



Evaluation Report

Final Evaluation of Project, “Improve the protection and resilience systems of the displaced Syrians in the most vulnerable situation: minors, women and PWDs in Barr-Elias and Baalbek (Bekaa Valley, Lebanon)”

August 2020

End of Project Evaluation Report

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Developed by Research & Evaluation Team (RET),

Lebanon, August 2020

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i. Acknowledgement

This document was created as a result of an independent external evaluation of the “Final Evaluation of Project, “Improve the protection and resilience systems of the displaced Syrians in the most vulnerable situation: minors, women and PWDs in Barr-Elias and Baalbek (Bekaa Valley, Lebanon)” by MPDL and LUPD

The Research and Evaluation team is thankful to the caregivers of Barr-Elias and Baalbek area, children, municipalities’ representatives, specialists and therapists, SGBV expert, and field staff (rehabilitation workers), for their time and the valuable information they shared. Finally, the team also acknowledges the valuable input of MPDL Project Manager who facilitated the process of conducting and answering questions openly and transparently.

ii. Affirmation

Except as acknowledged by the references in this paper to other authors and publications, the contents described in this report consists of our own work, undertaken to evaluate the project entitled: “Final Evaluation of Project, “Improve the protection and resilience systems of the displaced Syrians in the most vulnerable situation: minors, women and PWDs in Barr-Elias and Baalbek (Bekaa Valley, Lebanon)”. The main aim under this evaluation is to measure the status of its objective indicators and evaluation criteria after the project have ended, as part of the requirements of MPDL’s Design, Monitoring and Evaluation Learning System.

Primary data collected throughout the assessment process remains the property of the communities and families described in this document. Information and data must be used only with their consent.

iii. Glossary/Acronyms and Abbreviations

CBR: Community Based Rehabilitation

CWD: Children with Disability

DAC: Development Assistance Committee

FGD: Focus Group Discussion

HI: Humanity and Inclusion

IRC: International Rescue Committee

KII: Key Informant Interview

LUPD: Lebanese Union for People with Physical Disabilities

MPDL: Movement for Peace

NGO: Non-Governmental Organisation

OECD: Organisation for Economic Cooperation and Development

PWD: People with Disability

PSS: Psycho-Social Support

REM: Ripple Effect Mapping

RET: Research and Evaluation Team

SAMS: Syrian American Medical Society

SGBV: Sexual and Gender-Based Violence

UNRWA: United Nations Relief and Works Agency

UNICEF: United Nations International Children's Emergency Fund

WHO: World Health Organisation

1. Executive Summary

Community Based Rehabilitation (CBR) is a community development strategy that aims at enhancing the lives of persons with disabilities (PWDs) within their community. Community-based rehabilitation (CBR) was initiated by WHO in an effort to enhance the quality of life for people with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services (WHO).¹ MPDL used the Community Based Rehabilitation (CBR) to improve the lives of Persons With Disability (PWD) holistically by working simultaneously on multiple aspects of their lives.

The project “Improve the protection and resilience systems of the displaced Syrians in the most vulnerable situation: minors, women and PWDs in Barr-Elias and Baalbek (Bekaa Valley, Lebanon)” reach the most vulnerable, PWD in rural areas and refugee communities with an aim to (1) Increased the autonomy of displaced PWD from Syria and the population of Lebanon in a situation of vulnerability in Barr-Elias and Baalbek, (2) Improved access to an early warning system to identify, manage and prevent any type of sexual and gender-based risk/violence against women with disabilities from Syria and the host society in the Barr-Elias and Baalbek centres, and (3) Increase in the protection mechanisms and early alert system to identify, manage and prevent any type of risk/sexual and gender-based violence against women with disabilities displaced from Syria and from the host community in the centres of Barr-Elias and Baalbek. These three results reflect the implementation of providing rehabilitations and physical aid under the first result, development of SGBV manual addressing the disability and gender needs under second result and conducting staff training and capacity building activities under third result. Finally, the project included supporting the referral system as it is considered to be a cross-cutting approach within the three project results.

The methodology of this evaluation followed a qualitative approach. A total of 9 focus group discussions (FGD) and 15 KIIs took place in addition to Ripple Effect Mapping (REM) sessions. The evaluation answered the 6 Development Assistance Committee (DAC) evaluation quality standards (relevance, efficiency, effectiveness, impact, sustainability, and coherence) within this project. The Research and Evaluation team used the RET® Project Scoring Criteria which consisted of having a score for each of the DAC criteria. The qualitative data was thematically analysed, and the themes were quantified based on each criterion and therefore coming up with a approximate percentage (based on the repetition of the themes per criteria) of each of the DAC criteria. The RET® Scoring

¹ <https://www.who.int/disabilities/cbr/en/>

Criteria considered a result of 0% to 29.9% as very low, 30% to 59.9% as low, 60% to 74.9% as medium, 75% and 89.9% as high and 90% to 100% as very high (Appendix1). Based on the RET® Project Scoring Criteria the project scored very high regarding relevance, efficiency, effectiveness, and sustainability and high regarding impact and coherence.

The project highly responded to the needs of the targeted beneficiaries in Barr-Elias and Baalbek. In the same sense, the SGBV manual developed and the series of training provided to both caregivers and project staff are highly relevant. The project is highly efficient in the sense that the set activities were conducted on time except for the speech therapy component. The resources were used efficiently in order to achieve the set activities of the project. As a result of the high quality of the services provided, the project is highly effective. The project impacted the lives of the CWD positively. Children's physical and psychosocial status improved. Moreover, the project provided parents with training and knowledge that will remain with them and enable them to support and deal with their children. None the less, this project impacted parents' wellbeing directly. The SGBV manual and the training provided for staff are considered as a life knowledge and skills that will remain with them. The results achieved are sustainable at the personal level and for a long period of time. Finally, the project found to be highly integrated. The project was able to ensure an internal and external referral system that enabled to enhance the coherence of activities within the targeted area.

Following the evaluation conclusions, the evaluation team is recommending to further customize the design of similar projects through the following recommendation:

- The community base approach has to entail a hybrid approach that takes into consideration the CWD as its centre of focus.
- Expand the roles and responsibilities of the Self-Support Group and change it to be an Action Group.
- Include referral indicators within the project logical framework in order to track and ensure that referral activities.
- Enhance the timing, duration, and number of sessions provided to CWDs.
- Provide CWDs with livelihood and vocational skills.
- Disseminate the SGBV manual among the CWDs working groups, local organizations and international organizations.
- Provide managerial training to staff under similar projects.

2. Introduction

2.1. Project Background

The project started at the beginning of February 2019 by updating the database of the LUPD for PWDs, preparing the intervention plan and hiring the project staff and specialists.

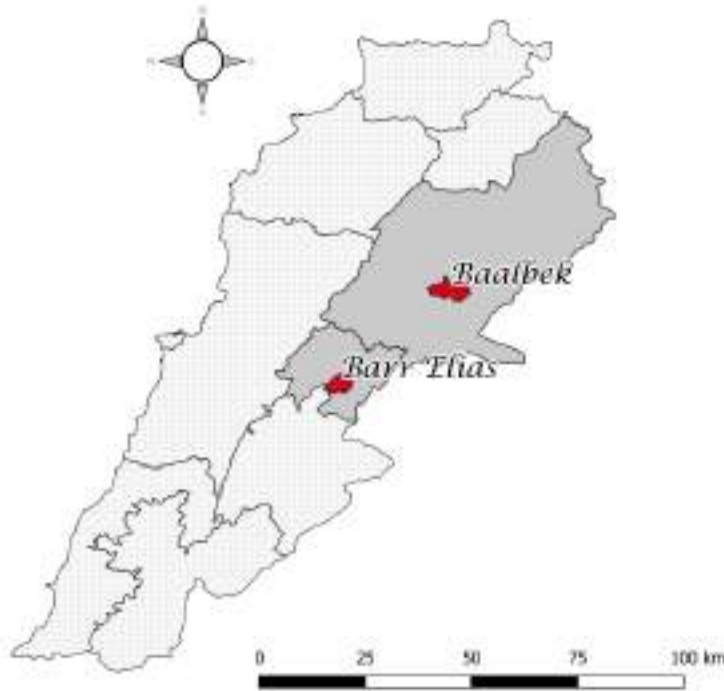


FIGURE 1 - EVALUATION AREA

During the preparation period, it was decided to utilize a community-based rehabilitation approach instead of sticking to the clinic approach. The project aims at improving the resilience of displaced people from Syria, increasing the autonomy of one of the most vulnerable groups of this population - people with disabilities, as well as working with their relatives in order to promote inclusive actions with the Lebanese population, also in charge of caring for PWDs. The general objective of the project was “Improvement of the protection system and resilience of the displaced population from

Syria in a situation of vulnerability: minors, women and PWD in Barr-Elias and Baalbek (Beka’a Valley, Lebanon).”

The project has one specific objective:

- **Improvement of the living conditions of 1200 PWD (840 women and 360 men) displaced from Syria and population from Lebanon in a situation of vulnerability in Barr-Elias and Baalbek (Beka’a Valley).**

In addition, the project involved achieving three main direct results:

1. Increased the autonomy of displaced PWD from Syria and the population of Lebanon in a situation of vulnerability in Barr-Elias and Baalbek.
2. Improved access to an early warning system to identify, manage and prevent any type of sexual and gender-based risk/violence against women with disabilities from Syria and the host society in the Barr-Elias and Baalbek centres.

3. Increase in the protection mechanisms and early alert system to identify, manage and prevent any type of risk/sexual and gender-based violence against women with disabilities displaced from Syria and from the host community in the centres of Barr-Elias and Baalbek.

These three results reflect the implementation of providing rehabilitations and physical aid under the first result, development of SGBV manual addressing the disability and gender needs under second result and conducting staff training and capacity building activities under third result. Finally, the project included supporting the referral system as it is considered to be a cross-cutting approach within the three project results.

2.2. Community-Based Rehabilitation

The rehabilitation of people with disability refers to the attempt to integrate or re-integrate PWD into as “full and normal life roles as is possible”. Rehabilitation is twofold, it requires the preparation of both the individual and their environment for integration. There are two main approaches to rehabilitation: the traditional institutional approach and the community-based approach.

The traditional institutional approach relies on rehabilitation centres that provide various specialized services. Because these institutions only cater to and include PWD they do not afford good opportunities for interactions interact - and thus begin to integrate - with the surrounding community². There are therefore strategic challenges regarding this approach’s viability given that the goal is to have PWD partake and participate in their environments. Additionally, and to the extent possible, one of the main goals of rehabilitation efforts in to develop and nurture individuals’ independence and the traditional institutional approach runs the risk of fostering dependence as a result of acute reliance on specialized services and institutions.

The community-based approach to the rehabilitation of people with disability is the alternative to the traditional institutional approach and tackles two main gaps in the latter. Firstly, it works from the PWD side by affording them an opportunity to integrate or re-integrate their local community. Secondly, it works from the community side to rehabilitate or change existing attitudes in order to facilitate PWDs’ integration. In this approach, specialized institutions have a supporting role and the primary focus is community or family care³. More specifically, the specialized institutions are a last resort or a short-term player in the rehabilitation process. This approach has the added benefit

² Jackson (1988)

³ WHO (2010)

<https://www.who.int/publications/i/item/community-based-rehabilitation-cbr-guidelines>

of social development as communities grow and progress along with the individuals⁴. In this approach, specialized services are provided at-home or in public spaces.

2.3. Scope of the Evaluation

The spirit in which the evaluation is conducted fell under the “Betterment-driven Evaluation – Assessment of Merit and Worth” paradigm that focuses on the notion that social betterment is the ultimate goal of evaluation⁵.

Assessment of merit and worth stands for a judgment regarding the effects and characteristic of a program or a project, and the provision of a decision about what action to choose. In addition, information from merit and worth evaluation represent the ultimate support that an evaluation can make to determine which policy or program to adopt or drop and to inform judgments about a given program’s or project’s value to society.

Appendix 2 shows the evaluation matrix presents a summary of key evaluation questions and methods based on the evaluation criteria specified in the Terms of Reference (ToRs) and according to the RET standards which based on OECD / DAC criteria⁶. These will enable the identification of KPIs to evaluate the program, assess the strengths and weaknesses of the intervention, and to develop recommendations for future programming.

3. Methodology

3.1 Evaluation Method

As a first step, the team conducted a **desk review** in order to revise the entire available project documents and MPDL procedures and regulations. Based on the desk review, the team **created an inception report** for the intended evaluation.

