of Youth & Sports, and the United Nations Youth Task Force (UNESCO, UNICEF, UNFPA, UNDP, and ILO) refers to sexual and reproductive health, provision of youth friendly services, and to the awareness raising about early marriage, STIs and HIV/AIDS among others.
The recent focus of the YFS package on child protection is in line with the *National Social Development Strategy of Lebanon*, *2001* that promotes child protection.

Population & Development

Based on a joint assessment by the UN agencies, the weakness of the national statistical system was pinpointed as a shared concern, calling for a joint action. It was agreed under UNDAF to conduct a joint programme involving all UN agencies to support the development of a functional integrated system of information, with special emphasis on data disaggregation according to sex, region and other factors. The UNFPA resources were allocated to this initiative for an amount of $1 million, to be engaged after finalization and endorsement of the Statistical Master Plan (elaborated upon a World Bank funded technical assistance). The alignment of the P&D component's strategic response in the CPAP with the UNDAF is hence limited.

This joint programme in support to the implementation of the Statistical Master Plan is not presented in the P&D component strategic response as such, as stated in the CPAP because the CPAP was completed after the final version of the UNDAF was finalized and endorsed by the Government. It is presented as an area for joint programming.

[45] UNDAF, Mid-Term Review - Final Report, Beirut, July 2012
[46] WHO, Country Cooperation Strategy, 2010
[47] In the Orientation and Guidance department that hosts School Health Education
[48] Interviews with partnes
[49] National Commission for Lebanese Women and the United Nations Population Fund, *National Strategy for Women in Lebanon,* 2011-2021

The P&D component is anchored to the very large UNDAF outcome 2 on governance ("*By 2014, good governance reforms, with a focus on national dialogue and inclusive participation, and government effectiveness and accountability, are institutionalized at all levels*"). None of the terms of this outcome can be directly linked to UNFPA P&D strategy. The only explicit linkage with UNFPA 3rd country programme was the joint to the Statistic Master Plan implementation (in UNDAF results matrix: "*1.2.6 Capacity is developed for the implementation of the Statistical Master Plan, including the development of a functional Integrated information system (with due attention to gender and regional disaggregation) for policy development, planning, and monitoring* (UNDP, ILO, UNICEF, UNFPA)"). This initiative did not materialize for reasons developed in EQ3 below.

The P&D component of the CPAP did not fully align on UNDAF outcome 1. By setting "**Effective and accountable governance of state institutions and public administrations is improved**" as P&D outcome, the CO established a bridge ("*effective*") that stayed rather formal. The link between the CPAP P&D outcome and outcome 4 of the UNDAF would have been more meaningful and would have enhance CPAP relevance. The UNDAF outcome 4 is as follows: "*By 2014, the socio-economic status of vulnerable groups and their access to sustainable livelihood opportunities and quality basic social services are improved within a coherent policy framework of reduction of regional disparities*". The quality basis services is typically of MoSA responsibility and vulnerable groups can be extended to aging people staying in institutions or participating to dedicated clubs. Taking into account regional disparities would have make a lot of sense for the project implemented under the P&D component.

In spite of the results of recent needs assessments and reporting (vivid and documented) on implementation issues faced during the previous programming country programme, the CPAP was elaborated by utilising the general implementation framework of a typical P&D component, without contextualisation: information system, utilization of data for development planning and monitoring processes, etc. The CO management conveyed its negative experience in the Lebanese context to the RO, and its wish to adjust to the constraints by a more focused programme. The placer response supported a more standardized approach that eventually prevailed at a time when the MoSA need assessment was not available.

The P&D strategy was kept very much aligned with a generic understanding of the component with the following CPAP outputs:

- Output PD1: An integrated information system is developed and functioning to formulate, monitor and evaluate policies at national and sub-national levels, with attention to emergency settings;
- Output PD2: Enhanced capacity to utilize data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes at national, sectorial and local levels.

This CPAP result framework is consistent with ICPD goals (pp. 15-16) and explicitly targets national capacity development in this respect. The South-South cooperation cross-cutting issue was not specifically mainstreamed, neither was the youth dimension..

Associated with underestimating the need for contextualisation, another limitation is noticed by the Evaluation team regarding root causes of the insufficient development of social policy frameworks: the economic/governance model in Lebanon is the one of minimizing government capacity to intervene on market forces, as noticed in MoSA "*National Social Development Strategy of Lebanon, 2011*": limited fiscal resources, targeting of public resources almost exclusively on

infrastructures (MoSA budget represents 1% of the total government budget[50]), and limiting social development initiatives on the most vulnerable groups against more general social safety nets (pensions, social security…) policies. In such an approach, accreditation is prioritized upon all-embracing policy frameworks advocated by the UN agencies, and UNFPA in particular in the sensitive and expensive field of social development. This background analysis, though agreed by CO management (and other UN agencies met) and essential for setting a comprehensive, sustainable and contextualized strategic response, was not developed in the CPAP while it was already debated.

In 2010, a MoSA Needs Assessment study concluded that:

- "*On the level of external enablers, it appears that the political, economic, and social circumstances of the country reflect a negative impact on the work performance of the directly concerned departments with the subject of integrating the population dimension (…);*
- *On the level of internal drivers, the adopted analysis reveals that there is a clear conviction at the leadership level –the Minister in particular as well as the heads of departments, divisions and units – that there is an absence of a strategy or an overall comprehensive vision to define the role of the ministry and its entities regarding the issue of the population integration in development and social programs."*

In 2011, the MoSA Minister changed. The new Minister requested UNFPA to focus on aging rather than continuing on widespread approach of integrating P&D in development planning. The support to aging is consistent with the national priorities as (i) expressed by the Minister of MoSA, (ii) presented in the National Social Development Policy document (2011, based on an UNFPA input), and (iii) materialised in the National Committee for Elderly Affairs (NCEA), chaired by MoSA Minister, with the Technical Secretariat being held by the Department of Family Affairs (DFA), the main UNFPA partner in MoSA. While there were no consultation with the field on the need to focus the shift to ageing issues, yet it was assumed that the mere fact NCEA and DFA (directly associated with the field) were very much supportive of this meant that this shift relied on field needs. The legitimacy and priority of the field covered by the new orientation of the P&D component was not questioned by any of the persons met by the Evaluation team. It is said by the CO management to have been approved and backed by the RO.

The link between this reorientation and UNFPA mandate can be found in the 5th outcome of the 2008-2011 Strategic Plan: "*Emerging population issues — especially migration, urbanization, changing age structures (transition to adulthood/aging) and population and the environment — incorporated in global, regional and national development agendas*". In this regards, the plan supports the Madrid International Plan of Action on Aging, a reference for CSA policy briefs funded under P&D AWPs.

Gender

UNDAF: The Gender Component of the CPAP, including its two outputs on gender capacity development and GBV, is aligned with the UNDAF outcome 3 on Gender, translated into the three outputs related to capacity development, advocacy on human rights of women and girls, and GBV, especially in emergency

[50] MoSA, *National Social Development Strategy of Lebanon, 2011*

settings. The CPAP is also aligned with the MDG Goal 3 on women empowerment.

ICPD Goals: UNFPA Lebanon CO aligned its programming with the Global UNFPA approach to gender equality and empowerment as articulated in a number of UNFPA documents, including the third goal of the 2008-2011 *Strategic Plans* which was extended with revisions and which reflects the lessons learned from the 2008-2009 *Capacity Assessment*.[51] The UNFPA Gender projects within the Lebanon CPAP are based on four key policy-to-practice instruments for Gender Equality Strategic Focus (Beijing Platform for Action, CEDAW, MDG's declaration, and UNSCR 1325)[52]. Although the *Strategic Plan 2008*-2011 refers to the development of "*an enabling socio-cultural environment that is conducive to male participation*."[53] and *Gender at the Heart* emphasizes the importance of "*working on issues of masculinity and partner[ing] with men and boys to promote gender equality*."[54], there is, however, no specific program targeting specifically men in the Lebanon UNFPA CPAP. The only steps taken in this direction were by the NGO KAFA supported by UNFPA which engaged in awareness raising efforts with the Internal Security Forces[55]. On the other hand, it should be noted that all UNFPA's work on Gender including GBV aim at engaging men in support of the gender equality and women empowerment interventions. 6

National priorities: The goals of UNFPA gender-supported programs for Lebanon (2010-2014) are aligned with national priorities, including on strengthening social protection, improving opportunities for equitable and safe employment, achieve better health, etc.[56], as outlined in the National Commission for Women's *National Women's Strategy* (2011)[57] and *Action Plan* (2013)[58].

It is worth mentioning that the UNFPA gender component of the CPAP are also aligned with the Ministerial statement of 2008 and 2011 that stress on the importance of strengthening women's participation and fulfilling equality between men and women. Specifically, the 2008 Ministerial statement mentioned the following..."*The government shall continue working to strengthen the role of women in the public domain and incorporating them into the financial, economical, social and political domain. It will also work at implementing the obligation to which Lebanon committed to and included in the international agreements signed by Lebanon for the recommendations to which it approved particularly those related to the total abolishing of all kinds of prejudice against female. This requires legislations and arrangements to realize equality between males and females and to combat all kinds of violence against women and girls. The Government emphasizes the necessity of activating the national committee for women's affairs and enabling it to perform its roles*". Similarly the 2011 ministerial statement articulated the following:" *Our government is committed to strengthening the role of women in life in cooperation with the specific women's organizations based*

[51] Gender at the Heart of ICPD: The UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2013 (Revised), 6,
[52] Evaluation of UNFPA's Country Programme of Assistance 2002-2009 Lebanon, Consultation and Research Institute, April, 2010
[53] Strategic Plan 2008, 19.
[54] Gender at the Heart, 11.
[55] Individual Interviews: UNPFA GBV Focal Point, May 8th. KAFA May 9th. ISF Coordinator of ISF GBV Project May 15th, Training session May 17th KAFA Lawyer KAFA trainer, with two ISF Trainers, , 25 ISF trainees group interview.
[56] *The National Social Development Strategy of Lebanon*. MoSA-2011
[57] *National Women's Strategy. National Commission on Women*, 2011.
[58] *Action Plan, National Commission on Women*, 2013.

on international agreements including eliminating all kinds of discrimination against women through necessary decree. It will also strengthen the role of women in administrative and official institutions especially in leadership positions". The CPAP is also aligned with *National Social Development Strategy of Lebanon* 2011, although it was developed by the Ministry of Social Affairs (MoSA) after the elaboration of the CPAP. The CPAP addressed several issues, including the need for the government and the society to establish broader commitments to gender equality through a number of legal and political steps need to be taken in support of women's rights and gender equality[59]- translated into UNFPA's focus on capacity development (outputs GEN1 and GEN 2 of the CPAP). Although gender mainstreaming is well covered in the National Social Development Strategy, it has not been translated into an Action Plan that could focus on specific interventions; the Department of Family Affairs is currently implementing a study to better address gender mainstreaming in the Ministry in the future[60]. In addition, UNDP, at the request of the NCLW, initiated a two-month study in 2011 "*to provide comprehensive needs assessment targeting gender focal points in line ministries and other public administration*." UNFPA provided in-depth technical assistance in review to this important assessment. Regretfully, the key recommendations of this important assessment have not been pro-actively and comprehensively addressed/implemented in a systematic manner as there is need to revise the role and tasks of the Gender focal points and their contributions to a sustainable mainstreaming approach.

Youth: As a recently undertaken study identified that youth are left out in gender issues, this target group became a major area to be addressed[61]. Attention is now being paid to their needs, and UNFPA imposes Gender balance and mainstreaming as a rule to all its programmes and activities, especially to those related to the Y-PEER. UNFPA was also involved in the Lebanese government's elaboration of a National Youth Policy and, in partnership with several UN Agencies i.e. UNICEF, UNESCO, ILO and UNDP, and in the creation of a Youth Forum for guiding the implementation of the youth policy. The development of the National Youth Policy in 2012, endorsed by the Government and launched by the President of the Republic in December 2012 and which is a breakthrough and the first of its kind in Lebanon, provides the relevant stakeholders[62] with a practical and user-friendly tool for their work with the youth. However, while this Policy is very comprehensive and covers a spectrum of issues relating to the youth in Lebanon, the concept of 'youth' combines males and females in one group without highlighting the specific needs of female youth. As a matter of fact, female youth are only mentioned in section three, under "*social values and discriminatory laws*" that stipulates the need to eliminate discrimination among female and male youth and grants women the right to pass their citizenship to their children and spouse. Additionally, section five: Youth and Health[63] covers many health issues, including sexual health, early marriage and marriage amongst relatives, but it does not mention reproductive health in specific which is considered to be a major concern for the youth and is in lines with UNFPA's mandate and Action Plan for Lebanon. However, it is to be well noted, that UNFPA was able to convince the government within all its line ministries and confessional groups to understand this concept and not oppose or resist to the use of the terms sexual health**.**

In 2011, UNFPA along with UNICEF and WHO, and in partnership with the Ministries of Public Health and of Education and Higher Education, completed the

[59] *The National Social Development Strategy of Lebanon* (2011)
[60] Ibid
[61] *GBV Research, Resources and Training Materials in Lebanon, Education for Change*, 2011.
[6262] Minister of Councils, Parliament, NGOs, Private Sector, Municipalities, General Directorates, Universities and Schools, Religious Institutions, Experts, Media and Youth.
[63] "*Policy for Youth in Lebanon*", Youth Forum for Youth Policy, UNICEF, SIDA.

implementation of the national youth behavioural survey, which is to be translated into programmatic interventions, baseline indicators, and evidence for setting national priorities. The analysis of this assessment is disaggregated by sex and presents the findings from a gender perspective. UNFPA, through the project "*Expanding RH Information and Services for young people - Operational zing Youth Friendly Services"* (LBN3U602) implemented by the University of Saint Joseph (USJ), is assisting selected pilot service delivery points in Mazaraa, Burj Hammoud, Tyre, Baalbeck, and Rashaya to provide youth friendly services (YFS) to young people, including Sexual and Reproductive Health (SRH). A training manual on Youth Friendly Services and child protection was published. UNFPA, in collaboration with USJ provided access to comprehensive youth-friendly service packages, decreasing high-risk behaviors, preventing and protecting from gender-based violence, as well as promoting peace culture and conflict prevention. In the Youth Empowerment-Let's Talk Campaign by Masar association in collaboration with the National AIDS Control Program and the Y-PEER network, which mainly produced advocacy material that aimed at increasing the "availability of information and enhance awareness of youth about reproductive and sexual health". One young man expressed his satisfaction about being able to get proper information on sexual Health that was unavailable elsewhere, saying, "*I feel safe and happy. I have a Y-Peer to relate to, that helps me understand very important intimate questions, and she assures me and puts me on the right track*"[64]. Having said that, it is important to note that the gender component in the above mentioned training program for the project is not covered. In one of the focus group discussions with the youth, both the boys and girls stated that they were not provided with adequate information on the issues of gender to fully understand it.			
JC.1.3: The country office has been able to adequately respond to changes occurred in the national context (and, in particular, to the consequences of the Syrian crisis)	- Quickness of the CO response - CO capacity to reorient/adjust the objectives of the CPAP and the AWPs - Extent to which the response was adapted to emerging needs, demands and national priorities - Extent to which the reallocation of funds towards new interventions (in particular humanitarian ones) is justified - Extent to which the CO has managed to ensure continuity in the pursuit of the initial objectives of the CPAP while responding to emerging needs and demands	- CPAP - AWP - Country office staff - UNCT - Final beneficiaries	- Documentary analysis - Interviews with UNFPA CO staff - Interviews with other UN agencies - Interviews/focus groups with final beneficiaries

[64] *Young male student at a Focus Group discussion in Baalbek*, May 11,2013

Reproductive Health

UNFPA reacted to the call of the United Nations Resident Coordinator and followed the direction of the United Nations Country Team (UNCT) in responding to the Syrian crisis early 2012.

In order to respond to the needs of the refugees in general and women and girls in particular, UNFPA Lebanon activated its emergency response mechanism and formed a response team among its office staff in accordance with its preparedness and contingency plan. An existing vacant post was shifted under a TA modality to focus on logistical support for an initial 6 months from September 2012. Two posts for field coordination were advertised but only 1 candidate met the required profile and was accordingly recruited. One driver was recruited form providing needed support to the humanitarian response operation[65] . A Protection Coordinator was seconded to UNFPA through the Norwegian Refugee Council. More so, few existing staff (including RH National Program Officer) were designated to provide support to the humanitarian portfolio in addition to their contrition to the development programme.

An *'Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon*', [66] was undertaken in June -August 2012 with various partners and was used to design the interventions to respond to the Syrian crisis (see above JC1.1).

Within the context of the Syrian crisis UNFPA supported a series of MISP training sessions between January and December 2012 in partnership with the Lebanese Society for Obstetrics and Gynaecology as well as the Ministry of Public Health. Initially only few RH kits were distributed in February 2012 in Bekaa and in May and July 2012 in North Lebanon. Other RH kits were distributed in the last trimester of 2012 in locations where the Syrian population influx was the highest as defined in collaboration with UNHCR and the International Medical Corps (IMC) (see details in JC 2. 3). In the different targeted areas (in Bekaa, North, Beirut and South) awareness sessions about reproductive health and GBV were conducted for Syrian women and women form host communities and dignity kits were distributed.

As part of the humanitarian response, Youth Peer education was undertaken with out-of-school young Syrians, Iraqis, Palestinians and host communities with 5 NGOs and 8 peer educators.

These interventions were appropriately targeted and mostly responded to the needs identified in the assessment and through coordination with all the stakeholders. One exception was the content and the targeting of the dignity kits that were not fully appropriate (see JC 1.1 above). In 2012, additional funding was mobilized for the humanitarian response operations through coordination with the UNFPA Regional Office and the Humanitarian Response Branch (HRB).

[65] UNFPA Country Office *Annual Report*,2012

[66]Usta Jinan, MD, MPH, Masterson Amelia Reese, *Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon*, 2012

The UNFPA participation in the Regional Response Plan and preparing a proposal for the Central Emergency Response Fund (CERF) also helped in mobilizing additional funds. As a result, about 75% of the financial requirements stipulated in the regional response plan were eventually mobilized.[67] The initial assistance under CERF proposal was planned for the North and the Bekaa but it UNFPA extended to South Lebanon as a response to the influx of Syrian refugees in these areas between July 2012 and the end of December 2012.

The increased involvement of the CO in the humanitarian assistance associated with the Syrian crisis was not to the detriment of other 'regular interventions'. Although the Country Office staff was involved in the humanitarian assistance e.g. in reproductive health they also ensured that the regular/development AWPs are carried out as initially planned prior to the partial shift to the humanitarian operation. All other interventions continued (such as the integration of the Curriculum in the school books or the piloting youth friendly services package) except the collaboration with the MoPH - that was already on hold - and peer education activities that had already slowed down.

Population & Development

In the P&D component, the marked strategic shift from the CPAP to 2011 and 2012 AWPs reflected an explicit request from the Minister, rather than to changes in the national context. It was not related to the Syrian crisis or other emerging needs. It was justified by several convergent surveys, most of them funded by UNFPA. The CO was prompt in adjusting the P&D component in its AWPs, albeit with little perspective (lack of monitoring indicators in AWP 2010) at first. The thematic shift was progressive, as shown in the figure below.

[67] Ibid

2010	2011	2012
1. Project support	**1. Project support**	**1. Project support**
1.1 Equipment	l. l. Equipment (Digital camera, printer, ...)	1.1 Equipment
1.2 Project personnel	1.2 Project personnel	1.2 Project personnel
1.3 Unexpected miscalaneous	1.3 Unexpected miscalaneous	1.3 Unexpected miscalaneous
2. Enhance Canacitv of MOSA DFA and DRP in RBM and integration of PD in local planning	**2. Enhance MOSA, DFA & DRP capacities in integrating population in development plans both centrallv and peripherally**	**2. Enhance MOSA/NCEA capacities in integrating population in development plans both centrally and peripherally**
2.1. Conduct assessment of MOSA DFA and DRP	2.1. Conduct training for OFA, ORP, SDCs on RBM, priority thematic areas, local development and others	2.1.Conduct a series of trainings (x8) for DFA, DRP, SDCs on local development, project mgmt, planning and communication, fund raising, integration, monitoring and others
2.2.Conduct training (1 in 2010) for DFA and DRP on RBM	2.2.Conduct sensitization and cornmunity mobilization meetings	2.2 Conduct pilot training of trainers (x 1) on comprehensive care & rights of elderly
2.3.Conduct training (1 in 2010) for DFA & DRP staff on priority thematic areas	2.3.Support MOSA employees in study tours	2.3. Hold workshops (x 2-3) with NCEA members to follow up on assessment
2.4.Conduct training for DFA and DRP (1 in 2010) on local development	2.4.Procure EDP equipment and software for DFA and DRP, SDCs	2.4. Conduct pilot training on implementation of standards (x 1)
2.5.Conduct sensitization meetings with MOSA units	2.5.Conduct mapping of selected local communities	
2.6. Support MOSA staff in study tours/events	2.6. Support in planning interventions at local level	
2.7.Procure EDP equipment for DFA and DRP		
3: Enhance local capacities of MOSA/SDC, NGOs and municipalities in local planning of PD issues	**3: Increase visibilitv in support of policy dialogue on ageing**	**3: Generate knowledge base to support policies on ageing**
3.1. Conduct 9 meetings (for community mobilization, dissemination of results)	3.1. Advocacy evcnts in relation to ageing	3.1 Undertake feasibility study on sample elderly institutions to determine needs, cost and timcframc for implementing standards
3.2. Conduct mapping of selected local communities	3.2. C4.2 Generation of knowledge base on ageing related issues	3.2 Undertake legal review study (draft laws and addressing laws impacting elderly in comparison to other countries in the region)
3.3. Conduct training (6) on local planning for MOSA SDC		3.3 Develop manual/guidelines for implementing standards for elderly institutions
		3.4 Develop training package on comprehensive care & rights of elderly
		3.5 Conduct needed research on ageing
4: Increase MOSA and proiect visibility	**4: Increasing MOSA capacity in integrating ageing issues in national development plans**	**4: Strengthen MOSA leadership role in Integrating Ageing Issues in National Development Plans**
4.1. Develop, produce and disseminate material (Launching of CD/ guide for elderly services, Workshop on report on elderly services, printing of CSA report)	4.1. Conduct assessment ofNCEA and its TS including mapping ofsimilar countries experiences	4.1 Organize high level national technical meeting towards a framework for developing capacities to plan ageing strategy for Lebanon
	4.2. Support participation ofNCEA members in study tours/events	4.2 Support participation of NCEA members in development study tours/events
	4.3. Support work on developing standards for institutions catering for the elderly	4.3 Hold technical meeting to discuss final draft standards with elderly institutions
		4.4 Hold advocacy/Lobbying meetings (x 4-5) sensitize targeted stakeholders (parliamentarians, media, academicians, etc) about understanding priority matters based on research review, etc.
5: Undertake project audit	**5: Undertake project audit**	**5: Undertake project audit**
	6: Support WPO 7 Billion campaign	

The CO mainstreamed elderly issues in the interventions launched within AWP 2010, for example in training sessions organized, starting from 2011.

The shift was too abrupt to fit into CPAP initial objectives. A revised results framework was expected from the mid-term review finalised in 2012 but did not materialize for reasons not specifically related to the P&D component.

In the P&D realm, the only fund reallocation is the one led by the ending of the special initiative or joint programme set under UNDAF on behalf of the Statistics Master Plan. The earmarked $ 1 million are to be reallocated after due recognition by the UN Task Force created for this purpose that the initiative was not to be followed (Minutes of Meeting of the Task Force, 2011). The reallocation will be decided by the CPAP mid-term review process.

Gender

UNFPA was reactive in responding to emerging national priorities, quickly adapting interventions, supported by human and financial resources. Following the UNCT call for support to host communities in early 2012, UNFPA sought to address the needs of the refugees in general, and women and girls in particular. The assistance provided by UNFPA Lebanon was initially based on the UNCT Interagency Humanitarian Contingency Plan. UNFPA is also the co- lead agency for the working group on SGBV as well as the lead on the RH working group.

Through funding from the CERF, UNFPA Lebanon reached 23,081 refugees (1,595 men), (initial plan to reach 16,000 refugees), by providing RH kits to medical centres, trained health providers, and distributed dignity kits as well as coordinating humanitarian work[68]. Given the need to provide some of the basic needs of Syrian women and girls, dignity kits were distributed by UNFPA.[69] An Implementing Partner field officer noted that, *"for the first time someone somewhere is thinking purely of a woman's needs and that feels great."*[70] The majority of the support has been provided in North Lebanon and the Bekaa that house the majority of the refugees.

Given the need for preserving a minimum dignity for Syrian women and girls, dignity kits were distributed by UNFPA.[71] As part of the emergency response, dignity kits are provided to women and girls of reproductive age and are different from general hygiene kits. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives, in spite of displacement and to promote protection.

[68] Resident/Humanitarian Coordinator Report, 2012 on the use of CERF funds, Lebanon.
[69] Humanitarian Report, UNFPA, 2012.
[70] Interview with Implementing Partner, May,2013
[71] *Humanitarian Report*, UNFPA, 2012.

EQ2: To what extent did UNFPA supported interventions contribute (or are likely to contribute) to sustainably increase the access to and utilization of high-quality reproductive health services, particularly in underserved areas, with a focus on young people and vulnerable groups?			
Judgement criteria	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
JC.2.1 : Comprehensive, gender-sensitive, high-quality reproductive health services are in place and accessible in underserved areas with a focus on young people and vulnerable groups	- Essential reproductive health services package (including Emergency obstetric and neonatal care, and post unsafe abortion care) is integrated into the normative tools and referral systems of the reproductive health strategy and programme and the annual work plans of the Ministry of Public Health - Gender sensitive outreach services training are developed and Institutionalised - Services providers capacity is developed in conducting gender sensitive outreach services	- National budget information - Reproductive health strategy - RH normative tools - Guidelines, strategies - Training modules - Monitoring report - Field visit - Monitoring report - Field visit	- Meeting with MoPH, WHO - Document review - Meeting with Lebanese Society for Obstetrics and Gynaecologists - Interviews with health professionals - FGD with service users
In Lebanon the support of UNFPA to the Reproductive Health and Rights (RHR) programme started in 1995 and lasted until 2009. In the 2nd programme country programme (2002-2009), UNFPA contributed '*in increasing coverage of reproductive health services*, *reaching around 170 primary health care centers (PHCs) all over Lebanon and especially in under-served regions of the country' 'Furthermore, through the provision of contraceptives, support in improving facilities and provision of training, the project contributed to the creation of a nation-wide network of PHCs'*.[72] The country programme evaluation also highlighted that '*UNFPA has been successful in advocating and promoting new concepts – especially in regard to integrating RH in the Primary Health Care system and to be an integral part of the work and structure of the Ministry where a PHC unit has been established and staffed'.* UNFPA contributed to the integration of reproductive health through taking part in the national level discussion about the integration between SRH and HIV services and supporting the assessment of linkages between SRH and HIV. [73] The coordination of UNFPA with the maternal health project supported by the Italian Cooperation that focused on the development of maternal and perinatal health policy and education materials[74] illustrates as well the links established			

[72] Consultation and Research Institute, *Evaluation of UNFPA's Country Programme of Assistance 2002-2009 – Lebanon* - Final Report, April 2010

[73] United Nations Population Fund, American University of Beirut, Ministry of Public Health and the National AIDS Control Program, *Assessment of Linkages between Sexual and Reproductive Health and HIV in Lebanon*, April 2010.

[74] Interview with former partners

with the Ministry of Public Health to promote reproductive health. One of the achievements of the previous country programme project is the integration of the UNFPA staff members in the MoPH payroll. The evaluation of the 2nd country programme, nevertheless, highlighted insufficient monitoring mechanisms as to provide evidence of 'reaching-out with quality services to the most vulnerable and to the neediest segments of the communities that the project is supposed to support'. [75]

As mentioned in the CPAP, UNFPA interventions aim at supporting the health sector reform by strengthening reproductive health quality and performance and full integration in the PHC system. As such the CPAP states that the key interventions to be supported by UNFPA would focus primarily on expanding the RH package (to include Gender Based Violence (GBV) and Voluntary Counseling and Testing (VCT) services), on strengthening referral services, on enhancing outreach services on safe motherhood at secondary care level, and on developing an RH commodity security strategy. In January 2011, following a series of consultations with the MoPH and delays in agreeing on priority collaborative areas, UNFPA Lebanon office signed a new project with the Ministry of Public Health, called 'Enhancing MoPH national capacities for providing quality RH services at primary and secondary care levels in Targeted Areas', building upon the 2nd country programme, and to complement the joint collaboration between the Ministry and the Italian Cooperation. The AWP (LBN3R11A) focuses on enhancing the capacities of service providers on comprehensive RH package at PHC and secondary care level, developing a RH monitoring system in targeted areas (along border areas – mostly in underserved regions) and also on enhancing the MoPH capacities for developing and operationalising reproductive health (RH) commodity Security, strengthening hospital capacity, training programme on outreach and generate evidence and knowledge in RH. [76] Standard Delivery Guidelines and outreach services could not be developed as planned because of weakened collaboration with the MoPH. As a result RH standards were not fully hamonised.

In 2011, the Ministry's initial contribution to this project was supposed to amount to five times the UNFPA contribution. Actually, the Ministry's contribution was limited to twice the amount provided by UNFPA, and was only used for the procurement of drugs and contraceptives (that was possible due to the interests of previous Ministry's contribution). None of the other interventions planned initially were implemented (except for the MISP training - see JC 2.3 below). This because the funds were not released as the new Health Minister did not approve the project, despite the support of the MoPH Director General . [77]

In order to concretize the symbolic importance of the The Day of 7 Billion, [78]UNFPA organized a campaign to welcome the Lebanese 7 Billionth babies born on 31 October in 17 maternity wards. Midwives distributed welcome packages to newborns and their mothers, including promotional baby material as well as informative pamphlets providing guidance on neonatal care, family planning and sexual and reproductive health. Newborns were also provided with a birth certificate outlining 'their commitment to safeguard the future of the planet and the shared responsibility to care for each other'.

In October 2011, UNFPA Lebanon collaborated with the Lebanese Society for Obstetrics and Gynecology (LSOG) for the organization of a roundtable on '*Media*

[75] United Nations Population Fund, *Report on Mid-Term Review of the UNFPA 2010-2011 Program Implementation*, September 2012
[76] Annual Work Plan 2011
[77] Interview with UNFPA CO
[78] Celebration by the United Nations of the a high-level event to mark the world population reaching 7 Billion

Approach to Women Health Issues', with the objective of improving media coverage of women's health issues and rights in Lebanon, including sexual and mental health (in a holistic manner, analysing the factors that positively or negatively affect women's health). The event was organized in collaboration with the Ministry of Public Health and the Ministry of Information.

In 2012, two main interventions were implemented in collaboration with MoPH, i.e., the procurement of contraceptives and RH drugs, including an important quantity for the Syrian displaced population (see details under JC 2.2 below), and the initiation of the RH situation analysis. MISP trainings and sensitization meetings on Clinical Management for Rape Survivors were also conducted under the humanitarian interventions (see details under JC 2.3 below). [79]

The situation analysis in reproductive health aims at reviewing all policies, strategies, programs, protocols, projects and interventions in Lebanon that relate to reproductive health and that were supported by UNFPA and/ or any other national and international, governmental and non-governmental entity in terms of conceptualization, design, implementation, monitoring and evaluation, and funding. The related sectoral policies were also reviewed in order to assess the extent to which RH is streamlined in these policies. A consultant, at the request of MoPH, was hired to carry out the situation analysis and will be facilitating a workshop with all the stake holders in order to review the findings of the situation analysis in terms of policy development as well as identification of bottlenecks, challenges, gaps and constraints encountered during the implementation of RH programs and to draw key recommendations at various levels: policy, programmatic, monitoring (with a particular focus on RH indicators), coordination, and sustainability. [80] [81]

The reasons behind the fact that the interventions planned in collaboration with the MoPH could not be implemented are a) the Ministry's did not release any fund throughout 2011 not until October in 2012; b) the interventions to be funded by UNFPA such as developing RHCS and RH outreach guidelines could not materialize due to the absence of the Government's contribution; c) poor political will to expand the project's activities; and d) the fact that the UNFPA support for 2012 was dedicated to a large extent to the response to the Syrian crisis.[82]

During the 3rd country programme the collaboration with MoPH has been weaker than in the past due to several factors:

- During the 2nd country programme a project approach had been adopted whereby UNFPA was supporting directly MoPH staff and had its own staff who were entrusted to implement the project activities. This approach was appreciated by the government partners. The 3rd country programme was designed differently as it sought to support the sector reform by relying on Ministry's staff for implementation. UNFPA sought to develop MoPH capacities in

[79] SPR 2012, interview UNFPA CO and IP
[80] Interview with consultant
[81] Ministry of Public Health and UNFPA. Terms of Reference, *Situation Analysis in Reproductive Health in Lebanon*, 2012
[82] Standard Progress report 2011 - 2012

supporting provision of quality RH services in health facilities of target areas (heath workers training, commodity security, outreach, monitoring system).