The methodology of this evaluation study followed a **qualitative approach** in order to fulfil the needs of answering the study questions. Based on the results of the desk and literature review, the evaluation team **developed the needed following tools**: (1) the Ripple Effect Mapping guidelines, (2) the FGD protocol, (3) the KII protocol.

The methodology, depending on the context, consisted of **qualitative part** of 9 **focus group discussions (FGD)** 5 in Baalbek and 4 in Barr-Elias. the FGDs have been conducted

⁴ Goel (2006)

⁵ by social betterment, we mean the reduction or prevention of social problems, the improvement of social conditions, and the alleviation of human suffering”

⁶ DAC Criteria for Evaluating Development Assistance - OECD [WWW Document], n.d. URL

<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

with beneficiaries taking into consideration the activities conducted within this project, the age, and the gender of the participants and included:

- 6 FGDs with caregivers who benefited from speech therapy, occupational and physical therapy, and psychosocial therapy. 3 in each area (Baalbek and 4 in Barr-Elias).
- 2 FGDs with Children aged 11 to 16 in Baalbek
- 1 FGD with Children aged 11 to 16 in Barr-Elias

Each FGD has been hold with a group of 7-12 individuals. FGDs took the form of the semi-structured approach. During FGDs, the participants were encouraged to share their individual and collective understandings, opinions and experiences. detailed note taking went through the sessions after obtaining every participant informed consent.

In specific for children's FGDs, the data collection team were trained on how to use the Monkey Level Scale (appendix 3). At the beginning of each FGD, children have been told that this will be a game and they were provided by three coloured monkeys. The Monkey Level scale shows three coloured monkeys were the first one represents the idea (Yes-I agree), the second one (Somehow) and the third one (No-I do not agree). This scale has been used to encourage the children to participate and say their ideas where further discussion with the children took place after choosing the monkeys to ask about the reason behind each choice.

In addition, 15 **Key Informant Interviews (KII)** were conducted person-to-person or over phone, Skype, or WhatsApp. with individuals who have direct involvement with the project:

- 3 KIIs with Community rehabilitation workers
- 1 KII with Occupational therapy specialist
- 1 KII with Physical therapy specialist
- 1 KII with Psychosocial therapy specialist
- 1 KII with Representative of the referral system
- 1 KII with Municipality representative in Baalbek
- 1 KII with Municipality representative in Ber-Elias
- 1 KII with Psychosocial staff from LUPD
- 1 KII with the project manager
- 1 KII with project coordinator via phone
- 1 KII with community rehabilitation coordinator / worker via phone
- 1 KII with Speech therapy specialist via phone
- 1 KII with SGBV expert via Skype

Qualitative data has been analysed through structural coding and thematic analysis.

Finally, **Ripple Effects Mapping** was used to map the possible intended and unintended outcomes and effects of the intervention. Ripple Effects Mapping (REM) is a qualitative approach that relies on interactive group interviewing and reflection and it is a participatory approach for evaluation which encourage the community to engage in the evaluation and enhance the community owning of the outcomes. Stakeholders and participants have been chosen based on their interaction with the project. For this evaluation, six participants (two specialists, two beneficiaries, and two management staff) were chosen to attend the mapping meeting per session.

The RET team conducted two REM sessions, one in Baalbek and one in Barr-Elias.

Both sites followed a standardized protocol which included a structured guide to ensure harmonization of methods and therefore results and to assist in data management. The process consisted of a 90-minute structured group discussion with sequential questions designed to prompt participants to reflect on the information presented. As the discussion progressed, the trained facilitators created a visual representation of responses and by producing a map that summarized the participants' ideas.

Participants also completed a demographic questionnaire at the beginning of the mapping session.

Participants sat in a semicircle in front of mapping materials that were attached to the wall. The facilitators reviewed the guidelines for group discussions and asked participants to reflect on the program's impacts. The facilitator led an appreciative inquiry activity and followed it up with marking the results of the previous step on the map that included the participants' responses about the most beneficial aspects of the program. Participants



FIGURE 2 - THE MAP PRODUCED IN ONE OF THE SESSIONS

were presented with the following questions: What were people doing differently as a result of the project? And what are the main effects of the project? The facilitator labelled responses and added them to the mapping area. The facilitator then coded participants' responses to demonstrate the ripple effect taking place, using arrows, colours, etc. Moreover, to capture the data in the report and assist in capturing the collected data, the facilitator took data pictures of the REM map. Facilitators also recorded the information created by participants using the visual map. Figure 2 is an example of a completed mapping activity. The facilitators made use of in-content analysis to capture the main themes within the impacts (ripples) of the project.

Finally, the data was cleaned, coded, analysed, and presented using **Xmind software** to visually theme and categorize the data based on the nature of the intervention and the mapping exercise results. Qualitative data and REM results were triangulated in order to deepen the findings.

3.2. Data Collection

The Research and Evaluation data collection team consisted of 9 staff who were fully trained on the developed qualitative tools and conducting REM sessions for two full days. The training took the form of an active training where the team was divided into groups and they were provided with a series of expected scenarios. Moreover, the team was exposed in detail to all the developed data collection protocols, RET data protection standards, RET Child Protection principles and reporting mechanism, and RET guideline for data collection during COVID-19.

The Research and Evaluation Team managed all the data collection and logistic activities from a central office located in the Saida area. Data collection plans including transportation were set and followed on a daily basis. The plan was set and arranged with MPDL focal point who provided full logistical support for the evaluation team. Each completed FGD or KII was reviewed and checked for clarity and completeness by the RET field supervisor before being cleared for coding. The process took the following sequence, by the end of each day the RET team supervisor conducted a review meeting per each RET data collection staff in order to ensure that consents were collected (children –families), forms filled, main issues and challenges occurred during the day, child protection cases encountered and targets achieved. Based on this daily meeting, the RET team supervisor conducted a second data review meeting with the RET Information Management Analyst in order to review the full sets of data collected. The main aim of these two layers of data checking was to ensure the quality of the data collected. Finally, the Research and Evaluation Team provided progress reports regarding the advancement achieved and the challenges encountered to MPDL management.

Research and Evaluation Team:

Research and Evaluation Team assigned 9 staff to this evaluation project. The team consists of 4 data collectors (enumerators), one field team supervisor, one driver, one qualitative data expert, and two evaluation consultants.

3.3. Quality control

The data quality control followed the DAMA six dimensions⁷ which have been the cornerstone for the data quality framework: (1) Completeness, (2) Uniqueness, (3) Timeliness, (4) Validity, (5) Accuracy, and (6) Consistency. A data quality framework was developed (appendix 4).

In addition, the evaluation team followed pre-set procedures in order to ensure the quality of the data collected.

1. Checking and revising the data collection forms to check the uniqueness, understandability, validity, and consistency of the questions.
2. Putting restrictions on data entry tools to improve the data competence and validity.
3. Training the field team on using the data collection forms and on data quality dimensions.
4. Controlling data collection quality by doing two-level check-ups.

3.4. Data Analysis

The data (FGDs, KIIs, REM sessions) were analysed using content analysis techniques in order to identify the main themes, trends and patterns, look for the relative importance of responses received, and identify relations between themes. Content analysis is the procedure of analysing the content of the qualitative data and finding related themes that would form the qualitative thematic analysis approach. Braun and Clarke⁸ refer to thematic analysis as a “foundational method for qualitative analysis”. The approach’s main purpose is to search for patterns that occur within a data set. This approach takes the process of (1) reading the collected data in order to become familiar with the data collected and identifying potential themes, this is followed by examining the data in depth in order to (2) coding and (3) grouping them into themes in order to recognize relationships, and finally (4) refining themes and interpreting the data into conclusions. In particular, for the qualitative data, the team quantified the thematic analysis findings based on participants notions and repetition of the same themes; which been used for

⁷ adapted from “THE SIX PRIMARY DIMENSIONS FOR DATA QUALITY ASSESSMENT”, DAMA, UK

<https://www.cdc.gov/ncbddd/hearingloss/documents/DataQualityWorksheet.pdf>

⁸ Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101.

<http://eprints.uwe.ac.uk/11735>

scoring based on the evaluation team discussions and DAC intervention's evaluation criteria.

Then, qualitative and REM data were triangulated in order to deepen the findings. Triangulation of data was implemented to cross-check and validate the evaluation findings. This allowed the evaluation team to test the consistency of the qualitative and REM findings with all the information gathered during the desk review.

4. Limitations

During the inception phase, the evaluation team has determined the possible limitations to the evaluation, as a result of the nature of the project, or as a result of the information provided during the inception period. Table 1 shows a list of limitations that were encountered during the evaluation and mitigation measures.

TABLE 1 - LIMITATIONS

No.	Risk	Mitigation Measure
1	Much of the evaluation is dependent on the ability to ensure beneficiary participation and contribution to the evaluation, as well as securing the facilities where the FGDs and REM sessions will be held.	Followed-up with MPDL focal point on daily bases.
2	Issues that may arise concerning the availability and willingness of stakeholders to participate in the evaluation.	increased the sample size in a sense that replacements can be insured.
3	Issues related to COVID-19 crisis	Coordinate with MPDL focal point to cope with the updates and use potential remote interviewing software such Skype, WhatsApp, or Zoom in case. In addition, ensure the protection measures is taken according to the RET data collection during COVID-19 guideline.

5. Ethical consideration

The evaluation respected the universal ethical guidelines concerning conducting end of projects evaluation and took into consideration the confidentiality and anonymity of the responses during the data collection and analysis stages. The evaluation team drafted an informed consent form that presented the evaluation's primary purpose. The interviewers explained the purpose of the interview and of the evaluation and asked the participants to read the informed consent form and express any questions or concerns. Moreover, participants were ensured that all the information collected for this evaluation remain confidential and anonymous and that the evaluation team members do not share private information or unique identifiers beyond the scope of analysis. The FGD and KII interviewers asked for verbal permission to begin the data collection and only proceed with the interviews once consent is expressly given. Participants were similarly consulted and asked to give their consent to having the interviewer take notes of the conversation with the assurance that only the evaluation team members will use the materials and only in the scope of the evaluation and that the materials will ultimately be destroyed.

Moreover, the team were trained on using the correct terminology and collecting data and conducting interviews with PWDs besides following the basic protection roles when dealing with vulnerabilities. In case of any incidents related to protection issues has occurred or been witnessed by one of the data collectors, a report includes basic and vital information about the case would be filed and referred to MPDL focal point within 24 hours. In specific for the FGDs with children with disabilities, the RET followed Humanity and Inclusion (HI) guideline and terminologies on collecting data from PWDs. An authorization letter was signed by the children caregivers as a consent from them to ensure their approval of engaging their children in the FGDs. Moreover, a guideline on conducting FGDs with children was used and followed by RET data collectors while conducting the FGDs with children.

Finally, as the COVID-19 crisis takes place, different measurements and protocol were followed to ensure the safety and wellbeing of both the evaluation team and the participants. This includes respecting the social distancing roles in the FGDs, KIIs, and REMs data collection sessions, wearing face masks by the evaluators all the time, sanitizing the FGDs, REMs avenues before and after the session, provide sanitizers for all the participants before and after the sessions. Finally, a field guideline and COVID-19 protocol were shared with the field staff in addition to a training on the developed guidelines to ensure the safety of all the staff and participants and to follow do-no-harm principles.

6. Findings and Analysis

In this section, the research and evaluation team will present the data and analysis from the FGDs, KIIs, and project indicators revision.

6.1. Context

The Bekaa valley is an agricultural area whose communities face tremendous economic and security challenges. The economic situation in the area has always been difficult and it is becoming unbearable given the current Lebanese economic crisis and the lockdown due to the COVID-19 pandemic. Historically, the communities in the Bekaa included a middle class that has now been decimated due to the worsening economic situation. Prices are rising and income-earners are increasingly becoming unemployed. CWDs Caregivers face the challenge to provide their children with costly basic needs such as milk and diapers, transportation, and other medical expenses including medications and medical bills. Due to the situation, both parents and children face increased tension and stress. Children feel the stress their parents are facing and become stressed themselves because of this. Moreover, caregivers and children's stress and tension has been compounded as a result of the COVID-19 epidemic, and in big part due to being confined at home. These caregivers also face social challenges in trying to integrate their children in the community given that the local community lacks the awareness needed to accept children with disability. The surrounding community is a constant source of stress for CWDs and their caregivers. Finally, the area lacks equipped spaces, public or otherwise, for people with disability.

6.2. Relevance

Based on the qualitative data collected, this project with its three results is considered as highly relevant in terms of addressing the needs of targeted beneficiaries as showed in table 2. The project went beyond responding to the needs of the CWD and managed to serve the needs of the community surrounding the child. The project targeted and served one of the most vulnerable populations in Lebanon.

TABLE 2 - QUALITATIVE DATA SCORING CRITERIA – RELEVANCE

Ret® Qualitative Data* Scoring Criteria				
Evaluation Criteria	Result 1	Result 2	Result 3	Project
Relevance	Very High	Very High	Very High	Very High

**The scoring of the qualitative data was estimated using the analysis and chosen to line up with the observed trends and consensuses.*

The project activities (rehabilitation and physical aid, staff capacity building, SGBV manual development, PSS, and enhancing the referral system) address the acute needs of children and their families and of the community. The activities were very relevant to the context and surrounding community. Rehabilitation workers and specialists consider that the area lacks such types of projects that can serve children with disability. The parents have been requesting such projects for a while. For example, as stated by one caregiver “schools

specializing in speech therapy are not available and there are no specialized schools for CWDs". The Project Management team further stated that "in the Bekaa area historically, there is a gap in the services being provided to PWDs". Furthermore, municipalities' representatives reinforced the need of this project and highlighted the fact that they supported the project through the provision of the logistical support necessary for visits to refugee camps and by following up with what activities were being conducted. Finally, the Himaya (local NGO) representative insisted that the area needs these types of projects and that Himaya had recently asked UNICEF to provide additional support in this regard.

Caregivers are of the opinion that this project responded to the needs of each child with disability as it was based on a preliminary assessment. Caregivers added that they were unable to support their children financially as rehabilitation treatments are costly and parents cannot afford them, especially occupational and speech therapy. All the rehabilitation workers and specialists stated that they train parents on how to deal with their children and provide this support at home. In addition, caregivers, as parents of CWD, have PSS needs and this project tackled these PSS needs through its activities. Moreover, there was coordination with educational centres and schools in order to support children with disability; this is considered as an ongoing need. In the same sense, the development of the SGBV manual and training on the approach developed is also a need especially considering the manual deals with SGBV from the lens of children with disabilities. The project management stated that "the Bekaa is a poor area and there is sexual exploitation of girls with disabilities". The specialists assigned to this project worked to enhance the skills of rehabilitation workers which is also one of the needs in this project given that the rehabilitation workers must be able to provide services that meet a high-quality standard.

Caregivers' participation in this project was effective, the project management mentioned that "parents are a main partner in the project implementation". This is attributed to the community-based approach that was adopted for this project. Caregivers participated in needs assessment that was conducted and they were able to provide continuous feedback about the services and activities provided under this project. Rehabilitation workers and specialists set the plan by taking into consideration the specific needs of each individual child after the children underwent the necessary tests. The plan was set using a standard form which was filled for each individual child. Each specialist would provide their feedback regarding every case and a tailored activity plan was developed and then the activities were implemented. Moreover, the specialists revised the plan on a monthly basis. Additionally, caregivers took part in the implementation of the project activities as they were receiving training on how to deal with their child's needs - such as through physiotherapy and speech therapy - and how support their children. Finally, municipalities were included in the project design and signed a Memorandum of Understanding.

6.3. Efficiency

Based on the qualitative data collected, this project with its three results is very highly

efficient as shown in table 3. All the materials needed for this project were provided and the project cadre and caregivers received the trainings needed. The materials provided included: toys, physical aid, stationary, transportation. The resources were used efficiently in order to achieve the goals of the project. Rehabilitation workers received trainings on speech therapy, psycho-social therapy, gender, drama, SGBV, children's rights, and occupational therapy. The rehabilitation workers' coordinator stated that the project was able to exceed the target set for beneficiaries. The budget was planned to meet all the identified needs and the project activities were implemented according to the set plan.

TABLE 3 - QUALITATIVE DATA SCORING CRITERIA - EFFICIENCY

Ret® Qualitative Data* Scoring Criteria				
Evaluation Criteria	Result 1	Result 2	Result 3	Project
Efficiency	Very High	Very High	Very High	Very High

**The scoring for the qualitative data was estimated from the analysis and chosen to line up with the observed trends and consensuses.*

The Project Management stated that the team took three months at the beginning of the project to plan for every single activity. The project used an approach that is considered to be highly efficient. At first, an assessment was conducted for every child, followed by the development of a customized plan that showcases the situation of the child at the beginning of the intervention (baseline). Moreover, an occupational profile is conducted for each child which consists of assessing the child from an occupational perspective and developing a general goal for the child – usually the staff follow the progress of these goals. There is also a physical assessment and one for speech therapy and there are monthly meetings to measure the quality of the activities and the status of each child in the presence of all the specialists. The specialist and the rehabilitation worker would go on home visits together wherein the specialist trains the mother and the rehabilitation worker observes and learns. Moreover, and in addition to this training conducted in the field during home visits the rehabilitation workers would receive training sessions at the centre. The project indicators were formulated according to the need's assessment conducted at the beginning of the project. Moreover, the team developed the means of verification and tools necessary to support these indicators (child profile, assessments, follow up plan).

Caregivers consider that all the materials needed were provided during the activities and additionally the children received toys. Caregivers disagreed regarding the sufficiency of the number of sessions and cadre. For some it was enough and for others more are needed. Those who disagreed stated that the staff were not able to cover all the cases for CWD and that this number should increase. Similarly, rehabilitation workers and specialists stated that there is a need to increase the number of sessions based on the specificity of each

case. Caregivers stated there is a need to increase the training sessions given to them during home visits. The Barr-Elias municipality representative highlighted the need to increase the number of sessions and the number of staff, stating “rather than having one session per week, let’s have two or three. And let us not stop these types of projects”. Moreover, the project management team highlighted the need to increase the number of project staff in order to have better follow up of the project activities, plan, and project indicators. Caregivers added that there is a need to have more than two staff visiting the house during the home visits. They also stated that staff had enough knowledge and expertise and treated children in a lovely manner. Staff were able to enhance children and caregivers’ morale; a caregiver said that “children listen to the project’s cadre more than they listen to me”.

Children had received one session per week except for complicated cases which required intensive follow up. Children stated that the number and frequency of the sessions was enough and sufficient. Children agreed that the therapists respected their opinions especially in regard to the activities conducted and the rehabilitation activities provided. “I was always looking forward to attending these sessions” said a child in Barr-Elias.

Rehabilitation workers were provided with needed trainings and have been in direct contact with the specialists for support. However, and in specific for speech therapy, the speech therapist stated that staff needed more training in terms of speech therapy. The rehabilitation workers stated that all the needed physical aid materials for children had been provided while also noting that the hearing aids were expensive. For certain medical operations, the team coordinated with other organizations. Importantly, it must be noted that the speech therapist did not start at the beginning of the project and as there were difficulties in trying to recruit speech therapists as there is a scarcity of speech therapists in Lebanon. This challenge affected the total achieved under this component of the project. For speech therapy, the target was 200 beneficiaries and they reached 158. Moreover, 65 got hearing assessment and 93 got speech therapy treatment. For physical therapy, the target was 360 and 397 were reached. For occupational therapy, the target was 200 and the reach was 283. For psychological therapy, the target was 200 and the achieved was 288.

Gender differences were taken into consideration during the preparation and implementation of activities. The role of males and females within the family was also taken into account for the sessions. One caregiver stated that “the project taught us not to differentiate on the basis of gender”. There were activities especially tailored for girls which covered females’ needs such as personal hygiene, menstruation, and puberty. The project also worked on developing respect between family members. As one caregiver stated: “I started having discussions with my husband about his and my role within the family and we agreed to switch roles from time to time”. Both male and female participants understood their roles within the family and that this is based on equality. Moreover, they understood that raising children is the responsibility of both parents – which is contrary to the norms that prevail in the surrounding community. One

rehabilitation worker said that “the father and the mother are now able to play their respective roles within the family supporting CWD”.

6.4. Effectiveness:

Based on the qualitative data collected, this project with its three results is considered to be very highly effective as shown in table 4. **The municipality representatives considered this project to be the best project ever done in this area.** The services are of high quality and this is apparent from the positive relationship between the project staff and the parents of CWD. Moreover, the effectiveness of this project lies in its ability to develop an SGBV manual specifically catering to CWD.

TABLE 4 - QUALITATIVE DATA SCORING CRITERIA - EFFECTIVENESS

Ret® Qualitative Data* Scoring Criteria				
Evaluation Criteria	Result 1	Result 2	Result 3	Project
Effectiveness	Very High	Very High	Very High	Very High

**The scoring for the qualitative data was estimated from the analysis and chosen to line up with the observed trends and consensuses.*

All the stakeholders interviewed agreed that the quality of the services provided was very good as were the physical aids provided. Staff were able to follow up with CWDs and their parents. **Caregivers highlighted that in such type of projects there is a need for more coordination between the parents, the school, and the staff since schools did not accept that the child should be excused from school to attend sessions.** Caregivers also suggested that the expert from the centre should coordinate with the classroom teacher where the CWDs receive their education. The Barr-Elias municipality representative stated that based on his association with the local area residents he noticed that parents were satisfied with the activities provided. He added that the services provided were of high quality and the staff were experts. For him staff showed high proficiency in dealing with children.

In the same vein, all the children agreed that they had benefited from the rehabilitation and physical aid sessions. Moreover, children stated that staff were friendly and that they felt safe in the rehabilitation centre. Children said staff treated them very well and in a highly respectful manner. They said they enjoyed the activities conducted. They also said the therapists asked them about their feedback regarding the best therapy treatment and this was perceived positively by children.

The project team was successful in managing children’s progress towards the set goals and objectives. This is due to the good planning and the clear structure of work, except for the speech therapy component. The speech therapist stated that not all the goals were achieved under her component due to the following reasons: (1) the speech therapist did not start work at the beginning of the project, (2) there were delays in receiving physical

aid tools, and (3) the absence of a team trained in speech therapy.

This project follows an advanced approach for dealing with CWD which is the community-based approach. The psychological therapist stated that the “community-based approach aims to include all the different groups in the community in supporting PWD”. The importance of the community-based approach is that parents have a central role in this project. This approach helped parents understand their children and how to deal with their disabilities. “The family has become a rehabilitation unit to support the child with disability, parents have become the therapists” and this allows parents to support CWD all the time. Based on previous experiences with similar projects, parents had no role in their child’s rehabilitation activities under different approaches and this is not the case with the community-based approach used for this project. Because they were included under this approach parents were able to understand the objective of each activity, especially playing and games as a form of treatment. The community-based approach also ensured that parents will be committed to following up on their children’s treatment. The occupational therapist prefers the community-based approach because the parents are more cooperative, and this facilitates their participation in the project. Moreover, parents transmit their knowledge about disabilities to their communities. Furthermore, the home visits save the parents the cost and hassle related to transportation and especially if there is more than one CWD per family. The physical therapist stated that “the home approach has less costs to parents and ensures that parents and children continue with the treatment”.

However, some specialists stated that the traditional approach was more relevant to children because it provides a safe place for them and presents a change of atmosphere. At the centre, children get to know other CWDs and can socialize and form friendships. The specialists added they themselves are more comfortable providing the rehabilitation at the centre because all the facilities are available and within reach. Moreover, and specifically for cases of autism, the occupational therapist stated that the home approach was not viable and there was a need for the child to come to the centre. The speech therapist stated that for speech therapy the clinic was more appropriate than the house.

Caregivers’ opinion varied in regard to the community-based approach noting that their understanding of the approach is that it consists of home visits and the conduction of services at home. The caregivers that stated they preferred their children receive the service at the centre gave the following reasons:

- Children are more receptive to the rehabilitation in the centre than at home
- Children can integrate with others at the centre
- The equipment and devices available at the centre are not available at home
- Going out to go to the centre is a nice change of pace and atmosphere for both children and parents
- As per parents’ observation, children’s self-confidence increases as a result of going to the centre
- Disability is normalized as they are exposed to other CWDs

Caregivers who prefer the community-based approach gave the following reasons:

- It costs less (transportation)
- There are other children in the household and the caregiver needs to be present at home
- Caregivers learned from the specialists how to support their children

In Baalbek, five children said they did not agree that receiving rehabilitation at home was better than going to the centre. Some children stated that they did not like receiving the rehabilitation in front of their younger siblings. One child stated that there is more opportunity for playing at the centre. One child was undecided about the traditional versus community-based approach and three opted for the latter mentioning they felt more comfortable at home. For Barr-Elias, five children said they did not agree that receiving rehabilitation at home is better than going to the centre. They stated they wanted to go to the centre to socialize and interact with their peers. The remaining two children said they prefer receiving the rehabilitation at home because they did not want to inconvenience their parents with the transportation.