- Following changes in government and political changes that led to the appointment of a new Minister the commitment of the MoPH to reproductive health was less strong.[83] This was not counter balanced by a clear reproductive health policy. Despite earlier efforts of the different partners and particularly UNFPA consensus among the stake holders could not be reached and the reproductive health policy was not approved.
- During the field phase of the evaluation, WHO published a modeled estimate of Maternal Mortality Rate for Lebanon that did not coincide with the data obtained by the MoPH through Hospital-Based Reproductive Age Mortality Survey (RAMOS). [84] This led to a higher MMR figure (i.e. 55 per 100,000 live births) than the one adopted in the country for the past 3-4 years (i.e. 26 per 100,000 live births). After the publication, the MoPH announced that it will put on hold its relations with the UN agencies including UNFPA partners.

JC.2.2: Reproductive health commodity security system is operational	- Reproductive health commodity security system is developed and endorsed - A reproductive health commodity security system is operational Increased availability of RH commodities in target delivery points	- RHCS strategy - Monitoring reports - Field visit	- Document review - Meeting with MoPH, WHO - Health professional interview - Meeting with Logistics department - FGD with services users

Despite the support of UNFPA to the RH programme from 1995 to 2009, no follow up and monitoring mechanisms were put in place by the MOPH and reporting on contraceptives stock out and/or availability as well as reporting on meeting unmet FP demand remains a challenge.[85] This issue was discussed with the Ministry and developing a Reproductive health commodity security (RHCS) system was included in the AWP in 2011. Two MoPH representatives and one UNFPA staff member attended a UNFPA regional training in Jordan in 2012 on commodity security but the issue was not taken forward by MoPH. This is partly due to the current relationship with the Ministry of Public Health (see above JC 2.1). The provisions for contraceptives as requested by MoPH are still based on consumption.[86]

In the 2004 Lebanon Family Health Survey 81% of contraceptive users cited the private sector as the main source of contraceptive methods (in pharmacies, private hospital or clinic, private physicians) and only 6.6% obtain contraceptive methods from the public sector (hospital or health centres).[87] As said above the poorest segment of the population is using public health services.

[83] Interview with partners and UNFPA CO
[84] Salim Adib, MD, DrPH, *Maternal Mortality Ratio In Lebanon In 2008: A Hospital-Based Reproductive Age Mortality Survey* (RAMOS), 2010
[85] United Nations Population Fund, *Country Office Annual Report 2011*
[86] Interview with UNFPA staff
[87] The Central Administration of Statistics, The Pan Arab Project for Family Health. *Lebanon Family Health Survey, Principal Report*, 2006

In 2011 and 2012, in the primary health care network of the government, the SDPs that offered 3 and more modern contraceptive methods were around 95% and no SDPs experienced stock-out in the last 6 months.[88] In 2010 UNFPA did not procure contraceptives for the MoPH as no agreement was signed, in 2011 contraceptives were procured mainly with government budget and in 2012 three sources of funds were mobilized for the procurement of contraceptives, i.e., government, UNFPA regular resources and emergency funds). Emergency funds aimed at responding to the increased demand caused by the Syrian refugees' influx in addition to the reproductive health kits containing contraceptives. No AWP was signed with the MoPH in 2013 and the procurement of contraceptives question in the coming months remains open.			
JC.2.3: High-quality reproductive health services available to address related needs in humanitarian settings	- Strengthened institutional capacity to address related reproductive health needs in humanitarian settings - Reproductive health emergency preparedness and response plan has been developed in consultation with concerned national partners - The capacity of health service providers to ensure the delivery of RH services in emergency situation is strengthened - Enhanced reproductive health services are available in areas affected by the humanitarian crisis - Young refugees (boys and girls) benefit from reproductive health information	- RH strategy in humanitarian settings - Monitoring reports - Field visit (if possible)	- Document review - Meeting with MoPH, WHO, UNICEF - Health professional interview - FGD with service users
The Ministry of Public Health (MoPH) developed an Emergency Health Contingency Plan in 2012. In this plan, UNFPA is considered as a partner in the Health response in emergencies of the Health cluster headed by WHO and under the MoPH leadership. UNICEF and WHO are the main actors in the plan – in addition to pertinent NGOs/INGOs- and UNFPA is identified as the main agency to coordinate with as far as the Reproductive Health sub-cluster is concerned. The plans states: '*Coordinate with UNFPA to activate the Reproductive Health sub-cluster catering particularly for pregnant and lactating women to ensure emergency*			

[88] UNFPA, Country Office Annual Report 2012

obstetric care and support' and to support the supply of health related commodities. Training concerning reproductive health have been conducted under the MoPH plan based on the WHO and Inter-Agency Standing Committee (IASC) recommendations (UNFPA is part of the agencies coordinated under the IASC). [89] . UNFPA also part of the development of the Health component of the UN Contingency Plan which was revised in June 2012. Within the context of the Syrian crisis, UNHCR – in collaboration with the various agencies- developed a response plan whereby it was agreed that UNHCR would lead the health working group with WHO as a co-chair.

However until the end of 2012 the government was not engaged in the development partners discussions on the Syrian crisis , which led to a lack of clarity as regards the role of governmental facilities in providing support to Syrian refugees. The MoPH started attending the RH sub working group from April 2013, which led to improved coordination and better alignment with MoPH policies.[90]

The displacement of Syrians across the Lebanese-Syrian borders started to increase drastically in 2012, and UNFPA responded to the call of the resident coordinator and followed the direction of UN Humanitarian Country Team (HCT) in responding to the Syrian crisis in early 2012. UNFPA activated its emergency response mechanism in accordance with its preparedness and contingency plan.[91] UNFPA, based on needs assessments in affected areas and through close coordination with international and local NGOs, started distributing 6 RH emergency kits in early 2012 to medical/health dispensaries in the North of Lebanon, i.e. Machha and Wadi Khaled, along the border with Syria. Later on and as the Syrian refugees were moving to other regions countrywide, UNFPA's response – including distribution of RH kits and other RH commodities – covered all areas including the South and Mount Lebanon.

UNFPA was part of the coordination efforts and took part in the central heath working groups. UNFPA also contributed to the regional response plans. *'UNHCR, jointly with WHO, UNFPA and other partners involved in the health sector, will coordinate the response with Ministry of Public Health, and will aim to support and expand their capacity in order to enhance the quality of health care services for Syrians'.* [92] Late 2012, it was acknowledged by the various partners that RH was not sufficiently coordinated, a RH sub group was thus created, chaired by UNFPA and co chaired by International Orthodox Christian Charities (IOCC). [93] The RH sub group started its meetings in February 2013 and has been meeting every month since then. UNFPA plays the role of coordinator and links with MoPH, discusses strategic RH priorities with partners and facilitates a knowledge sharing process among the different partners involved in RH interventions, e.g.,existing ANC guidelines, RH interventions database…

A comprehensive assessment on RH and GBV among Syrian women and girls, led by a national researcher (see above JC 1.1), was undertaken in partnership with Yale University during the period June to September 2012. The assessment looked at the situation of Syrian women with regard to health in general,

[89] Ministry of Public Health Lebanon, *Emergency Health Contingency Plan*, Draft, Revised 2012
[90] UNFPA, Minutes of the Reproductive Health (RH) Sub-Working Group, April 2012
[91] United Nations Population Fund, *Lebanon Humanitarian Contingency and Preparedness Plan 2012 – 2013*
[92] United Nations, *Syria Regional Response Plan, March 2012, September 2012, January 2013*
[93] Interview of UNFPA staff and UN partners

reproductive health and violence in particular. It also reported some general observations regarding the six health facilities in the North and Bekaa areas where the interviews took place.[94]

Reproductive health kits - Through the 2012 CERF funding, UNFPA procured and provided 42 Reproductive Health Kits to 22 health centres to respond to the increase in demand for reproductive health services in the various service delivery points of the country serving both the local women and the Syrian displaced ones. [95] The distribution of the reproductive health kits was made on the basis of the discussions with UNHCR and the International Medical Corps, the agency responsible for health in the Country. And also, the UNFPA Field Coordinator during her field visits to service delivery points assessed the availability of family planning methods, of STIs/HIV treatment, of treatment in case of rape, drugs needed during prenatal check-ups and the need for RH kits. [96] This assessment was quite essential to determine needs and projected consumptions.

Distribution o*f *Reproductive health kits between February 2012 and April 2013

Type of kit	Number	Location
Oral and injectable contraception	21	North Lebanon, Bekaa, Beirut, Mount Lebanon, South Lebanon
IUD insertion	19	
STI treatment	21	
Rape treatment	17 halves	
Clinical delivery	1	

[94] Usta Jinan, MD, MPH, Masterson Amelia Reese, Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon, 2012
[95] Resident / Humanitarian Coordinator, *Report 2012 on the Use of Cerf Funds Lebanon*
[96] Interview of UNFPA staff

Most of the kits were distributed in the last quarter of 2012 and in the first quarter 2013, in health centres, clinics and hospitals. The reproductive health kits detailed in the above table were distributed to MoSA Social Development Centres, to Primary Health care centres of the MoPH network (some run by NGOs) and to PHC centres run by NGOs .

In addition, partial kits were also distributed to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) Primary Health Care Centres (PHCCs) and Palestinian Red Crescent society hospitals in all the regions hosting Syrian Palestinian Refugees in Palestinians camps (Beirut, South and North Lebanon) in February 2013.

Kits were given once to each location. Some of the health workers met during the evaluation feared that they would run out of stock of contraceptives even if they had not yet faced any shortage of drugs and contraceptives, as the influx of refugees was unpredictable. The Reproductive health kits contain a fix number of drugs, equipment and contraceptives calculated on an international standard basis and not on a consumption basis, which may lead to wastage if some of the drugs are not used before their expiry date. In 2013 this was discussed with NGO partners who manage several SDPs and can dispatch the content of the kits based on actual needs, to avoid waste. A simple system of monitoring has just been introduced by UNFPA on the consumption of the drugs/contraceptives and consumables that are included in the kits. This system will allow following up the consumption and adjusting the commodity supply to the needs.

Rape treatment kits were distributed to 10 service delivery points as agreed among the stake holders. In each of these facilities some service providers had been trained. Some of these trained helath workers met during the evaluation mentioned that they did not handle any rape cases after the trainin and as victims do not come forward. Thus they did not have the opportunity to use rape treatment the kits.

Dignity Kits - Through the CERF funds, UNFPA made available 5 to 6 months of supply of basic female items and hygiene materials in areas that are lacking WASH services, e.g. tent settlements, unfinished buildings... [97] It procured and distributed 11,925 dignity kits and 12,114 packs of sanitary pads (as per available budget) which helped addressing one part of the Syrian displaced women.

Distribution of dignity kits in November and December 2012 under Syrian Emergency CERF funding:[98]

Region	Locations	Number distributed by YMCA	Number distributed by other NGOs
Central Lebanon	Beirut	460	1200

[97] Resident / Humanitarian Coordinator, *Report 2012 on the Use of Cerf Funds Lebanon*

[98] Data provided by UNFPA Country Office (do not correspond to the total numbers mentioned in reports)

North Lebanon	2 locations	900	458
Bekaa	14 locations	740	3818
Mount Lebanon	4 locations	-	1840
South Lebanon	4 locations	900	1000
Total		3000	8316

As seen in the table above the distribution was done through YMCA and the following NGOs: Amel Association, World Vision International, Islamic Relief, IOCC and Makhzoumi Foundation.

Whereas in some areas the content of the kit was appropriate, responded to urgent needs and was appreciated by the recipients, for instance in Bekaa one women said "This kit is going to be extremely helpful to me, I truly need it. People don't know that in some circumstances, any help is a great one"[99] In other areas particularly in Beirut where refugees are better integrated and have some source of income the content of the kits was not so adequate as they had different expections (see details in JC 1.1). This raise the question of strategically planning the distribution of the dignity kits not among the different groups. The lack of monitoring the appropriatenss of the distribution remains an issue as well.

Awareness sessions - Under the project 'Improving Syrian displaced and local women knowledge and referral on SRH/GBV', UNFPA collaborated with the Youth Men's Christian Association (YMCA) for the conduct of awareness sessions on reproductive health and GBV, from November to December 2012 given the need for more information among the targeted population and as clearly reflected in the findings of the GBV/RH assessment conducted among Syrian Refugee Women. The topics were selected based on the findings of the RH/GBV assessment and on the priority issues suggested by the health working group.

YMCA trained 45 educators, consisting either in community health workers (nurses or midwives) or in social workers, in 41 centres (PHC, SDC or NGO) in November 2012. The educators had already been trained by YMCA and UNFPA. They followed a 2 days refresher training on communicating messages and on RH topics (see below). Their knowledge on the subjects was assessed by a pre-test and a post-test following the refresher training. The knowledge of the

[99] IP performance report

educators particularly increased in areas such as family planning and prenatal care but very little in areas such as safe motherhood, Gender Based Violence (GBV) and Reproductive Tract Infection (RTIs). The educators were motivated and qualified on the content. [100]

A total of 121 awareness sessions were conducted by 45 educators on the following topics:

nutrition as part of pre-natal care

safe pregnancy with emphasis on preterm birth

post natal care

modern family planning

Reproductive tract infections and Sexually transmitted infections

prevention and response to GBV

During the awareness sessions, the educators used power point presentations and interactive discussions with an average of 25 Syrian women per session as initially planned. Pamphlets and brochures on prenatal care, FP, STIs and GBV were distributed as well. Usually participants were different for each session and thus received messages on only one particular subject. Their knowledge was also assessed through pre and post-test and the average increase in knowledge is of 27% to reach around 98% knowledge. The increase in knowledge in some topics such as family planning, GBV and hygiene during pregnancy was around 30% and of 20% on issues such as safe motherhood, postnatal care and STIs. In addition, the participants received information on the health facilities that provide free services as well as on the process of registration with UNHCR. Dignity kits were also distributed to 3000 women following the awareness sessions.

As part of the project, monitoring coordinators visited 16 locations and provided coaching to the educators.[101].

The level of initial knowledge of Syrian women refugees varies according to the different locations, their place of residence and their socio economic status. In Bekaa and North refugees often come from rural areas. In Beirut refugees come from cities. The women interviewed during the evaluation had different levels of knowledge depending about the locations. For instance in Beirut the interviewed Syrian displaced women said that the messages were not new to them. In other areas the level of initial knowledge was lower. [102] When analasing the documents it appears that topics are selected randomly in each area and a clear

[100] SPR 2012
[101] Interview with IP, YMCA Standard Progress Report 2012.
[102] Interview with IP and with beneficiaries

strategy aiming at targeting the needs of specific groups is lacking. Reports do not spell out these differences between locations as data regarding knowledge increase are aggregated.[103] Early 2012 UNFPA had also provided technical support a 3 months awareness raising campaign on health issues including safe motherhood, family planning and sexually transmitted infections in the North, in the Bekaa and Nabatieh areas undertaken by YMCA/UNICEF/WHO.

Minimum Initial Service Package Training - MISP training was introduced during the 2nd country programme through the creation of a core group of nationals who attended in Cairo (2009) a Middle and North Africa (MENA) regional training of trainers (TOT). The participants represented the MoPH, the Lebanese Red Cross, the International Medical Corps and the Lebanon Family Planning Association. The specific objectives of the TOT were for the participants to be able to advocate for SRH in crises, to respond to any emergencies of conflicts or natural disasters, and to roll out training of key service providers at national level on the other. The core group of trainers translated and did some necessary adaptation of the MISP training materials to the situation of Lebanon.

UNFPA Lebanon supported the rolling out of the trainings on Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crises[104] in areas hosting refugees. As such, in January 2012 a three-day training was launched in the North, with 15 service providers: doctors, social workers, midwives and nurses from service delivery points pertaining to the MoPH, Ministry of Social Affairs and NGOs, in addition to Halba Hospital that was identified as the referral center. Health workers from Tripoli as well as remote areas at the border with Syria with a massive influx of Syrian displaced families got trained as well. A second one was organized in the Bekaa for the area of Baalbek/Hermel during the first week of June 2012 for 16 health care providers. In September-October 2012, two additional trainings were conducted as well. They addressed a total of 36 participants, consisting of nurses, midwives, social workers, pharmacists and physicians representing 30 different SDPs (MoSA SDCs, MoPH PHCCs (centers supported and non-supported by INGOs), local NGOs and Government Hospital) throughout West and Mid-Bekaa. [105] All 30 SDPs provide free SRH services to Syrian Displaced women and girls of reproductive age, and a referral system is established between these health facilities and selected hospitals to ensure continuum of care and safe delivery. These trainings are implemented in close collaboration with the Ministry of Public Health (MoPH) and the Lebanese Society for Obstetrics and Gynaecology.

Opening ceremonies were arranged for each workshop for advocacy purposes and were attended by around 100 local decision makers from different civil and governmental organizations, such as representatives from the Army institution, Civil Defense, Internal Security Forces, Health governorates, etc.[106]

In addition, a MISP training was organized for UNRWA PHCCs and Palestinian Red Crescent society hospitals health care providers in May 2013. For this particular event nine participants (out of 24) were men whereas usually MISP training sessions are mainly attended by women.

The participants were particularly interested in the issues related to Gender Based Violence that was a new subject for them. They valued the counseling skills introduced in the modules and felt more confident to deal with HIV and violence. The interviewed participants mentioned that usually victims of violence do not

[103] SPR 2012
[104] UNFPA and the Lebanese Society of Obstetrics and Gynaecology, *The Minimum Initial Service Package for Reproductive Health in Crisis*, 2012
[105] Data provided by the UNFPA Country Office
[106] United Nations Population Fund, *Annual Report - Humanitarian Response to the Syria Crisis in Lebanon*, 2012

come forward in and they feel that they need to know how to deal with with violence issues and where to refer. They got a holistic view of how to deal with violence issues. One of the issues raised is that they do not feel comfortable with giving emergency contraceptives to non-married women. They also learn where to refer the refugees for free or subsidized services for childbirth.[107]

Views on the MISP training are mixed and some people found that some parts are not adapted to the context of Lebanon and would require further adaptation as well as a broader approach aiming at developing a 'MISP strategy' as it has more to offer than just this package. For instance the generic MISP package is broader and can be used to support the development of a comprehensive strategy. Some find it appropriate to plan RH services in humanitarian settings. [108]

There are neither mechanisms nor financial provisions to follow up on MISP training. Trainees keep in touch informally with MoPH for sending related requests for example request for additional commodities in relation to MISP. One midwife met in the field had been trained the year before but could not remember what the training was about.

Clinical management of rape - UNFPA in partnership with the Lebanese Society of Obstetrics and Gynecology (LSOG) organised three different meetings in Bekaa and North areas to sensitize 45 health professionals on clinical management of rape during September – November 2012. The main objective of the meeting was to sensitize them on the subject of sexual violence and to introduce them to the clinical management of rape protocols and treatment based on WHO guidelines. The meeting included nurses, midwives and physicians (including 33 Ob/gyn specialists) from 40 service delivery points (SDPs).[109] The selection of participants is an area that requires particular attention as this is a sensitive issue and all the health care providers are not ready to handle such cases.

Introducing Clinical Management of rape for the Syrian population has raised issues as it is not introduced in Lebanon and there is no national protocol. Partner expressed that one way is to advocate further to have it introduced in humanitarian situations for a start.[110]

Following the meeting, UNFPA provided rape treatment kits to to 10 health facilities with trained staff. The kit contains basic treatment for rape and post-exposure prophylaxis for HIV as suggested by IMC. Only half of the kits was provided as only few people come to the health facility in case of rape and the drugs contained in each kit are calculated for 50 women victims of rape.[111]

Awareness sessions for youth - UNFPA supported the participation of eight young people affiliated to five Lebanese NGOs[112] in the Y-PEER "Sub Regional

[107] FGD MISP trainees in Annex
[108] Interview with IP and UN partners
[109] United Nations Population Fund, *Annual Report - Humanitarian Response to the Syria Crisis in Lebanon*, 2012
[110] Interview with partners
[111] Interview with health care professionals who attended the meeting and UNDP staff

Training of Trainers in Peer Education on SRH, Empowerment and Life Skills for Young People in Humanitarian Settings" that took place in Amman, Jordan in July 2012 in order to address the needs and priorities of young people in humanitarian settings. One of the positive outcome of the training was that the young people and their respective NGOs developed action plans targeting young Syrian, Palestinian, and Iraqi refugees for awareness raising.

UNFPA developed a partnership with the University of Balamand, Faculty of Health Sciences (UoB/FHS) to provide the overall coordination and support the NGOs in rolling out their activities from August 2012 after the project had started. The activities undertaken by the NGOs consisted of capacity development of the youth, awareness sessions through peer to peer approach, development of training and awareness material, and celebrating international occasions. The awareness raising activities covered topics related to HIV/AIDS, Sexually Transmitted Infections (STIs), Gender Based Violence (GBV), early marriage, prenatal care , HIV/AIDS prevention, and Stress Management.

A training module on stress management was developed and emphasized particularly stress management techniques. The training module contained exercises on self-confidence, self-esteem, resilience, developing life skills objectives, and keeping hope and managing stress. However it was not enough to develop their capacity to run stress management sessions by themselves as Y-PEER did not have sufficient background to handle such topic. The initial planning had not taken such constraints into account.[113]

Each NGO had planned to undertake eight awareness sessions targeting youth aged 15 to 25 years in group of 25 participants so that at the end, each NGO would reach 200 beneficiaries (Peer Syrians, Palestinians, Iraqis and host communities). Drawing and poem competitions were also organized as well as the celebration of the International Day to End Violence against Women, the World AIDS Day and the Human Rights Day, reaching out an estimated 1500 young people in Palestinian camps, Iraqi refugees and host communities with Syrian refugees. World Vision withdrew as they were unable to mobilize youth to join the project due to bad security conditions.

The overall number of youth reached through awareness sessions and events between October and December 2012 was 1189: 712 were reached through awareness sessions, 477 were reached through the marking of international occasions. A series of leaflets were developed containing messages on HIV/AIDS prevention, STIs, GBV, Early Marriage, and Stress Management.

NGOs expressed that they gained improved knowledge related to managing youth programs. [114] The FHS/UOB team had planned to follow up peer educators in most of their awareness sessions. However, the team was able to cover only 16 out of 39 awareness sessions and one awareness day out of two due to unpredictable schedule of sessions, insecurity and bad weather.

The implementation of the project was fraught with a certain number of difficulties:[115]

[112] Foundation, National Institute of Social Care and Vocational Training – Beit Atfal Soumoud, and World Vision International
[113] Standard Progress Report 2012, interview with IP
[114] Standard Progress Report 2012

▪ security issues ▪ topics such as early marriage, STIs, and HIV/AIDS were not easily accepted by the targeted communities. In certain areas, sessions ran with males and females separated in two different rooms. ▪ some young people did not show up as they were afraid or were not interested because they preferred to address their family basic needs as a priority ▪ there were problems of transport ▪ the Peer Educators were not always free Reaching the beneficiaries incur communication/transportation costs that youth cannot always bear. Some of these difficulties were due to insufficient planning and budgeting as well as follow up. Peer educators needed sufficient support in order to implement the activities, for instance on how to deal with sensitive issues.			
JC.2.4: Improved knowledge, information and services for young people, with a focus on societal and community mobilization and evidence-based advocacy and policy dialogue	- Criteria and protocols for providing, and referring youth to, youth-friendly health services are developed (boys and girls) - At least 15 youth-friendly health facilities offer a comprehensive package of reproductive health services in target areas for boys and girls - Life skills RH curriculum are developed - Teachers capacity to teach life skill curriculum developed - Tools for RH extracurricular education approved and disseminated - Policy briefs are used for policy dialogue and advocacy - Youth networks and non-governmental organizations supporting the development and implementation of a multisectorial sexual and reproductive health and rights strategy for youth	- Strategy and protocols - Monitoring reports - Developed curriculum - Field visits - Consultation meeting minutes - Operational study by University of Saint Joseph - Policy briefs	- Document review - Meeting with MoPH, UNICEF WHO, IP - Health professional interview - FGD with young people - FGD with Peer educators - Teachers interview - Meeting with IP - Meeting with School Health Educators

[115] Interviews with IP, SPR 2012

Youth Friendly services - Under the 2nd country programme, UNFPA initiated a pilot project implemented by the Armenian Relief Cross of Lebanon (ARCL) to institutionalize the prevention of youth friendly reproductive tract infections services in health centres. An assessment of youth understanding, perception and preference for health services had been undertaken and a clinical protocol on RTIs among adolescents was elaborated and a training module piloted among service providers to introduce youth friendly services (YFS).

In 2009 and 2010, UNFPA conducted an assessment in 5 service delivery points (SDPs) affiliated to the Ministry of Public Health (MoPH), Ministry of Social Affairs (MoSA) and NGOs. The SDPs were selected in such a way to ensure a broad geographical coverage. These SDPs were assessed in terms of availability and gaps in services, outreach, resources, commodities and infrastructure. [116] The assessment generated information (on needs in terms of capacity development, tools and resources, community mobilization, and equipment and commodities) that were the basis for discussion with the SDPs directors and health service providers on a YFS minimum package.

In 2011, UNFPA and UNICEF joined efforts to operationalise YFS including child protection component. UNFPA selected the Centre Universitaire de Santé Familiale et Communautaire (CUSFC) at Saint Joseph University as implementing partner (IP) based on its experience in the provision of YFS to university students as well as to young people from the surrounding communities. The CUSFC collaborated closely with the two concerned ministries (i.e. MoSA and MoPH). The CUSFC developed a YSF training module[117] to operationalise the provision of YFS /child protection services in these 5 health service delivery points on a pilot basis. Nineteen service providers (OB/GYN, midwives, nurses as well as social workers) were trained on the provision of a minimum package of services that covers 1) Youth friendly services, 2) Communication and partnership; 3) Adolescence and puberty; 4) Behaviors and problems that affect negatively the health of adolescence; 5) Life skills; and 6) Child protection and youth civic engagement.[118]

The YFS concept adopted by the joint programme includes treatment, referral, counselling and awareness raising and concerns health and social related problems (physical, mental, social, reproductive and psychological health).

In addition, the knowledge and communication skills of 17 young people were developed to be able to reach their peers from their respective communities using interactive learning methods and promoting the USJ info-santé website.[119] The young educators were able to carry out a total of 8 sessions to reach more than a hundred young girls and boys with the aim to increasing their awareness on health related topics such as HIV/AIDS prevention and discrimination, youth and human rights, child protection, life-skills and drugs as well as advertising for the availability of RH services.[120] They usually reach young people in schools or in the SDP. The topics are adapted according to the local culture and health educators are aware of the importance of the use of words. Issues related to early marriage were covered in the North but not in Baalbeck. While it is possible to talk about HIVAIDs prevention, it is difficult to talk about early pregnancy among

[116] Ministry of Social Affairs, Ministry of Public Health and UNFPA: *Study of Youth Friendly Services in 5 centres Lebanon*, 2009
[117] YFS training manual
[118] UNFPA, UNICEF, Narrative Progress Report 15 May – December 31, 2012
[119] www.infosantejeunes.usj.edu.lb.
[120] UNFPA, UNICEF, Narrative Progress Report 15 May – December 31, 2012

non married young women. Abstinence and being faithful are the main messages as regards to protection. Young people interest lies in family issues and mental health and less on RH issues. [121]

By the end of 2012, only four SDPs were still part of the project due to several challenges related to commitment, capacities, security, and change in SDPs management, among others. For instance Wadi Khaled withdrew as it has to entirely shift to the Syrian crisis and deal with a high number of Syrian refugees and in the south the health centre changed management.[122] The remaining SDPs could not actually operationalize the services in 2012 due to the need to carry out advocacy activities in the communities for promoting the services.

For 2013 an additional 3 MoPH affiliated health facilities have been selected and another 3 remained to be selected by MoSA.

A Management Information System for collecting and analyzing data on the use, quality and effectiveness of services by young people is being developed but the first attempts appeared to be quite cumbersome and is being revised. [123]

A consultative committee composed of CUSFC, MoSA, MoPH, UNFPA and UNICEF was created and met several times in 2012. However, it was challenging to have the representatives of all the concerned partners gathered to discuss important issues. Delays were also encountered in the provision of feedback on various documents and tools (i.e. training manual for service providers, policy brief). Challenges as regards to institutionalisation emerged as MoSA was nominated by the Lebanese government as the official authority in charge of leading the humanitarian response to the Syrian crises and thus is currently overwhelmed and advocacy with senior MoPH decision makers is essential to ensure its continuous commitment.

Integration of RH and life skills in school curriculum - UNFPA has supported the development of the "*Life skills reproductive Health education curriculum from a gender perspective*" from 2004 until 2009. The process which involved extensively all the stakeholders i.e. including 18 different sects is well-documented as an example of best practice in a muti-confessional system published by the CO.[124] After the issuance of the "*Life skills reproductive Health education curriculum from a gender perspective*"(called the Curriculum) in 2009, UNFPA is still supporting the Ministry of Education and Higher Education (MEHE) through the Educational Centre for Research and Development[125] for the integration of the curriculum within the sciences, civic education and language disciplines, as per the plan of action of the ECRD for the review of the National Curriculum. The process is perceived by the partners as 'to have created an enabling environment where discussions around RH issues', a major accomplishment given the circumstances (cultural norms, conservative atmosphere) in the country and having

[121] Interview with young educators and coordinator
[122] Interview with IP and UNFPA staff
[123] UNFPA, UNICEF, Narrative Progress Report 15 May – December 31, 2012
[124] United Nations Population Fund and Centre for Educational Research and Development, *Gender-Sensitive Life Skills Reproductive Health Curriculum Development: A Best Practice Documentation*, 2010
[125] Co- financing (earmarked) contribution agreement between the government of Lebanon (ECRD) and UNFPA.

built relationships between stakeholders. The fact that resources were now available in Arabic and that health education in school help linking curricular to extracurricular in the schools are facilitating elements as well. [126]

So far, the Curriculum has been integrated within the first two scholastic years of the first country programme through the support provided by the CO. A consultant was hired in order to support the integration and the book writers to design adequate methodologies to deal with reproductive health and life skills. This was recognised as a facilitating factor by the ECRD. The process is extremely slow as the ECRD is actually in the process of revising the whole National Teaching Curriculum and not only the life skills and reproductive health integration. The committee in charge of integration foresees that it will be integrated in all levels of the education systems by 2020. It is planned to start the integration of the 2nd and of the 3rd country programme at the same time.[127] The support provided for the integration is absolutely necessary as it ensures that the concept is clear among all the book writers and that they include the appropriate activities. The process involves a lot of actors and they are not all familiar with the life skills and RH concepts. Reference book specific to the RH and Life Skills concepts were prepared in 2012 in order to address this issue.