The project faced several challenges: (1) the road closures due to the protests, (2) the weather conditions in the winter, (3) COVID-19, (4) the worsening economic situation, (5) distances between areas, (6) delays in the response and provision of referral services, (7) discrimination against CWD within the family and the community, and (8) domestic violence and early marriage. In addition, there were many challenges relating to entering refugee camps and in particular there were delays caused by the need to secure and obtain entrance requests. Another challenge was convincing parents that their children's situation could improve and securing their acceptance of their children disability. Moreover, there were delays in the bidding process necessary to procure the physical aids. Finally, there were no vehicles and drivers available to rehabilitation workers, which complicated the at-home follow up – noting that they received a transportation allowance instead.

6.5. Impact

Based on the qualitative data collected, this project with its three results is considered to have a high impact as shown in table 5. It is noteworthy that there was no observed or mentioned negative impact from this project that came up during this evaluation.

Children's situation has improved in tandem with the knowledge parents acquired to be able to deal with their CWD. It was also obvious during the COVID-19 confinement that parents were able to continue their children's rehabilitation. Moreover, this project contributed to relieving parents and helped children both physically and psychologically. The specialist stated that "parents had despaired before this project and did not believe their children's condition could be improved - the change and proof of the contrary due to the implementation of this project gave them hope". Parents learned to accept their children and their children came to accept their disability. According to the psychological

therapist, this project enhanced the psychological well-being and self-confidence of participants. Moreover, parents came to realize the importance of having their children integrated into schools. Furthermore, this project strongly enhanced the referral system for CWD and for services targeting disability. The referral system positively impacted the relationship between organizations working on disability. The shift towards the community-based approach and the staff's ability to adapt to this approach are also considered to be part of this project's impact.

TABLE 5 - QUALITATIVE DATA SCORING CRITERIA - IMPACT

Ret® Qualitative Data* Scoring Criteria				
Evaluation Criteria	Result 1	Result 2	Result 3	Project
Impact	Very High	Medium	Very High	High

**The scoring for the qualitative data was estimated from the analysis and chosen to line up with the observed trends and consensuses.*

This project had a direct impact on parents' wellbeing as they started having hope that their children could get better. Additionally, it helped support parents financially as it provided them with a service that they could not have otherwise afforded. A caregiver stated: "My daughter was given a pair of special shoes and this helped her improve and alleviated my financial burden". The project provided parents with training and knowledge that will remain with them and enable them to support their children. Caregivers' knowledge about, understanding of, and ability to support children with disability improved as a result of this project. Caregivers were able to participate in several activities (physiotherapy, PSS, activities for motor skills, activities for tactile skills i.e. sewing and cubes) as well as training sessions. These activities allowed caregivers to support their children and helped them bolster their children's personality and ability to be integrated with other children. As one caregiver said "When I attended the sessions, I understood my child's condition, I understood what the rehabilitation was, and I understood how I could come to understand my child [from inside, as an individual]", another caregiver stated "I wasn't able to deal or communicate with my child, as a result of this project, I am confident about that [my ability to do so] now", and one other caregiver said that "when we learned more we were able to transfer that knowledge to our children and answer their questions". The speech therapist stated that the impact is apparent in the way parents treat their children, their thinking about their child's disability, and their interactions and responsiveness vis-à-vis the expert. The project helped them release some of their tension and stress and it also improved their capacity and patience in dealing with their children.

Moreover, the direct impact of this project was the positive effect of the activities on children's physical and psychosocial status, which improved as a direct result of this. One caregiver stated the following about their child: "his personality became stronger; he now

has self-confidence". Another caregiver said that "The activities reinforced my child's cognitive ability" and one other caregiver stated that "The activities enhanced my child's well-being; she felt very happy when she started being able to speak properly and use the phone". Moreover, the physical therapist said the following: "We worked on enhancing the independence of CWD and supported them psychologically". Furthermore, it was obvious to the Barr Elias municipality representative that this project had impacted children's well-being as he could sense an increase in their self-confidence. There is a change at the level of the Barr-Elias community regarding PWD. Additionally, children benefited from the rehabilitation itself. All the children agreed that they felt better both psychologically and physically after receiving the rehabilitation services with one child saying "I am now able to move and able to walk", another child stated "I am abler to move my arms and legs" and another said "I'm not shy anymore and I started being able to speak". All the children agreed that they are able to interact efficiently with others around them. Moreover, they all reported having positive interactions with people and feeling confident and happy during said interactions. They all said they can act well in different situations, both in school and with relatives.

One of the impacts of this project - which was unintended - was integration into education since some of the CWD were prepared in order to be able to enter formal schools. The team coordinated with schools and the CWD were integrated into those schools. They were able to integrate 5 new CWDs and follow up with 5 cases already in the schools.

The speech therapist said that the training the cadre received falls under impact as the cadre now has knowledge and skills relating to speech therapy, as do parents. The psychological therapist said that the SGBV manual and the training provided to the project staff helped them understand SGBV and that the staff were able to take what they learned into consideration in their daily work. Moreover, another important these capacity building exercises is the capacity development of rehabilitation workers who - through both theoretical and practical training - have gained knowledge about how to deal with CWD.

The community-based approach - provided at home - was a new experience for the specialists. It added to their work experience and fortified their belief in the importance of parents' role in the rehabilitation activities of CWD. The SGBV training provided needed information and techniques for rehabilitation workers to identify and deal with cases of violence and abuse.

REM Results:

After direct content analysis, the main overarching themes of participants' perceptions of the project emerged as shown in Figure 2. The main ripples involved three main themes: (1) outcomes of in-house rehabilitation, (2) community changes as a result of the project, and (3) capacity building and awareness raising within staff and families.

The first theme, outcomes of in-house treatment, highlighted the effect the project had in helping children with disabilities with their motor and physical abilities. At the same time,

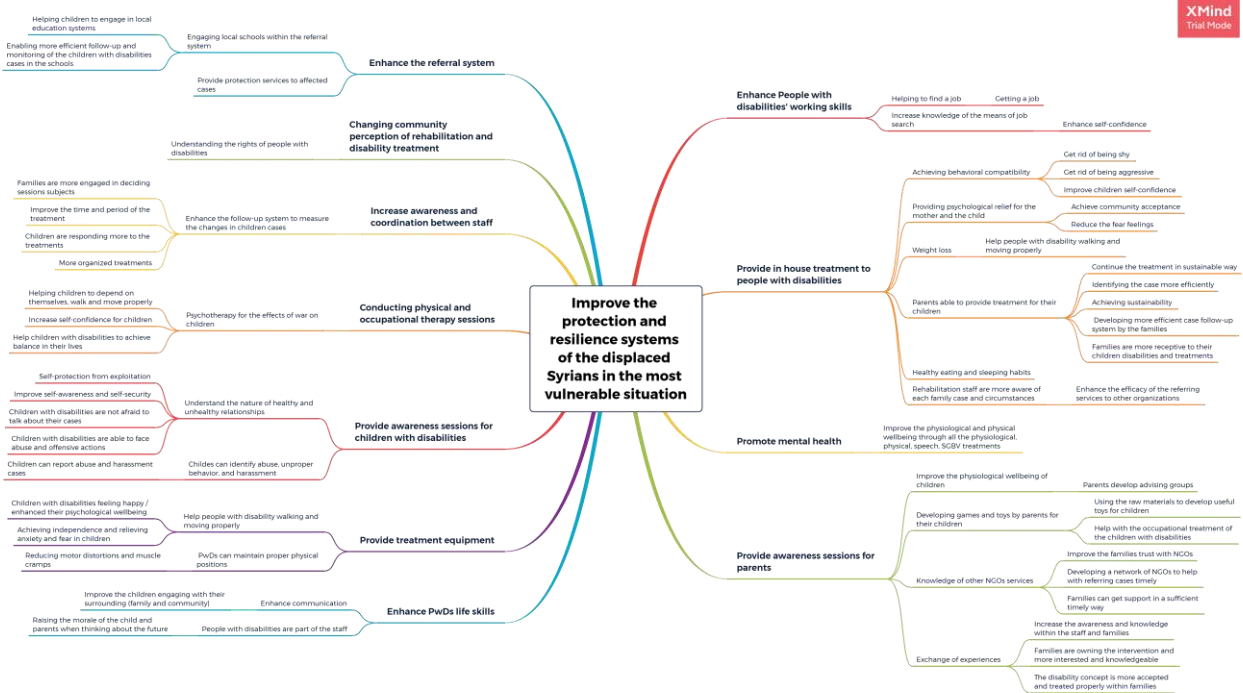


FIGURE 3 - RIPPLE EFFECTS MAP (PROVIDED ON A LARGER SCALE AS AN ATTACHMENT)

this aspect of the project enabled families to practice acceptance of their children's conditions and gain experience dealing with their children disabilities. Moreover, it improved families' moral and psychological well-being, reduced the stress levels within families, and helped families become more self-reliant and thus find a more sustainable recourse.

The second theme, community changes, cantered on the improvement in the community's outlook on disabilities and the reporting of these cases. The project helped enhance the referral system and built a more participatory approach to intervention on disability that engaged the local community and institutions such as schools and local NGOs. Moreover, participants in the REM sessions stated that the project helped develop an understanding of the rights of people with disabilities. Finally, the organization and coordination at the staff, families, and community levels helped achieve more effective and efficient rehabilitation activities plans which in turn helped children improve in timely manner.

Finally, the third theme, capacity building and awareness raising, acknowledged the improvement in both families and staff's capacities in providing the proper rehabilitation activities for children, enhancing the follow-up system, increasing the children's response to the treatment, helping the families and children self-protect from abuse and exploitation, report these cases if they occur, and finally, improve the children's engagement with their surrounding (i.e. family and community).

To examine qualitative responses further, word frequencies were used to represent which statements participants mentioned most often during the REM session. These included: children, family, disabilities, rehabilitation, enhance, and developing as seen in the word cloud image shown in Figure 3. These words correspond to all of the major themes and further shows that participants continually mentioned benefits for children and family through this program. This aligns with the program's theme of trying new approaches through in-house visits.



FIGURE 4 - WORD CLOUD FROM WORD FREQUENCIES

6.6. Sustainability

Based on the qualitative data collected, this project with its three results is considered to be very highly sustainable as shown in table 6. Parents and staff are able to sustain all the knowledge acquired under this project for a long period of time. Specifically, the community approach intervention and the referral system are strong contributors to the sustainability of this project.

TABLE 6 - QUALITATIVE DATA SCORING CRITERIA - SUSTAINABILITY

Ret® Qualitative Data* Scoring Criteria				
Evaluation Criteria	Result 1	Result 2	Result 3	Project
Sustainability	Very High	High	Very High	Very High

**The scoring for the qualitative data was estimated from the analysis and chosen to line up with the observed trends and consensuses.*

Caregivers in general and mothers in particular are knowledgeable on how to deal with their children's disabilities. The knowledge caregivers acquired is considered to be sustainable because it is a life skill – they learned how to deal with their children's condition, details about the condition itself, how to come to grasp with it, and how to adapt. The Project Management staff stated that “these mothers became references in their communities on disabilities and they are able to provide guidance to others in their community on the topic of disability”. Parents' ability to better deal with their children and their children's disability - as a result of the knowledge and skills gained through this project - contributes to the overall sustainability. In addition, caregivers are now aware of other disability service providers in their areas and are therefore able to refer other PWD and CWD to these service providers. All of these results are sustainable for a long period of time in that parents are equipped and able to sustain them for a long period of time.

Children feel like the improvement that they achieved is sustainable because they benefitted on a personal level. In Baalbek, all the children reported feeling safe and a sense of belonging vis-à-vis their surrounding community. It was almost the same for Barr-Elias in general, but children reported a lower sense of belonging. Children who did not feel like they belonged in their communities said it is because they see themselves as different due to their physical disabilities.

The shift towards the community approach and the staff adapting to it are considered as two long-term gains. The knowledge and skills acquired by staff about how to deal with CWD is sustainable as staff can sustain them for a long period of time. Rehabilitation workers - through both theoretical and practical trainings - have acquired knowledge about how to deal with CWD and this is sustainable for a long period of time. The physical therapist stated that the rehabilitation workers had acquired skills that they can use and maintain. The occupational therapist stated that the rehabilitation workers are well-equipped to deal with psychological, occupational, and speech therapy cases. These experiences and skills are long-term gains. The speech therapist said that the training the cadre received and the knowledge and skills they have gained are long-lasting. The psychological therapist and the SGBV specialist stated that the knowledge and experience the cadre attained regarding SGBV are also long-term gains.

The project was developed with an exit strategy centered on an agreement with parents that the project would provide up to 10 sessions – depending on the case - and that from then on it would be the parents' responsibility to continue the rehabilitation activities with the CWD. In addition, all the necessary equipment was provided for the LUPD and they are going to continue the work with the CWD. Finally, the municipalities support such types of projects but cannot contribute funds as they have limited resources.

6.7. Coherence

Based on the qualitative data collected, this project is considered to have high coherence as shown in table 7. This project is in line with the approach and efforts of both the global

and local community. As per the Himaya representative, the activities provided by this project were not being offered by other actors, and specifically in Baalbek.

There is a referral system in place with other organizations working in the same domain. The project was able to set up an internal and external referral system so as to enhance the coherence of activities in the targeted area. As stated by the Himaya representative “Himaya, they are referring a lot of cases to this centre and the centre is responding to our referrals efficiently, all of the referred cases benefited”. The project’s team referred 146 cases and accepted 200 cases that were referred to them (numbers provided by the project coordinator). Moreover, the project team coordinated with other organizations that were providing services in the area. The speech therapist stated that for speech therapy they also coordinated with UNRWA. Moreover, there was coordination with SAWA in order to ensure that there was no duplication in terms of service provision. In the area, there were several local organizations providing services such as Caritas Lebanon (physical therapy services), Arcenciel (physical aid, speech therapy, occupational therapy), Musawat (physical aid, speech therapy, occupational therapy), Dari (PSS services), Dar al Aytam (Speech and Occupational therapy), SAMS (Speech and Occupational therapy), and International Red Cross (physical aid devices). Finally, the strength of this project lies in the community-based approach which singles it from other such projects that follow a clinical approach.

TABLE 7 - QUALITATIVE DATA SCORING CRITERIA - COHERENCE

Ret® Qualitative Data* Scoring Criteria	
Evaluation Criteria	Project
Coherence	High

**The scoring for the qualitative data was estimated from the analysis and chosen to line up with the observed trends and consensuses.*

7. Conclusions and Lessons Learned

The Research and Evaluation team used the RET® Project Scoring Criteria in order to assess all of this project’s parameters (relevance, efficiency, effectiveness, impact, sustainability, and coherence). Based on the RET® Project Scoring Criteria the project scored very high on the relevance, efficiency, effectiveness, and sustainability parameters. The impact and coherence parameters scored high on the RET spectrum. The following matrix summarizes the main lessons learnt and the answers to the evaluation questions used to assess this project.

TABLE 8 - EVALUATION ANSWERS AND LESSON LEARNT

Evaluation Criteria	Result
Relevance	The project was highly responsive to the needs of the targeted beneficiaries in Barr-Elias and Baalbek. This project responded to the need of every child with disability in the targeted areas and covered the needs of the community surrounding these children. In addition, the SGBV manual developed and the series of training provided to both caregivers and project staff are considered to be highly relevant and fulfil the need to create a safety net that can support CWDs when needed. The project design – which follows the community-based approach – was highly appropriate for responding to the needs and attaining the projects objectives. On the other hand, hearing aids and support with costly operations were considered as unmet needs that were not provided under this project.
Efficiency	The project is considered to be highly efficient in the sense that the planned activities were conducted on time with the exception of the speech therapy component. The resources were used efficiently in order to achieve the activities set by the project. All the needed materials were provided, and the project cadre and caregivers were given the needed trainings. All the stakeholders requested an increase in both the number of sessions provided and the number of staff were. The review of the project log frame showed that the results indicators developed, and their means of verification are adequate and that they serve the intended need of monitoring and reporting for these types of projects. In addition, the project was able to exceed the set targets in general with the only downside being the speech therapy component and this due to the reasons outlined in the section on findings.
Effectiveness	The activities conducted under this project directly meet the objectives and the results set out in the project and as outlined in the project log frame. The services provided by the project staff were of high quality and were delivered with a high degree of professionalism. The community-based approach used under this project contributed to its effectiveness and played a major role in elevating the role of caregivers in supporting

	their children. In order to increase the effect of this approach there is a need to expand its scope to cover the communities surrounding the CWD.
Impact	The project impacted the lives of the CWD positively. Children's physical and psychosocial status improved. Moreover, the project provided parents with training and knowledge that will remain with them and enable them to support and handle their children's condition. This project also positively and directly impacted parents' well-being. Moreover, the SGBV manual and the training provided to staff are lifelong gains since the knowledge and skills will stay with them.
Sustainability	The results achieved are sustainable at the personal or individual level and for a long period of time.
Coherence	This project is highly integrated with similar activities and initiatives in the area. The project was able to institute and maintain an internal and external referral system that made it possible to enhance the coherence of activities within the targeted area. Moreover, as a result of this project the team was able to coordinate with local and International NGOs regarding the services being provided to CWDs.

8. Recommendations

8.1. Hybrid Community-Based Approach

The community-based approach enabled parents to become a rehabilitation unit in and of themselves that can support the child with disability. In a sense, parents have become the therapists, and this allows them to support CWD at all times. Through their inclusion in this approach, parents came to understand the objective of each activity and became able to spread the knowledge they gained about the subject of disabilities in their communities. Moreover, the community-based approach eliminated the transportation fees that would have been needed to go to the centres. However, the way the community-based approach was implemented under this project hindered the ability of children to benefit from social interactions with their peers at the centre as well as from an opportunity to go outside and experience a different environment and atmosphere. Similarly, parents would have benefitted from interacting with other parents that are dealing with situations similar to theirs and to a certain level the approach limits the specialists' ability to utilize advanced devices in the provision of needed services. Based on these points, there is a need to adopt a **hybrid approach** that combines between the traditional and the community base

approaches. This approach can have the following scope of activities: (1) CWD receive sessions both at home and in the centre, (2) parents are trained to deal with and support CWDs, (3) the CWD's sibling have access to activities that help them understand the CWD's situation, (4) CWDs houses fit the needs specific to their disability (shelter rehabilitation), (5) an equipped vehicle with all the necessary equipment is available to support the specialists during home visits, (6) staff coordinate with school administration to communicate the importance of integrating CWD, (7) schools have the physical and educational material necessary to integrate CWDs, (8) school age children are aware about the different disabilities, (9) CWDs' health needs are provided for, (10) a career path and plan is developed for CWD, (11) business welcome PWD employees, and (12) municipalities provide safe spaces for CWDs.

8.2. Action Groups

There is an opportunity within this project to expand the roles and responsibilities of the Self-Support Group and turn it into an Action Group that can serve as MPDL advocates for causes related to the needs of PWD within the community. This group can create **agents of change at the community level**. Moreover, the group could help mobilize all the segments of the population, thus making the targeting strategy that of a hybrid community base approach. The roles and responsibility of this group could also be expanded to other organizations in order to coordinate their work and map the services they offer PWDs and CWDs. Moreover, such a group could contribute by sharing their experience with the treatment methods and their knowledge about disability. Thus, this might become an opportunity for peer-to-peer awareness or education. An agent of change is someone that motivates, inspires, catalyses, and potentially leads the process of change in the hopes of a positive outcome. Finally, these groups could instigate a sense of civic duty in their local community.

8.3. Referral indicators

There is a need to include indicators within the project logical framework that track referrals and ensure related activities are taken into consideration and included in the project management's objectives. Referrals are central to supporting the needs of CWDs and are therefore a core component of this type of projects. Adding this dimension to the project will allow project staff to map the activities provided by other organizations. This in turn will make it possible to provide additional support to CWDs requesting assistance from this project and to support cases referred from other organizations.

Recommendations specific to Result 1

- Increase the number of training sessions given to caregivers during home visits
- Customize and enhance the timing, duration, and number of sessions provided to CWDs as varies greatly depending on the specificity of each case
- Plan the project activities around the schedule of children that are attending school so that there are no time conflicts between the two

- When the caregivers are busy receiving training, at the centre or at home, there is a need for an animator and activities for the other children in the household so that the caregiver is able to dedicate their full attention to the training
- Facilitate the transportation of CWDs to the centre using a specially equipped vehicle
- Enhance the mapping of CWDs service providers in the areas of implementation and share this information with caregivers
- Ensure the presence of a dedicated speech therapist in every centre if possible and if not train a team consisting of project staff and parents to cover the speech therapy needs
- Conduct awareness sessions about disabilities within the area of implementation that target the local community, including school children
- Increase the educational support for CWDs and train caregivers on how to support their CWD's education
- Provide CWDs with livelihood and vocational skills that they can use later on in their career path
- Include livelihood support projects for CWDs' caregivers so that they are able to support their families financially

Recommendations specific to Result 2

- Optimize the use of the SGBV CWD guide should be, internally – within the organization – and externally – outside the organization. There is a need to disseminate this manual among the CWDs, GBV, children, and education working groups as well as among local organizations and international organizations working on these topics in order to maximize the yield from this guide
- Provide legal services along with the SGBV trainings
- Conduct awareness sessions about SGBV in the targeted areas of implementation

Recommendations specific to Result 3

- Provide additional trainings for the project staff especially in reporting and management in order to complement the professional training provided. These training can include topics such as case management, advanced assessment, and the integration of technology in reporting and assessing needs. These additional training components will add to the quality of the services delivered as well as enhance the staff's confidence in their capabilities.

9. Appendices

- I. RET Project Scoring System
- II. Evaluation matrix
- III. Monkey level scale
- IV. Data quality framework
- V. FGD Tools (En / Ar)
- VI. KII Tools (En / Ar)
- VII. Qualitative Analysis Report
- VIII. REM resulted Ripples

Appendix I- RET Scoring Criteria

In order to assess the project according to the pre-set evaluation categories, the evaluation team developed the “RET Project Scoring Criteria”. The evaluation team assessed the KIIs and FGDs and quantified the results (based on how many times the theme was repeated) in order to assign them a score within five categories from Very Low to Very high. This took place as a result of the analysis meetings conducted between the qualitative analyst, the evaluation team lead, and the field team coordinator.

TABLE 9 - RET PROJECT SCORING CRITERIA

Ret® Project Scoring Criteria				
Very Low	Low	Medium	High	Very High
0% - 29.9%	30% - 59.9%	60% - 74.9%	75% - 89.9%	90% - 100%

Appendix II- Evaluation matrix

<i>Evaluation Criteria</i>	<i>Key Questions</i>	<i>Data Source</i>	<i>Methods / Tools</i>
Relevance Rationale The pertinence of the program/project's objectives to the problems that the intervention should address and the level to which the objectives are in line with the beneficiaries' needs and priorities	- Was the project designed in a way that is relevant to reach its goals? - Did the project/activities meet the beneficiaries' needs? - Which unmet needs that would be relevant for MPDL to look into in an eventual continuation of the project?	KIIs FGDs REM	- Semi structured interviews for the KIIs - Semi structured group discussions for FGDs - Project documents review - Open discussion for REM - Literature Review
Efficiency Rationale The extent to which outputs were delivered as required in terms of quantity, quality, timeliness, and the optimization of inputs and resources. Whether the interventions could have been done	- Was the project run in an efficient way? - Were the result indicators and their means of verification adequate? What possible adjustments would the consultants recommend?		

better, i.e. with less cost and time.			
Effectiveness Rationale The extent to which the project's planned objectives were achieved, or are expected to be achieved, taking into account their relative importance The supportive and facilitating factors, and the obstacles and challenges that were encountered during the implementation	To which degree did the activities meet the objectives and results set out in the project (as outlined in the Logical Framework)?		
Impact and spill over Rationale The extent to which the intervention has contributed to the strategic objective The results of the project/intervention, whether positive or negative, intended or unintended	Where there any unforeseen positive/negative effects of the activities?		
Sustainability Rationale The extent to which the project	Are the results achieved sustainable?		

interventions have contributed to the community's resilience and ability to cope with adversities Lasting benefits beyond the intervention's time frame			
Coherence Rationale The extent to which the intervention is compatible with other interventions (internally and externally)	To which extent were synergies achieved with other activities, as well as with local/international policies and donor policies?		
Cross-Cutting Issue Gender mainstreaming	- To which extent did the project succeed in including a gender perspective? - What are the impacts of the project on the gender roles within the targeted families?		