Concerns were raised by different interlocutors that the curriculum, because it was developed through a consensus among the different confessions and thus avoided terms that are not culturally appropriate, provides minimum exposure to some SRH issues. The other concern is that it is not sufficiently up to date.. One of the main concern was that actual words to talk about issues were not used because too sensitive, instead 'proxy' words were used and the main message meaning got lost. It was recognised by all the stakeholders that the integration process faces obstacles such as the changes in ECRD strategy, the lack of coordination between MEHE and ECRD and the barriers related to RH that are inherent to the education system in Lebanon. [128]

Since the process of integration of the curriculum is extremely lengthy, UNFPA decided to introduce reproductive health in extra-curricular sessions through an interactive CD, which is in its pilot phase, and through theatre based peer education. A meeting was organised with the support of a consultant in 2012 in order to 'solicit the feedback of UNFPA's implementing partners mainly MEHE, ECRD, FES/USJ and VAPA NGO on successes and challenges pertaining to the integration process of SRH education in curricular and extra-curricular activities' with a view to draw an evaluation framework for RH education in education sector.[129] In view of the obstacles faced during this process, questions regarding the effectiveness of such an approach has been raised 'The continuous follow-up, support, and advocacy of UNFPA in keeping this issue in the "public" eye have been critical. And despite the changed attitudes, the pull back of UNFPA from this objective is likely to create a gap that no other entity will pick up, likely leading to the disappearance of this issue as priority and the loss of serious gains made so far in integration in the school system'.[130]

Extracurricular activities - In 2011, around 20 school health educators attended a 4 days training workshop to develop their capacities in reproductive health

[126] Rima Afifi Soweid, *Report on consultancy for developing an evaluation framework for the education in education sector*, 2012
[127] COAR 2012, interview with IP and consultants
[128] Rima Afifi Soweid, ibid
[129] Ibid.
[130] Ibid.

education. They were provided with the theoretical basic concepts. In 2012, 17 health educators (among the 20 mentioned above) attended a 2 days workshop on awareness creation. They developed a plan to carry out awareness activities in their respective schools and conducted activities accordingly. They were coached under the supervision of USJ.

Based on this training a course was developed by the USJ Department of Continuous Training at the Faculty of Educational Sciences to develop the reproductive health education capacities of teachers and school health educators, school nurses and physicians. The content of the training workshop is based on the curriculum and introduces several broader concepts including participatory methodologies, project planning and ethical issues. Theoretical lectures and tutored personal work in schools form this 4 credits course of 40 hours.

TBPE **-** Under the project Capacity Development for Integrating Theatre Based Peer Education in the Education Sector to launch theatre based peer education (TBPE) (coming from the regional initiative) two trainers from Visual and Performing Art Association (VAPA) attended a training of trainers (TOT) in Cairo in 2010 and trained 12 Y-PEER and VAPA members. In 2010 UNFPA worked with VAPA in 4 private schools through health educators (LBN3R41B). The selection of schools took into consideration different backgrounds to represent the multi-confessional culture of Lebanon: two schools from Al Mabarrat Association, the Lebanese Evangelical School and Zahrat Al Ihsan School. A total of 68 students aged 15 to 19 along with ten teachers were trained [131] on TBPE technique. Theatrical scenes were developed and performed by the trained students in each school (with the grant they were allocated). Messages were developed by the students with the help of the workshop facilitators on subjects such as HIV, drugs, peer pressure, violence, smoking. Although it was planned that the Y-PEER facilitators would facilitate interaction with the students on the topics, their facilitation skills were insufficient for animating the discussion and a trained person was needed (often a UNFPA staff member). In Al Mabarrat School, 6 boys were selected for preparing a scene on the topic and messages of their choice (coached by the health educator) and sixty boys attended the performance. By the end of the facilitation, most of the learning objectives agreed upon with the students who created the scenes were delivered. The total performances were able to reach an audience of 600 students. [132]

Pre and post-test questionnaires were administered to about half of the students in the audience. The analysis of the pre and post test showed some increase in knowledge as regards to some issues (e.g. the cost of the HIV test) but little increase in knowledge in some other issues. In some case the there was a wrong perception ofthe messages or little change in attitude (e.g. (the respondents that responded false to the statement 'People infected with HIV should be isolated from society' increased from 73.8% to 78% between the pre and post test or the response 'true' increased for the following statement 'Violence can be a solution to deal with some issues'). Some of the questions asked during the pre and post-test were not very clear. [133] The effort in undertaken impact analysis of such intervention should be noted, but the review of the reports shows that data analysis is often not so clear and conclusive.

The students (both the performing ones and the audience) enjoyed and were interested by the shows. The student performers said that the process helped to

[131] It was initially planned to train 20 to 24 students and teachers in each school.
[132] SPR 2010
[133] UNFPA, VAPA, Y-PEER, *Theater Based Peer Education Initiative: Impact Analysis*, 2010

build their confidence, to learn tolerance, compassion and civil responsibility, how to communicate, to keep trying and to become more realistic as well as to break the traditional hierarchy between teachers and students (teacher learned how to adapt their interactions).[134] The time allocated for the activity (one session) is too short for sufficient in depth discussions on the subject and the administration of the pre and post test.[135] A documentary and an awareness brochure were produced in order to promote TBPE in school.

In 2011, VAPA with the support of UNFPA, started working in 4 public schools within the context of the ECRD project, through teachers (LBN3R51A). A series of three workshops (SRH, TBPE techniques and facilitation skills) took place to develop the capacities of a core group of 12 trainers in TBPE from the continuous training program (CTP) at ECRD, the school health programme at the Ministry of Education and Higher Education (MEHE), and Al Mabarrat educational institution. Introducing TBPE in the public sector triggered interest but proved to be challenging as it requires a flexible approach which is not always possible in the public administration, e.g., the Continuous Training Programme (CTP)'s role is to train teachers and is not in position to do the necessary follow up and coaching in schools. The intervention was less successful than in the private sector where all the schools involved organised theatre shows and was totally dependent on the commitment of teachers and the support of the principals. It was noted that prior information of the schools authorities is key as to ensure that it is part of the schedules. One year was not sufficient to ensure that the approach kicks off. [136] The impact analysis (analysis of pre and post tests) of the TBPE in public schools where shows were performed [137] highlighted that facilitation is sometimes not sufficient and some messages were only partially grasped. Altogether 400 students attended the performance undertaken in the 4 schools involved.

In some instance the topic selection was not always linked to the UNFPA mandate but rather responding to the interest of the students. One training manual for Theatre Based Peer Education at school was developed in 2011and proved to be a useful tool.[138]

SRH CD Rom and game - In 2011, UNFPA collaborated with the Faculty of Educational Sciences of the University Saint Joseph to develop a set of tools to be used in school extracurricular activities. The first step was to obtain a national consensus through several meetings with stakeholders on the USJ info-sante website, the interactive SRH CD Rom and the Sohhti wa Salamati (My health and my wellbeing) Game. These tools were introduced to decision makers at community levels, school principals, school health coordinators/educators as well as parents associations and even young adolescents. The content of the SRH CD Rom was reviewed in order to assess whether it was in line with the Gender Sensitive Life-Skills RH Education Curriculum on the one hand and culturally sensitive on the other, the Life Skills part has been completed. All the tools have been approved by the MEHE.[139] The opinion of school students regarding their needs for

[134] Rima Afifi Soweid, Michel Khoury, Saja Michel, *Theatre Based Peer Education to Promoting Responsible Healthy Behaviors among School students: Understanding Facilitators and Barriers and Possible Alternatives*, 2013
[135] Discussion with IP and beneficiaries, Standard Progress Report 2010
[136] Standard Progress Report 2011, interview with UNFAP staff members and IP
[137] Report in Arabic
[138] Y-PEER Lebanon and Visual Arts and Performing Association (VAPA): Theatre Based Peer Education at school - Training Manual, 2011
[139] SPR 2011, 2012

educational tools in RH education was assessed as well. In 2012, the CD was introduced in 17 schools located countrywide as a pilot phase. The impact of the SRH CD Rom on students was being assessed in 2013[140] through a pre and post-test and through focus group discussions.

Y-PEER Network - The support to the Y-PEER network started in 2008 and is a continuation from the previous country programme. Initially, the capacities of a core group of 17 focal points (boys and girls), belonging to ten Lebanese NGOs, was developed. They received a training on peer education, advocacy, and theatre-based education, both regionally and in country. In 2009 the network grew and 20 NGOs were involved. Little financial contribution (around 5%) was received from the regional office for the Y-PEER initiatives in 2010 and from UNAIDS and Unified Budget and Work Plan (UBW) in 2011 (around 20%) and the bulk was allocated through UNFPA country funds.

In 2010, the Y-PEER network expanded to include 85 new members making a total of 175 peer educators in different regions in the country (LBN3R41A). 3 peer education training workshops for young people conducted by 2 NGOs (the Lebanon Family Planning Association (LFPA) and Jeunesse Contre La Drogue (JCD)) and in Palestinian refugee camps took place in rural and urban areas (South and Mount Lebanon) with emphasis on the following issues: (a) advocacy and fund raising in relation with HIV/AIDS and the initiation of youth friendly RH services (b) Peer education techniques (c) Substance use and link with HIV/AIDS. Around 100 outreach sessions were conducted in 2010 whereby 2000 youth were reached in different areas of Beirut, the south, the north, Mount Lebanon, and selected Palestinian camps. Methodologies such as movies, games and role play were used. Pre/post tests were conducted addressing the following issues: stigma and discrimination against PLHIV, HIV/AIDS modes of transmission and prevention, vulnerability of young people to HIV/AIDS, psychological stages of People living with HIV (PLHIV). Some of these tests were analysed, allowing to assess the impact and the process of the sessions. The results showed some increase in knowledge in transmission modes, but persisting misconceptions on self protection as well as stigmatising attitudes towards PLHIV. The facilitators could answer the questions of the young people in most of the cases. Supervision was not done as planned as some Y-PEER supervisors were not available. The commitment of NGOs to support the Y-PEER network is decreasing and the number of outreach sessions covered by NGOs has decreased over years unless the NGO were motivated through a grant.[141]

In 2011, 75 young people had been trained, 20 became trainers and 11 became focal points.[142] The network was also supported to undertake a series of awareness activities such as health fairs, theatre and street events. It was noted that the lack of follow up and regular contact with the Y-PEERs in rural areas make them less active than those surrounding Beirut, where many big events take place. [143]

Three new areas of capacity development were added in 2010, based on the needs expressed by Y-PEER, on project management and development (PDM), advocacy and drug prevention. The PDM training targeted young volunteers working with Most At Risk Populations (MARPs) such as Men having Sex with Men

[140] Results were not available at the time of the evaluation
[141] UNFPA, YPEER Lebanon, *Impact analysis of Y-PEER outreach activities, 2009- 2010*, May 2011
[142] AWP 2011 (LBN3R41C)
[143] Standard Progress Report 2010

(MSM) and People Living with HIV (PLHIV). The PDM training was cancelled after realising the lack of expertise of the Y-PEER network in this field.[144]

The Y-PEER network became quite visible in Lebanon through media coverage during the celebration of events with celebrities or by live radio show such as the World AIDS Day or International Youth Day (that coincided with the launch of the International Youth Year in 2010) and the "Let's Talk" Campaign in 2011. In 2010 on the occasion of World AIDS Day, Y-PEER Lebanon organized a two-day event for raising HIV/AIDS awareness among high school students under the patronage of H.E Minister of Public Health, in partnership with the National AIDS Control Program and with the support of UNFPA Lebanon. An estimated 1,200 high school students, boys and girls, aged 15-18 years and belonging to 10 public and private schools from various regions and communities in Lebanon took part in this event. [145] In 2011 the World AIDS Day celebrations did not take place because of late planning. The Y-PEER network developed newsletter issues in 2010 and 2011 highlighting the achievements of the network. The newsletters were disseminated widely to UNFPA and Y-PEER partners.

A Peer Educators' Handbook to STI/HIV/AIDS Prevention[146], was developed by UNFPA and the Y-PEER network in 2011 in collaboration with the National AIDS Programme (NAP). Its finalisation took longer than planned and the release was late.[147]

In 2011 selected Y-PEERs were trained on gender and gender based violence issues, and acted as outreach facilitators in the north within the context of the MDG-F project supported by UNFPA.

The initial main focus was HIV/AIDS/STI prevention later on issues as GBV and early marriage were introduced based on youth needs but not pregnancy prevention. Despite its mandate and the fact that young people may not be comfortable to talk about contraception UNFPA has not talked about family planning methods and did not find a way to discuss these issues with young people.

In 2011 the Y-PEERs acted as a resource network to UNFPA and other UN agencies for developing the capacities of young Iraqi refugees (supported by UNHCR). As a result a team of 35 young Iraqi refugees committed to conduct 20 outreach sessions related to HIV/AIDS prevention in 2 months under Y-PEER supervision.

Masar - a local NGO – was initially selected in 2010 to organise a training for 15 Y-PEER focal points to develop their skills on advocacy and lobbying applied to SRH including HIV/AIDS under the Y-PEER network AWP (LBN3R41A). In 2011 it was then selected as an IP for the project 'Enhancing Youth Institutional Capacity on Advocacy' through the Let's talk campaign funded by H&M (LBN3R41C). The following interventions were implemented: 2 workshops on advocacy and social media, production of an advocacy booklet and a HIV media campaign with billboards featuring celebrities (including Miss Lebanon 2007), TV and radio programme, newspaper and magazines, concert. Some TV spots could not be programmed because of insufficient cooperation with MoPH and NAP. An opinion poll was conducted by Ipsos with 500 young people in all the regions of Lebanon. The main findings were that the level of incitement to speak out loud and

[144] Ibid.
[145] Ibid.
[146] UNFPA and Y-PEER Lebanon: A Peer Educators' Handbook to STI/HIV/AIDS Prevention, 2011
[147] Standard Progress Report 2011

freely about HIV scored 81% vs.70%, TV was the main media recalled and around 30% could recall the main messages on HIV/AIDS and only 20% of the sample was aware of any VCT center for HIV/AIDS. [148] The results as regards to the impact is not really clear. Programming a campaign at national level had less impact among young people than concentrating in a specific area particularly since advertising (billboards) budget was limited. [149] In 2012, the collaboration with Masar was signed under a direct agreement (without AWP) (RAB6U615) to develop the capacities of 4 local youth NGOs[150] from remote areas on advocacy and awareness raising within the context of the Let's talk Campaign. The capacities of 11 young people (3 girls and 8 boys) were developed on how to design and implement advocacy campaign targeting local leaders and parents including selection of messages. As a result young people developed their own work plans to be implemented in their respective communities targeting their peers aged 14 -19 years as well as leaders and parents. The campaign consisted of awareness raising, development of culturally sensitive material, use of social media, screening and discussing movies on HIV/AIDS and carrying out rally papers to exchange information on topics such as sexual education, drugs, reproductive health and youth against fighting (in Tripoli). The implementation faced few weeks delay due to the security situation but it is unclear form the reporting documents whether the interventions could be achieved as per initial plan. The follow up was done through visits to the different sites but not done regularly because of poor internet connections that hampered smooth communications with implementing NGOs.[151] In 2010, UNFPA supported the final review process of the national youth policy and the integration of the peer to peer approach in its vision and priority areas.[152]			
JC.2.5: UNFPA Reproductive health related interventions have contributed or are likely to contribute to sustainable effects	- Strategies to hand over UNFPA initiated interventions to partners have been developed during planning process. - Partners capacities have been developed with a view to increase their ownership of the UNFPA initiated interventions (integrated health services, commodity security, outreach services, youth friendly services, life skills curriculum and tools) - High quality service culture has been developed among the health	- Project strategy document - Field visits - Partners work plans	- Document review - Meeting with IP and partners - Meeting with health professionals - Meeting with teachers

[148] Ipsos. *Let's Talk – Post-Campaign Evaluation*. 2011 (PowerPoint)
[149] SPR 2011
[150] Zibkeen, Tripoli, Saida, and Qaa (Siddikine was part of the training but collaboration was stopped before starting the implementation)
[151] SPR 2012, Interview with IP
[152] COAR 2010

	professionals who benefited from capacity development interventions. - Life skills education and peer education interventions are sufficiently followed up so that quality education is delivered.		

The collaboration with MoPH in the previous country programme has led to some sustainable effects, e.g., with regard to the procurement of commodities which led to secure contraceptives in the MoPH PHC network. However, as spelled out in JC 2.2, the future for family planning commodity security is unknown from 2013. In 2013 the MoPH requested UNFPA to continue procuring contraceptive and RH commodities. The MoPH showed ownership for the MISP training but is not in position to mobilise the resources to make this training sustainable though a regular follow up and replicable on a large scale.[153] The overall UNFPA action with MoPH is undermined by the uncertainty about the relationship with MoPH. In addition the response to the Syrian crisis has some effect on the continuity of the regular interventions.

The fact that the reproductive health and life skills curriculum has been approved by the Ministry of Education and Higher Education (MEHE) guarantees its sustainability within the educational system. This is furthermore evident that it is used by a number of partners as a reference document. Similarly the fact that the integration of the curriculum in the school manuals is being supported provides some assurance that reproductive health and life skills education, once integrated, will be within public school system. However it appeared that a constant support in the way the integration is done is needed to ensure that RH and life skills will be sufficiently present in the manual. The documentation of the process undertaken by UNFPA and the Centre for Educational Research and Development on the curriculum development highlights the lessons learnt and can be used for undertakings of this type in the future. It highlighted the best practices during the planning phase (such as ensuring support at policy level, as well as community level, integration within existing educational structure and system, using evidence based advocacy, aligning with other RH youth project, upgrading capacity and planning for ensuring sustainability and future expansion), during the curriculum development (structured approach, clear coordination mechanisms, undertaking needs assessment, involving experts, participatory approach, ensuring official approval) and during the elaboration of the content (specific health goals, responsible behaviour, culturally sensitive approach, age specific approach, mainstreaming gender and using scientific information). [154]

The Y-PEER network approach created an environment where youth voice can be heard, which contributed to develop the Youth policy but also to involve young people in the national dialogue. The capacity of individuals in the network has been developed but this capacity building hardly extends to further individuals. The turnover of a number of Y-PEERs who travelled or started new jobs or university studies was a major constraint as it made them less available than previous years, despite the fact that the network relied a lot on them. The continuity of the activities remains a challenge because of this turn over, the decreasing commitment and the attrition rate of young peer educators (no data are available on remaining Y-PEER).

[153] Interview with partners

[154] UNFPA and Centre for Educational Research and Development: *Gender-Sensitive Life Skills Reproductive Health Curriculum Development: A Best Practice Documentation*, 2010

The future of the network without UNFPA support remains unsure. After the collaboration to the Y-PEER Network was mainstreamed in different project e.g. YFS in 2011 as a means to sustain the peer to peer approach a plan was prepared to expand within the Scouts organizations. Preparations took place for collaboration including advocacy meetings with the Scouts administrative committee. This plan did not succeed as the Scout agenda was different. The continuity lays in the use of the peer to peer approach in the other interventions targeting young people such as the TBPE or in the YFS.

Two reference guides on the theoretical concepts of life skills and reproductive health education were developed with UNFPA support and are elements of sustainability as they provide guidance for the scholastic book writers and help them to be consistent with the adopted concept. On the other hand two manuals were developed with UNFPA support which can contribute to continuing peer education and TBPE as methods to promote reproductive health:

- A Peer Educators' Handbook to STI/HIV/AIDS Prevention[155],
- A training manual for Theatre Based Peer Education at school in 2011[156]

EQ3: To what extent did UNFPA supported interventions in the field of population and development contribute in a sustainable manner to a strengthened framework for the planning and implementation of national development policies and strategies?

Judgement criteria	Indicators	Sources of information	Methods and tools for the data collection
JC 3.1 - UNFPA contributed to develop a functional integrated information system for formulation, monitoring and evaluation of national and sectorial policies	- Disaggregated data produced, analysed and utilised at national and sectorial levels; - Number professionals and units trained to apply integration methods and tools; - In-depth, policy-oriented studies released - Functionality of information systems set in place; - Large-scale population surveys conducted and disseminated; - Database for monitoring established.	- UNFPA P&D section AWPs and SPRs - P&D project reports - MoSA staff and publications - MPH staff - Heads of a sample of SDCs - NCEA (TS) minutes of meeting - UN Statistics Task Force TOR and MoM - CB training participants	- Annual reports from MoSA, NCEA TS, need assessment, evaluation and monitoring reports - Planning and programming documents (MoSA, SDCs) issued during the reference period - Inputs to and deliverables of the information systems - Interviews with MoSA, NCEA TS and municipalities' staff to review the implementation modalities

[155] UNFPA and Y-PEER Lebanon: A Peer Educators' Handbook to STI/HIV/AIDS Prevention, 2011

[156] Y-PEER Lebanon and Visual Arts and Performing Association (VAPA): Theatre Based Peer Education at school - Training Manual, 2011

			of P&D component and achievements

Only the AWP 2010 are consistent with the CPAP framework. The related activities intended to contribute to respond to the 2nd P&D output: assessment of MoSA units capacity and needs, result-based management training, advocacy for promoting local planning and implementation. The link with the CPAP outputs faded away in AWPs 2011 and 2012, with the increased focus on contributing to improving the conditions of the vulnerable elderlies in institutions.

Under the 3rd Country programme, and in strong contrast with the previous country programmes, UNFPA departed from large-scale population surveys. Under the UNDAF preparation process, the UN agencies agreed that the lack of statistical data on population, infrastructures, services, etc. was a major impediment for implementing and monitoring programmes. Based on the draft document issued by the government with the support of the World bank, a joint programme was identified by the UNDAF, with a USD 1 million contribution from UNFPA. The initiative was to support the operationalization of the Statistics Master Plan. It did not materialize: The instability at government level did not allow the Central Administration of Statistics (CAS, under the Prime Minister authority) to react quickly to the UN Task Force (chaired by UNDP) proposal, on the one hand, and failed to take into account UNFPA comments on the draft version of the master plan, on the other hand. Its comments as regards data disaggregation and ICPD goals' coverage remaining unanswered (among other issues), the Task Force did not agree on funding the technical assistance ($50,000) required by CAS for elaborating the Action Plan of the Master Plan. These tasks were lately (end 2012) funded by the World Bank. The Statistics Master Plan is still not endorsed by the Council of Ministers. The UN Task Force did not meet after 2011. The UNFPA $ 1 million budget will be reallocated with the final decision over the country programme mid-term review.

With the inability to carry on with the Statistics master Plan, UNFPA did not find another satisfactory way to contribute to develop a functional integrated information system for formulation, monitoring and evaluation of national and sectorial policies. The 2nd country programme has demonstrated (see final evaluation, confirmed by CO management) that the readiness of MoSA and MoPH for developing an information system was limited and that resources foreseen under the CPAP were inadequate. The MoSA needs assessment confirmed this point in 2010, further conveyed by the interviews held during the evaluation team's field mission.

The limited interest of MoSA for developing integrated information systems needs to be put in perspective with the lack of policy framework in MoSA (similarly to other sectorial ministries, as acknowledged by the UNDAF mid-term review[157]) as well as due to the fact that Integrated information system is not mandated to be entrusted to MoSA. Without a policy framework, a results-based monitoring system cannot meaningfully be put in place and run. This is exemplified by the lack of utilisation of the monthly reports issued by the 216 SDCs for the MoSA central services (cf. interviews in MoSA, confirmed by the 2 focus groups, see focus groups minutes in annexes). Monthly SDC reports are not standardized and, though transmitted regularly for administrative purposes, not aggregated nationally. The MoSA does not have a Statistics Department as such; there is only a statistics unit, under the Research and Planning Department. The unit is staffed by one person only (its head), and the position was said to be vacant at the time of the field mission. Under those conditions, the development of an integrated information system is unlikely. The Website created under the 2nd Country programme by the UNFPA supported P&D project is still online because it

[157] UNDAF Mid-term Review, final report, July 2012

is supported by the UNFPA funded P&D project, but it is not updated (list of publications) anymore since 2010.

The support provided to the National Committee for Elderly Affairs (NCEA) comprises knowledge generation activities across 2011 and 2012 AWPs. Those activities can hardly compare with an integrated information system but they provide useful detailed information on the conditions made to the elderly, particularly the most vulnerable ones staying in institutions. Among these contributions, the CSA "*Country Profile - Older Population in Lebanon: Facts and Prospects*" (2011) was a landmark, as well as the study "*A Preliminary Assessment of Activities of Daily Living Among the Elderly - The ALDALEEL Survey*" conducted by an NCEA expert in January 2012. Another study by the same expert, but without UNFPA support, will provide a detailed picture of the elderly institutions in Lebanon. Other UNFPA supported information products are:

- "An inventory of elderly institutions" (CD);
- "Resources on aging and older people in Lebanon" (CD issued by CSA).

These products are appreciated by the Department of Family affairs (DFA) of MoSA, which ensures NCEA technical secretariat, and they are used for informing further the NCEA advocacy efforts towards the decision makers and the larger public. The issue of aging not having yet achieved the status of national cause, each new MoSA minister, usually without particular social development background, requires to be sensitized. The studies released by UNFPA in 2011 and 2012 contributed to the involvement of the Minister as the chairman of the NCEA (MoSA sources). The Minister is said to have strongly supported quick progress in setting the accreditation scheme for elderly institutions during the last NCEA meeting (May 2013; from MoSA and CO sources).

The 2011 AWP also funded a national contribution to the global UNFPA 7 billion campaign. A bilingual (Arabic/English) booklet was elaborated and disseminated. The P&D project helped making its launching an event widely covered by the medias. They are reported by the CO management to use it extensively. The booklet itself was made appealing and easily accessible for the targeted public: medias, researchers, scholars.

JC 3.2 - UNFPA contributed to the integration of population dynamics, reproductive health and gender-equality into development planning at national, sectorial and local levels	- Mechanisms for policy analysis and dissemination of policy briefs - Number of national and sectorial plans incorporating population, reproductive health and gender issues - Existence of innovative guidelines for local planning to address priority population issues	- UNFPA P&D section AWPs and SPRs - P&D project reports - MoSA staff and publications - MPH staff - Heads of a sample of SDCs - NCEA (TS) minutes of meeting - UN Statistics Task Force TOR and MoM - CB training participants	- Annual reports from MoSA, NCEA TS, need assessment, evaluation and monitoring reports - Planning and programming documents (MoSA, SDCs) issued during the reference period - Inputs to and deliverables of the information systems - Interviews with MoSA, NCEA TS and municipalities' staff to review the implementation modalities of P&D component and achievements

Integration of population dynamics, reproductive health and gender-equality into development planning at national, sectorial and local levels, though relating to CPAP P&D output 2, was as it stands out of the scope of the implemented AWPs. Focused on MoSA only in the 2010 AWP, the output was already ambitious. Three training sessions were initially planned for 2010 (1 on results-based management, 1 on P&D in RH and Gender and 1 on local development), as well as study tours. The Implementation of the 2010 AWP was impeded by the 6 months delay in receiving MoSA transfers to the Trust Fund and the directions given by the minister to wait for the results of the needs assessment of MoSA's units before moving to subsequent interventions (CPAP Mid-term Review). Only the training session on results-based monitoring was implemented, with 25 participants, half MoSA social workers, half coming from SDCs. The participant' evaluation of the training was relatively negative (cf. focus group meeting with MoSA social assistants) as being not sufficiently practical and hardly applicable.

Taking into account participants' evaluation and expressed needs, a second training session was organized in 2012 with a focus on project proposal writing based on the logical framework methodology. The trainer was recruited with Department of Family Affairs (DFA) involvement to ensure coherence with trainees' expectations. This session was highly appreciated by the 25 participants, the same than for the first session (cf. focus groups of social assistants and heads of SDCs). It is expected to be followed by a third one on fund raising, a concern of mainly the heads of SDC. Although successful, this training session has very little to do with the CPAP output under which it falls, unless by stretching "innovative guidelines for local planning to address priority population issues" to its extreme limit: the enhanced capacity of 17 heads of SDC (over 216) to write project proposals for balancing the lack of budgetary resources availed on MoSA budget, staff reduction and delayed payment of salaries (by 6 months according the focus group participants). The two training sessions started creating ties among participants and increased the level of understanding between the heads of SDCs (local level) and MoSA social assistants (central level).

After the 2010 AWP, integration of population dynamics was focused on aging. The UNFPA funded 3 policy briefs developed by CSA: "*Older People in Lebanon, Voices of the Caregivers*[158]*"; "Pensions: A Right Long Overdue For The Older Citizens*"[159] and "*Regional ICPD and MIPAA Review on Aging in the Arab World: A Mapping Tool*[160]". Other policy briefs complemented the initial UFPA scope, covering Chronic Diseases ("*Chronic Disease and Aging in the Eastern Mediterranean Region: From Research to Policy and Practice*"[161]), emergency ("*Seniors in Emergencies: A Call for Action*"[162]) (both WHO funded), "*End-of-Life Care*"[163] and "*Age-Friendly Cities: An opportunity for friendly aging*"[164] (self-funded).

UNFPA communicated broadly for the launching of the policy briefs, contributing to the sensitization of the Medias and the general public to the issues raised. The extent these publications impacted upon the policy makers is hard to assess. The DFA did not emphasize much on these contributions. This is also due to the fact that the DFA head has mostly management responsibilities, with no involvement in policy making. Decision making is highly centralized (at cabinet level) and personalized in Lebanon (from CO management sources and UNDAF mid-term review). DFA is far more concerned by operationalizing its regulatory attributions than revisiting the policy and regulatory framework.

The follow-up to the policy briefs was left to NCEA members, mainly composed by academics and some civil society representatives with limited or no leverage on decision making. The NCEA as all national committees set by the government are only consultative bodies. The interventions under the UNFPA AWPs did not foresee specifically lobbying upon proposed policy framework and did not entrust this action specifically to anyone. This cannot be expected from the P&D projects staff, mainly focused on administrative management and coordination.

UNFPA also engaged in knowledge generation, based on the assessment of the lack of data on the fate of the elderly in Lebanon overall, and their daily living in particular. The overall picture was presented in the country profile[165] elaborated by CSA in 2011 (demographic trends, social and economic conditions, structural support channels…), which is comprehensive and well documented. The living conditions of the old people are further spelled out in detail by the so-called Aldaleel survey ("*A preliminary assessment of activities of daily living among the elderly*", 2012), comparing the situation of 1,500 residents of 28 SDCs in Mount Liban with a sample of 700 older adults not attending these SDCs. The expected result of a better living conditions of the elderly living or not in institutions was achieved. It is complemented by NCEA members' on-going initiatives, notably a study covering all elderly institutions in Lebanon.

The main initiative of UNFPA in contributing to build a strategic and operational framework for improving the situation of the elderly was to resort to a

[158] CSA, *Older People in Lebanon, Voices of the Caregivers*, Policy Brief, Issue 1, November 2009.
[159] CSA, *Pensions: A Right Long Overdue For The Older Citizens*, Policy Brief, Issue 2, November 2009.
[160] CSA, *Regional ICPD and MIPAA Review on Aging in the Arab World: A Mapping Tool*, August 2012 (Arabic)
[161] CSA, *Chronic Disease and Aging in the Eastern Mediterranean Region: From Research to Policy and Practice*, Policy Brief, Issue 3, September 2010
[162] CSA, *Seniors in Emergencies: A Call for Action*, Policy Brief, Issue 4, September 2010
[163] CSA, *End-of-Life Care*, Policy Brief, Issue 6, June 2011
[164] CSA, *Age-Friendly Cities: An opportunity for friendly aging*, Issue 5, June 2011
[165] http://csa.org.lb/cms/assets/archives/2011/13%20country%20profile%20elderly%20population%20in%20lebanon%20facts%20and%20prospects%20english.pdf

consultant to define the accreditation standards that should apply country-wide to institutions for the elderly, both public and private. This action was undertaken in response to a direct request of the Minister, further relayed by the NCEA. It was launched in 2011 and is still on-going. The report was finalized recently after several rounds of consultation. At the time the evaluators were conducting their field work, the report was still not yet published. It covers the following aspects: Environment care, Human resources, Infection control, Information management, Provision of care and services, Quality, management and improvement, and Elderly and family rights.

For each proposed standard (ex. "*The organization provides and maintains a safe and comfortable environment consistent with elders' care needs*"), the report specifies related elements of performance that operationalize the standard itself.

The draft report (mid-2011) was submitted to NCEA, discussed and commented with the committee's members and institutions themselves. Several meetings were held to enlarge participation to the possible extent. A new draft was provided by the expert end-2011. A stand-still period of almost one year followed due lengthiness in receiving comments from the various stakeholders. Interventions resumed in October 2012 with a workshop that allowed UNFPA to follow-up by resorting to the same expert for elaborating operational guidelines. An action plan and capacity development activities are foreseen.

Another output of the 2012 workshop was the launch of a pilot phase with volunteer institutions in order to get a clear picture of standards' feasibility and of the costing involved. Two private institutions volunteered. The start of the pilot phase is conditioned to the issuing of the operational guidance that is still in progress albeit it was expected to be completed in June. The delay is largely related to the participative approach adopted jointly by the CO and MoSA and the lengthy decision process within MoSA owing to (i) the personalization of authority with the Minister alone and (ii) the transitional nature of the government, waiting for elections indefinitely postponed in relation with the incidence of the Syrian crisis on internal tensions in Lebanon (based on interviews of CO staff, UN agencies and press releases). The endorsement of the standards would not intervene before two years. With the structural instability of Lebanon government, this long term approach puts the expected outcome – improved living conditions for elderly staying in institutions - at risk. The UNFPA strategy is hampered by the lack of foreseeable quick-wins that would have maintained the reform momentum.

The local/community level is important for financing the initiatives and institutions caring for old people, even if sponsored by MoSA or MoPH. All institutions, and in particular charitable ones, rely on complementary sponsorship from local communities in cash or through local volunteers.

JC 3.3 - Perennial mechanisms for the integration of population data in national and sectorial development planning are in place	- - Level of budgetary resources allocations for integrating population dynamics, reproductive health and gender in development planning - – Level of operationalization of policy frameworks, standards, guidelines and administrative procedures for integrating population dynamics, reproductive health	- UNFPA P&D section AWPs and SPRs - P&D project reports - MoSA staff and publications - MPH staff - Heads of a sample of SDCs - NCEA (TS) minutes of meeting	- Annual reports from MoSA, NCEA TS, need assessment, evaluation and monitoring reports - Planning and programming documents (MoSA, SDCs) issued during the reference period

	and gender in development planning	- UN Statistics Task Force TOR and MoM - CB training participants	- Inputs to and deliverables of the information systems - Interviews with MoSA, NCEA TS and municipalities' staff to review the implementation modalities of P&D component and achievements

As for now, the aging strategy has not attracted additional budgetary resources. Most resources utilized for building the advocacy, documenting older people living conditions and setting the proper standards for institutions are from UNFPA and volunteering of NCEA members as well as professionals working in those structures. The Minister expressed his commitment to setting an aging during NCEA meetings. The long process of going through a pilot phase still does not require additional financial contribution from the government budget: pilot institutions volunteered and as private undertaking, will (are expected to) invest on their own resources.

Government resources will be needed when the regulatory framework will be endorsed, making compulsory to MoSA institutions or institutions contracted by MoSA to upgrade facilities, equipment and staff qualifications. For the time being, the issue was not really raised. The intent of the government is said by CO management to request donors' contributions. This, if successful, might solve the investment in upgrading facilities but not the increase in recurrent costs and hence the increase of MoSA/MoPH indemnities to vulnerable people residing in institutions. To date, they amount respectively to 17,000 LL ($11) and 16,000 LL (amount in USD?) per person and per day respectively. The real cost is nowadays in prevailing conditions roughly $43. By increasing the standards, this amount will significantly increase (the daily fee in best commercial institutions in Lebanon is approx $133, excluding medical examinations and drugs). In order to ensure the feasibility of the accreditation reform, the government willingness and capacity to fund implied public expenditures is required. This question was postpone up to now.

UNFPA contributed to the National Social Development Policy (NSDP), issued in 2011 with UNDP support. It assumed responsibility for elaborating the elderly section (pp. 39-40), which develops a comprehensive action plan. This action plan provides a suitable – even if brief - policy framework and stands as an outstanding contribution of the UNFPA with regard to the objectives stated in AWPs. This contribution was elaborated by the CO itself.

In the comprehensive approach endorsed by the NSDP, UNFPA interventions on behalf of accreditation standards for elderly institutions is only one specific item, probably the more sensitive for the general public following media reports on cases of abuse in some institutions. Focusing on this issue provides UNFPA with a visibility that goes beyond its usual partners, according to IPs met. More structural actions, related to advocating for an enhanced the commitment of the government to social development through setting social safety nets (a pensions system) were left to informal dialogue and does not yet appear in the government's agenda. The action plan states more achievable medium term objectives (incubator families, awareness raising, and training for professionals…) which have not yet been developed yet by MoSA. Recent activities of DFA on behalf of the aging population are driven by external funding opportunities (such

as the one offered by the Alzheimer Foundation, for instance) rather than the action plan. Most of the measures implied by the action plan would entail on social affairs budget, which is already and by far too low for implementing the basic social activities. SDCs budget and staff were continuously reduced during the last 10 years, driving the centres to develop fund raising and cofinancing by local communities. Any significant change in the scope and nature of social development would call for a significant reform in public finance and overall development policy.

EQ4: To what extent did UNFPA supported interventions contribute, in a sustainable manner, to : (i) the integration of gender equality and the human rights of women and adolescent girls in national laws, policies, strategies and plans ; (ii) the improvement of the prevention and protection from, and response to, gender-based violence at the national level ?

Judgement criteria	Indicators	Sources of information	Methods and tools for the data collection
JC.4.1 - Technical capacity of national institutions and NGOs related to women empowerment and gender equality is increased	- Women committees functioning - Gender focal points in national institutions and NGOS in related sectors trained on GBV - NCLW members trained in life skills - Frequence of and attendance level at the meetings of the NCLW - NCLW members trained on Gender audit and analysis - Number of coaching meetings by UNFPA CO for NCLW members	- UNFPA Assistant Representative - UNFPA gender focal point/Team - Parliamentary Committee - MoSA - MEHE - The National Commission for Lebanese Women Committee - Relevant NGOs - Gender focal points in Concerned Ministries and Municipalities - Youth organizations - Y-Peer network	- Analysis of documents - Group meetings with NCLW, NGOs concerned Municipalities (women Units) - Interviews with UNFPA gender focal points

Women committees functioning - In line with the recommendations of the Beijing Conference, the Lebanese Council of Ministers approved, in 1996, the formation of a national women machinery that was established as the National Commission for Lebanese Women (NCLW). The NCLW is the official national institution responsible for realizing women's advancement and gender equality in Lebanon.

The gender component of the CPAP aimed at strengthening women's committees among others. The NCLW was successful in establishing new committees at community levels, including through the UNFPA-supported project entitled “Women Empowerment: Peaceful Action for Security and Stability“(WEPASS), which was initiated in 2006 to promote and implement key actions of the United Nations Security Council Resolution 1325. The project—which was implemented immediately following the 2006 war on Lebanon, gained significant attention and interest by the donor community that it received funding for expansion and scaling up until end of 2010, hence overlapping between the 2nd and 3rd programme cycles. . The project was especially noteworthy because it acknowledged the crucial link between peace, development and women's participation in society and public decision-making, as well as including recognition of women's life-experiences throughout the conflict contexts. One of the main activities of WEPASS was to establish and coordinate women's networks and coalitions by

building a strong network of women's committees to overcome various cultural barriers in order to promote women's empowerment by their participation in decision-making processes. The three phases of the WEPASS project were implemented in 20 villages in Lebanon between 2006 and 2010, spreading information about topics such as the key principles of UNSCR 1325, women's participation in decision making, GBV prevention and protection, enhancing access to reproductive health information and services, promoting economic empowerment and other gender issues. More than 700 persons were impacted through awareness-raising sessions and expressed their needs for more awareness raising sessions on RH for early marriage.

Out of the women networks established by the UNFPA project, two were institutionalized as NGOs and were subsequently supported by the UNFPA through the NCLW to implement local projects (Ghaziyeh Ras Baalbeck and in the municipality of Aytaroun committees).

Another achievement of the WEPASS project is the production of various user-friendly interactive tools and awareness-raising materials (such as "You Are Her: Inti…Hiyi" stories, theatre, games, etc.) that were essential for maximizing the effectiveness of the various outreach and awareness interventions; the booklet was very successful in attracting the female members of the committees, because they could identify with the women portrayed in the booklet. This comment was expressed in various interviews with the ex-project director and other UNFPA staff, as well as telephone conversation with two members of a women committee. Another user-friendly booklet about successful small-businesswomen was developed with the help of UNFPA team and in coordination with Al-Majmouah- "Lebanese Association for Development" NGO that was entrusted with managing the micro-credit scheme component for individual women we as well as women cooperatives

This UNFPA WEPASS project, although ended at the beginning of the 3rd programme country programme, it is worth examining it fully, because it adopted a holistic approach in the designing/implementation as well as impact. It was very successful and operated in line with international recommendations and guidelines[166]. According to an interview with a NCLW member, the WEPASS project, adopted a holistic approach and was also successful in building the capacity of the NCLW's in liaising with women at the grassroots level and understanding their issues and concerns. It also helped the NCLW realize that it should focus on policy issues rather than playing the role of an implementing agency. More specifically, the WEPASS succeeded in creating New women NGOs/women Committees/women Coalition, Sensitized women reached decision at the local level by running to the municipal election, Literacy programmes for elderly women introduced and highly appreciated by the community and Key main decision makers sensitized on women empowerment and prevention of GBV. The committees, established by UNFPA, also mobilized and sensitized communities in support of women empowerment efforts, outreach activities for youth and production of best practices (media). Through this project 'Women's Contribution to Conflict prevention", UNFPA was very successful in reaching out to vulnerable people through different interventions for community mobilization that aimed at preparing the community and stakeholders for implementing and/or supporting Gender Mainstreaming on one hand, and identification of NGOs/CBOs to implement selected activities on the other hand. Committee members were trained in various life skills (including management and leadership themes), and their training programs were developed through a participatory approach; trainees highlighted the importance of the training[167]. Although the committees that were established within the UNFPA NCLW project are still functioning, the committees could have benefited from continued post-project monitoring and coaching. However difficult this may be to implement, such

[166] Evaluation Report (2006-2010)
[167] Standard Progress report

monitoring will help the sustainability of such committees.

All these achievements have contributed to conceptualizing similar interventions through building on the lessons learnt and success stories such as the joint MDG-F Project on conflict prevention and peace building including empowerment of women.

UNFPA, through the UN joint programme funded by the MDG-F entitled "Women's Contribution to Conflict Prevention and Peace Building in North Lebanon", was successful in establishing women committees in North Lebanon (Tripoli, surrounding Palestinian camps, and Akkar) to promote participation and civic empowerment by involving youth and women. A partner database was established and two needs assessments (quantitative and qualitative) were carried out to better understand gaps and needs related to women interventions. . UNFPA was successful in developing the capacities of women in conflict resolution. This was evident in the interviews with women organizations members in Akkar who succeeded in obtaining the small grants following a capacity development programme and thus implemented awareness raising programs within their respective communities (see below). During, the tense security situation Akkar, the program did not stop, and the different parties involved continued to implement the workshops in a safer area. The UNFPA MDG-F project also identified project proposals for implementation by local NGOs. Of the ten project proposals that were submitted by the local NGOs, who were trained on GBV prevention and response, four NGOs were awarded with small grants to implement local advocacy and awareness projects/activities. These NGOs include the Safadi Foundation (Tripoli) for a project "to empower women and young girls through awareness sessions, counselling, and self-defence techniques'; Ribat Association (Baddawi Camp) for a project 'to promote socio-economic empowerment for women to contribute in the reduction of GBV'; Women Program Center (Baddawi Camp) for a project 'to raise awareness among young girls and boys about early marriage and its consequences'; and Nabeh Association (Bared Camp) for a project 'to raise awareness among women and young girls on GBV and equality issues, especially by using inter-active techniques and tools'. The small grants made available through the project allowed NGOs to implement a number of important community-based initiatives, such as conducting awareness raising sessions on GBV and early marriage for the community; elaboration of a "Family Protection Awareness Raising" program reaching more than 100 participants-men and women; developing and distributing user-friendly materials about early marriage; among others. Evidence of the success was manifested by the interviews in Akkar, as well as with the UNFPA staff and the MDG-F Evaluation Report.

Exit strategies need to be further developed by UNFPA for the above-mentioned projects. This is partly due to the fact that in an emergency situation, i.e. 2006 Israeli conflict or the Syrian Crisis, the response to people needs focuses, initially, on immediate emergency assistance before looking at a long term vision or strategy. This was further confirmed by the comments made by a an ex- project manager in one of the individual interviews.

Although UNFPA succeeded in establishing women's committees, and building capacity of members under both the WEPASS and MDG-F projects, the question remains on their sustainability once external funds ended. Without proper exit strategies, and medium monitoring programs, it will be difficult to secure

sustainability (Please see below JC4.4). "*Donors did not think it needs more funding thinking the women committees should now be able to function on their own*."[168] While donors seemed to have been looking for quicker results and to have believed that the projects should have become self-sustained in a short time, it seems that such sustainability, specially under conflict, requires longer term capacity building and more supervision efforts to become independent.

Gender Focal points in national institutions functioning - When the NCLW was formed, part of its mission involved supporting the creation, training and capacity-building of Gender Focal Points (GFP) within public institutions. This is also emphasized in the Gender component in CPAP. "Gender component will aim at enhancing national capacities, to ensure that institutions are capable of promoting policies (...) and laws that are gender sensitive and gender responsive (...)"[169] . Several studies on the functioning of the GFP system in national institutions showed its limits. The 2004 study "The Lebanese National Women Machinery. Where does it stand?" noted that the 'Establishment of focal points in the various ministries and public institutions did not prove to be a successful endeavour"[170]. Another study based on interviews with various focal point representatives, stated that the experience turned out to be mostly, an "outright failure"[171]. In a more recent study (June 2011 study), commissioned by the UNDAF Gender Working Group (GWG), and funded by UNDP at the request of the NCLW[172], aimed at providing a comprehensive needs assessment on the status, capacity and training needs and gaps of the GFPs, and identified various difficulties encountered by the GFPs. Individual interviews with the MoSA and NGO officials revealed that Ministry GFPs were not heavily involved in the process of supporting gender equality and women's empowerment. The MoSA representative, Director of Family Affairs department, added with regards to the GFPs that "there is a lack of political commitment and they have no access to decision making"[173].

The functioning of the system of GFP in public institutions did not prove successful. GFPs, usually at a less senior positioning, face a lot of constraints- most importantly that they are not empowered by a clear government policy and mandate on their role due to a limited political commitment to achieving gender equality. In addition, available human and financial resources in the line ministries are minimal, and organizational settings do not allow for a participatory approach to make decisions on reform. According to individual interviews with MoSA representatives and NGO's officials, Ministries GFP are not heavily involved in supporting gender equality and women empowerment. They also point out the poor degree of communication among each others. Nevertheless, UNFPA CO continues to support the NCLW through its project "Enhancing the Capacity of the National Commission for Lebanese Women for Promoting Gender Mainstreaming in Sector Plans and Programmes", and the NCLW is now following up on the implementation of a capacity-development plan for the Gender Focal Points and building on the recommendations of the GFP study conducted in 2011.

NCLW members are trained within the context of its partnership with UNFPA - UNFPA continued to develop the capacity of the NCLW as an institutional and capacity-building advocate through clarifying its strategic vision and role. A retreat supported by UNFPA took place for NCLW members for re-assessing its

[168] Individual interview with Project manager
[169] CPAP, 14.
[170] Mona Khalaf "*The Lebanese national women machinery Where does it stand*?" Institute for Women's Studies in the Arab World, LAU of Beirut. January 2005
[171] El-Khoury, 2004
[172] "*Needs Assessment for Gender Focal Points in Line –Ministries and Other Public Institutions*", Marguerite El-Helou, June 02, 2011
[173] UNFPA and SPR

strategic vision and role. It also provided further training on strategic thinking, priority settings, result based management, and computer literacy. During 2010-2011, UNFPA further supported the capacities of the administrative cadre of NCLW by strengthening its internal control framework for improved execution and accountability[174]. The main beneficiaries of the training included staff of the administrative Unit, treasurer, research Assistants, selected members of the executive board. However, challenges of NCLW remain, including: lack of clarity regarding NCLW's mandate; absence of a medium-term strategic role; political interferences; absence of competent staff; weak managerial skills; and limited financial and human resources[175]. Nevertheless, and in spite of these challenges, due to the important role which NCLW plays, cooperation continues between UNFPA and NCLW. It primarily focuses on enhancing NCLW's capacities to advocate for mainstreaming gender concepts and dimensions in sector plans and programs both at national and sub-regional levels. UNFPA also continues to support the NCLW in the elaboration of the National Women Strategy and its Action Plan with all the parties concerned (noteworthy that UNFPA was the engine behind the elaboration of the strategy and the action plan). UNFPA also continues to play a crucial role in bridging the connections between the NCLW and other UN gender focal points in the various UN agencies (UNDP and UNOHCHR) through the mechanism of the UNDAF Gender Working Group as well as with other relevant ministries.

Frequency and attendance level at the meetings of the NCLW - NCLW holds frequent meetings which are attended by members of various NGOs and line ministries. Some of these meetings-technically and financially supported by UNFPA- are devoted to topics such as the validation of the action plan of the women's strategy. It is worth noting that the validation workshop for the women strategy and its action plan were conducted in a participatory manner with a clear methodological direction which includes strategic outcomes, key activities, indicators and main actors. The commitment of NCLW members was well noted in various discussions with their partners, and these positive assessments were echoed during the field visits and expressed by the various NGOs and ministerial officials (mostly MoSA) who were interviewed.

The NCLW is increasingly able to provide an advisory platform for all NGOs and Line Ministries. One NGO official commented that "for the first time, we feel fully engaged in the validation of the Women Strategy Action Plan".

NCLW members trained on Gender audit and analysis - Capacity building for the NCLW in gender budgeting and gender audit training did not take place, especially as the NCLW had other priorities in terms of capacity development. UN agencies working with the NCLW strongly expressed the need to train NCLW employees on gender concept and mainstreaming so that, they could take the lead and train other people working in NGOs and line ministries in the future. The UNFPA recommends further discussion about this matter with the NCLW as well as sister relevant UN agencies to assess the appropriateness of such trainings.

NCLW enjoys an excellent relationship with the UNFPA as articulated by the NCLW during the interview process. NCLW acknowledges UNFPA's significant

[174] *Standard Progress Report* 2011.

[175] Mona Khalaf, *The role of National Mechanism in Promoting Gender Equality and the Empowerment of Women : Achievements, Gaps and Challenges.,* United Nations, Division for the Advancement of Women, Dec 2004.

support for its efforts to ultimately serve impoverished, underserved and vulnerable groups, especially by providing valuable technical assistance to NCLW, including in terms of collaborating with ministries and NGOs.[176] "The UNFPA CO's technical help to the NCLW has been invaluable"[177]. Through extensive meetings and working sessions the UNFPA was devoted to building NCLW's technical capacity (on the job support on the implementation of the various activities and on reviewing and commenting relevant documentation), in relation to women's empowerment and gender equality throughout the various projects and initiatives.			
JC.4.2 - Policies, strategies and laws that are gender sensitive and responsive are institutionalised	- The national women's strategy is validated, endorsed and operational - Action plan of the national strategy of the women in Lebanon validated and to be operationalized - Number of new laws to be adopted/being discussed at concerned parliamentarian committees - Socio-cultural dimensions and legal issues to address gender inequalities and the rights of women and girls are being taken into consideration in the drafting of new legislation and policies - Type and numbers of advocacy activities supporting GBV conducted by different concerned parties	- NCLW - NGOs activists - Lebanese Family Planning association - Focal points of Ministry of Social Affairs, Ministry of Education - Group meetings with Y-Peers - UNFPA gender focal team - Parliamentary Committee - Recent laws	- Analysis of Documents - Analysis of recent legislation - Review of recent ministry policies - Interviews with concerned Ministry focal points - Group meeting with UNFPA related projects managers and project teams
The national women's strategy is validated, endorsed and operational - The validation of the National Women's Strategy (2011-2021) is the main objective of the project "Enhancing the Capacity of the National Commission for Lebanese Women for Promoting Gender Mainstreaming in Sector Plans and Programs". UNFPA supported the elaboration and validation of the National Women's Strategy using a multi-disciplinary and participatory bottom up and top down approach. The National Women's Strategic Priorities and Framework were revised, elaborated, and agreed upon to be mainstreamed into national sectorial strategies and action plans[178] in line with the CPAP. UNFPA continued to work closely with the national women machinery for the completion of the revised/updated national women strategy, which clearly incorporated the human rights of women and adolescents girls, particularly their reproductive rights as			

[176] NCLW Field Visit, May 19, 2013.
[177] Group interview with the NCLW Board
[178] Standard Progress Report 2011

priority areas. Additionally, gender mainstreaming is one of the main areas of intervention in the national women's strategy.

The "validation of the National Women Strategy". A workshop for the validation of the National Women Strategy with the participation of the Government/ line ministries, civil society organizations and UN agencies documented in the Annual Work Plan, was successfully conducted by NCLW in March 2011 with the technical support of UNFPA whereby NCLW made sure to follow up on the remaining tasks of making the document homogeneous after modifications were made during the workshop and the document was translated, edited, printed and published. UNFPA was able to increase the capacities of the NCLW members to operationalize the National Women's Strategy and assist in the preparation for the implementation of the Action Plan with all the parties concerned[179].

Additionally, the NCLW, with the support of the UNFPA, urged the Council of Ministers to adopt the National Strategy. The strategy was endorsed by the Government in 2012. . "*The success of the [National Strategy] advocacy campaign led by NCLW toward the government…is an added value for NCLW as an institution. NCLW is acquiring more credibility as an official institution*."[180]

The UNDAF Gender Working Group (GWG) discussed the strategic priorities of the National Women's Strategy in March 2011 in its regular meeting and this is confirmed in the minutes of the GWG meeting and expressed in individual interviews by two GWG members that "*the National Women's Strategy Document does not* totally *represent a strategy per se as it includes mainly a set of priorities (a combination of thematic and process) with selected interventions, lacks a comprehensive situation analysis – including data and statistics, and is considered* a*n-operational without an action plan and M&E framework*"[181] However they also expressed "that though the women strategy is a set of priorities, and a basis that could be improved, it remains an excellent starting point".

Actually, the UNFPA provided continuous advocacy and advise on the importance of elaborating the action plan and which it considered to be an excellent step towards the operationalisation of the National Women's Strategy. It overcomes the weaknesses of the strategy. It was also an opportunity for filling some gaps of the strategy...

Action plan of the National Women's Strategy validated by the Government and all stakeholders - UNFPA assisted technically and monitored the NCLW for the elaboration and finalization of the Action Plan of the Women's Strategy and supported efforts to advocate for the Action Plan to ensure the buy-in and endorsement of all concerned actors. A series of advocacy activities including meetings, workshops, and national events were conducted through a participatory approach with civil society organizations, senior officials and decision makers in sector ministries, academics and the media, etc. The success of this effort has been echoed from the various field visit interviews and Progress Standard Reports. Throughout the process for developing the action plan, NCLW, with UNFPA, also partnered with MoSA to ensure participation of grass root organizations and hence a series of focus group discussions and meetings with local NGOs and community leaders were organized to generate support for advocating the National Strategy and obtaining feedback and input to be used in articulating the action plan. By doing so, NCLW secured a fully bottom up approach for identifying key interventions echoed by the local actors and under various sectors. Later

[179] Standard Progress Report 5 2011
[180] Standard Progress Report 11 2011
[181] GWG Meeting, March 2011

on and for the validation of the action plan, NCLW succeeded in gathering a wide pool of representatives from around 70 groups and organizations (NGOs, ministries, public administrators, international development agencies including the UN, academic institutions, etc.) who endorsed the action plan and committed to use it as a planning, implementation, and monitoring framework but also to contribute it in reporting about their work. The UNFPA is partnering with the NCLW during the second half in 2013 for the development of a web-based software which will encompass all the elements of the action plan for use by gathering reports from various stakeholders, groups and agencies in order to generate a yearly analytical report on the progress made towards implementing the action plan and which will certainly be used as an essential input for CEDAW reporting and monitoring.

While the NCLW made progress throughout the years and was crowned with the "process" of the Action Plan, it should be kept in mind that capacity building is a lengthy process because of the lack of specialized human resources and some weaknesses in the executing committees within the NCLW. It is still in need of support. "*Role of NCLW was taken away from NGO's.* In an individual interview, the following as mentioned: "*now, they know that NCLW is the Umbrella for the National Women's Strategy*"[182].

UNFPA will continue supporting the NCLW in strengthening its advocacy and strategic and execution capacities, for the full implementation of the Action Plan of the National women's strategy and its follow-up, coupled with a capacity development plan for the Gender Focal Points.

Number of new laws to be adopted/being discussed at concerned parliamentary committees

Support to Convention on Elimination of Discrimination Against Women CEDAW reporting: The fact that Violence against Women was defined in the draft law for the protection of women from domestic violence in 2010[183] is a step forward in protecting the women in Lebanon from domestic violence. Although in 1997 Lebanon ratified the CEDAW, it did so with reservations on articles 9/2[184], 16/1[185] and 29/1[186], which protected, to some extent, men's physical control over women as well as their priority in citizenship matters. While the CEDAW committee praised Lebanon for having integrated services for GBV survivors into primary care health clinics, it expressed concern about the continuation of domestic violence and the absence of a comprehensive approach among stakeholders. Women in Lebanon remain legally marginalized, particularly under 7 articles 562[187] and in the Lebanese penal code section 503 and 504[188].

[182] Individual interview with member of UN GWG

[183] *From Situation Analysis of Gender-based Violence in Lebanon:* Art. 2.2 "any act of violence against women occurring in the family because they are women, committed by a family member and which may result in harm or suffering for the female at physical, psychological, sexual or economic levels, including threats of such acts or deprivation of liberty, whether occurring within or without the family home."

[184] Article 9/2, regarding equal rights for men and women about citizenship for children

[185] Article 16/1, committing states to apply proper measures to eliminate discrimination in marriage and family relations

[186] Article 29/1, concerning the ways dispute is resolves.

[187] Law 7, Article 562, Killer of wife or sister or daughter not penalized if catches them in the sexual act and "unintentionally kills or injures one of them."

[188] "a married man—without risking penalty—has the right to have intercourse, even when employing threat or violence or if the wife cannot resist because of physical or psychological weakness."

In Lebanon, the government requested NCLW to be in charge of the preparation 4th CEDAW report and to represent the Government during the upcoming CEDAW meeting scheduled in 2014. As such, NCLW formed a CEDAW committee representing women from government presidency, parliament, Ministry of Interior, MoSA and Central Administration for Statistics. Emphasis in the CEDAW report will be made on several target groups (i.e. Agriculture Woman, underserved and vulnerable groups and the refugee woman, elderly women, women prisoners, and women with special needs). Since March 2012, monthly meetings with the CEDAW committee, all women and only one man, are preparing for the report and the Lebanon CEDAW session.

UNFPA's contribution to the fourth CEDAW report (currently in the making) consists of availing a wealth of reviews, studies and assessments supported by UNFPA in GBV and RH related policies, programs, interventions and in making sure that the data collection and analysis is sex disaggregated. [189] All of this would have not been realized without the technical support of UNFPA to the NCLW.

Support to studies and law drafting: In support of increasing women's legal status, the NCLW has drafted thirteen laws, 5 of which have been ratified and 8 others are under discussion. These laws touch on a wide range of gender-related subjects, including inheritance, maternity leave for government employees, among others. One of the important draft laws that is still under discussion and has yet to be ratified, is the right for Lebanese women to pass their citizenship to their foreign husbands and children. UNFPA supported the advocacy efforts on the nationality law led by NCLW,

Through partnership with the NCLW, UNFPA supported several legal review studies which will be addressed in the below, section, the results of which were published to look into the status of draft laws on the protection of women. Legal experts connected the Lebanese legal situation regarding women's equality with international instruments that Lebanon has endorsed. An NCLW board member commented that the Commission was very pleased with the legal review studies work, since it "*gave birth to a document that can help practitioners, academics, activists and researchers working on women's issues in Lebanon to know more and in details about the draft projects and laws pertaining to women that have been presented to the parliament between 2000-2011 by different entities*".[190] The study, supported by UNFPA, is used as a tool to go forward with new projects and to lobby and advocate for current projects awaiting parliamentary examination, and can be used as a reference for legal efforts to remedy gender inequalities.

An NCLW study finds that "*Reservations were expressed by women service providers, in particular in the South Governorate: There's a fear from the way women projects are presented; thus, workings on women's issues sometimes become [provocative]. As regards current programs, they [either fail to] express women's needs in Lebanese society and don't cope with our culture, or are projections of donors that sometimes lead to [eruptions] in the society*."[191]

Another study explores the experiences and perceptions of Lebanese women and men with economic abuse[192]. Data were drawn from focus group discussions

[189] Standard Progress Report,2011
[190] NCLW member interview
[191] Guide on Status of Women (2010), NCLW, 62.

and face-to-face interviews with men, women and social workers. The findings reveal that Lebanese women experience many forms of economic abuse, including the withholding of earnings, restricted involvement in the labor force, and limited purchasing decisions. Inheritance laws and practices still favour men over women. Women tolerate economic abuse to avoid more serious forms of abuse and ensure family stability[193]. Echoes from the interviews with the NGO activists emphasize that the socio-cultural dimension and legal issues lack an in-depth examination to the cultural factors (cultural gender bias and nature of legal system in Lebanon as well as to the socioeconomic situation which is continuously evolving) in order for the new drafting of policies and legislations to be able to better address gender inequalities.

The GBV situation analysis study in Lebanon[194] supported but UNFPA and carried out by the Center for Arab Women in Training and Research (CAWTAR) also revealed that "*men throughout the governorates declared that they, as males, were not being targeted [by GBV programs]. In their view, programs were aimed only at women and children. Many male participants criticized this discrepancy*."[195] Accordingly, UNFPA and other related NGOs took steps to address men, however, this effort remained marginalized, especially in reproductive health services where the services are not male-oriented and centers do not take into consideration the suitable opening hours for the men, who make up the majority of the working population. Recently, steps have been taken within UNFPA, wherein related NGO activists are now including and addressing them as main targets of their work and supported the efforts of civil society organizations to address men and boys.

Support to Coordination with CSOs on advocacy for new laws: Many NGOs are still working independently on various laws without full coordination with the NCLW, as one NGO stated that "*the same law is presented to the related parliament committee by different NGOs* under different title*... Such as* the so called "*Draft Family law*" which *is called by* one is called *"Draft Woman law*" *by another NGO*".[196] In another hand, UNFPA has supported civil society organizations and activists, namely the National Coalition for the Protection of Women from Family violence, to draw attention to the GBV issue through development of a law on protection of women from family violence. After a series of advocacy events and policy interventions, the draft law was endorsed by the cabinet on April 2, 2010 and was transferred to the Parliament whereby a special committee was formed to study it. Meanwhile, a campaign opposing the endorsement of the law was launched in 2011 by a small group of women NGOs in North Lebanon, backed by conservative religious institutions. In response to religious pressure, some members of the parliamentarian committee have called for changes in the law which would result in the passage of a weak instrument, and therefore a superficial remedy in the fight against family violence. UNFPA immediately supported the National Coalition to lobby in support of the original draft law. It is to be noted that in July 2013, the special parliamentary committee endorsed the law and referred it to the General Assembly for ratification. Until the review of this report (i.e. October 2013), the general Assembly has not convened and hence the ratification of the law is still pending

At the moment, there are protection services provided randomly by 9 NGOs and civil society organizations mainly through referral, including medical, psycho-

[192]. Jinan Usta, Nisrine N. Makarem and Rima R. Halib "*Economic Abuse in Lebanon: Experiences and Perceptions*". 22 April 2013 Violence Against Women.
[193] Ibid.
[194] *Situation Analysis of Gender-based Violence in Lebanon* 2012
[195] Guide on Status of Women (2010), NCLW, 61.
[196] Individual interview with president of an NGO

social, legal as well as shelter services and rehabilitation. Yet these services are centralized in one or two areas (as opposed to national coverage) and are not adequately organized[197].UNFPA conducted a needs assessment study for the listening and counselling centers in 2010 in order to better address their needs and the coordination system among the various NGOs, who have counselling and listening services.