Appendix III - Monkey level scale⁹



⁹ Adapted from the child and youth resilience measure (CYRM)

<https://www.corc.uk.net/outcome-experience-measures/child-and-youth-resilience-measure-child-version/#:~:text=The%20Child%20and%20Youth%20Resilience.that%20may%20bolster%20their%20resilience.>

Appendix IV - Data quality framework

Dimension	Definition	Measure
Completeness	The proportion of stored data against the potential of 100% complete	A measure of the absence of blank (null) values or the presence of non-blank values
Uniqueness	Nothing will be recorded more than once based on how it is identified	Analysis of the number of things as assessed in the “real world” compared to the number of records of things in the data set
Timeliness	The degree to which data represents reality from the required point in time	Time difference
Validity	Data is valid if conforms to the syntax (format, type, range) of its definition	Comparison between the data and the metadata or documentation for the data item
Accuracy	The degree to which data correctly describes the “real world” object or event being described	The degree to which the data mirrors the characteristics of the

		real-world object or objects it represents
Consistency	The absence of difference, when comparing two or more representations of a thing against a definition	Analysis of pattern and/or value frequency

Appendix V – FGD Tools (En/Ar)

❖ FGD with caregivers

الأفكار الرئيسية Category	الأسئلة الرئيسية Questions Main	الأسئلة الداعمة questions Supporting
الوضع العام Context	كيف تصفون حياتكم بشكل عام خلال الظروف الحالية في المنطقة التي تعيشون فيها؟ How would describe your life given the current circumstances in the area in which you live?	ما هي التحديات التي تواجهكم كأسر تعتني بأطفال ذوي إعاقة؟ What are the challenges that you are facing, in your capacity as caregivers for children with disability?
أسئلة عامة General Questions	ما هي الأنشطة التي شاركتكم بها أو شارك بها أطفالكم ضمن هذا المشروع مع الاتحاد اللبناني للأشخاص المعوقين حركيا هل يمكنكم أن تحدثونا عنها بشكل عام What are the activities that you or your children have participated in in the course of this project with LUPD? Could you briefly describe what they were about	
مدى تلبية الأنشطة لاحتياجات المجتمع Relevance	ما كانت احتياجاتكم قبل بداية هذا المشروع؟ برأيكم/ن إلى أي مدى ساهمت الأنشطة العلاجية والدعم العيني بتأمين احتياجاتكم واحتياجات أطفالكم؟ وكيف ذلك؟ What were your needs and your children's needs going into this project? In your opinion, to what extent did the rehabilitation and physical aid activities contribute to addressing your needs as caregivers and your children's needs? And how so?	برأيكم هل هناك أنشطة أخرى كنتم تفضلون لو تم تنفيذها بدلاً من الأنشطة الحالية أو تعتقدون أنها كانت ستكون أكثر ملاءمة للأطفال؟ لماذا؟ In your opinion, are there any other activities that should have been conducted or that would have been more relevant for the children? If yes, please explain why
	إلى أي مدى كانت الأنشطة العلاجية والدعم العيني التي شاركتكم بها وشارك بها أطفالكم ملائمة لواقعهم وواقع المنطقة التي تقيمون بها؟ لماذا؟ To what extent were the rehabilitation and physical aid activities that you and your children participated in relevant and suitable to your children's lives and the environment you live in? and why?	
	إلى أي مدى شاركتكم / شارك الناس في منطقتك في بناء وتصميم الأنشطة العلاجية والدعم العيني؟ هل تستطيع أن تشرح كيف تمت المشاركة؟ What was the extent of your participation / your community's participation in the rehabilitation and physical aid activities planning and design? Can you describe how the participation happened?	هل تم مشاركة الاهل والمجتمع المحلي في الاعداد، التنفيذ، المراقبة والتقييم لهذا المشروع؟ ما هو مستوى مشاركة الاهالي والمجتمع المحلي وما الدور الذي قاموا به؟ وقام به المجتمع خلال فعاليات هذا المشروع Have parents and the local community been involved in the planning, implementation, and evaluation of this project? To what extent were the parents and the local community requested to participate

		and what role did they and the community have?
	ما هي الاحتياجات التي لم يتم تغطيتها والتي يمكن للاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام MPDL العمل على تغطيتها في مشاريع مستقبلية متكاملة للمشاريع الحالية؟ Which unmet needs would be relevant for MPDL and LUPD to look into in future complementary projects?	
تقييم كفاءة الأنشطة Efficiency	هل كانت جميع المواد اللازمة للأنشطة العلاجية والدعم العيني وغيرها من اللوجستيات الضرورية مؤمنة؟ وماهي المواد التي تم تزويدكم وأطفالكم بها ؟ Were all the material for rehabilitation and physical aid activities and other logistical needs provided? and what items did you and your children receive?	
	برأيكم، هل كان هناك عدد كافي من الكادر المدرب لتنفيذ الأنشطة العلاجية وأنشطة الدعم العيني بالفعالية الكافية؟ In your opinion, were there enough trained staff in order to efficiently implement the rehabilitation and physical aid activities?	
	ما هي نصائحكم للكادر للقيام بعمله بأكثر فعالية؟ What are your suggestions for the staff to work more efficiently?	
	كيف تصفون جودة الخدمات المقدمة ضمن الأنشطة العلاجية وأنشطة الدعم العيني؟ ووقت تنفيذها؟ How would you describe the quality of the rehabilitation and physical aid activities? And the timing of the implementation?	
	برأيكم ما هي التغييرات التي يمكن أن تساهم في تحسين جودة وتوقيت الخدمات المقدمة؟ In your opinion, what changes could enhance the quality and timeliness of the activities?	
	هل واجهتهم (الأهل والأطفال) أي تحديات غير متوقعة خلال تلقي الخدمات العلاجية أو المواد العينية؟ كيف استطعتم تخطيها؟ Did you face any unexpected challenges when you were receiving the rehabilitation and physical aid activities? and how did you overcome them?	
تأثير الأنشطة Impact and spill over Rationale	هل هناك أي تغييرات (في حياتك، حياة أطفالك أو ضمن المجتمع) قد تراها <u>إيجابية</u> أو <u>غير إيجابية</u> نتجت عن الأنشطة العلاجية وأنشطة الدعم العيني وطريقة تنفيذها؟ ماهي برأيك؟	لو لم تشارك أنت وأطفالك ضمن الأنشطة العلاجية وأنشطة الدعم العيني ماذا كنت ستفعل؟ If you and your child hadn't participated in ECCD activities including the ECE classes and ECD

		trainings, what would you have done?
	Have there been any changes in your children's lives, in your life or in your community – whether negative or positive – which came about from the rehabilitation and physical aid activities and the way they were implemented?	هل هناك أي تغييرات قد تكون نتجت عن الأنشطة العلاجية وأنشطة الدعم العيني - بشكل مقصود أو غير مقصود، سلبي أو إيجابي، مباشر أو غير مباشر
		Can you state any changes that could have resulted from the rehabilitation and physical aid activities – whether intended or unintended, positive or negative, direct or indirect
الاستدامة Sustainability	هل تعتقدون بأن الآثار التي تكلمنا عنها طويلة الأمد؟ كيف ذلك؟	
	To what extent do you think that the impacts we just talked about will be long term? and why?	
	برأيكم ما هي العوامل التي قد تزيد قدرتك على الحفاظ على الآثار الناتجة عن المشروع بعد انتهاءه؟	
	In your opinion, what are the factors that could increase your ability to sustain the impact achieved as a result of this project after the project ends?	
الانسجام Coherence	هل هناك مشاريع مشابهة / مكملات للأنشطة العلاجية وأنشطة الدعم العيني الذي تلقينموه من الاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام؟ ما هي هذه المشاريع ومن ينفذها؟	
	Are there similar / complementary projects to the rehabilitation and physical aid activities that you received from LUPD and MPDL? What are these projects and who is implementing them?	
التعميم الجندي Gender mainstreaming	هل أخذ المشروع بعين الاعتبار الحاجات المختلفة لكل من الذكور والإناث المستفيدين من المشروع، كيف ذلك؟	
	Did the project take into account the different needs of both males and females benefiting from the project, how is that?	
	ما هي آثار المشروع على الأدوار الجنسانية ضمن الأسرة؟	
	What are the impacts of the project on the gender roles within the families?	
المقارنة بين نهج تقديم الخدمات Approach comparison	من وجهة نظرك، ما هو الفرق بين النهج التقليدي (تلقى الخدمات ضمن المراكز الأمانة والعيادات) أو النهج المجتمعي (تلقى المساعدة في المنزل)؟ أي منهما أكثر ملاءمة لكم، ولماذا؟	
	From your perspective, what are the differences between the clinical approach (going to the safe space) or the community-based approach (receiving the aid at home)? Which is more appropriate for you and why?	
الختام Closure	هل هناك أي ملاحظات أو نقاط تودون طرحها أو أي تعليقات تودون مشاركتها معنا	اشكر المشاركين وانهي الجلسة
	Is there anything else you would like to add or any comments you would like to share	Thank the participants and end the session

❖ FGD with children

Note: Bold words need to be introduced and explained to the children by the facilitator using the training manual before asking the question

ملحوظة: يحتاج الميسر إلى تقديم الكلمات الغامقة وشرحها للأطفال باستخدام دليل التدريب قبل طرح السؤال

الف Category	الأسئلة الرئيسية Questions Main
أسئلة عامة General Questions	إبدأ بالتعريف عن نفسك واطلب من كل طفل أن يعرف عن نفسه ويتكلم قليلاً عن تجربته مع الأنشطة المنفذة (جلسات العلاج والدعم العيني) تكلم مع الأطفال عن تعبير القردة Start by introducing yourself and ask each child to introduce himself and talk a bit about his experience with the project activities (rehabilitation services and physical aid) Talk with the children about the expression of the monkeys
مدى تلبية الأنشطة لاحتياجات المجتمع Relevance	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها:¹⁰ - المعالجون والمعالجات كانوا ودودين - شعرت بالأمان ضمن جلسات العلاج - النشاطات التي كنا نقوم بها سهلة وممتعة - المعالجون والمعالجات كانوا يسألوننا عن رأينا في الأنشطة Show the following sentences and phrases to children and ask them to discuss them: - The therapists were friendly - I felt safe in the rehabilitation sessions - The activities we did were easy and enjoyable - Therapists asked us about our opinions of the activities
تقييم كفاءة الأنشطة Efficiency	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها: - كان المعالجون والمعالجات بجانبني كلما احتجت إليهم - كان عدد جلسات العلاج جيداً - كان حضور جلسات العلاج مريحاً بالنسبة لي - المعالجون والمعالجات يستمعون إلى رأي جيداً Show the following sentences and phrases to children and ask them to discuss them: - Therapists were next to me whenever I needed them - The number of rehabilitation session were enough and sufficient to me - I was comfortable while attending the treatment sessions - Therapists listened to my opinions carefully
تقييم فعالية الأنشطة	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها: استفدت من جلسات العلاج والمواد المقدمة

¹⁰ لكل عبارة من العبارات اطلب من الأطفال التصويت باستخدام أوراق القردة الثلاث¹⁰ ومن اطلب منهم أن يشرحوا السبب وراء اختيارهم كذلك حاول أن تحصى عدد الأطفال الذين صوتوا لكل خيار وما هي أسبابهم وماهي اقتراحاتهم لتغيير أي شيء يرونه سلبياً

For each statement, ask the children to vote using the three monkeys and ask them to explain why they chose and vote like this.

Try to count the number of children who voted for each option and what their reasons are and what are their suggestion to change the negative things

Effectiveness	Show the following sentences and phrases to children and ask them to discuss them: I benefited from the rehabilitation sessions and the physical aid
تأثير الأنشطة Impact	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها: - أحس بتحسّن نتيجة للعلاج المقدم - أستطيع التعامل مع الآخرين حولي بشكل أفضل - أستطيع التصرف بشكل أفضل في مختلف المواقف (في المدرسة، ومع الأصدقاء والأقرباء) Show the following sentences and phrases to children and ask them to discuss them: - I feel better after receiving the rehabilitation services - I can interact more efficiently with others around me - I can act well in different situations (at school, with friends and relatives)
الاستدامة Sustainability	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها: - أشعر بالأمان ضمن المجتمع (مع أصدقائي و جيرانني) - أشعر بالانتماء ضمن مجتمعي المحلي (مع أصدقائي و جيرانني) - أستطيع التعامل والتعاون مع الآخرين - أشعر بأن التحسن الذي أحرزته يمكن المحافظة عليه / سيبقى / لن يتغير Show the following sentences and phrases to children and ask them to discuss them: - I feel secure within the community (with my friends and neighbours) - I feel belonging within my community (with my friends and neighbours) - I can deal and cooperate with others - I feel that the improvement I have achieved can be sustained / will remain / will not change
المقارنة بين نهج تقديم الخدمات Approach comparison	اعرض الجمل والعبارات التالية على الأطفال واطلب منهم مناقشتها: - أشعر بأن تلقي خدمات العلاج في المنزل أفضل من الذهاب للمركز. Show the following sentences and phrases to children and ask them to discuss them: - I feel having the rehabilitation services in home is better than going to the safe space
الختام Closure	هل هناك أي ملاحظات أو نقاط تودون طرحها أو أي تعليقات تودون مشاركتها معنا. Is there anything else you would like to add or any comments you would like to share



Terminology:

Being Friendly with me: being kind, helpful or affectionate. An example of a friendly gesture is smiling, waving and conversation. An example of a friendly person is always kind.