Advocacy for combating GBV: One of UNFPA's key challenges is to ensure that women's rights protection aspects are well addressed in the Draft Action Plan on Human Rights (2011) which has been supported by OHCHR. Concrete steps to address the challenges and build on lessons learned, in close cooperation with OHCHR, are being secured to ensure that women's human rights are adequately articulated in the action plan on human rights.[198]

GBV evidence generated as well as type of GBV related activities addressing GBV conducted by different concerned parties and supported by UNFPA are listed below:

- Advocacy of the National Action Plan for Human Rights;
- Development of a GBV lexicon so everyone can use common vocabulary;
- Publication of four GBV studies : situation analysis, assessment of media coverage, review of resource and training materials, and review of research;
- Undertaking of a gender needs assessment in Tripoli with a quantitative and qualitative components
- Development of capacities of NGOs for programming GBV in relevant plans and programs
- Development and implementation of Training curriculum for Internal Security Forces (ISF);
- Development and implementation of a Training module for Social/health service providers;
- Capacity development for Journalist graduate students in 3 universities followed by contest which resulted in a number of articles being written about GBV; blogs and face book;
    - Contributing and supporting the national advocacy efforts, led by the national coalition to protect women from family violence through contributing to the 16 days of activism against gender based violence since 2011 and supporting the launching and the implementation of a media campaign stressing on the importance of endorsing the draft law to protect women from family violence (2011) as well as the White Ribbon campaign "Towards other forms of masculinity" (2012) involving not only media outreach but also the production of a comic book about the topic. The media campaigns materials are the following:TV spot, Posters, Flyers, and stickers delivering key messages, Buses ads,

[197] Standard Progress Report 2012
[198] Ibid.

- Supporting outreach related activities by social workers in various communities

- Use of extensive Media coverage: the Media (TV's, newspapers, radio) ensured proper coverage of the GBV campaigns over two weeks. Messages of the campaigns were circulated through news bulletins of 4 national TV stations (MTV, LBC, Al jaded, and OTV), radio and TV programs, and articles in newspapers. It is worth noting that most of the campaigns material and visuals were disseminated on twitter, Facebook and YouTube
- Development , publication and dissemination of the bi-yearly Tanseeq, a GBV newsletter which aims at providing and sharing knowledge among GBV planners, programs, and implementers of GBV programs and interventions[199]
- Partaking in the UN Teach in initiative targeting school students with emphasis on GBV
- Organizing events for the dissemination of evidence based studies, standards and tools ; the fact wich contribute to a greater extent to the advocacy efforts in favor of a better GBV prevention and response.
- Development and use of a resource guide on women human rights concepts, instruments and conventions including on GBV
- Development and use of a resource guide or working with women prosoners
- Training Y-PEERs on GBV ;
- Development, testing and disseminating of tools and guidelines for rehabilitation and reintegration interventions of GBV survivors ;
- Promotion of Advocacy and policy dialogue on GBV with key stakeholders promoted;
- Appropriateness of information material (see attached Annex….for a list of materials produced by the various projects) used to convey through different communication channels;
- Development of promotional material such as coffee cups, pens, and magnets with GBV related messages
- Production of a documentary on successful GBV interventions
- Production of a booklet to document some success stories on gender equality, women empowerment, and prevention/response to GBV in Tripoli/Palestinian Camps

During the field interviews, the IPs emphasized that "*UNFPA has maintained close coordination and has actively engaged us from the beginning and throughout the implementation of the different GBV interventions*"[200]. The coordination and collaboration among stakeholders in planning, programming, and advocacy

[199] Ibid.
[200] Field individual interviews with representatives from NCLW, MEHE, USJ, UNHCR and MoSA

efforts led to building a shared vision and to the establishment of a network of groups working on GBV to advocate for change, ensure work synergies and avoid duplication at the country level[201]. The participatory approach and continuous coordination adopted throughout the GBV programme between 2008 and 2013 had a positive impact on the relationships between UNFPA and its partners and on the participation of the GBV stakeholders in the activities. The establishment of a GBV project steering committee facilitated implementation of the GBV related interventions and paved the way for national ownership assumed by MoSA through chairing and leading development of GBV related protocols, procedures and other quality assurance tools. In addition, the expertise of the IPs, and the support of the GBV Steering Committee contributed to the successful implementation of the GBV interventions supported by UNFPA. Finally, the existence of a vibrant civil society working on GBV issues has been crucial to put GBV issues on the National Agenda. UNFPA reviewed and commented on the drafted laws developed by the NCLW, of which 13 laws were drafted 5 have been ratified and 8 others are under discussion. During this process UNFPA took into consideration as much as possible the socio-cultural dimensions and legal issues to address gender inequalities and the rights of women and girls. UNFPA was also successful in supporting advocacy efforts with government and through civil society organizations. Still, serious gaps continue to exist in the legal framework and related practices for the physical protection of women.			
JC.4.3 - Increased awareness to GBV and improved legal frameworks and institutional capacity to prevent and protect women affected by GBV, in particular in emergency situations	- Capacities of the national institutions and NGOs in GBV prevention are developed - Number of beneficiaries (support groups, social health providers) trained on GBV. - Tools and guidelines for rehabilitation and reintegration interventions of GBV survivors developed, tested and disseminated - Advocacy and policy dialogue on GBV with key stakeholders promoted by NCLW and related - Public campaigns on GBV implemented and assessed - Capacities of NGOs for programming GBV in relevant plans and programmes developed	- Support groups(men and women) - GBV NGOs activists (men and women) - Joint Programme (UN agencies) - Parliament Legislative Committee - UNFPA field Advocates - UNFPA Advocate, Campaign creative designers, artists and planners - Inhabitants of the Palestinian Camps benefiting from the programme - Activists in the Camps - GBV survivors - Related Key stakeholders participated in advocacy and	- Analysis of related Document - Focus Group Discussion with trained men and women of support groups - Meeting with NGO activists - Review of developed materials (tools and guidelines) - Field visit to RH clinic and HIV units and meeting with service providers(men and women) - Field visit to Syrian refugee settlements and meeting with targeted women and

[201] Standard Progress GBV Report 2012

	- Appropriateness of information material used to messages conveyed through different communication channels	policy dialogue	men benefiting from the programme - Meeting with community members men and women in North Lebanon - Group discussion with GBV support group - Focus group with GBV survivors - Field visit to Lebanese army programme related RH centres - Field visit to Youth Friendly Services Units and meeting beneficiaries
UNFPA GBV Interventions have focused on the The following areas: coordination, generation of evidence, capacity building, advocacy and outreach. These efforts have targeted a wide range of audiences, including journalists, Internal Security Forces, social health service providers, Y-Peers, and teachers, among others. **Capacities of the national institutions and NGOs in GBV prevention are developed -** UNFPA GBV Project "operationalisation of the GBV Action Plan" which fed into a wider scope "Enhancing a GBV prevention and response at the National Level" addressed the issue of coordination as a main pillar among key players mainly ministries and NGOs, making use of the existing vibrant civil society in Lebanon. UNFPA implementation of the Gender Based Violence (GBV) Project (2008-2013), involved the establishment of a network comprised of NGOs, women groups, academic institutions, ministries, parliamentarians, UN partners and experts concerned with GBV. Based on UNFPA efforts, a 2 year national GBV action plan[202] was developed in a participatory approach spelling out key priorities for preventing and responding to GBV. UNFPA contributed to building capacities of NGOs and MoSA's social development centers on GBV prevention and response as well as the Internal Security Forces (ISF) on handling and referring cases of violence against women (VAW). In addition, UNFPA supported the development of studies, training and communication material and		

[202] Evaluation of UNFPA 's country programme of assistance 2002-2009, Lebanon, consultation and Research Institute, April 2010

supported outreach to GBV victims at the community level.

Number of beneficiaries (support groups, social health providers) trained on GBV - UNFPA during the last four years[203], supported the NCLW, NGOs, SDC's, ISF, and media personnel in GBV prevention and protection activities.*on the areas* of *Research, Training, Development of material and Outreach (public campaigns)*" , These efforts have targeted a wide range of audiences, including journalists, Internal Security Forces, social health service providers, Y-Peers, and teachers, among others.

Capacities of the national institutions and NGOs in GBV prevention are developed - UNFPA GBV Project "operationalisation of the GBV Action Plan and then it developed to another project consisting of "Enhancing a GBV prevention and response at the National Level addressed the issue of coordination among key ministries and NGOs, making use of the existing vibrant civil society in Lebanon. UNFPA implementation of the Gender Based Violence (GBV) Project (2008-2014), involved the establishment of a network comprised of NGOs, women groups, academic institutions, ministries, parliamentarians, UN partners and experts concerned with GBV. Based on UNFPA efforts, the NCLW succeeded in building on these networks for further elaborating GBV into a 2 year national action plan[204].

UNFPA's choice of partners contributed to t capacity building of social health care managers in selected testing sites as well as information dissemination and outreach to GBV victims at the community level.

Number of beneficiaries (support groups, social health providers) trained on GBV - UNFPA during the last four years[205], supported the NCLW and NGOs in GBV prevention and protection activities. Training workshops targeted :

a) Service providers affiliated to local and international NGOs and MOSA SDC's on GBV prevention and response within regular and crisis settings;
b) Internal security forces for enhancing their institutional capacities on VAW prevention and response;
c) Media personnel in order to strengthen their capacities (knowledge, understanding and communication skills) on GBV competency in order to find new angles for effectively and ethically reporting and covering GBV issues.

It is worth noting that within the framework of the MDG-F project entitled "Conflict Prevention and Peace Building" in North Lebanon, a series of training workshops were conducted in order to empower focal persons from local NGOs on various aspects related to GBV prevention and response . In addition, they were trained on developing proposals and projects ideas on GBV related issues.

The outcome of these workshops resulted in supporting NGOs to develop proposals that were submitted to UNFPA for possible funding and based on selection

[203] Standard Progress reports, 2012
[204] Evaluation of UNFPA 's country programme of assisstance 2002-2009, lebanon, consultation and Research Institute, April 2010
[205] UNFPA Standard Progress reports, Nicia Denawi, 2012

criteria as well as a thorough review by an evaluation committee .including representatives from UNFPA, RCO and one pioneer NGO. For instance, due to the tense security situation in Akkar, the 6 trained NGO s and the SDC s developed and submitted jointly one consolidated proposal to conduct outreach activities and awareness sessions on GBV prevention and other related issues such as early marriage.. This fact reflected good local coordination at promoting gender equality and reducing GBV vulnerabilities, and is to be c considered a good practice).

Assessment of LCC services - UNFPA, through the project "Operational zing GBV action plan" (2008-2013) Italian funded, conducted a needs assessment of the nine Listening and Counseling centers (LCCs) in terms of the services, coverage, capacities, reporting mechanisms, resources, needs, challenges, and priorities. The assessment concluded with recommendations to improve LCC interventions. One of the finding of the LCC assessment revealed that separate questionnaires are developed specifically for the needs of each organization are used to obtain data from GBV survivors. Two of the NGOs designed electronic databases for reporting, documenting, and monitoring cases of GBV[206].

An individual interview with the Director of "Maryam and Martha Shelter" revealed that, at least two out of the eight residents (victims) of the shelter, have their life threatened and are living under tremendous fear and agony from any family member who may find them and kill them. (See annex for focus group discussion with victims of the shelter). UNFPA supported the shelter with vocational training classes, developing a website, administering training for the shelter's staff on conflict prevention and interpersonal skills, and provided IT equipment as well as supplies for hair dressing "*two of the 11 residents who have taken the course opened their own hair stylist salon and the remaining ones found different jobs. We need a lot of support to improve our mission to help the GBV victims*." The shelter official added.

UNFPA succeeded in supporting the NCLW and related NGOs and Line Ministries, in building a solid methodological approach for GBV. Four national studies on GBV were elaborated as well as a GBV lexicon [207] and well disseminated in 2012. An event supported by UNFPA during the 16 days of Activism against GBV, gathered some 60 participants from governmental administrations, NGOs, academic institutions, international bodies, and the media sector. There was much interest in the findings of the studies and the resulting policy implications[208] especially that newly generated evidence provided a comprehensive overview of the GBV situation in Lebanon in terms of legislations, services, resources, actors, and media coverage of GBV, among others.

The dissemination of evidence based studies, standards and tools contributed to a greater extent to the advocacy efforts in favor of a better GBV prevention and response. Together with civil society organizations, international organizations, governmental institutions, academic institutions, experts, activists and media, UNFPA has helped draw attention to the GBV issue. As interviewees indicated, *"The studies are very helpful, UNFPA shared the process with us from the*

[206] UNFPA Standard Progress reports, Nicia Denawi, 2012

[207] Situation Analysis in Gender Based Violence in Lebanon, Assessment of Media Coverage of GBV issues in Lebanon, Review of Gender Based Violence Research in Lebanon, Review of Gender Based Violence Resource and Training Material in Lebanon.

[208] Individual interviews and review of related documentations

beginning and all the studies were well disseminated, anywhere I go, I see copies and people are satisfied. But the results were extremely delayed; we did not understand the reasons behind it." [209] These delays were also expressed in the UNFPA Standard Progress Reports as the scope of studies were conducted at the National level; in addition the process of editing, printing, designing and translating the studies, were time consuming

NGOs have stated that *"The GBV Lexicon is written in both languages, in Arabic and in English. It includes common definitions of different vocabulary together with GBV which is contributing to harmonizing and unifying GBV terms and concepts. The Lexicon has helped us a lot to understand and speak a common language among all GBV actors*"[210].

. Although delays in their production and distribution proved frustrating[211] people appreciated these documents the results of which helped all NGOs and line ministries in consolidating their GBV programs[212]. The GBV work and coordination, which has been supported and led by UNFPA since 2008, paved the way indirectly for the establishment in 2012 of a national GBV steering committee headed by MOSA and International Medical Corps NGO, and including representatives from almost all GBV actors. This fact is a real breakthrough among the GBV actors.

UNFPA maintained a monitoring mechanism throughout the planning and implementation of different GBV related interventions, whereby a monitoring plan with key deliverables, was used to follow on implementation. A number of field monitoring visits were also conducted by UNFPA (i.e. participation in 6 Focus Group Discussion FGDs pertaining to the 4 consultancies)[213].

Advocacy and policy dialogue on GBV with key stakeholders promoted by NCLW and related public campaigns on GBV implemented and assessed - GBV Newsletter, Tanseeq was launched in 2010 and is still on-going. UNFPA, with contribution by GBV actors, developed Tanseeq- a GBV newsletter aiming at providing and sharing knowledge among GBV planners, programmers, implementers and funders of GBV programmes and interventions. This coordinated effort of the development and publishing of "TANSEEQ newsletter for Ending Gender Based Violence in Lebanon" is considered a major accomplishment by UNFPA. The Tanseeq newsletter is bi-annual and bilingual (Arabic and English), whereby UNFPA built a system where all the experiences, lessons learned, good practices on GBV are documented, published and disseminated. A closer look into the newsletter reveals that the focus on ending GBV seems to be solely focused on empowering women although interventions targeting men are captured where relevant; nevertheless, the various stakeholders expressed appreciation for the information included and disseminated. UNFPA staff took learning sessions on writing skills and social media and photography "to strengthen the quality of the tools, material and resources developed by UNFPA including Tanseeq production214. UNFPA also have well designed distribution lists with their partners215.

[209] One head of NGO and one line Ministry
[210] Individual interviewees with various NGOs
[211] UNFPA Standard Progress reports, Nicia Denawi, 2012
[212] Individual interviews with NGOs and MoSA
[213] Evaluation of UNFPA 's country programme of assistance 2002-2009, Lebanon, consultation and Research Institute, April 2010
[214] Individual interview with UNFPA
[215] Individual interview with UNFPA

While UNFPA supported the expansion and translation of the website for the youth with the USJ, consultation was carried out with MoSA regarding the possibility of supporting a Women related website including on GBV. The latter task didn't materialize due to several factors, among which capacity of MoSA to dedicate competent staff in charge of regularly updating the website. The youth website with USJ called the "InfoSantéJeunes" is an interactive website that focuses on GBV and Sexual and Reproductive Health among other tasks.

UNFPA conducted an online survey targeting media professionals to assess their knowledge of UNFPA's mandate, areas of interventions and their expectation from its support. The results were used as a baseline indicator to monitor progress in terms of visibility, and also to design and implement an efficient and specific communication approach to attract the media's attention to UNFPA and the issues it advocates for. A social media strategy was developed and launched during the fourth quarter of 2012, consisting mainly in a Face book page and Twitter account. In addition, the findings and recommendations of the *"Assessment of Media Coverage of GBV in Lebanon",* 2010 carried out by UNFPA in collaboration with the Lebanese Council to Resist Violence against Women (LECORVAW), stressed on the vital role of media in fighting GBV and called for setting up, sensitizing and training journalists/media personnel from all types of media (print, electronic, audio-visual) to acquire the necessary skills and know-how of investigating, researching, processing, and presenting socially complicated issues such as GBV. As a follow up to the recommendations of the study, UNFPA supported in 2010, a training workshop targeting eight media persons, using renowned experts on different themes. The workshop evaluation revealed a significant improvement in the knowledge and attitudes of the media participants on GBV in terms of causes, consequences, implications, and response. The workshop evaluation also emphasized the interest of the media in the various aspects of GBV, particularly the legal aspect. Based on this positive feedback, UNFPA intensified its efforts to work more closely with the media in the fight against GBV/VAW and as such partnered with the Lebanese University/Faculty of Journalism and Documentation, to organize a training workshop in 2012 targeting 24 graduate journalism students also with the objective of strengthening their capacities on GBV reporting and coverage, including creative and advanced reporting/journalism techniques and skills to effectively report on GBV issues. The training which was coupled with hands-on experience, ended with the launching of an article-writing contest, whereby the participants were asked to write a journalistic piece in Arabic on any GBV related topic. A selection Jury, including representatives from the Media, the NCLW, local NGO, UNOHCHR, and UNFPA was established and a prize distribution event took place, during which the complete 5 GBV studies[216] supported by UNFPA were launched and the results were disseminated.

When meeting with a group of journalists who benefitted from the training " *I was in a bus with other people, and saw a woman asking for help and running from her husband who is beating her, we all did not stop to help her. I didn't think I had the right to interfere, I was so disturbed. After the training, I felt that in such circumstances, I could interfere and support a woman asking for help even if the person is her husband.*"[217]. Based on the successful outcome of the training with the Lebanese University, UNFPA partnered in 2013 with the Lebanese American University (LAU), Institute for Women Studies in the Arab World, to organize a four-day training workshop targeting media students. The objective of this training was to strengthen their capacities in different GBV-related skills (knowledge, understanding, analytical and communication) to promote participants' capacities to effectively and ethically address and report on GBV issues.

[216] Situation analysis on GBV (CAWTAR), Assessment of Media coverage of GBV (LECORVAW), Compilation of GBV research (Education for Change), Review of GBV Resource and Training material (Education for Change), GBV Glossary Lexicon (Jinan Usta)

[217] Group Interview with the journalists who undertook the training

Another objective aimed at broadening the horizons for reflection, preventing the issue of GBV, and opening effective discussion on GBV in the public field.

Another advocacy initiative supported by UNFPA included intensive advocacy campaigns led by the national coalition to protect women from family violence for the issuance of the law on domestic violence, participation in the 16 days of activism against Gender Based Violence in 2010, 2011 and 2012. Through the engagement of the media in fighting GBV, UNFPA succeeded in raising the visibility of the issue of GBV as a human rights violation, and forming lobby groups to push policy makers to legislate against it.

UNFPA contributed to and supported also the national advocacy efforts, led by KAFA (enough) Violence & Exploitation, through contributing to the White Ribbon (WR) campaign implemented during the 16 days of activism against gender based violence 2012. The WR campaign was launched under the theme "towards other forms of masculinity", and aimed at fighting gender based violence through questioning the existing, and stereotypical forms of masculinity which are mostly characterized by violence and dominance.

The WR Campaign worked with men and boys to end violence against women through awareness campaigns (press conferences, TV spots, bus ads, posters, flyers, social media, etc.), school programs, painting exhibitions, trainings about sexual harassment to both sexes in schools, etc.[218] Social health providers and humanitarian workers (trained on GBV assistance [219]) were also involved in these campaigns making them thrive. The success of the white ribbon campaign attracted Y-Peers and journalists who were also involved in the activities[220].

Capacities of NGOs for programming GBV in relevant plans and programmes developed - UNFPA supported a GBV intervention with MoSA through its GBV project. This Intervention consisting of capacity building and outreach components targeted NGOs' social and health workers (130 social and health workers; 90% of whom are women and 10% men) that are in contact with the most deprived communities. The training referred to a UNFPA-designed Manual (*Dalil Houqouq AL Maraa Alinsaniya*) that is now being used by trainers. *"This is an excellent GBV intervention by MoSA and UNFPA; I feel the GBV topic is a priority now[221]"*. Based on specific criteria, (i.e. leadership skills, communication skills, interested and knowledgeable of the topic, and geographic coverage) twenty five participants (out of the 130 social health workers), were selected to attend a 5-day training workshop to gain the necessary knowledge and skills to conduct awareness raising sessions to beneficiaries. It is noted from the sessions that people are very interested and appreciative of the program addressing such important topics.

Such training roll-out needs to be coupled with coaching and monitoring, especially in underserved remote areas and since GBV is a very sensitive topic and is very much culturally complex and needs to be addressed carefully. The commitment fostered on these GBV interventions is very obvious, one can observe the

[218] KAFA-White Ribbon Campaign "*working with men and boys to end violence against women: media campaign* (press conference, TV spot, bus ads, posters, flyers, social media), school programs, painting exhibition at Beirut Mall, Yammouneh village walk against violence, comic book on VAW, etc

[219] HRSC-5

[220] Individual interview with the head of Lebanese Council to Resist Violence Against Women

[221] Individual interview with GBV Main Trainer

high level of interest of the participants. These NGOs are contracted by MoSA and the department of NGOs at MoSA is committed to ensure adequate follow up through conducting refresher on the job training to follow up with the trainers. UNFPA implemented this intervention in partnership with MoSA's department of NGOs whereby the objective is to ensure the sustainability of this intervention through ensuring that implementation of awareness session on GBV becomes part of the contracted NGOs workplan

UNFPA supports KAFA NGO for enhancing institutional capacities of the Internal Security Forces (ISF) on handling and referring cases of violence against women (VAW). . UNFPA partnered with KAFA as an implementing partner entrusted to execute several tasks namely the development of a training curriculum on VAW targeting the ISF. This curriculum revolves around four key areas: a) basic concepts of gender and VAW, b) international treaties and conventions related to the issue, c) national legal framework and laws that govern the role of ISF, d) ISF role in ending domestic violence and methodologies of investigation and protection orders.

- Building on the above, UNFPA also supported KAFA in developing a) a training manual on VAW to be adopted while training ISF officers on handling and referring cases of VAW, and b) a communication manual to equip ISF officers with the needed communication skills while dealing with survivors.
- In addition, a series of training workshops took place in order to build capacities of 175 ISF officers (i.e. judicial detachments and emergency officers) on the VAW curriculum, communication, counseling and referral skills. The feedback on the training was positive regarding the organization of sessions, facilitators, tools and messages used.
- With the aim to establish women friendly spaces at ISF stations, 12 police stations in across Lebanon were equipped with office and IT equipment to enhance VAW management information system, as well as examination beds for forensic medical examination.

Moreover, UNFPA supported a study tour for selected police officers and KAFA staff to Sweden in order to get exposed to the Swedish experience in dealing with VAW cases, to existing

Within the framework of the MDG-F project, two training workshops were conducted in the North (i.e. Tripoli and Akkar). The objective of the workshops was to empower focal persons from local NGOs on various aspects related to GBV, and equip them with the knowledge, understanding, and tools to better respond to GBV and conduct GBV related outreach sessions through submission of proposals that were funded by UNFPA .

UNFPA also used youth members from the Y-PEER network to disseminate issues related to GBV.

Appropriateness of information material used to messages conveyed through different communication channels - UNFPA based its messaging and training needs on solid assessments. For example, the training of the ISF in collaboration with KAFA was re-examined in line with the participants' recommendations after the first training. Participants expressed their satisfaction regarding the content flexibility, and simple messaging, and its ability to address members from different backgrounds and education levels. The officers introduced valuable comments on the terminology, making the language simpler, for the general users.

These have been incorporated and were introduced into the eight hour learning sessions that will be a part of the ISF mandatory training material.			
JC.4.4 - The results of UNFPA supported initiative in the field of gender equality and empowerment of women are likely to last beyond termination of the 3d country program	- Evidence of the existence of an exit strategy in the strategies relating to the gender component of the UNFPA country programme - Evidence of a hand-over process from UNFPA to the relevant executing parties regarding the related projects. - Extent of ownership of each project by various collaborating groups/bodies (National implementing partners (NGOs, and government bodies)) - Evidence of maintenance of equipment (counselling rooms, rape kit, dignity kit) - Allocation of funds from the national to reproduce the ended project material to use. for reproduction of related material - Level of commitment of the Government (budget allocation) to the beneficiaries of the program willing to continue the carrying out of activities beyond the end of UNFPA support	- Parliamentary Committee - National Commission for the Elderly - Y- Peers - Support groups - YFS service providers - Women's units in Municipal Councils - NCLW	- Review financial sustainability (various sources, fund raising etc..) - Degree of structural integration - Adoption of standards of care - maintenance of equipment - funding for reproduction of material - Volunteerism
It is likely that some aspects of the UNFPA's gender equality and empowerment of women initiatives will continue beyond the country programme termination, while others will fail to do so. Examples of successful sustainable initiatives include: The women's committees that were established under WEPASS have set in motion processes by which to continue their work, with the Ras Baalbak committee already registered as an NGO and Bint Jbeil, Sibil, Kfeir and Deir Mimass having initiated processes to become recognized as NGOs. WEPASS also worked to spread a culture of group work versus individualism, offered literacy trainings in cooperation with NGOs and national experts, and conducted trainings to encourage women to participate in local elections, and produced and aired a series of documentaries on GBV. Supported by UNFPA, the Lebanese American University (LAU) created a course on GBV for its graduate journalism students. It is assessed to be mainstreamed in the curriculum of the Journalism faculty at LAU. UNFPA also made efforts to mainstream the GBV issues within curriculum of the Lebanese University with no			

success because the decision making process is complicated at the Lebanese University.

UNFPA capacity building directed at NCLW and NGOs will be sustained as capacity is retained in institutions. For example, the NCLW has a clearer understanding of its roles and responsibilities; the participatory software supported by UNFPA will enable the NCLW to generate ongoing data about gender equality interventions and analyze annual progress made for advancing gender equality and empowerment of women. Capacity development for NGOs (e.g. Kafa, ARC and Masar) and academia (e.g. the Education Centre at Université St. Joseph) assist them to integrate the gender perspective within their programmes and activities.

UNFPA work in the field of GBV paved the way to the establishment of the national GBV Steering Committee which is working on the remaining activities of the GBV Action Plan. This coordination mechanism since 2012 is led by MoSA and International Medical Corps NGO and includes representatives of the different GBV actors among whom UNFPA is a member. The studies and the different assessments developed under the UNFPA GBV project are constantly referred to and adopted by various stakeholders including the Steering Committee as observed through the individual interviews and highlighted by MoSA

The Curriculum on Reproductive Health and Life Skills has been approved by the Ministry of Education and Higher Education (MEHE) and will be integrated in the schools as a manual for the teachers.

The capacity development programme for the Internal Security Forces supported by UNFPA and implemented by KAFA has been mainstreamed in the overall training programme of the Police Academy.

The Y-PEER network approach, supported by UNFPA in collaboration with various NGOs, aided in raising more attention on SRH at community level and through interactive approaches and techniques also contributed to the national dialogue that led to the development of the national youth policy. UNFPA played a vital role in enhancing capacities of Y-PPERs. However, given the high turnover of young people in this network leading to loss of members, it is unclear what this network's fate will be once UNFPA phases out.

The report for the "Developing an Evaluation Network for RH Education in the Education Sector" was presented to representatives from MEHE, UNFPA, UNESCO, UNICEF and other governmental and NGO officials on September 27, 2012. The report had been commissioned *"to solicit the feedback of UNFPA's implementing partners mainly MEHE, ECRD, FES/USJ and VAPA NGO on successes and challenges pertaining to the integration process of SRH education in curricular and extra-curricular activities.*" The main conclusion was that *"all partners agreed that the process should continue".*

Evidence of the existence of an exit strategy in the strategies relating to the gender component of the UNFPA country programme - An exit strategy was built into some projects, whereas others could have benefited from a much clearer post-project completion exit phase.

The project in support of KAFA with the Internal Security Forces (ISF) and the project related to the GBV media campaigns have clear processes for an exit strategy. For example, in the pilot GBV training program targeting ISF, the latter will continue the roll out of training programs using resources, curriculum, and

materials developed by KAFA through UNFPA's support which will also be institutionalized as part of the mandatory ISF Training Institute. A main lawyer trainer of KAFA indicated that the ISF are functioning well and can take over the training and conduct it on their own in the future. As a result of the support to ISF, the following results have been concretely realized: a) the training curriculum on VAW has now been institutionalized within the Police Academy (i.e. ISF Training Institute in Alwirwar) and became part of their mandatory training programme, b) a memorandum was issued by ISF on "the protocol for receiving and communicating with victims of family violence", and c) 175 ISF officers are equipped to respond appropriately and sensitively to the needs and rights of women and girls.

Similarly, NGOs institutionalized the 'White Ribbon Campaign' to be held during the 16 days of Activism on a yearly basis; this activity has brought all relevant national actors on board and continues to be implemented on a yearly basis.

Some other projects, especially those developed to respond to crisis, do not have clear exit strategies. The MDG-F project, for example, contained no exit strategy even though the project was developed to respond to mitigate conflict between communities and promote peace building According to the joint programme final evaluation, the participating UN agencies did not prepare for a clear exit strategy though it is assumed that the comprehensive capacity development programme supported by UNFPA and implemented with various stakeholders and service providers in selected NGOs would ultimately continue to be beneficial in the targeted communities.

Evidence of a hand-over process from UNFPA to the related executing parties regarding the related projects - In the handover process, UNFPA ensured that not only information, expertise and relevant experience were provided to the executing parties but also the materials, documentaries, summary of studies, pamphlets, newsletters and tools developed during UNFPA different projects, such as the handover of equipment under the MDG -F project in Tripoli and Akkar to partner NGOs.

Extent of ownership of each project by various collaborating groups/bodies (National implementing partners (NGOs, and government bodies) - Ownership of the project is the utmost indicator of its success. It is the pillar of sustainability and is often a product of a participatory approach in planning and execution. Determining the degree of sustainability of UNFPA gender-related interventions is complicated by the fact that *"assessing the correlation between UNFPA's input and change is extremely difficult…. Another main obstacle that makes evaluating the effectiveness difficult is the lack of nation-wide and valid baseline indicators needed to measure performance and outputs."*[222]

Although the evaluation of the second country programme noted the varying degrees of participation mechanisms, ranging from holding consultations to forming common steering and executive committees, there does not seem to be a strong sense of ownership or commitment, especially related to interventions undertaken with line ministries. In the third country programme, the situation improved as the collaboration with the NCLW, MoPH and gender-related NGOs showed increased ownership by partners. Examples of such increase include the ownership of NCLW of the process of the Validation of the Action Plan of the National Women's Strategy, and the lead by MoPH in the MISP training program that was implemented through the participatory approach. In addition,

[222] Evaluation of CP for UNFPA second country programme

ownership was observed with MoSA for leading the coordination of the GBV efforts with the participation of a wide range of stakeholders. Ownership among gender-related NGOs was stronger, evidence by the institutionalization of several initiatives, such as the 'White Ribbon Campaign' to be held during the 16 days of Activism on a yearly basis, as well as the training of the ISF that will be institutionalized.

Evidence of maintenance of equipment (counselling rooms, rape kit, and dignity kit) - In general, the equipment provided by UNFPA was well maintained and used properly. The Y-PEER program was re-enforced through the provision of games, gifts, LCD screens for film screening etc. that allowed the youth to interact, design their own programs, and carry out their activities. Additionally, the content of the dignity kits was reviewed to better suit women's needs after being distributed in the field and receiving feedback from the beneficiaries. As such, this kit became more compatible to the women's needs.

Level of commitment of the Government (budget allocation) to the beneficiaries of the program willing to continue the carrying out of activities beyond the end of UNFPA support - The government has committed to continuing support for several of UNFPA's initiated projects. Among these are the ISF training on VAW which targeted officers and members of the ISF. The program curriculum is adopted at the ISF Training Institute in Alwirwar and will become a part of their mandatory training programme: a memorandum of understanding issued by ISF in favour of mainstreaming the training curriculum on Violence Against Women within the Police academy. Other examples include the cost sharing modality secured by the Government for implementation of the activities such as NCLW and ECRD.

EQ5: To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the country programme?

Judgement criteria	Indicators	Sources of information	Methods and tools for the data collection
JC 5.1: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner	- The planned resources were received to the foreseen level in AWPs - The resources were received in a timely manner	- UNFPA (including finance/administrative departments) - Partners (implementers and direct beneficiaries) : MoSA, MEHE, - Ultimate beneficiaries	- Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports - Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of the programme's implementation - Review of financial

			documents at the UNFPA (from projects' documentation) and interviews with administrative and financial staff. - Beneficiaries of funding (including NGOs

Reproductive Health

As seen above (JC 2.1) the AWPs signed with the Ministry of Public Health were revised and foreseen contribution amounts were revised mainly because the MoPH could not release the funds during the year of implementation. In 2011 UNFPA contributed the amount that was planned initially.

The UNFPA-UNICEF joint programme to operationalize YFS was supposed to kick off in early January 2012. However, the implementation was slightly delayed (for 2 months) as the programmatic revision and contractual arrangements to finalize the JP with UNICEF took some time. Despite this delay, the implementing partner succeeded in completing the activities included in the AWP (related to advocacy, capacity development, assessment of needs, and development of material).

Similarly the one year activities agreed under the AWP LBN3R51B with FHS/USJ were only implemented during a 6 months period. The planning process does not start early enough to allow the implementing partners to timely start the activities.

Population & Development

The P&D component faced strong issues in getting the interventions financed due to the delayed transfer of government cofinancing to the dedicated trust fund. The delay did not rely on the commitment of MoSA. The resources were duly and timely earmarked by MoSA and then transmitted to the Ministry of Finance. The delays occurred by lack of liquidities with public accounts, postponing transfers for months. The seriousness of the situation is illustrated by the transfer late April 2013 of early 2012 commitments. A few months of delays (3-4) are hardly avoided owing to current delays and lengthiness of budgetary arbitrations and endorsement by the Parliament.

From the table below compiled from AWPs and SPRs, the ratio of realization[223] of the P&D programme during the reference period was 65% for all types of allocation. The changes between the first and the last AWP affected unequally the implementation of interventions (76% of realization) and running cost of the programme's management unit (33%). By lack of timely transfer of government fund (TF, for trust fund), the project support budget on regular resources (RR)

[223] Defined as the difference between initially planned activities and the content of the latest AWP of the year.

was partly passed on activities.

	2010-2012						
	Planned		Final		Change		
in USD	RR	TF	RR	TF	RR	TF	Total
Project support	202 151	205 651	162 258	147 120	- 39 893	- 58 531	- 98 424
National activities	89 000	113 500	67 018	-	- 21 982	- 113 500	- 135 482
Global activities	-	-	18 345	392	18 345	392	18 737
Subtotal	291 151	319 151	247 621	147 512	- 43 530	- 171 639	**- 215 169**

This situation reflects the financing structure of the programme, with most of the national resources allocated to implementing activities, which is in principle a sound design, provided resources of both parties are timely mobilized.

The margin of maneuver for re-allocating RR to activities while waiting for the transfer of MoSA contribution was however limited by UNFPA internal rules and the limited amount available under this component. It was instrumental in some cases (CO and PD project staff interviews). The CO suggested is to look into and negotiate a multi-year funding arrangement.

The main recipient of regular resources in the P&D component was the P&D project unit. Its staff did not pinpoint particular lengthiness in getting access to UNFPA resources. The programme unit is in charge of the procurement of services and experts' recruitment processes.

Gender

As per the CPAP (2010-2014), the proposed UNFPA assistance is $10 million, of which 55% comes from regular. The total disbursed for the 2010-2012 period being $5.8 million, of which $1.1m is for the 2nd programming country programme, with a global disbursement ratio of 97.5%. Most projects were implemented in a timely manner. Within the project MDG-F (LBN3G21A), all interventions were implemented on time even at the time of critical conflict which hindered the implementation for example of all GBV workshops targeting women.

Projects faced some delays in finalizing tasks of consultancies and various needs assessments. Delays were also observed and documented in the finalization of the National Women's Strategy (lack of interest in technical training activities among NCLW members, weak coordination among collaborating agencies and the unstable political situation in the country). Security situation sometimes limited access to the targeted community and the tensed political situation in general in the country affected implementation especially that Tripoli is still facing some security incidents, as well as the situation in Palestinian camps and more specifically Bared Camp. On-going clashes in Tripoli affected the implementation of awareness sessions and became almost impossible and the main trainers had difficulties and were not granted security clearance. However, UNFPA Staff in charge of the programme made all its efforts to continue the implementation of their activities by moving to other safer areas.

The below table provides a snapshot from ATLAS :

		LBN2G102:	LBN2G41A	LBN3G21A:	LBN3G11A:	total
2010	*planned*	433,432.56	1,270,605.00	148,429.00	72,400.00	1,924,866.56
	expenditure	430,396.78	235,507.88	104,232.39	75,431.64	845,568.69
	% delivery	99%	19%	70%	104%	44%
2011	*planned*	2,242.00	225,000.00	200,000.00	61,624.00	488,866.00
	expenditure	1,856.94	191,496.10	173,882.89	53,656.13	420,892.06
	% delivery	83%	85%	87%	87%	86%
2012	*planned*	0	165,850.00	195,246.00	36,022.00	397,118.00
	expenditure	0	160,030.29	195,002.24	35,397.28	390,429.81
	% delivery		96%	100%	98%	98%
2013	*planned*	0	25,150.00	0	0	25,150.00
	expenditure	0	-3,365.08	0	0	-3,365.08
	% delivery		-13%	0	0	-13%
total	*planned*	435,674.56	1,686,605.00	543,675.00	170,046.00	2,836,000.56
	expenditure	432,253.72	583,669.19	473,117.52	164,485.05	1,653,525.48
	% delivery	99%	35%	87%	97%	58%

JC 5.2: The resources provided by UNFPA have had a leverage effect	- Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government - Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners	- UNFPA (including finance/administrative departments) - Partners (implementers and direct beneficiaries) : MoSA, MEHE, - Ultimate beneficiaries	- Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports - Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of the programme's implementation - Review of financial documents at the UNFPA (from projects' documentation) and interviews with administrative and financial staff. - Beneficiaries of funding (including NGOs

Reproductive Health

UNFPA has been supporting the Ministry of Public Health to procure contraceptives with the MoPH budget. Traditionally the MoPH has received support from the UN agencies in order to procure health related commodities. In the initial AWPs the contribution of the Ministry of Public Health was supposed to cover the review of SDGs and the integration of RH, VCT and GBV into the SDGs as well as the training of the revised SDGs and on outreach guidelines developed by UNFPA. So far the MoPH has not provided this type of contribution. [224] Since 2010 the ECRD has been contributing to the joint UNFPA/ECRD project aiming to integrate the Life Skill RH education in the teaching curriculum .

On the basis of its work on Your Friendly Services during the 2nd country programme, UNFPA was solicited by UNICEF for a collaborative project 'Operationalising the Child Protection and Adolescent/Youth Friendly Sexual and Reproductive Health Services'. UNICEF partially co-finances this project in addition to UNFPA's

[224] Initial and revised AWP 2011 and 2012

funds. The agreement was signed in May 2012 and has been extended until April 2014.

The mobilization of funds for humanitarian interventions through the Central Emergency Response Fund (CERF) in May 2012 and regional emergency funding allowed a quick response to take place in the second half of the same year.[225] In 2013 UNFPA managed to secure additional funds from the CERF, the Bureau of Population, Refugees and Migration of the US Department of State, the Government of Germany and the Kuwaiti Fund in addition to UNFPA Emergency funds as well as UNFPA country programme funds[226].

Population & Development

The P&D component is 60% co-financed by MoSA through $ 68,284 allocated to activities and $ 289,194 through paying P&D project staff salaries.

	2010-2012				
	RR	RF	TF	**Total**	**%**
Project support	194 103	-	289 194	**483 297**	**78%**
Activities	42 844	4 000	68 284	**115 128**	**19%**
Audit	-	-	3 500	**3 500**	**1%**
7 billion campaign	7 045	-	7 045	**14 090**	**2%**
Sub-total	**243 992**	**4 000**	**368 023**	**616 015**	100%
%	**40%**	**1%**	**60%**		
Total	**616015**				

For the P&D component, the UNFPA resources did not trigger provision of additional financial resources from other partners. It must however be noted that a large contribution of the Lebanese civil society was triggered during the period under review either by mobilizing volunteerism of experts and activists in the field of aging, or by mutually agreed non-onerous extensions of experts' services (length of the assignment, numerous meetings, multiple redrafting of the reports). Lastly, the momentum given by the UNFPA involvement to old peoples' care is progressively triggering new initiatives through the NCEA members in particular (for example the on-going exhaustive study on institutions and the CSA Website).

Gender

UNFPA regular resources represent 73% of the CPAP spending between 2010 and 2012, of which government resources account for 15% and emergency funds for 12%. According to the approved 2010-2014 Country Programme for Lebanon, the allocation for the Gender equality component to 2 million Dollar of which one million to be allocated by UNFPA regular resources and 1 million from other resources including government.

JC 5.3: Administrative and financial	- Appropriateness of the UNFPA	- UNFPA (including	- Annual reports from

[225] Resident / Humanitarian Coordinator, Report 2012 on the Use of Cerf Funds Lebanon

[226] to be confirmed when receiving the AWP 2013

procedures as well as the mix of implementation modalities allow for a smooth execution of the programme	administrative and financial procedures for the implementation - Appropriateness of the IP selection criteria	finance/administrative departments) - Partners (implementers and direct beneficiaries) : MoSA, MEHE, - Ultimate beneficiaries	partner Ministries, and implementing partners, audit reports and monitoring reports - Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of the programme's implementation - Review of financial documents at the UNFPA (from projects' documentation) and interviews with administrative and financial staff. - Beneficiaries of funding (including NGOs

Reproductive Health

UNFPA trained the staff of partner organizations on how to deal with financial matters. This training was found useful for IPs' staff to gain new skills and to work out the financial details of the UNFPA grant appropriately. The technical support provided to Masar included attending an introductory workshop on the campaign in ASRO; and a workshop on financial reporting; in addition to ongoing planning and follow up meetings. [227] Some IPs reported that the financial reporting was complicated and human resources intensive, despite the training and coaching sessions ensured by the UNFPA CO. [228] '*The financial management from both USJ and the UNFPA is demanding and time consuming, requiring tremendous paper work and official forms. The coordinator of the project had to juggle between two different financial systems to meet the requirements and finance the activities*.' [229]

Finalizing and approving the 2010 AWPs were six months delayed because of the changes in the Lebanese cabinet and the transition phase that occurred between the two UNFPA programs country programmes that requested some time to clarify the new program framework and related strategic approaches. Signing the CPAP between UNFPA and CDR did not occur before May 26, 2010. Such delays presented a major challenge to IPs in implementing a one year plan during a six months period or less. Limited delays in the signature of some of the 2011 AWPs, since the preparation of the new ones occurred in January 2011 rather than December 2010.

UNFPA followed a thorough process to select some of its partners for example different Theatrical Troops were assessed for the selection of the TBPE training implementation. The assessment looked at staff, experience in working with development partners, interactive methods, usual target audience.

Similarly the selection of partners for the humanitarian interventions was done in a thorough way, through assessments based on different pre defined criteria e.g. coverage area, logistics capabilities, human resources, experience…[230].

UNFPA Lebanon often works with the same resources persons for different tasks. Often it appeared that UNFPA selected the persons who proved to be valuable resources for its activities. The NGO Masar was initially selected based on its 10 years long experience in advocating for national youth policies in Lebanon in the frame of the "Youth Advocacy Process" (YAP) initiative under the Y-PEER network AWP (LBN3R41A). It was then selected as an IP for the Let's talk campaign in 2011 and a direct agreement (service procurement) in 2012 for training and support to Youth NGO (Code RAB6U615). The coordination with UNFPA is perceived as helpful but the time for planning and preparing the campaign was insufficient.[231]As part of the partnership UNFPA facilitates the preparation of Terms of reference and action plans with its partners what helped clarifying their tasks and a smooth implementation. The monitoring mechanisms required by UNFPA

[227] Ibid
[228] United Nations Population Fund, *Report on Mid-Term Review of the UNFPA 2010-2011 Program Implementation*, September 2012, Interview with implementing partners
[229] SPR 2011
[230] UNFPA, *Distribution survey matrix*, 2013
[231] SPR 2012 and interview with IP

are found easy to use and not too cumbersome.

IP acknowledged that UNFPA was present when needed during the implementation and that it followed-up all the details of the project. They were prompt in their response in what relates to field operations. They recognized that the provided technical support was instrumental in achieving the overall objectives of the project despite all faced challenges. [232]

Population & Development

For the P&D component, the IPs and stakeholders met by the evaluation team did not specifically mention issues regarding CO administrative and financial procedures for implementation. The P&D project unit's staff are familiar for several years with UNFPA rules and procedures and tasks are not hampered by them.

The P&D project was set for implementing far more consistent programmes during the previous country programmes. The accumulated experience made the management unit apt for implementing the limited activities under the 3rd country programme.

The project was perturbed during several months in 2011 after resignation of the manager that hold the position for seven years. The CO reported political interferences in recruiting the new P&D project's manager. They were eventually successfully fought back but delayed recruitment by several months.

Gender

UNFPA and Implementing Partners: UNFPA enjoys an excellent working relationship with its partners. All partners visited and interviewed expressed their appreciation to the financial and technical support UNFPA CO provides. A well-built methodology has been established by UNFPA CO in almost all their activities namely, Research, Needs Assessments, Training and Development of materials. Looking through the documentation and desk work there is an evidence of a clear methodology presented into a well-built system approach that is being institutionalized into the various programmes. For example, (In research "Gender Based Violence" TORs, criteria, How to use the results of the research afterwards, etc.. for example in training there clear objectives, supported materials, training various methods and techniques, formation of TOTs, etc.. in development of materials, development of materials with the target group ,clearer target groups, testing, printing and mechanisms for dissemination etc…)

UNFPA worked with a variety of IPs, including the Government institutions (Ministry of Social Affairs, the Ministry of Education and Higher Education (MEHE), and the NCLW) ; civil society organizations such as KAFA, MASAR, VAPA, etc ; as well as academia such as Saint Joseph University, the Lebanese University, LAU and AUB. Implementing partners were selected carefully based on their comparative experiences and the activities foreseen for implementation. They were trained by the Country Office in 2012 on identified weaknesses during IP micro-assessments and NEX audits. Most of the IPs interviewed was completely satisfied with the partnership with UNFPA, and the technical advice they received during the implementation of activities.

[232] Interview with IP

EQ6: To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks within the UN system?			
Judgement criteria	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
JC.6.1 : The UNFPA country office has actively contributed to UNCT working groups and joint initiatives	- Evidence of active participation in UN working groups - Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas - Evidence of exchanges of information between UN agencies - Evidence of joint programming initiatives (planning) - Evidence of joint implementation of programmes	- Minutes of UNCT working groups - Programming documents regarding UNCT joint initatives - Monitoring/evaluation reports of joint programmes and projects	- Documentary analysis - Interviews with UNFPA CO staff - Interview with the UNRC - Interviews with other UN agencies

Reproductive Health

UNFPA was part of the coordination efforts in central meetings of the health working group and the UN theme group on HIV/AIDS. The Health Working group is chaired by WHO and is meeting irregularly. In the second quarter of 2013 the health working group has been meeting monthly in relation to the Syrian crisis with the NGOs. UNFPA attends most of the meetings. The UN thematic group on HIV/AIDS held few meetings, UNFPA has been attending some (no clear information is available as minutes of meetings were not shared on regular basis). More recently a Joint UN Team on AIDS (JUNTA) was set up involving all the UN organizations. The UN Theme Group on AIDS used to meet at the level of heads of agencies, and since JUNTA meeting take place regularly then the Theme Group on AIDS may not be needed anymore. The Joint UN Team on AIDS is usually led by the UN Resident Coordinator with UNAIDS facilitating the meeting and meets at the level of HIV focal points in the different UN agencies in the country to ensure internal coordination, accountability and increased efficiency among them. The UNCT provides overall guidance at the policy level; technical support to the implementation of the national strategic plan for the country will be the main role of the JUNTA.[233] The UN Youth Task Force reactivated in 2012 as recommended by the UNCT is chaired by UNICEF and convened 3 meetings since 2012. The overall objective of the UN Youth Task Force it to provide guidance, support and advice for the implementation of the National youth policy. UNFPA

[233] JUNTA meeting minutes, March 2013

is an active member in the task force.
The joint programme between UNICEF and UNFPA on Youth Friendly Services (see above in JC 2.4) is a good example of joint planning as it allowed piloting the package in 4 locations [234] that represent the geographical differences in the country. The co-funded work plan included the operationalisation of the YFS package, capacity development activities, the adaptation of the guidelines as well as communication mobilization activities. An amendment of the agreement led to the inclusion of child protection in the YFS package.
Since the creation of the RH sub working group (SWG) under the health working groups during the Syrian crisis April 2012 (see JC 2.3), UNFPA acts as the chair in collaboration with International Orthodox Christian Charities (IOCC).[235] The RH sub working group started its meetings in February 2013 and has been meeting every month since then gathering UN agencies and NGOs involved in reproductive health. UNFPA as chair plays the role of coordinator and discusses strategic RH priorities with partners, liaises with MoPH when necessary and facilitates a knowledge sharing process among partners involved in RH interventions e.g. national protocols, guidelines, , RH kits repartition and distribution, other interventions database… The meetings of the RH sub working group allowed a better coordination and harmonization of the RH related interventions but there is no common plans. [236] For instance UNFPA presented a summary of the National Service Delivery Guidelines related to RH, and linked with the MoPH to share with the RH SWG members the updates on the current implementation/status of the guidelines and the templates of existing pregnancy cards and pregnancy registration forms. During the last meeting UNFPA shared available RH (Information Education Communication) IEC material with participants and also proposed to do a mapping of RH activities in the activities to be undertaken. UNHCR shared its health strategy during the RH sub working group meeting as well what helped for the hamonisation of the interventions. [237]
The Y-PEER network supported by UNFPA collaborated with the UN Communication Group (UNCG) on two visibility and sensitization events. The first sensitization event took place in 2010 at the Universite Saint Esprit Kaslik (USEK) during its "Volunteer Day", where different UN agencies were also present. The second activity in 2010 was under the UN Teach-In project where students in different schools were introduced to the UN and its mission. The Y-PEERs joined the Khadija el Kobra High School where they introduced Y-PEER to the students.[238]

Population & Development

In 2010, UNFPA took part in a joint programme with FAO, UNESCO, ESCWA, UNDP, UNICEF, WHO, with a view to enhancing government capacities on statistics. The initiative intended to support the elaboration of an action plan and its implementation, based on a Statistical Master Plan with the support of the World Bank and issued in 2008 by the Prime Minister office, Central Administrative Statistics department.

Within the process of designing the UNDAF (2010-2014), the UN agencies agreed upon the issue of the lack of reliable and updated statistics in Lebanon, per se and for implementing and monitoring UN programmes. A specific UNCT technical working group on statistics was created in 2010. The overarching idea was to

[234] Beitut Southern Suburbs (Borj Brajneh), Northern Suburbs (Borj Hammoud), South (Tyr), Bekaa (Baalbek)
[235] Interview of UNFPA staff and UN partners
[236] Interview with IP
[237] RH sub groups meeting minutes (February, March, April 2012)
[238] Standard Progress Report

support the Central Administrative Statistics (CAS) office in finalizing the Statistics Master Plan and operationalizing it by elaborating an action plan and estimating the cost of implementing proposed activities – a government request prior to its endorsement[239]. The master plan was initially developed with a World Bank support without involving UN agencies. It was not fully in line with UNFPA requirements regarding reproductive health and gender.

UNFPA issued comments on the draft master plan identifying shortcomings in the way the document reflects particular gaps and country priorities such as the need to strengthen civil registry[240] .

The comments conveyed to the CAS were not addressed at later stages, leading the UN WG to withdraw from the initiative. In 2012, the Prime Minister who supported the elaboration of the Statistics Master Plan left. Level of priority of the need to enhance the capacities of CAS in the production/use of statistics was scale down, The process of finalizing and operationalizing the initial master plan was stretch over three years. The plan is outdated by now[241] . Its operationalization was however completed in 2013, without any financial support from UNFPA (World Bank –financed), leaving the 1 USD million budget unattended.

Gender

Since 2010, UNFPA, being the chair of UNDAF Gender Working Group(GWG), has been organizing regular meetings of all UN gender focal points, preparing agendas, providing minutes and follow up. All this has been very clear in the documentation and in the individual interviews with UN gender focal points working in two UN Agencies. Three main features about the added value of UNFPA have been expressed, i.e., the sharing of information and expertise, paving the road between the various UN Gender focal points and the NCLW, and the knowledge sharing on gender initiatives; all of these characteristics were appreciated by GWG members.

The GWG fostered joint collaboration among UN agencies on gender[242]. A two-month study was "commissioned by the UNDAF Gender Working Group (GWG) at the request of the National Commission for Lebanese Women (NCLW)…to provide a comprehensive needs assessment on the status, capacity and training needs and gaps of the gender focal points prior to any detailed and structured planning for capacity building activities targeting gender focal points in line ministries

[239] Task Force Minutes of Meeting,
[240] Monitoring & Evaluation Task Force minutes of meeting, 2012
[241] CAS staff interview
[242] Marguerite El-Helou, *Needs Assessment for Gender Focal Points in Line* –Ministries and Other Public Institutions, June 02, 2011

and other public administrations."
The key results and findings of the GFP study were considered by some GWG members[243] to be objective and comprehensive with concrete and practical recommendations. UNFPA was successful in fostering knowledge sharing on gender initiatives with the GWG members.

UNFPA also led, in collaboration with UNICEF, and under the leadership of UNHCR, the establishment of a GBV sub-working group (GBV SWG)[244] which was created after the beginning of the Syrian crisis. Its objective was, according to the UN contingency plan and to a UNFPA team member, to better coordinate GBV prevention and response activities among Syrian refugees, including key humanitarian actors with a special interest in GBV related interventions

According to two UN members of the GWG interviewed. Also within the context of the Syrian crisis, UNFPA supported the assessment and roll out of the GBV information management system (GBVIMS) and conducted two GBVIMS trainings for decisions makers and focal points. This initiative has grown into stronger inter-agency effort;[245]

The GBV sub-working group co-led by UNICEF and UNFPA was successful in developing a joint plan of action, (See Annex x for the Joint Plan of Action) including different GBV related interventions, to be implemented over a specific timeframe in specific locations by various local, national and international partners and response to the humanitarian response.

Lastly, it is worth noting that the MDGF entitled "Women's Contribution to Conflict Prevention and Peace Building in North Lebanon**2009- 2012)"**, addressing the needs of the Lebanese and Palestinian communities affected by the conflict in the North, , and despite many challenges facing implementation, yet it was also considered to be a successful example of inter-agency collaboration[246], an Inter-Agency Knowledge Fair took place in Vienna from 27 September until 2 October 2010. « *This International fair was an interesting opportunity for advocacy and to coordinate efforts as well as sharing knowledge. "UNFPA-Lebanon and UNRCO represented the MDG-F joint programme in Lebanon during this fair; where sharing experiences took place between different agencies representing 15 joint programs in 15 different countries (China, Cape Verde, Lebanon, Indonesia, Mozambique, Kenya, Croatia, Serbia, Uruguay, Trinidad and Tobago, Pakistan, Cote d'Ivoire, Uganda, Moldova, and Ethiopia). In addition to the 41 presenters coming from those 15 countries, 18 observers also participated in this event, as well as 8 facilitators and 4 resource persons. The Vienna Inter-Agency knowledge fair provided a showcase for concrete case studies of joint field initiatives focusing on lessons learned in addition to challenges and knowledge sharing strategies. Different interactive session formats with various types of media and*

[243] Minutes of the monthly meetings of the UN-GWG
[244]UNFPA Lebanon Humanitarian Contingency and Preparedness Plan, 2012-2013
[245]UNFPA Humanitarian Response, 2012
[246]Standard Progress Report

tools were used as methodologies during the event. The methods used combined interactive techniques (knowledge cafés, communities of practices, sharing experiences, etc.) and which, in turn, have aimed at improving organizational learning and increasing the UN system's efficiency and effectiveness. » This program was also successful in establishing women committees in targeted areas, conducting assessment in targeted areas, developing capacities of women in conflict resolution, participation, human rights, etc, developing institutional capacities in GBV prevention, quality RH services, gender mainstreaming, etc and mobilizing/sensitizing communities in support of women empowerment efforts and contribution in peace building.			
JC.6.2: The UNFPA country office has contributed to avoid overlaps and promote synergies among the interventions of the UNCT	- Nature of the contribution of UNFPA to the elaboration of the UNDAF - Extent to which the UNDAF reflects the priorities and mandate of UNFPA in Lebanon - Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members - Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members	- UNDAF - CPAP - UNCT - UNFPA Country Office - Monitoring/Evaluation reports of joint programmes and projects	- Documentary analysis - Interviews with UNFPA CO staff - Interview with the UNRC - Interviews with other UN agencies - Interviews with implementing partners
Reproductive Health There is a good concordance between UNDAF and UNFPA mandate in the following areas: strengthening of quality services, health emergency preparedness with emphasis on poor and underserved areas, improved information on prevention and services in PHC package, improved information and services to young people on SRH, referral system and health policy development. These UNDAF priority areas have been prioritized by UNFPA as well although it put more emphasis on some of these areas such as information and service to young people. During the previous county programme, UNFPA and WHO have been collaborating on developing the Standards Delivery Guidelines (SDGs) that need to be updated again.[247] There was no overlap but rather complementarity as WHO focused more on Emergency Obstetric Care at secondary level of health care and UNFPA focused more on Primary Health Care level. Both agencies also collaborated on the integration of reproductive health and HIV in the past country programme through working with the MoPH. UNFPA was involved in the implementation of the strategy for recovery (after the July 2006 war) led by WHO			

[247] [247] Interview with development partners and UNFPA CO

which included RH. More recently some collaboration took place for the Clinical Management of Rape training for which WHO provided technical assistance to develop the curriculum and UNFPA supported the implemention of training based on this curriculum.[248]

Some work has been done in parallel as was the case for the extra-curricular health education in schools. Both agencies (WHO and UNFPA) provided support to develop two interactive CDs on reproductive health and life skill education for young people. Even though the target groups are different in terms of age these interventions that addressed the same topics were not coordinated between both agencies.[249]

UNFPA undertook HIV prevention campaigns. The campaign undertaken with the Y-PEER networks was coordinated with the National AIDS Programme (NAP) supported by WHO but the Let's Talk campaign co funded by H&M (see details in JC 2.4) was not fully coordinated with the National AIDS Programme and the MoPH. For instance the TV spots prepared were not shared until late stage and were not approved by MoPH partly because their timing was conflicting with other TV spots developed by the NAP and other UN agencies and partly because of disagreement between partners. Despite the AIDS policy and the Strategic Plan for HIV there is a lack of coordination from NAP between the various partners and even duplication such as the development of the TV spots. The NAP does not have enough staff for project execution but could have been better involved in planning UNFPA supported interventions instead it was just kept informed.

The joint programme on Youth Friendly Services (YFS) between UNFPA and UNICEF is a good example of partnership and complementarity between each other's mandates and UNICEF has been building on UNFPA previous experience in the field of YFS. In the previous country programme UNFPA had supported the development of a YFS package and has used this first draft to expand this initiative in the 3rd country programme (see JC2.4). UNFPA also collaborated with UNICEF to ensure that the UNICEF child protection mandate and corresponding aspects of child protection are well addressed in addition to the reproductive health and life skills mandate. A chapter was included in the Youth Friendly Services training package to address these aspects.

Population & Development

The focus of the P&D component on supporting the National Committee for Elderly Affairs was chosen, based on a MoSA request, after the endorsement of the UNDAF by RO and HQ. This focus is not presented in the UNDAF (2010-2014) and therefore not logically consistent with country programme outcomes. The theme of aging itself is not addressed in the UNDAF. It imposed itself to WHO during the period under review in relatively similar terms than for UNFPA; WHO financed the two following policy briefs to the Centre for Studies on Aging:

"*Chronic Disease and Aging in the Eastern Mediterranean Region: From Research to Policy and Practice*",

"*Seniors in Emergencies: A Call for Action*".

Although differentiated from their title with UNFPA policy briefs also issued by CSA ("*Older People in Lebanon, Voices of the Caregivers*[250]*"; "Pensions: A Right Long Overdue For The Older Citizens*" and "*Regional ICPD and MIPAA Review on Aging in the Arab World: A Mapping Tool*"), they are partially overlapping in

[248] Interview with UN partners
[249] Interview with IPs

content and conclusions/recommendations with other works of the CSA. The same regional data and background information on pension systems are presented twice. The two UN agencies did not coordinate on potential synergies for the content or the advocacy on aging. UNFPA having pioneered the field under MoSA request, it would have made sense for WHO to initiate discussions on how to achieve complementarity.

Gender

The UNFPA country programme contributes to achieving the related outputs of the UNDAF, ensuring linkages of the CP outcomes with the UNDAF. The CPAP states that "*The programme is harmonized with the programme country programmes of UNDP and UNICEF. It is informed by the priorities identified in the Common Country Assessment (CCA) and directly linked to the outcomes of the UNDAF"*[251].

The programme is also harmonized with the country programmes of UNDP and UNICEF. Particularly in what relates to gender related issues, by ensuring UNFPA's focus is complementary to that of UNDP and UNICEF. UNFPA was a member in the committees that worked on the elaboration of the UNDAF, and is the focal point for gender for UNDAF implementation. According to CPAP, areas for joint programming with other UN agencies[252]. UNFPA developed and implemented with related UN organizations including -but not inclusive to WHO, UNICEF, UNODC, UNHCR, UNDP, UNESCO and ILO. Joint initiatives which were fully addressed in the Gender UN Working Group, related to capacity and institutional development at various levels and sectors, development of standards, guidelines and tools, research, as well as, policy dialogue and advocacy[253].
The UNFPA CP is based on the UNDAF priorities, specifically UNDAF Outcome 3 that UNFPA adopted and translated into its outcomes GEN 1 gender equality and the human rights of women and adolescent girls are integrated in pertinent national and sectorial laws, policies, strategies, and plans, and GEN 2 Prevention and protection from, and response to, gender-base violence improved at the national level .

[250] http://csa.org.lb/
[251] CPAP; 10
[252] CPAP
[253] UN Gender Working Group: Minutes of meetings

Annex 5

CPAP Indicators Quality Assessment Grid

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
POPULATION AND DEVELOPMENT												
Outcome	A strengthened policy and institutional framework for developing and implementing strategies to reduce poverty and promote equitable economic development	Integrated information system is established and operational	Lack of system	System established & operational	1	0	0	1	0	1	0	0
		Programmes and budgets related to population dynamics, reproductive health and gender are endorsed	Programs and budgets not endorsed	Programs an budgets endorsed	1	0	0	1	0	1	0	0
		Percentage of vulnerable groups targeted through social policies and protection mechanisms is increased	N/A	N/A	1	1	0	0	0	0	0	0
Output 1	An integrated information system is developed and functioning to formulate, monitor and evaluate policies at national and subnational levels, with attention to emergency settings	Operational set of national indicators for monitoring population and gender programmes	No agreed upon set of indicators	Data generated to be used for monitoring	1	1	1	1	0	0	0	0
		Protocols for integration, including in emergency settings, are finalized and validated	No protocols, guidelines for data collection	Protocols and guidelines for data collection finalized	0	0	0	1	0	0	0	0
		Operational framework for achieving and monitoring the Millennium Development Goals is in place	No framework in place	Framework developed and in place	0	0	0	1	0	0	0	0
Output 2	Enhanced capacity to utilize data for integrating	At least 30 professionals and four units are trained to apply integration methods and tools	0	30	1	1	1	1	1	1	0	1

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
	population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes, at national, sectoral and local levels	At least three national and sectorial plans incorporate population, reproductive health and gender issues	0	3	1	1	1	1	1	0	0	0
		At least five policy briefs are developed and used for evidence-based advocacy and policy dialogue	0	5	1	1	1	1	1	0	0	0
REPRODUCTIVE HEALTH												
Outcome	Increased access to and utilization of high-quality health, water and sanitation services, particularly in underserved areas, with a focus on vulnerable groups	Essential reproductive health services package is integrated into the annual work plans of the Ministry of Public Health	Package not fully integrated	Package fully integrated	1	0	0	1	1	0	0	0
		Reproductive health commodity security system is endorsed	No commodity security	RH commodity security developed and endorsed	1	0	0	1	1	0	0	0
		Annual resource allocation for health and for reproductive health is increased by 1 per cent in the national budget	Void	Void	1	0	0	0	0	0	0	0
		Access to high-quality reproductive health services and information in 85 per cent of service delivery points in underserved areas supported by the programme	Quality services available and accessible in 50% program supported SDPs	Quality services available ad accessible in 85% program supported SDPs	1	1	1	1	1	0	0	0
		Enhanced high-quality reproductive health services, and strengthened institutional capacity to address related needs in humanitarian settings	Service package for RH in humanitaria	Service package for RH in humanitarian	0	0	0	1	1	0	0	0

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
			n developed and piloted	scaled up								
Output 1	Comprehensive, gender-sensitive, high-quality reproductive health services and commodities are in place and accessible	Emergency obstetric and neonatal care, and care for the consequences of unsafe abortion are included in the normative tools and referral systems of the reproductive health strategy and programme	Not included in tools and systems	To be used for capacity development	0	0	0	1	1	0	0	0
		At least 85 per cent of targeted health professionals are capable of identifying cases in need of emergency obstetric and neonatal care	Less than 85% capable of identifying	At least 85% capable of identifying	1	1	0	1	1	0	0	0
		All emergency obstetric and neonatal care cases are referred to a higher level of care	No referral system in place	Referral system developed	1	1	0	1	1	0	0	0
		Reproductive health emergency preparedness and response plan is in place	No plan	Plan implemented	1	1	0	1	1	0	0	0
		60 to 70 per cent of service delivery points provide an integrated, comprehensive reproductive health package in targeted regions	No integrated package developed	60-70% of SDP provide integrated package	1	1	1	1	1	0	0	0
		A reproductive health commodity security system is operational, including a three-year plan	No system in place	Draft system endorsed	1	1	0	1	1	0	0	0
		Quarterly family planning stock status notification system is established	No Notification system	System developed and in place	1	1	1	1	1	0	0	0
Output 2	Improved knowledge, information and services for young people, with a focus on societal and community mobilization and evidence-based	Criteria and protocols for providing, and referring youth to, youth-friendly health services are developed	No criteria and protocols	Criteria and protocols adopted	1	1	1	1	1	0	0	0
		At least 15 youth-friendly health facilities offer a comprehensive package of reproductive health services	None	YFS fully integrated in7 SDP on pilot basis + additional 7	1	1	1	1	1	0	0	0

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
	advocacy and policy dialogue			assessed								
		Youth aged 12-18 are aware of at least three preventive measures to ensure reproductive health	No clear baseline	Baseline established through KABP	1	1	0	0	0	0	0	0
		At least 20 communities support information and services for young people and adolescents	None	7 commu-nities fully mobilized and 7 others assessed	0	1	0	0	1	0	0	0
		At least five sectorial plans or programmes are developed to operationalize the youth sexual and reproductive health and rights strategy	1	5	1	1	0	1	1	0	0	0
		At least five policy briefs are used for policy dialogue and advocacy	0	5	1	0	0	1	1	0	0	0
		At least five youth networks and non-governmental organizations supporting the development and implementation of a multisectoral sexual and reproductive health and rights strategy for youth	0	5	0	1	0	1	1	0	0	0
		Multisectoral mechanisms for coordination and collaboration are established and functional	No mechanism in place	Mechanism established and functional	1	0	0	1	1	0	0	0
GENDER												
Outcome	Gender equality and the human rights of women and adolescent girls are integrated into national and sectorial laws, policies, strategies, plans and	Gender equality is reflected in national priorities	GE not reflected	GE clearly reflected	0	0	0	1	1	0	0	0
		Human rights national action plan integrating gender equality is endorsed by parliament	GE reflected in draft HR AP	HR AP with GE endorsed	1	0	0	1	1	0	0	0

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
	interventions	Revised strategy for women is endorsed	Draft strategy	Strategy action plan developed	1	1	0	0	1	0	0	0
Output 1	Increased technical and institutional capacity of national mechanisms, national institutions, and policy and strategy frameworks related to women's empowerment and gender equality	At least two national and sectorial plans and strategic frames articulating gender equality and the human rights of women and girls	0	2	1	1	1	1	1	0	0	0
		At least three ministries or administrations allocating budgets for gender-related activities	1	2	1	0	0	1	1	0	0	0
		At least four ministries or administrations applying methods and tools of gender mainstreaming	0	3	1	1	1	1	1	0	0	0
		Prerogatives and mandate for women's mechanisms and gender focal points submitted for validation	Unclear mechanism	NCLW and FP mandate and mechanism clarified	0	0	0	1	1	0	0	0
		At least four evidence-based national debates conducted on identified priorities related to gender equality and the human rights of women and girls	0	4	1	1	1	1	1	0	0	0
Outcome	Prevention of, response to and protection for the victims of gender-based violence are improved at the national level	National strategy endorsed	No strategy	Strategy endorsed	0	1	1	1	1	0	0	0
		National monitoring system in place	No monitoring system	System in place	0	1	0	1	1	0	0	0
		Percentage increase in sectorial plans, programmes and services related to gender-based violence	0	Void	0	1	0	1	0	0	0	0
		Enforcement of policies and laws aligned with national priorities and human rights instruments, including Security Council resolution 1325 on women, peace and security	Poor procedure	Procedures implemented	0	1	1	0	1	0	0	0

		CPAP DESCRIPTION			QUALITY ASSESSMENT CRITERIA							
								Operational				
		INDICATOR	Baseline 2010	Target	Clear formu-lation	Relevant	Specific	Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
Output 2	Increased awareness, evidence-based advocacy and policy dialogue to improve institutional and legal frameworks and systems that seek to prevent, protect the victims of and respond to gender-based violence, using a human-rights perspective, including in emergency and post-emergency situations	Gender-based violence national and multisectoral strategy submitted for validation	No strategy document	Strategy submitted and validate	1	1	0	1	1	0	0	0
		Gender-based violence national coordination mechanism operational	TORs developed	Mechanism operational	0	1	1	0	1	0	0	0
		At least four sectorial plans and/or programmes developed to operationalize the national strategy	1	4	1	1	1	1	1	0	0	0
		Gender-based violence information and monitoring system in place and operational	Poor system	System and mechanism in place and operational	1	1	0	0	1	0	0	0
		Gender-based violence network and mechanism in place and fully functional	Poor system	System in place and fully functional	0	1	0	0	1	0	0	0
		At least three support groups are established	0	3	1	1	1	1	1	0	0	0
		At least four coalitions for change are formed	1	4	0	1	1	1	1	0	0	0
		One to two legal changes developed and submitted for validation	1	2	0	1	0	1	1	0	0	0

		QUALITY ASSESSMENT CRITERIA							
		Clear formu-lation	Relevant	Specific	Operational				
					Baseline availa-ble	Endline availa-ble	Target Available	Means of Verification	Values collected & reported
Total	# of yes (1)	32	34	18	40	40	3	0	1
	# of no (0)	17	15	27	9	9	46	49	48
	Total	49	49	49	49	49	49	49	49
%	% of yes (1)	65%	69%	37%	82%	82%	6%	0%	2%
	% of no (0)	35%	31%	55%	18%	18%	94%	100%	98%
	Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Annex 6

The M&E System Assessment Grid

Feature of the M&E system	What to check	Quality / status[254]	Answer
Type and nature of the M&E system			
Type	Is the system activity-based, results-based or both?	-	The system is result-based at UNDAF and CPAP levels, with the related monitoring matrix for outputs and outcomes. The CO is maintaining in parallel an activity-based monitoring through field visits reporting and standard progress reports.
Nature	Is the system led by UNFPA, jointly managed with government counterparts, or led by them?	-	The UNFPA M&E system is designed jointly with the government. Owing to distant relationship imposed by MoPH, the main government partner is MoSA. The non-governmental IPs are also involved in designing the result-based matrix.
Information management system (IMS)			
Design and structure	Is there an IMS associated to the M&E system?	-	M&E is not based on a dedicated Information Management System (IMS) in Lebanon. The weakness of the national statistics system was acknowledged during the design phase of the UNDAF. That led the UN agencies to set a specific Task Force. The joint programme in support to the Statistics Master Plan did not materialized. Even administrative statistics are not available at central level as well as with line ministries (MoSA and MoPH).
	Is the IMS design formalized in a written document e.g. an operational manual?	-	
Data collection	Does the system define who should collect what information?	0	Administrative data are regularly issued by decentralized level (SDCs in MoSA, for example), transmitted to the Ministry and neither compiled nor analysed/ Most knowledge generation is based on ad'hoc surveys that cannot be used even as a proxy of monitoring data. Surveys are mainly used for advocacy purpose. The CO is keen to do document activities and assess their immediate output (for example ante and post evaluation of training sessions).
	Is the frequency of data collection well defined and appropriate?	-	
	Is the level of information depth/anaysis appropriate vis-à-vis the CO and government info and management needs?	-	
Information flows	Does the system define who should report to whom?	+	For its activity-based reporting, the system defines clearly responsibilities. SPRs were elaborated to-date by IPs. From 2013 onwards, the CO will be in-charge. FVM reports are indeed written by CO staff; situations when FVMR was required were clearly defined. Annual Reviews are organized by the CO.
	Does the information get to the right persons in a timely manner and efficiently?	0	The size of the CO staff (7) makes information channels straightforward and quick.
	Are there appropriate templates to report the information?	0	The templates were defined and disseminated for the FVMRs and indeed the SPRs. The FVMR template is skeletal. The report on Annual Reviews with IPs seems elaborated following circumstances.
	Does the system provide feedback to local counterparts?	-	The activity-based monitoring reports are not shared with the local counterparts. The feedback is rather ensured through multiple coordination meetings, annual reviews and identification of AWPs.
Resources			
Financial resources	Is there a budget available at the UNFPA CO for monitoring purposes?	-	The M&E system is not specifically budgeted. An evaluation plan is not associated with the CPAP. A project evaluation was planned for a support to national curricula with $ 25,000 (the action was cancelled).
	Do relevant counterparts have budget allocations to implement the system?	-	The AWPs do not provide for M&E activities. The government counterparts are not involved in monitoring (and evaluation).
Human resources	Is there a person in charge of the entire system within the CO?	-	The function of M&E focal point is ensured by the Assistant Representative.
	Are monitoring responsibilities clearly allocated to each staff?	+	Activity-based monitoring responsibilities are clearly allocated to each staff.
	Does the staff have the appropriate capacity to implement M&E tasks?	0	For the type of monitoring implemented, the staff do have the capacity. For evaluation, the understanding of the staff is still limited.
	Does the system capitalize on local capacity to collect relevant information?	-	In activity-based monitoring, there is no need of collection of information other than the ones documented by IPs or the processes they are involved in.
	Does the system build local capacity to collect	-	

[254] Positive (+) ; positive with reservations (O) ; negative (-)

Feature of the M&E system	What to check	Quality / status[254]	Answer
	and use relevant information?		
Indicators			
Feasibility of the objectives	Are the outputs and outcomes – associated with the indicators- attainable?	0	Outcome indicators are systematically taken from the CPAP matrix. Most of them are not attainable during the 3rd Country programme. Most output indicators are process indicators and as such potentially attainable. Given the limited capacity for change demonstrated by the government during the previous country programme and Lebanon's political instability at the time of CPAP design, a more nuanced approach than no operational before / operational after would have been more realistic. The few quantitative indicators appear reasonable.
Quality of the indicators	Are indicators clearly formulated for the most part?	+	65% of the indicators are clearly formulated;
	Are indicators relevant for the most part?	0	69% of the indicators are relevant
	Are indicators specific for the most part?	-	Only 39% of the indicators are specific, thus properly targeted on th result to measure
	Are indicators operational for the most part?	-	The baseline and the endline are defined for most indicators (82%) but targets are identified for only 6% of them. The MoV as well as the results themselves are not informed for all: the CO understood the weaknesses (insufficiently specific too late, and wait for the conclusion of the mid-term revise to revise the whole framework.
The role of evaluations in the system			
Integration into the system	Are evaluations well planned and selected so as to respond to the needs of the CO & UNFPA?	-	The evaluations are not planned in parallel of setting the CPAP result matrix. The CO identifies projects that achieved the required level of maturity for an evaluation and gauges the opportunity in terms of remedying to blockages. The accountability dimension of evaluation is perceived only to a limited extent.
	Are evaluations findings properly channelled into management and decision processes?	-	The CO did not undertake evaluations during the 3rd Country programme. Even for the CPAP mid-term review, the CO faced issues with its government counterparts (mainly MoPH) for updating the CPAP (and its result framework). The acting status of the government since 2011 hampers entering in contractual matters with the UN system.
	Are the results of evaluations used to update the CPAP results framework?	-	
Alignment	Are evaluations designed and its findings shared with relevant national stakeholders?	-	N/A as no evaluation undertaken.
Monitoring of risks and assumptions [255]			
Assumptions	Has the CO correctly identified the main assumptions affecting the country programme?	0	The complexity of the political scene and thus government counterparts ability to take decision and even manage daily affairs is hard to render into the CPAP framework. That would require the kind of political economy analyses that might not be welcomed by the government. The CPAP stayed therefore very superficial in assessing the assumptions and risks. Owing to the governance nature of the underlying assumptions of the CPAP, the CO officially depends on the UN system as a whole. The fact that the CO staff, starting with the Assistant Representative, is Lebanese granted first end access to accurate (i.e informal) and timely information on the changes in assumptions and risks.
	Is the CO able to obtain accurate and timely information on changes in those assumptions?	+	
Risks	Has the CO correctly identified the main risks affecting the country programme?	0	
	Is the CO able to obtain accurate and timely information on changes in those risks?	+	
Formalization	Is the monitoring of risks and assumptions formalized and recorded in written form?	-	The monitoring of risks and assumptions is not formalised and reported upon. The rationale and channels for reporting on those is not perceived – unless may be for emergency activities related to the Syrian refugees in Lebanon.

[255] Assumptions are aspects needed for the satisfactory implementation of the programme, and risks key aspects that may put in danger its satisfactory implementation. Both stay outside the direct control of UNFPA.

The Lebanon CPAP Planning and Tracking Tool

REPRODUCTIVE HEALTH AND RIGHTS

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement
National priority: increased economic growth and improved social indicators, including employment creation and the reduction of regional inequalities						
UNDAF Outcome: By 2014, the socio-economic status of vulnerable groups and their access to sustainable livelihood opportunities and quality basic social services are improved within a coherent policy framework of reduction of regional disparities	Indicator 4.1: Percent of population using primary health care network	Reports of Ministry of health National Household Health Utilization and Expenditures Survey		Baseline 4.1: 12% (2001)	Target: 4.1: At least 20% (2014)	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome: Increased access to and utilization of high-quality health, water and sanitation services, particularly in underserved areas, with a focus on vulnerable groups	Essential reproductive health services package is integrated into the annual work plans of the Ministry of Public Health	MOPH records	MOPH UNFPA	Package not fully integrated	Draft package identified and agreed upon		Package fully integrated	
	Reproductive health commodity security system is endorsed	MOPH records	MOPH, UNFPA	No commodity security	RH commodity security initiated		RH commodity security developed and endorsed	
	Annual resource allocation for health and for reproductive health is increased by 1 per cent in the national budget	MOPH budget	MOPH, MOF					
	Access to high-quality reproductive health services and information in 85 per cent of service delivery points in underserved areas supported by the programme	MOPH records	MOPH, UNFPA	TBD	Quality services available and accessible in 50% program supported SDPs		Quality services available ad accessible in 85% program supported SDPs	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
	Enhanced high-quality reproductive health services, and strengthened institutional capacity to address related needs in humanitarian settings	MOPH records + other records	MOPH, UNFPA	Comprehen sive services not developed	Service package for RH in humanitarian developed and piloted		Service package for RH in humanitarian scaled up	
Output RH1: Comprehensive, gender-sensitive, high-quality reproductive health services and commodities are in place and accessible	Emergency obstetric and neonatal care, and care for the consequences of unsafe abortion are included in the normative tools and referral systems of the reproductive health strategy and programme	MOPH + project records	MOPH, LSOG	Not included in tools and systems	To be included in tools and systems		To be used for capacity development	
	At least 85 per cent of targeted health professionals are capable of identifying cases in need of emergency obstetric and neonatal care	MOPH + Project records	MOPH, LSOG	Less than 85% capable of identifying	Capacity development program developed		At least 85% capable of identifying	
	All emergency obstetric and neonatal care cases are referred to a higher level of care	Project and MOPH records	MOPH, LSOG	No referral system in place	Criteria for referral system developed		Referral system developed	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
	Reproductive health emergency preparedness and response plan is in place	MOPH + project records	MOPH, LSOG	No plan	Draft plan developed	Plan developed and rolled out	Plan implemented	
	60 to 70 per cent of service delivery points provide an integrated, comprehensive reproductive health package in targeted regions	MOPH + project records	MOPH	No integrated package developed	Criteria for integrated package developed		60-70% of SDP provide integrated package	
	A reproductive health commodity security system is operational, including a three-year plan	MOPH records	MOPH	No system in place	Draft system		Draft system endorsed	
	Quarterly family planning stock status notification system is established	MOPH records	MOPH, UNFPA, UNICEF	No Notification system	Draft notification system developed		System developed and in place	
Output RH2: Improved knowledge, information and services for	Criteria and protocols for providing, and referring youth to, youth-friendly health services are developed	Project records	IPs, MOPH	No criteria and protocols	Draft criteria and protocols developed		Criteria and protocols adopted	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
young people, with a focus on societal and community mobilization and evidence-based advocacy and policy dialogue	At least 15 youth-friendly health facilities offer a comprehensive package of reproductive health services	Project records	IPs	0	At least 7 SDP identified and assessed		YFS fully integrated in7 SDP on pilot basis + additional 7 assessed	
	Youth aged 12-18 are aware of at least three preventive measures to ensure reproductive health	Project records	IPs	No clear baseline	Baseline established through KABP			
	At least 20 communities support information and services for young people and adolescents	Project records	IPs	0	Mobilization carried out for 7 communities		7 communities fully mobilized and 7 others assessed	
	At least five sectoral plans or programmes are developed to operationalize the youth sexual and reproductive health and rights strategy	Project records	IPs	1	3		5	
	At least five policy briefs are used for policy dialogue and advocacy	Project records	IPs	0	1		5	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
	At least five youth networks and non-governmental organizations supporting the development and implementation of a multisectoral sexual and reproductive health and rights strategy for youth	records						
	Multisectoral mechanisms for coordination and collaboration are established and functional	Project records	IPs	No mechanism in place	Criteria for coordination mechanism established		Mechanism established and functional	

POPULATION AND DEVELOPMENT

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement
National priority: national reconciliation is achieved and adequate institutional capacity to implement reforms is developed, including increased participation and accountability						
UNDAF Outcome: By 2014, good governance reforms and practices, with specific focus on national dialogue and inclusive participation, and government effectiveness and accountability, are institutionalized at different levels	Increased inclusive participation (women, regional, vulnerable and marginalized groups) in national dialogue processes, at legislative and governement central and local levels			weak or marginal representation (2008)	inclusive participation of women, vulnerable and marginalized groups in national dialogue processes (2011, 2014)	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome: A strengthened policy and institutional framework for developing and implementing strategies to reduce poverty and promote equitable economic	Integrated information system is established and operational	Program reports	MOSA, CAS	No system	Draft system		System established and operational	
	Programmes and budgets related to population dynamics, reproductive health and gender are endorsed	Programs and budgets reports	MOPH, MOSA, MEHE, ECRD	Programs and budgets not endorsed	Programs an budgets endorsed			

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
development	Percentage of vulnerable groups targeted through social policies and protection mechanisms is increased	Program reports	MOSA					
Output PD1: An integrated information system is developed and functioning to formulate, monitor and evaluate policies at national and subnational levels, with attention to emergency	Operational set of national indicators for monitoring population and gender programmes	Program reports	MOSA, CAS	No agreed upon set of indicators	Set of indicators agreed upon for data collection		Data generated to be used for monitoring	
	Protocols for integration, including in emergency settings, are finalized and validated	Program reports + protocols		No protocols, guidelines for data collection	Draft guidelines developed		Protocols and guidelines for data collection finalized	
	Operational framework for achieving and monitoring the Millennium Development Goals is in place	Program reports + framework	MOSA	No framework in place	Draft framework		Framework developed and in place	
Output PD 2: Enhanced capacity to utilize data for integrating population dynamics, reproductive health and gender-equality concerns into development	At least 30 professionals and four units are trained to apply integration methods and tools	Program reports	MOSA	0	15		30	
	At least three national and sectoral plans incorporate population, reproductive health and gender issues	Program reports + sector plans	MOSA	0	1		3	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
planning and monitoring processes, at national, sectoral and local levels	At least five policy briefs are developed and used for evidence-based advocacy and policy dialogue	Program reports + policy briefs	MOSA + other line ministries/NGOs	0	3		5	

GENDER

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement
National priority: (a) to promote gender equality and the participation of women in sustainable development; and (b) to strengthen the rule of law and protect human rights						
UNDAF Outcome: by 2014: (a) women are increasingly empowered to have equal access to social, political, economic and legal spheres, in order to realize their rights; and (b) enhanced monitoring and accountability enable the effective implementation of human rights obligations and the enjoyment of human rights	National Action Plan on Human Rights			No action plan (2008)	National Action Plan on Human Rights integrating gender equality and human rights of women and girls endorsed by Parliament (2010)	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1: Gender equality and the human rights of women and adolescent girls are	Gender equality is reflected in national priorities	National prioritie s	NCLW	GE not reflected	Framework developed		GE clearly reflected	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
integrated into national and sectoral laws, policies, strategies, plans and interventions	Human rights national action plan integrating gender equality is endorsed by parliament	HR AP plan doc	OHCHR	GE reflected in draft HR AP	HR AP reviewed		HR AP with GE endorsed	
	Revised strategy for women is endorsed	Women strategy doc	NCLW	Draft strategy	Strategy finalized and endorsed		Strategy action plan developed	
Output Gender 1: Increased technical and institutional capacity of national mechanisms, national institutions, and policy and strategy frameworks related to women's empowerment and gender equality	At least two national and sectoral plans and strategic frames articulating gender equality and the human rights of women and girls	Project records + sector plans	NCLW + sectors	0	1		2	
	At least three ministries or administrations allocating budgets for gender-related activities	Project records + relevant budget	MOF	1	1		2	
	At least four ministries or administrations applying methods and tools of gender mainstreaming	Project records + relevant ministries	NCLW + ministries	0	1		3	
	Prerogatives and mandate for women's mechanisms and gender focal points submitted for validation	NCLW records + mandate document	NCLW + FP	Unclear mechanism	Assessment conducted and criteria established		NCLW and FP mandate and mechanism clarified	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
	At least four evidence-based national debates conducted on identified priorities related to gender equality and the human rights of women and girls	NCLW records + debate papers and proceedings	NCLW	0	2		4	
CP Outcome 2: Prevention of, response to and protection for the victims of gender-based violence are improved at the national level	National strategy endorsed	Strategy document	NCLW + NGOs	No strategy	Draft strategy developed		Strategy endorsed	
	National monitoring system in place	Monitoring document	NCLW + NGOs	No monitoring system	Draft system in place		System in place	
	Percentage increase in sectoral plans, programmes and services related to gender-based violence	Sector plans	NCLW	0				
	Enforcement of policies and laws aligned with national priorities and human rights instruments, including Security Council resolution 1325 on women, peace and security	Enforcement procedures	MOIM, MOJ	Poor procedure	Draft procedures developed		Procedures implemented	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
Output Gender 2: Increased awareness, evidence-based advocacy and policy dialogue to improve institutional and legal frameworks and systems that seek to prevent, protect the victims of and respond to gender-based violence, using a human-rights perspective, including in emergency and post-emergency situations	Gender-based violence national and multisectoral strategy submitted for validation	Strategy document	NCLW, MOSA, NGOs	No strategy document	Draft strategy developed		Strategy submitted and validate	
	Gender-based violence national coordination mechanism operational	TORs and reports	NCLW, MOSA, NGOs	TORs developed and	Mechanism operational			
	At least four sectoral plans and/or programmes developed to operationalize the national strategy	Sectoral plans / programs	NCLW, MOSA, NGOs	1	2		4	
	Gender-based violence information and monitoring system in place and operational	TORs and mechanism procedures	NCLW, MOSA, NGOs	Poor system	Draft system and mechanism developed		System and mechanism in place and operational	
	Gender-based violence network and mechanism in place and fully functional	TORs and procedures	NCLW, MOSA, NGOs	Poor system	Draft system developed		System in place and fully functional	
	At least three support groups are established	TORs and guidelines	NCLW, MOSA, NGOs	0	1		3	

	Indicator	MoV	Res. Party	YR1/2010	YR3 /2012		YR5 /2014	
				Baseline	Target	Achievement	Target	Achievement
	At least four coalitions for change are formed	Proceedings and reports	NCLW, MOSA, NGOs	1	2		4	
	One to two legal changes developed and submitted for validation	Laws	NCLW, NGOS, parliament	1	1		2	

Annex 7

Stakeholder mapping

	Fund Type	Donors	Implementing Agency	Other partners	Beneficiaries
	GENDER				
	Strategic Plan Outcome: Gender equality and women/young girls rights integrated in national policies (3.1)				
	CPAP Output: No cover sheet on any AWPs received - need to follow-up with CO				
	LBN2G102: Empowering women to advocate for				
2010			National Commission for Lebanese Women/UNFPA	NGOs	NCLW staff and members, ministries, CBOs, Women's Committees in selected villages, National NGOs, youth in selected villages, women in selected villages, service providers in selected villages, GBV victims, women targeted for micro-credit, new NGOs created
2011		no AWP			
2012		no AWP and no activity in ATLAS			
	Strategic Plan Outcome: Responses to gender-based violence expanded through improved policies, protection, legal and prevention systems (3.4)				
	CPAP Output: Increased awareness, evidence-based advocacy and policy dialogue to improve institutional and legal frameworks and systems that seek to prevent, protect the victims of and respond to gender-based violence, using a human-rights perspective, including in emergency and post-emergency situations (3.2)				
	LBN2G41A : GBV in national planning				
2010		Government of Italy	UNFPA/Center of Arab Women for Training and Research/Education for Change/Lebanese Council to Resist Violence Against Women		Various IPs (as beneficiaries of tools and guidance developed); MOSA (GBV website will be developed)
2011		Government of Italy	UNFPA/Center of Arab Women for Training and Research/Education for Change/Lebanese Council to Resist Violence Against Women/JTP		Various Ips - NGOS - (as beneficiaries of tools and guidance developed); MOSA (GBV website will be developed)

2012		Government of Italy	KAFA (Enough Violence and Exploitation)		GBV targeting officers and Internal Security Forces (trainees), human-rights advocates, victims of gender-based violence
	Strategic Plan Outcome: Gender equality, reproductive rights and empowerment of women/young girls promoted (3.2) AND Responses to gender-based violence expanded through improved policies, protection, legal and prevention systems (3.4)				
	CPAP Output: Increased technical and institutional capacity of national mechanisms, national institutions, and policy and strategy frameworks related to women's empowerment and gender equality (3.1) AND Increased awareness, evidence-based advocacy and policy dialogue to improve institutional and legal frameworks and systems that seek to prevent, protect the victims of and respond to gender-based violence, using a human-rights perspective, including in emergency and post-emergency situations (3.2)				
	LBN3G21A: Gender and conflict prevention (part of a wider joint programme w UNDP, ILO, UNRWA, UNESCO, UNICEF and UNFPA)				
2010		Spanish govt through MDG-F	UNFPA/NGO/ILO/UNDP		Focus communities (women and youth), Women's Committees, CBOs, NGOs
2011		Spanish govt through MDG-F	UNFPA/NGO/ILO/UNDP		Focus communities (women and youth), Women's Committees, CBOs, potential partners, stakeholders and gatekeepers
2012		Spanish govt through MDG-F	UNFPA/ILO/UNDP/Social Development Centres/LECORVAW		Focus communities (women and youth); health care providers, local NGOs, Social Development Centres
	Strategic Plan Outcome: Gender equality and women/young girls rights integrated into national planning (3.1)				
	CPAP Output: Increased technical and institutional capacity of national mechanisms, national institutions, and policy and strategy frameworks related to women's empowerment and gender equality (3.1) AS STATED IN AWP				
	LBN3G11A: Enhancing NCLW capacities for promoting gender mainstreaming in sector plans and programmes (national and periphery) (joint partnership with NCLW)				
2010		UNFPA plus some co-funding from NCLW	National Commission for Lebanese Women/UNFPA		National institutions related to women's empowerment and gender equality, local NGOs
2011		UNFPA plus some co-funding from NCLW	National Commission for Lebanese Women/UNFPA		National institutions related to women's empowerment and gender equality, local NGOs, Council of Ministers
2012		UNFPA plus some co-funding from NCLW	National Commission for Lebanese Women/UNFPA		National institutions related to women's empowerment and gender equality, local NGOs
	REPRODUCTIVE HEALTH				
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				

	CPAP Output: Missing AWP				
	LBN2R208: Expansion of Y Peer Network				
2010		no AWP			Youth?
2011		no AWP and no ATLAS activity			
2012		no AWP and no ATLAS activity			
	Strategic Plan Outcome: RH integrated in public policies of development with monitoring (2.1)				
	CPAP Output: Missing AWP				
	LBN2R302: Advocacy for integrating pop/S				
2010		no AWP			
2011		no AWP and no ATLAS activity			
2012		no AWP and no ATLAS activity			
	Strategic Plan Outcome: RH integrated in public policies of development with monitoring (2.1)				
	CPAP Output: Comprehensive, gender-sensitive, high-quality reproductive health services and commodities are in place and accesible (2.1)				
	LBN3R11A: Enhancing MOPH capacities in Rep/ Enhancing national capacities for providing quality RH services at primary and secondary care levels in Targeted Areas				
2010		no AWP and no ATLAS activity - no AWP signed in 2010			
2011		UNFPA & MOPH	UNFPA, MPOH	NGOS, research institutes	MOPH; health service providers; users of health facilities in targeted areas; research institutes
2012		UNFPA & MOPH	UNFPA, NGOs		Target communities include refugees
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Improved knowledge, information and services for young people, with a focus on societal and community mobilisation and evidence-based advocacy and policy dialogue (2.2)				
	LBN3R41A: Capacity dvlpment and expansion of (Y-PEER)				
2010		UNFPA	UNFPA, Y-PEER network, University of Balamand, Jeunesse Contre La Drogue, Lebanon Family Planning Association, Visual and Performing Arts Association		NGO/Youth groups, Youth networks, Youths
2011		UNFPA plus small funding UNAIDS, UBW	UNFPA, Y-peer network, NGOs,	USJ	Youth networks (e.g. scouts), NGOs, Youth, health service providers
2012	Change of AWP title	UNFPA	University of Balamand	NGOs (World Vision International, Caritas Migrant Center, Makhzoumi Foundation, Amel Association, Beit	Youth, refugees, NGOs

				Atfal El Soumoud)	
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Improved knowledge, information and services for young people, with a focus on societal and community mobilisation and evidence-based advocacy and policy dialogue (2.2)				
	LBN3R41B: Capacity development for integrating theatre based peer education in education sector				
2010		UNFPA	Visual and Performing Arts Association (VAPA), Y-PEER, UNFPA		IPs, Youth networks, youth, schools (staff and students)
2011		no AWP - implemented only in 2010			
2012		no AWP and no ATLAS activity - - implemented only in 2010			
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Improved knowledge, information and services for young people, with a focus on societal and community mobilisation and evidence-based advocacy and policy dialogue (2.2)				
	LBN3R41C: Youth empowerment let's talk campaign				
2010		no AWP and no ATLAS activity - project was only implemented by CO in 2011			
2011		UNFPA	MASAR (NGO), Y-PEER		NGO, Youth network, youth, media, general public, PLWHA
2012		no AWP (ATLAS activity is audit) - project was only implemented by CO in 2011			
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Improved knowledge, information and services for young people, with a focus on societal and community mobilisation and evidence-based advocacy and policy dialogue (2.2)				
	LBN3R51A: Enhancing ECRD's capacities on Integration of "Life Skills RH Education" Public Teaching Curriculum				
2010		UNFPA and ECRD	Educational Center for Research and Development, UNFPA		ECRD staff, Target schools and teachers, Ministry of Education and Higher Education (MEHE), youth
2011		UNFPA and ECRD	Educational Center for Research and Development, UNFPA	VAPA	Educational Center for Research and Development staff (education specialists), targeted teachers, Ministry of Education and Higher Education (MEHE) staff, CTP?, Mabarrat?
2012		UNFPA and ECRD	Educational Center for Research and Development, UNFPA	VAPA	Target teachers and students,
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Improved knowledge, information and services for young people, with a focus on societal and community mobilisation and evidence-based advocacy and policy				

	dialogue (2.2)				
	LBN3R51B: Expanding RH in school-based extra-curricular education				
2010		No AWP and no ATLAS activity - CO reports that project only started in 2011			
2011		UNFPA	University Saint Joseph(Faculty of Educational Sciences) Centre Universitaire de Santé Familial et Communautaire		MEHE, teachers and youth in targeted schools, health service providers
2012		UNFPA	University Saint Joseph(Faculty of Educational Sciences) Centre Universitaire de Santé Familial et Communautaire	Arab Resource Collective, Lebanon Family Planning Association	MEHE, teachers and youth in targeted schools, health service staff at all levels, youth, youth networks, social workers
	Strategic Plan Outcome: Access of young people to SRH, HIV and gender violence prevention services (2.5)				
	CPAP Output: Comprehensive, gender-sensitive, high-quality reproductive health services and commdities are in place and accesible (2.1)				
	LBN3U207: An Awareness Campaign: Improving Syrian displaced and local women knowledge and referral on SRH/GBV				
2010		no AWP and no ATLAS activity - emergency project implemented in 2012 only			
2011		no AWP and no ATLAS activity - emergency project implemented in 2012 only			
2012		UNFPA	Young Men's Christian Association		Refugees, local community women and girls
	POPULATION AND DEVELOPMENT				
	Strategic Plan Outcome: Population dynamics and interlinkages with gender, RH and HIV/AIDS incorporated in policies (1.1)?				
	CPAP Output: no AWP				
	LEB02P01: Population & Development Strat				
2010		no AWP			
2011		no AWP and no ATLAS activity			
2012		no AWP and no ATLAS activity			
	Strategic Plan Outcome:				
	CPAP Output: no AWP				
	LEB02P02: IEC at community level				
2010		no AWP			
2011		no AWP			
2012		no AWP and no ATLAS activity			
	Strategic Plan Outcome: Population dynamics and interlinkages with gender, RH and HIV/AIDS incorporated in policies (1.1)				
	CPAP Output: no AWP - Enhanced capacity to utilise data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and				

	monitoring processes, at national , sectoral and local levels (1.2)				
	LEB02P03: Quality RH in target areas				
2010		no AWP			
2011		no AWP and no ATLAS activity			
2012		no AWP and no ATLAS activity			
	Strategic Plan Outcome: Population dynamics and interlinkages with gender, RH and HIV/AIDS incorporated in policies (1.1)				
	CPAP Output: Enhanced capacity to utilise data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes, at national , sectoral and local levels (1.2)				
	LBN3P11A: Enhance MOSA's capacities on integrating population dimensions in development				
2010		UNFPA and MOSA	Department of Family Affairs and Department of Research and Planning at Ministry of Social Affairs		MOSA staff (central units), MOSA Social Development Centres, NGOs, local municipalities, community leaders
2011		UNFPA and MOSA	Department of Family Affairs and Department of Research and Planning at Ministry of Social Affairs		MOSA staff (central units), MOSA Social Development Centres, NGOs, local municipalities, community leaders, National Commission for Elderly Affairs
2012		UNFPA and MOSA	Department of Family Affairs and Department of Research and Planning at Ministry of Social Affairs		MOSA staff (various levels), National Commission for Elderly Affairs, institutions for the elderly, media, parliamentarians, academics
	Strategic Plan Outcome: Data on PD, gender, RH and HIV/AIDS as basis to develop/monitor policies (1.3)				
	CPAP Output: not mentioned in AWP - Enhanced capacity to utilise data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes, at national , sectoral and local levels (1.2)				
	LBN2P31A: Institutional Building in Population, Gender, and Reproductive Health				
2010			UNFPA		NGOs
2011		no AWP			
2012		no AWP and no ATLAS activity			
	MANAGEMENT				
	Strategic Plan Outcome: Population dynamics and interlinkages with gender, RH and HIV/AIDS incorporated in policies (1.1)				
	CPAP Output: not mentioned in AWP - Enhanced capacity to utilise data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes, at national , sectoral and local levels (1.2)				
	LBN3A11A: Programme and Coordination Assistance/Umbrella				
2010		UNFPA	UNFPA	NGOs, UNCT	National institutions, NGOs, UNCT
2011		UNFPA	UNFPA	NGOs, UNCT	National institutions, NGOs, UNCT

2012		no AWP			
	Strategic Plan Outcome:				
	CPAP Output: no AWP				
	LBNM0809: Lebanon BSB Management Project				
2010		no AWP			
2011		no AWP			
2012		no AWP			

Annex 8

Focus groups Minutes of Meeting

Debriefing of the focus group on Theatre Based Peer Education in Mabarrat School

Objectives of the Focus Group

To assess how the Theatre Based Peer Education was implemented how it was perceived by the peer educators and by the audience and whether it respond to needs.

Methodology

Type of messages received, appropriateness, change in behaviour, increased knowledge, Process of Theatre Based Peer Education. Use of interaction with the audience
Participants: 4 boys peer educators trained in theatre based education and one boy member of the audience aged between 13 and 14 years old. Selected by the TBPE trainer and the School physician.

Summary of discussion

- The subject of the play was drugs and energy drinks.
- Audience member:
- He had fun and preferred that it was a play, not a mere presentation about issues or looking on internet. The message that he understood was that trying it once will lead to addiction. Felt it had taught them useful things. When asked, it seems the session did not address issue of empowerment or saying no to temptation.
- They would like more plays: on issues such smoking, driving fast. Agreed that future subjects could also include raising a family (this issue is not covered in biology lessons).
- Students who prepared play:
- They feel that they were selected as best students to do this event. They felt it was an important role to take with their fellow students; they provided good information and also had fun. Decided on messaging in small group based on what they had talked about in school sessions. They did internet research on drugs and addiction too. The only problem was trying to find time to meet due to busy school days. The play lasted 6 to 7 minutes and it was felt short to pass the messages. All the audience was involved in the discussion afterwards. They feel that most of the other students got the messages but not all.
- They have not really continued to discuss the issue afterwards with their peers.
- In future, they would do it again next year if opportunity but would like more time, new ideas, use materials/posters.
- Kids their age de not listen to their parents and use internet to get information e.g. sex which is not culturally accepted or other topics.
- Spoke about the play with parents. They would agree to play in front of their parents but not in front of girls. Parents wanted to attend but could not.

Debriefing of the focus group on humanitarian response with Syrian Displaced Women

Objectives of the Focus Group

To assess the needs of the Syrian Displaced Women and their perceptions of the reproductive health services.

Methodology

Participants: 4 Syrian women who attended the health services in Maccha health centre in Akkar. One wome was pregnant and 3 had small children.

Summary of discussion

- We are in the process of being registered (with UNHCR) but it we are not registered the cost of delivery is USD 450. And if there are difficulties during the postpartum period many cannot pay. Medicines are not enough such as vitamins, antibiotics, antiemetic drugs. We receive iron in sufficient quantities. All of us have anaemia.
- Syrian women receive good care in the health centres but do not receive good care in hospitals. They do not do epidural anesthesia for delivery. We only see midwives. One woman delivered on the road. Two women said that the plan to use natural family planning methods. One had a loop inserted. She wanted more children but she had a cesarean sections. Most Syrian women use pills because IUD cost too much. They are worried about the cost of services.
- They received health education and were given a brochure.

Debriefing of the focus group with participants of the MISP training

Objectives of the Focus Group

To assess the type of knowledge that the participants acquired and how they perceive the usefulness and the relevance of such training.

Methodology

Type of new knowledge acquired, appropriateness, change in attitude.
Participants: 4 health service providers (area nursing officer, midwife, senior staff nurse) from UNWRA health facilities working closed to Palestinian camps.

Summary of discussion

- The MISP training helps to know how to deal with different types of emergency cases e.g. suicidal victims, HIH/STIs, prevention of gender based violence, mother and child protection. There is a huge influx of new registered Syrian-Palestinians every day.
- It also helps to improve our communication and counselling skills in case of HIV or violence. Usually nobody comes forward in case of violence we have to know how to deal with it. We feel more confident now and we know how and where to refer different cases. We feel more advance in prevention and 'break the barrier of fear'. There are a lot of cases but there is no law. We see the issue (violence) in a more holistic way and we want to do something.
- We cannot give the 'after morning pill' in case of rape as it is not authorized. We can only give it to married women not to unmarried women unless it is mentioned in the technical guidelines.

Debriefing of the focus group 1 on P&D component

This focus group took place on 15th May 2013 in the P&D project premises. The attendees were heads of SDCs from various part of the country, who participated to the training sessions organized under AWP 2010 and 2011 of the P&D component.

Objectives of the Focus Group

The focus group discussion meant to gather the feedback of the participants of the training sessions organized under the P&D component on result-based monitoring and project proposal (logical framework).

Methodology

Within this background, the expectation was to enlarge discussions to the organization of MoSA, the issues faced in heading SDCs and the conditions of the elderly in the different regions of Lebanon.
The five attendees are heads of SDCs from various part of the country, who participated to the training sessions organized under AWP 2010 and 2011 of the P&D component.

Summary of discussion

- The training of project proposal and logframe was fine because number of exercises were proposed ; the older population, particularly women, was integrated into the session
- Another feature was the contact with MoSA central services social workers; personal relationships helped building mutual understanding
- Project proposal is increasingly required from SDCs to raise funds locally and beyond in order to complement the MoSA regular resources, widely insufficient for answering to the social needs, and particular the old people
- SDCs are mainly engaged in club activities for the elderly; many are attending
- The main issue with institutions for the elderly is that in the Lebanese cultural background, children are expected to take care of their parents,, particularly daughters; sending parents to an institution is seen as a shame for the family;
- Women are caring for their husband till their death and are thus left without resources and unattented afterwads; they are constituting the most of patients of institutions

Debriefing of the focus group 2 on P&D component

This focus group took place 19th May 2013 in the P&D project premises. The attendees were social assistants form the various MoSA central departments who attended the training sessions organized under AWP 2010 and 2011 of the P&D component.

Objectives of the Focus Group

The focus group discussion meant to gather the feedback of the participants of the training sessions organized under the P&D component on result-based monitoring and project proposal (logical framework).

Methodology

With this background, the expectation was to enlarge discussions to the organization of MoSA and the conditions of the elderly in the different regions of Lebanon.

The four attendees were social assistants form the various MoSA central departments who attended the training sessions organized under AWP 2010 and 2011 of the P&D component.

Summary of discussion

- The method taught by the training was already known ; the training introduced several links between theory and practice that were useful – even if not all was applicable in routine work
- The exchanges with heads of SDC was interesting
- The group of participants was well balanced between office workers and persons working on the field; that allowed to clarify the respective responsibility between central services and SDCs
- The logistic and organization of the session by the P&D project was all right
- Although UNFPA training is one among the several received by participants, they still feel the need for more like this
- The work on elderly institution standards by P&D project was appreciated because of the participative method adopted; DFA and NCEA released a lot of comments that were taken into account; the standards are seen as an adequate starting point;
- Issue within MoSA with communication between services.

Focus Group Discussion with the Journalists

UNFPA advocacy/GBV programmes with universities (Lebanese University, American University of Beirut and Lebanese American University): advocacy workshop for journalism Master's students on GBV in order to provide information and guidance to better address this issue in the media.

Objectives of the focus group

To assess the implementation process of the media training program; how it is perceived by the journalism Master's students of the various universities and whether it responds to their needs, as well as how it affects their attitudes and behaviour related to gender and GBV.

Methodology

Type of messages received, appropriateness, change in behaviour, increased knowledge, different methods of interaction with the journalism students (participatory approach, film on GBV, related user-friendly materials).
A mix of presentations was conducted by legal doctor, lawyers, and researchers, which added to the value of the workshop.

Participants:

Four Master's students (two men, two women) from the Lebanese University's journalism department attended a five-day workshop on gender and GBV.

Summary of discussion

The students said they were impressed with the richness of information and the diversity of the workshop. They felt it was positive that the contributions of the presenters had looked at the subject from all angles, and there was a wealth of information which helped them to widen their scope.
They felt that this workshop was a turning point for them that had changed not only their knowledge and their attitudes, but also their behaviour. They said they would now immediately help any woman screaming for help or who was a victim of violence, even if the perpetrator was her husband. They said that in their minds it had been a taboo to interfere in any type of domestic violence. They expressed their ignorance of the fact that the current law does not condone violence in the home. This was considered to be 'family business' in which they have no right to interfere.
The workshop had taught them that they are helping the perpetrator by not helping and raising the voice of women who are victims of violence. One participant said it was as if they had their heads in the sand, unwilling to see the reality. Another claimed that before the training they had seen a woman asking for helping, with her husband behind her, beating her, while a busload of people looked on. The participant said that after the workshop, this would no longer be their reaction, but they would step in.
Another issue that came out strongly was verbal harassment. The men in the interview for the first time understood that this occurs, and that they may even do it themselves, without realising the damage this can do. The workshop changed not only their knowledge, but also their attitude and their behaviour. One said “Since that workshop, I'm so aware and really watch my language. I didn't even realise before. When I hear people saying things, I now realise it's painful, when before I didn't. Now, when I hear this from other men, I am disturbed.”
They even went to the extent of challenging cultural perspectives. The students said they were now more aware of their language, to the extent of not using the proverb 'oukht al-rijak' (a man's sister) to describe a strong woman.
The students also became more aware of the legal aspects of the issue, and fully understood the role of the legal doctor.
Following the workshop, the participants put efforts into continuing their interest in GBV. One of the participants has a social media page, where he now collates updates and information on the issue of

GBV. Others wrote articles. During the discussions, the students also decided to lobby and address the department to advocate for the course to become obligatory.
However, students also reported that they felt the workshop should be addressed to more men. After the workshop, the participants also said that while they had learnt much about GBV, they had not looked in-depth at gender, beyond basic issues of equality etc.

Focus Group Discussion with the GBV Victims

UNFPA is supporting NGO activists on GBV programmes and supporting a needs assessment study on the counselling and learning centers (CLCs), as well as supporting a women's shelter initiative.
UNFPA, within its project "Operationalising GBV Action Plan 2008-2014," continues its efforts to support the nine NGOs in Lebanon involved in the CLCs, in supporting the GBV survivors, in order to promote human rights and achieve gender equality and eliminate violence against women.
Of the nine NGOs, one is the Mariam and Martha Women's Shelter.

Objectives of the focus group

To meet with survivors and the director of the NGO in order to assess the services in the shelter and how the survivors perceive the shelter, whether it responds to their needs, and whether they are empowered and equipped for independence beyond the shelter.

Methodology

The shelter has a management and logistics team, as well as a psychologist, psychiatrist, social educators, and volunteer lawyers and doctors. The victims are usually referred to the shelters by MoSA, the Berri Institute, KAFA, Dar al Amal etc. Usually women are fleeing their husbands or family members. The shelter welcomes victims of all backgrounds: Some had come out of prisons; they also welcome foreign domestic workers.
The methodology has four stages. First, they provide the women with security, attention and complete rest (they are provided with food, and all their care needs are met). In the second phase, when the women are ready, they are visited by the psychiatrist and the generalist medical doctor, who meet their health requirements (laboratory tests, medication, etc). In the third phase, the woman can begin to live normally, including helping in cooking, cleaning and so on, to live as a normal family member. Along with that the woman can receive training in a professional activity of her choosing (IT, beauty, health education, literacy etc. Training is supported by UNFPA). When she is ready, the woman moves into the fourth phase, in which she begins a new life and prepares herself to work independently. Parallel to this, negotiations begin with her family and her community. She then decides whether to go back to her family, or begin a new life alone. If she chooses independence and employment, the shelter tries to mediate between the employers and the victim, using a wide network of contacts.
A survivor will stay in the shelter between one and two years. The shelter supports them to legalise their situation for any that don't have the correct documentation etc.
The shelter receives funds from individual donors and from community activities: dinners, exhibitions etc, and also from MoSA and other NGOs. The shelter has so far received more than 600 women and 24 children since 2012. It has welcomed all women regardless of wealth, race, religion and nationality, and those with children.

Participants:

Meeting with the director of the shelter and his direct assistant
Focus group discussion with survivors (six women)

Summary of discussion

The women in the discussion seemed to live as an extended family in the shelter. They were happy about the variety of activities in the center, including, sewing, painting, dancing, etiquette classes,

etc., and were all participating in more than one activity. The women discussed their stories and their dreams. One woman with two children used to work with her husband repairing motorcycles, and her husband beat her. She had dreams of becoming a lawyer.
Another woman had been pregnant and unmarried. She had run away and delivered in the shelter. Her dream is to be able to raise her son peacefully and with security, without worrying about the threat of violence from her family. The shelter director is trying to fix her marital situation, by persuading the father to marry her, in order to protect her security. The director was able to put pressure on the man.
The third had fled from her parent's home as they were incredibly controlling and had locked her in the house.
Another was beaten by a family member, had psychological troubles, but dreamt of being a manager; another had worked in a salon and wanted her own business, but didn't want to go back to her family.
All the women expressed their desires to not be scared any longer. Their dreams were of security and peace.
The women had a strong support system, and seemed happy living together. They expressed their love and appreciation for what the shelter was providing them. They are provided with proper food, security and positive activities. They are ready to dream of a brighter future and they feel psychologically much better than when they had arrived.
The women had been in the center from between four months and a year and two months.

Focus Group Discussion with the youth students in Balbek

Expanding reproductive health information and services for young people
Component: operationalizing child protection and adolescent/youth-friendly services: joint project implemented by UNICEF, MOSA, MOPH, USJ and UNFPA

Objectives of the Focus Group

To assess the implimentation process of the Y-peer training; how it is perceived by the students and whether it responds to their needs, as well as how it affects their knowledge, attitudes and behavior about HIV/AIDS,RH/Gender and GBV.

Methodology

Type of messages received, appropriateness, change in behaviour, increased knowledge,
process of Y-Peer education different methods of interaction with the students (film, games, open dialogue, etc.)

Participants:

1. Four Trainers: Sarah El Raii, Elisa El Chemali, Olwan Mourtada and Rawad Kaiss (2 male and 2 female). The trainers well prepared, dynamic, attentive and caring, except for one male trainner who was sitting aside during the presentations, although he became involved later in the games and discussions.
2. Eight Students (4 male and 4 female) from two private schools (Nuns and Manar) trained in the Y-Peer programme; they had been selected by the 4 Y- Peer trainers during the theatre activity that had been implemented in their schools.
During the session students were motivated, relaxed and fully engaged. The trainers worked on students' communication skills to enhance their abilities to express themselves verbally and non-verbally. The students were able to adapt to various games through the technique of "learning through joy." The messages were expressed with simplicity and dynamism.
The conference room was well prepared with flip charts, computers, LCD, speakers and a stand for brochures which included many various user friendly materials. Gifts and refreshments were distributed.

Summary of discussion

The students said that they liked the conference room, calling it "warm and friendly" and they had liked the film. They enjoyed learning about intimate topics in a friendly and fun-filled manner, and talking about things they would not feel comfortable discussing with close friends or family members.

In response to what they had learned about HIV/AIDS, they said they had:

- learned a lot;
- started to think differently;
- learned to accept a person with HIV/AIDS;
- thought the messages of the film were "human and deep";
- learned to accept differences and other points of view.

They said they would like to share the experience with their peers, and one student had actually invited a friend to attend a session, another student added " Now we will bring more of our friends to the Youth Friendly Services."

"I feel safe and happy," one student said. "I have a Y-Peer to relate to that helps me understand very important intimate questions. She assures me and puts me on the right track."

"We start watching what we say," another said. "I don't feel lost any more. I feel stronger. I feel I can help other friends to accept people with HIV. I used to be so scared when I heard of it."

To the Syrian youth in Baalbeck, the students also discussed the presence of Syrian refugees in their schools and communities, and whether they would feel comfortable inviting Syrian youth to join this program. They were hesitant at first, with some saying they would not invite them because of cultural differences and the fear that they would not be able to communicate effectively with them Others, however, said that they would be willing to consider inviting them.

In addition, noting that the trainees had never heard of the concept of gender and, by and large, feel they are treated equally in Lebanon.

One noted that the location of the centre will prohibit many young people from coming because "it is far away, and next time my parents will not be able to give me a lift."

Annex 9

Members of the Reference Group

- Ms. Asma Kurdahi, Assistant Representative, UNFPA Lebanon, Beirut
- Ms. Amal Karaki, Senior Social Development Specialist, Council for Development and Reconstruction (CDR), Beirut
- Ms. Dolly Basil, Consultant, Partners for Development, Beirut
- Ms. Sherin Saadallah, Regional Desk Advisor for Arab States, UNFPA, New York
- Ms. Kaori Ishikawa, Programme Specialist, Gender and Partnerships, Arab States Regional Office, Cairo
- Mr. Mohamed Afifi, Special Assistant to Regional Director, Arab States Regional Office, Cairo

Annex 10

Interview Guides

Reproductive Health

	Code ATLAS	Issues to be discussed
UNFPA team		*Relevance* - Process of targeting intended beneficiaries - Setting of priorities within the humanitarian context *Effectiveness/sustainability* - Review of achievement of AWPs *Efficiency* - Process of selecting implementing partners *Coordination* - Partnership with the other UN agencies - Participation in UN working groups
WHO	LBN3R11A	*Coordination* - Coordination on intervention in RH and maternal health , view on UNFPA interventions regarding RH outreach services, commodities supplies - Coordination with MoPH - Degree of participation in UN working groups
UNICEF	LBN3R51A	*Coordination* - Contribution agreement for developing youth friendly services - Coordination on intervention in RH and youth health, - Effectiveness/sustainability - View on UNFPA interventions in reproductive health - Degree of participation in UN working groups
UNCHR	LBN3U207	*Coordination* - Coordination and collaboration between different agencies in terms of support - Selection of health facilities to be supported
Ministry of Public Health Reproductive Health	LBN3R11A	*Relevance* - UNFPA contribution in line with national strategies *Effectiveness/sustainability* - Contribution of UNFPA in the developing the comprehensive RH SDG, outreach guidelines, - health professionals capacity development and follow up mechanisms (RH SDG, MISP, outreach), Commodities security mechanisms introduced with UNFPA support, their operationalisation, their effect on the availability of RH commodities in services delivery points, RH commodity security and monitoring mechanisms *Efficiency* - Administrative and financial procedures, follow up
Managers, trainers and service providers of target area hospital and PHC	LBN3R11A	*Effectiveness/sustainability* - Introduction of comprehensive RH SDG, outreach guidelines, in their health facilities - Number of Health professional trained, follow up mechanisms capacity

	Code ATLAS	Issues to be discussed
trained on RH SDG, youth friendly services and MISP		development (RH SDG, MISP, outreach), - Situation regarding RH commodity security
Y-PEER network, NGO partner, scout, University of Balamand, VAPA Visual Art And Performing Association MASAR Association	LBN3R41A LBN3R41B LBN3R41C	*Relevance* - Process of needs identification *Effectiveness/sustainability* - Type of activities of advocacy, awareness raising, peer education and theatre based education, type of audience, coverage, type of messages *Efficiency* - Administrative and financial procedures, follow up
Education Centre for Research and Development, University Saint Joseph, Centre Universitaire de Sante Familiale et Communautaire Department of Continuous Education, Faculty of Educational Sciences (FES)	LBN3R51A LBN3R51B	*Relevance* - Process of needs identification and targeting of interventions *Effectiveness/sustainability* - Process of development of life skills education curriculum, actual integration in teaching curriculum, type of RH extracurricular education tools their use. - Development of guidelines for youth friendly services, progress in training health professionals, use and appropriateness of these services, follow up mechanisms *Efficiency* - Administrative and financial procedures,
Teachers trained in life skills education, School Health Educators	LBN3R51A LBN3R51B	*Effectiveness/sustainability* - Type of training received, type of life skills education, use of extracurricular education - Follow up - M&E - Reporting system
Women benefiting from services in humanitarian setting (if it is possible to identify them)	LBN3R11A LBN3U207	*Relevance* - Response to need *Effectiveness/sustainability* - Availability of RH commodities, type of outreach services available - Cultural appropriateness of services -
Young peers educator	LBN3R41B	*Relevance* - Appropriateness of given messages - Effectiveness/sustainability - Type of training received, type of activities undertaken, coverage, type of audience,
Young people	LBN3R41B LBN3R51B	*Relevance* - Appropriateness of given messages *Effectiveness/sustainability* - Type of messages received, appropriateness, change in behaviour, increased knowledge, support from community, - Use of interactive tools, use and appropriateness of youth friendly services, perceptions on life skills education

Gender

	Code ATLAS	Issues to be discussed
UNFPA team		*Relevance* - Process of targeting intended beneficiaries - Setting of priorities within the humanitarian context - Activities, interventions adequately reflect the goals stated in the CPAP, AWP, MGD, UNDAF…. *Effectiveness/sustainability* - Review of achievement of AWPs - Availability of exit strategy (capacity building, mechanism) *Efficiency* - Process of selecting implementing partners - Intervention mechanism effect in hindering or fostering the program *Coordination* - Partnership with the other UN agencies - Participation in UN working groups - Coordination among themselves
NCLW/MOSA legislation, capacity building on GBV.	LBN3G11A	*Relevance* - Process of targeting intended beneficiaries - Setting of priorities within the humanitarian context - Program is gender balanced *Effectiveness/sustainability* - Review of achievement of AWPs - Availability of exit strategy (capacity building, mechanism) - Satisfaction with the action plan and related laws and policies *Efficiency* - Process of receiving technical support from UNFPA - Intervention mechanism effect in hindering or fostering the program *Coordination* - Coordinate with the other UN agencies - Coordination with other NGOS
Humanitarian: Gender FP in UNFPA UNCHR	LBN3G21A	*Effectiveness/sustainability* - Review of achievement of AWPs - Methodology for mainstreaming gender and how effective it is? *Coordination* - Coordination and collaboration between different agencies in terms of support - Selection of health facilities to be supported
Ministry of Public Health	LBN3G11A	*Relevance* - UNFPA contribution in line with national strategies *Effectiveness/sustainability* - Contribution of UNFPA in the developing the comprehensive RH SDG, outreach guidelines, - health professionals capacity development and follow up mechanisms (RH SDG, MISP, outreach), Commodities security mechanisms introduced with UNFPA support, their operationalisation, their effect on the availability of RH commodities in services delivery points, RH commodity security and monitoring mechanisms *Efficiency* - Administrative and financial procedures, follow up
MOSA USJ / VAPA/	LBN3G11A	*Relevance* - Process of needs identification

	Code ATLAS	Issues to be discussed
YPeer		*Effectiveness/sustainability* - Type of activities of advocacy, awareness raising, peer education and theatre based education, type of audience, coverage, type of messages - Studies conducted *Efficiency* - Administrative and financial procedures, follow up - Production of material

Population and Development

Stakeholders	Code ATLAS	Issues to be discussed
Implementers of the programme (UNFPA CO, MOSA, experts)	LBN2P31A	*Relevance* - What were the key issues faced when the P&D strategy was designed/formulated and what were the main intents? - What are the main orientations carried over from previous UNFPA activities? *Effectiveness/sustainability* - Which external factors or exogenous shocks affected the P&D activities' implementation? Were there some institutional or cultural barriers to overcome? - Were the MOSA and NCEA' strengths/weaknesses changed over the reference period? - Did the P&D strategic focus on ageing policy prove to be the right one, retrospectively? Were some assumptions not supported by programs' implementation? Were some risks identified but understated? - Were the outputs achieved? Can it be evidenced based on quantitative or process indicators? Was MOSA's reporting suitable (frequency, reliability)? Which lessons were learnt during implementation? - What can be said about the development of the policy framework and implementation of the standards in ageing institutions? Can the UNFPA contribution can be seized? Which other factors or supports contributed as well? - What strong points or best practices would you identified for ageing policy? What were their enabling factors? Role of UNFPA in getting it right ? - Did the programs brought in ownership? Was the ownership translated in long term budgetary resources (including human resources)? - Did the capacity development activities were effectively translated in administrative routine and culture? Was commitment to improving the Elderly conditions sustainably strengthened? *Efficiency* - Did the UNFPA and GoL resources (financial and human) mobilized to the level foreseen and in a timely manner? - Was the available budget for P&D sufficient to address the CPAP P&D focus on the Elderly? - Were the UNFPA's administrative and financial procedures helpful for implementing activities? - Was the IP associated with adjusting UNFPA combination of resources and means? *Monitoring* - Were the activities monitored and by whom?

Stakeholders	Code ATLAS	Issues to be discussed
		- Did the monitoring helped adjusting the activities?
Other UN agencies (WHO, UNICEF, UNDP)	LBN2P31A	- Was joint programming made effective for the P&D component? - Was Statistics Task Force eventually set in place? If not, why? - Did MOSA and NCEA capacity to deliver information improved?
Political decision makers (ministers, Ministry of finance, parliamentarians)	LBN2P31A	- To what extent the principles underlying the development of ageing policy were adopted and institutionalized? Does that goes for MOSA and NCEA TS? - What are the key resistances faced for bringing up the ageing policy in the government agenda? - To what extent the ageing agenda will be sustained overtimes? And translated in regular budget allocations?
Direct beneficiaries (MOSA DFA & DRP, NCEA, SDCs, Standards Committee, media professionals)	LBN2P31A	- What are the main achievements of the MOSA / NCEA TS and the issues faced on the way? - Did the MOSA / NCEA TS demonstrated the capacity to adjust to each direct beneficiary specific needs and constraints? - Which steps were taken for capitalizing on capacity building activities and sustaining the initiatives initiated under UNFPA P&D programs? - Did some coordination issues with the MOSA / NCEA TS arise? - What time or resource (financial and human) gaps can be pinpointed in UNFPA support?
Ultimate beneficiaries	LBN2P31A	- N/A
Sector key players (NGOs, academics, networks)	LBN2P31A	- What level of visibility was achieved by UNFPA support to developing the ageing policy? - To what extent a change in priority given to integrating populations and socio-economic data in the policy development process can be identified? - What positive/negative changes is perceived by the ultimate beneficiaries? - Did the progress made in developing the ageing policy shows a significant degree of consistency and support over time or is it narrowly related to UNFPA activities?

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