Feeling Safe / Comfortable / Secure: feeling internally relaxed and calm with a person without fearing of any harm that could occur to me.

The amount is Enough and Sufficient: enough as needed. not too much, not too little, just right.

listened to my opinions carefully: they paid attention to what I say and provided feedback and where responsive.

interact more efficiently: feeling comfortable engaging with others and able to deliver my opinion and say my thoughts in larger groups such as the family or friends. Not feeling as a stranger or not belonging. Ability to understand them and do activities together.

act well: being able to handle any situation or deal with everyday life events such as feeling comfortable being a part of a group doing different stuff like studying or playing for example.

feel belonging: feeling accepted as a member of a bigger group of family or friends where I am comfortable around these groups and don't feel as a stranger

cooperate with others: being able to work with others doing shared activities such as studying or playing or doing an activity together.

Sustained: means a process or state can be maintained and continued at a certain level for as long as is wanted.

المصطلحات:

ودودين معي: أن تكون لطيفاً أو مساعداً أو حنوناً. مثال على إيماءة ودية هي الابتسام والتلويح والمحادثة. مثال على شخص ودود هو شخص لطيف دائماً.

الشعور بالأمان / الراحة: الشعور بالاسترخاء والهدوء الداخلي مع شخص دون الخوف من أي ضرر قد يحدث لي. عدد جلسات العلاج جيد: كافي حسب الحاجة. ليس كثيراً ، ليس قليلاً.

يستمعون الى رأي جيداً : لقد انتبهوا لما قلته وقدموا ملاحظاتهم واستجابوا لي.

التعامل مع الآخرين حولي بشكل أفضل: الشعور بالراحة في التعامل مع الآخرين والقدرة على إبداء رأيي وقول أفكار في مجموعات أكبر مثل العائلة أو الأصدقاء. لا أشعر بأنني غريب أو لا أنتمي. القدرة على فهم الآخرين والقيام بأنشطة معاً.

التصرف بشكل أفضل: القدرة على التعامل مع أي موقف أو التعامل مع أحداث الحياة اليومية مثل الشعور بالراحة كوني جزءاً من مجموعة تقوم بأشياء مختلفة مثل الدراسة أو اللعب على سبيل المثال.

الانتماء: الشعور بالقبول كعضو في مجموعة أكبر من العائلة أو الأصدقاء حيث أشعر بالراحة حول هذه المجموعات ولا أشعر أنني غريب

التعامل والتعاون مع الآخرين: القدرة على العمل مع الآخرين الذين يقومون بأنشطة مشتركة مثل الدراسة أو اللعب أو القيام بنشاط معاً.

يمكن المحافظة عليه: يعني أنه يمكن المتابعة (التحسن ونتائج العلاج) على عملية أو حالة واستمرارها عند مستوى معين طوال المدة المطلوبة.

Appendix VI – KII Tools (En/Ar)

❖ KII with representative of the referral system with local NGOs:

Question السؤال		Options الاختيارات
1	General questions أسئلة عامة	
1.1	تاريخ المقابلة Date of the Interview	
1.2	اسم الباحث Interviewer's Name	
1.3	اسم الشخص الذي تتم مقابلاته Respondent's Name	
1.4	المنصب الذي يشغله الشخص الذي تتم مقابلاته Respondent's position	
1.5	المنطقة Area	برالياس / بعلبك Balbaak / Bar-Elias
2	Relevance مدى ملائمة الأنشطة لاحتياجات المجتمع	
2.1	برأيك، هل لبت أنشطة تعزيز نظام التحويل حاجة ملحة للأطفال ولأسرهم؟ ماهي هذه الاحتياجات وكيف تم تلبيتها؟ In your opinion, did the referral system improving activities address the acute needs of children and their families? What are these needs, and how they have been addressed?	
2.2	هل هناك كنتم تفضلون أن يتم تنفيذ أنشطة أخرى مختلفة بدلاً من الذي نفذت؟ وما هي؟ Are there any other activities you would prefer had been conducted instead? If yes, what are these activities?	
2.3	إلى أي مدى كانت أنشطة تعزيز نظام التحويل ملائمة لواقع الأطفال والأهالي وواقع المنطقة التي تعملون بها؟ كيف تأكدتم من ذلك؟ To what extent were the referral system improving activities relevant and suitable to the children's and parents lives and the context you work in? How did you ensure this?	
2.4	إلى أي مدى شارك المجتمع المحلي في بناء وتصميم وتنفيذ ومراقبة وتقييم أنشطة تعزيز نظام التحويل؟ كيف حققتم ذلك؟ To what extent was the local community involved in the planning, design, implementation, monitoring, and evaluation of the referral system improving activities? And how was their participation achieved?	
2.5	برأيك، هل تم التصميم والتخطيط لأنشطة تعزيز نظام التحويل بحيث تضمن الوصول للأهداف المطلوبة منها؟	

	In your opinion, were the referral system improving activities designed and planned to ensure that the required objectives were achieved?	
2.6	ما هي الاحتياجات التي لم يتم تغطيتها والتي يمكن للاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام MPDL العمل على تغطيتها في مشاريع مستقبلية كتكملة لأنشطة تعزيز نظام التحويل ؟ Which unmet needs would be relevant for MPDL and LUPD to look into in future complementary projects?	
3	تقييم كفاءة الأنشطة Efficiency	
3.1	هل كانت جميع الموارد الخاصة بتنفيذ أنشطة تعزيز نظام التحويل مؤمنة؟ رجاء اشرح Were all the resources needed for the referral system improving activities implementation provided and available? please explain	
3.2	برأيك، هل تم استخدام الموارد بشكل فعال لتحقيق أهداف أنشطة تعزيز نظام التحويل؟ لماذا تعتقد ذلك؟ In your opinion, were resources utilized effectively towards achieving the referral system improving activities' objectives? Could you please elaborate on why you think so?	
3.3	برأيك، هل تلقى الكادر التدريبات والدعم الكافيين للقيام بأنشطة تعزيز نظام التحويل بشكل فعال؟ ماهي نوع التدريبات التي تلقاها الكادر؟ In your opinion, did the staff receive sufficient training and support to be able to efficiently undertake the referral system improving activities? What type of training did the staff receive?	
3.4	برأيك، ما هي التدريبات والمهارات التي يحتاج الكادر لبنائها؟ In your opinion, what are the trainings and skills that the staff need to develop?	
3.5	هل مؤشرات القياس المستخدمة مناسبة أنشطة تعزيز نظام التحويل ؟ هل كانت مؤشرات قياس النتائج ووسائل التحقق منها كافية وفعالة؟ رجاء اشرح Were the indicators providing a good performance and progress measure of the referral system improving activities? Were the result indicators and their means of verification adequate? please elaborate	
4	تقييم فعالية الأنشطة Effectiveness	
4.1	كيف تصف جودة أنشطة تعزيز نظام التحويل ؟ How would you describe the quality of the referral system improving activities	
4.2	ماهي العوائق التي واجهت تنفيذ أنشطة تعزيز نظام التحويل وكيف يمكن تخطيها؟	

	What were the obstacles that encountered the implementation of the referral system improving activities, how can they be overcome?	
4.3	برأيك ما هي التغييرات التي يمكن أن تساهم في تحسين جودة وتوقيت تنفيذ أنشطة التحويل In your opinion, what are the changes that could enhance the quality and timeliness of the referral system?	
4.4	هل واجهتهم أي تحديات غير متوقعة أثناء تنفيذ أنشطة تعزيز نظام التحويل؟ ماهي؟ Did you face any unexpected challenges during the implementation the referral system improving activities? What were they?	
5	Impact تأثير الأنشطة	
5.1	ما هي التغييرات قد تكون نتجت عن أنشطة تعزيز نظام التحويل – سواء إن تم ذلك بشكل مقصود أو غير مقصود، سلبي أو ايجابي، مباشر أو غير مباشر Can you state any changes that could have resulted from the referral system improving activities- whether intended or unintended, positive or negative, direct or indirect? Please elaborate	
6	Sustainability الاستدامة	
6.1	برأيك، هل لدى الجمعيات المحلية والمجتمع المحلي الإمكانيات للمحافظة على المكتسبات المحققة من وراء أنشطة تعزيز نظام التحويل؟ رجاء اشرح لماذا In your opinion, does the local NGOs and community have the capability to sustain the gains achieved as a result the referral system improving activities? Please elaborate on why	
6.2	هل تملك أنشطة تعزيز نظام التحويل استراتيجية تسليم تضمن استمرارية نتائجها ضمن المجتمع المحلي؟ رجاء اشرح Does the referral system improving activities have an exit strategy that ensures the sustainability of results within the local community? please elaborate	
7	Coherence الانسجام	
7.1	هل هناك مشاريع مشابهة / مكملية لأنشطة تعزيز نظام التحويل المنفذ من قبل الاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام؟ ما هي هذه المشاريع ومن ينفذها؟ Are there similar / complementary projects to the referral system improving activities implemented by LUPD and MPDL? What are these projects and who is implementing them?	
7.2	إلى أي مدى كان هناك تكامل وانسجام بين المكونات الرئيسية لهذا المشروع (أنشطة العلاج والدعم العيني، والتدريب على مكافحة أنواع العنف الجنساني	

	والجندي، وتطوير دليل مكافحة أنواع العنف الجنساني والجندي لذوي الإعاقة؟	
	To what extent was there complementarity and coherence between the various main components of this project (rehabilitation and physical aid activities, training on SGBV, and the development of the SGBV manual for persons with disabilities)?	
7.3	إلى أي مدى كانت أنشطة تعزيز نظام التحويل متناسقة مع الجهود والسياسات المتبعة من قبل المنظمات المحلية والعالمية التي تنفذ مشاريع مشابهة ضمن المنطقة؟ To what extent were the referral system improving activities consistent with the efforts and policies of local and international organizations that implement similar projects in the region?	
7.4	ما دور وفعالية آليات التحويل في تعزيز التنسيق بين الجهات العاملة على دعم الأشخاص ذوي الإعاقة في المنطقة؟ What is the role and degree of effectiveness of the referral mechanisms in enhancing coordination between agencies working to support persons with disabilities in the area?	
8	Closure الختام	
8.1	هل هناك أي ملاحظات أو نقاط تود طرحها أو أي تعليقات تود مشاركتها معنا؟ Is there anything else you would like to add or any comments you would like to share?	
8.2	ملاحظات الباحث Researcher comments and observations	
شكراً على وقتك		
Thank you for your time		

❖ KII with the SGBV and PSS Experts:

Question السؤال		Options الاختيارات
1	General questions أسئلة عامة	
1.1	تاريخ المقابلة Date of the Interview	
1.2	اسم الباحث Interviewer's Name	
1.3	اسم الشخص الذي تتم مقابلاته Respondent's Name	
1.4	المنصب الذي يشغله الشخص الذي تتم مقابلاته Respondent's position	
1.5	المنطقة Area	برالياس / بعلبك Balbaak / Bar-Elias
2	Relevance مدى ملائمة الأنشطة لاحتياجات المجتمع	
2.1	برأيك، هل لبت أنشطة تطوير دليل SGBV والتدريب عليه حاجة ملحة للأطفال ولأسرهم والمجتمع المحلي؟ ماهي هذه الاحتياجات وكيف تم تلبيتها؟ In your opinion, did the SGBV manual developing and training activities address the acute needs of children and their families and their local community? What are these needs, and how they have been addressed?	
2.2	هل هناك كنتم تفضلون أن يتم تنفيذ أنشطة أخرى مختلفة بدلاً من الذي نُفذت؟ وما هي؟ Are there any other activities you would prefer had been conducted instead? If yes, what are these activities?	
2.3	إلى أي مدى كانت أنشطة تطوير دليل SGBV والتدريب عليه ملائمة لواقع الأطفال والأهالي وواقع المنطقة التي تعملون بها؟ كيف تأكدتم من ذلك؟ To what extent were SGBV manual developing and training activities relevant and suitable to the children's and parents lives and the context you work in? How did you ensure this?	
2.4	إلى أي مدى شارك المجتمع المحلي في بناء وتصميم وتنفيذ ومراقبة وتقييم أنشطة تطوير دليل SGBV والتدريب عليه؟ كيف حققتم ذلك؟ To what extent was the local community involved in the planning, design, implementation, monitoring, and evaluation of SGBV manual developing and training activities? And how was their participation achieved?	
2.5	برأيك، هل تم التصميم والتخطيط للأنشطة بحيث تضمن الوصول للأهداف المطلوبة؟ In your opinion, were the activities designed and planned to ensure that the required objectives were	

	achieved?	
2.6	ما هي الاحتياجات التي لم يتم تغطيتها والتي يمكن للاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام MPDL العمل على تغطيتها في مشاريع مستقبلية كتكملة للمشاريع الحالية؟ Which unmet needs would be relevant for MPDL and LUPD to look into in future complementary projects?	
3	تقييم كفاءة الأنشطة Efficiency	
3.1	هل كانت جميع الموارد الخاصة بتنفيذ أنشطة تطوير دليل SGBV والتدريب عليه مؤمنة؟ رجاء اشرح Were all the resources needed for the SGBV manual developing and training activities implementation provided and available? please explain	
3.2	برأيك، هل تم استخدام الموارد بشكل فعال لتحقيق أهداف أنشطة تطوير دليل SGBV والتدريب عليه؟ لماذا تعتقد ذلك؟ In your opinion, were resources utilized effectively towards achieving SGBV manual developing and training activities? Could you please elaborate on why you think so?	
3.3	برأيك، هل تلقى الكادر التدريبات والدعم الكافيين للقيام بأنشطة تطوير دليل SGBV والتدريب عليه بشكل فعال؟ ماهي نوع التدريبات التي تلقاها الكادر؟ In your opinion, did the staff receive sufficient training and support to be able to efficiently undertake the SGBV manual developing and training activities? What type of training did the staff receive?	
3.4	برأيك، ما هي التدريبات والمهارات التي يحتاج الكادر لبنائها؟ In your opinion, what are the trainings and skills that the staff need to develop?	
3.5	هل تم تحقيق معظم مخرجات outputs أنشطة تطوير دليل SGBV والتدريب عليه برأيك؟ رجاء اشرح In your opinion, were most of the SGBV manual developing and training activities outputs achieved? please elaborate	
3.6	هل تم تحقيق معظم أهداف outcomes أنشطة تطوير دليل SGBV والتدريب عليه برأيك؟ رجاء اشرح In your opinion, were most of the SGBV manual developing and training activities outcomes achieved? please elaborate	
3.7	هل مؤشرات القياس المستخدمة مناسبة لقياس أنشطة تطوير دليل SGBV والتدريب عليه؟ هل كانت مؤشرات قياس النتائج ووسائل التحقق منها كافية وفعالة؟ رجاء اشرح	

	Were the indicators providing a good performance and progress measure of the SGBV manual developing and training activities? Were the result indicators and their means of verification adequate? please elaborate	
4	Effectiveness تقييم فعالية الأنشطة	
4.1	كيف تصف جودة أنشطة تطوير دليل SGBV والتدريب عليه؟ How would you describe the quality of the SGBV manual developing and training activities?	
4.2	هل تم تنفيذ وانتهاء جميع أنشطة تطوير دليل SGBV والتدريب عليه ضمن الخطة الزمنية المتفق عليها عندما تم التخطيط للمشروع؟ Were all the SGBV manual developing and training activities implemented and finalized as per the timeframe agreed upon during the planning of the project?	نعم / لا Yes / No
4.3	في حال لا، ماهي العوائق التي حالت دون ذلك وكيف يمكن تخطيها؟ If not, what were the obstacles to this and how can they be overcome?	
4.4	برأيك ما هي التغييرات التي يمكن أن تساهم في تحسين جودة وتوقيت الخدمات المقدمة In your opinion, what are the changes that could enhance the quality and timeliness of the services provided?	
4.5	هل واجهتهم أي تحديات غير متوقعة أثناء تنفيذ أنشطة تطوير دليل SGBV والتدريب عليه؟ ماهي؟ Did you face any unexpected challenges during the implementation of the SGBV manual developing and training activities? What were they?	
5	Impact تأثير الأنشطة	
5.1	ما هي التغييرات قد تكون نتجت عن أنشطة تطوير دليل SGBV والتدريب عليه – سواء إن تم ذلك بشكل مقصود أو غير مقصود، سلبي أو ايجابي، مباشر أو غير مباشر Can you state any changes that could have resulted from the SGBV manual developing and training activities - whether intended or unintended, positive or negative, direct or indirect? Please elaborate	
6	Sustainability الاستدامة	
6.1	هل هناك أي مهارات أو قدرات طويلة الأمد تعتقد أن الاطفال والاهل والمجتمع المحلي اكتسبوها من تنفيذ أنشطة تطوير دليل SGBV والتدريب عليه؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد؟ Are there any long-term skills or abilities that you think the children and parents and local community gained as a result of the SGBV manual developing and training	

	activities? What are those skills? Why do you consider them to be long term gains?	
6.2	هل تعتقد أن هناك أي مهارات أو قدرات طويلة الأمد اكتسبها الكادر إثر مشاركتهم في تنفيذ أنشطة تطوير دليل SGBV والتدريب عليه؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد؟ Are there any long-term skills or abilities that you think the staff gained as a result of the SGBV manual developing and training activities? What are those skills or abilities? Why do you consider them to be long term gains?	
6.3	برأيك، هل لدى الأهل والأطفال أو المجتمع المحلي الإمكانيات للمحافظة على المكتسبات المحققة من وراء أنشطة تطوير دليل SGBV والتدريب عليه؟ رجاء اشرح لماذا In your opinion, are the children and their families and the local community capable of sustaining the gains achieved as a result of the SGBV manual developing and training activities? Please elaborate on why	
6.4	برأيك، هل لدى الكادر الإمكانيات للمحافظة على المكتسبات المحققة من وراء أنشطة تطوير دليل SGBV والتدريب عليه بناء القدرات؟ رجاء اشرح لماذا In your opinion, does the staff have the capability to sustain the gains achieved as a result of the SGBV manual developing and training activities? Please elaborate on why	
6.5	هل يملك المشروع (أنشطة تطوير دليل SGBV والتدريب عليه) استراتيجية تسليم تضمن استمرارية نتائجه ضمن المجتمع المحلي؟ رجاء اشرح Does the project (SGBV manual developing and training activities) have an exit strategy that ensures the sustainability of results within the local community? please elaborate	
7	Coherence الانسجام	
7.1	هل هناك مشاريع مشابهة / مكملة لأنشطة تطوير دليل SGBV والتدريب عليه المنفذة من قبل الاتحاد اللبناني لنوبي الإعاقة وحركة من أجل السلام؟ ما هي هذه المشاريع ومن ينفذها؟ Are there similar / complementary projects to the SGBV manual developing and training activities implemented by LUPD and MPDL? What are these projects and who is implementing them?	
7.2	إلى أي مدى كان هناك تكامل وانسجام بين المكونات الرئيسية لهذا المشروع (أنشطة العلاج والدعم العيني، والتدريب على مكافحة أنواع العنف الجنساني والجنسري، وتطوير دليل مكافحة أنواع العنف الجنساني والجنسري لنوبي الإعاقة)؟ To what extent was there complementarity and	

	coherence between the various main components of this project (rehabilitation and physical aid activities, training on SGBV, and the development of the SGBV manual for persons with disabilities)?	
7.3	إلى أي مدى كانت أنشطة تطوير دليل SGBV والتدريب عليه متناسقة مع الجهود والسياسات المتبعة من قبل المنظمات المحلية والعالمية التي تنفذ مشاريع مشابهة ضمن المنطقة؟ To what extent were the SGBV manual developing and training activities consistent with the efforts and policies of local and international organizations that implement similar projects in the region?	
7.4	ما دور وفعالية آليات التحويل في تعزيز التنسيق بين الجهات العاملة على دعم الأشخاص ذوي الإعاقة في المنطقة؟ What is the role and degree of effectiveness of the referral mechanisms in enhancing coordination between agencies working to support persons with disabilities in the area?	
8	التعميم الجندي Gender mainstreaming	
8.1	كيف تم بناء أنشطة تطوير دليل SGBV والتدريب عليه بحيث تكون ملائمة لجميع شرائح المجتمع حسب النوع الاجتماعي والجنس؟ أرجو التفصيل How were the SGBV manual developing and training activities designed to be suitable to all the different segments in the community in terms of gender? Please elaborate	
8.2	هل أخذت أنشطة تطوير دليل SGBV والتدريب عليه بعين الاعتبار الحاجات المختلفة لكل من الذكور والإناث المستفيدين من المشروع؟ وكيف ذلك؟ Did the SGBV manual developing and training activities take into account the different needs of both males and females benefiting from the project? How did it do so?	
8.3	ما هي آثار أنشطة تطوير دليل SGBV والتدريب عليه على الأدوار الجنسانية ضمن الأسر؟ How did the SGBV manual developing and training activities impact gender roles within the families?	
9	المقارنة بين نهج تقديم الخدمات Approach comparison	
9.1	برأيك، ما الفرق بين النهج التقليدي (تلقي الخدمات ضمن المراكز الأمانة والعيادات) والنهج المجتمعي (تلقي المساعدة في المنزل)؟ أي منهما أكثر ملائمة من وجهة نظر مكافحة العنف الجنسي والعنف القائم على النوع الاجتماعي SGBV، ولماذا؟ From your perspective, what are the differences between the clinical approach (going to the safe space) and the community-based approach (receiving the aid at	

	home)? Which is more appropriate from the perspective of SGBV and why?	
10	Closure الختام	
10.1	هل هناك أي ملاحظات أو نقاط تود طرحها أو أي تعليقات تود مشاركتها معنا? Is there anything else you would like to add or any comments you would like to share?	
10.2	ملاحظات الباحث Researcher comments and observations	
شكراً على وقتك		
Thank you for your time		

❖ **KII with (Occupational / Physical / Speech / Psychological) Therapy specialists and rehabilitation workers:**

Question السؤال		Options الاختيارات
1	General questions أسئلة عامة	
1.1	تاريخ المقابلة	
	Date of the Interview	
1.2	اسم الباحث	
	Interviewer's Name	
1.3	اسم الشخص الذي تتم مقابلاته	
	Respondent's Name	
1.4	المنصب الذي يشغله الشخص الذي تتم مقابلاته	
	Respondent's position	
1.5	المنطقة	برالياس / بعلبك
	Area	Balbaak / Bar-Elias
2	Relevance مدى ملائمة الأنشطة لاحتياجات المجتمع	
2.1	برأيك، هل لبت أنشطة العلاج التي تم تقديمها للأطفال حاجة ملحة لهم ولأسرهم؟ ماهي هذه الاحتياجات وكيف تم تلبيتها؟	
	In your opinion, did the rehabilitation and treatment sessions address the acute needs of children and their families? What are these needs, and how they have been addressed?	
2.2	هل هناك كنتم تفضلون أن يتم تنفيذ أنشطة أخرى مختلفة بدلاً من الذي نُفذت؟ وما هي؟	
	Are there any other activities you would prefer had been conducted instead? If yes, what are these activities?	
2.3	إلى أي مدى كانت أنشطة العلاج التي تم تقديمها للأطفال ملائمة لواقع الأطفال والأهالي وواقع المنطقة التي تعملون بها؟ كيف تأكدتم من ذلك؟	
	To what extent were the rehabilitation and treatment session relevant and suitable to the children's and parents lives and the context you work in? How did you ensure this?	
2.4	إلى أي مدى شارك المجتمع المحلي في بناء وتصميم وتنفيذ ومراقبة وتقييم أنشطة العلاج التي تم تقديمها للأطفال؟ كيف حققتم ذلك؟	
	To what extent was the local community involved in the planning, design, implementation, monitoring, and evaluation of the rehabilitation and treatment sessions? And how was their participation achieved?	
2.5	برأيك، هل تم التصميم والتخطيط للأنشطة بحيث تضمن الوصول للأهداف المطلوبة؟	

	In your opinion, were the activities designed and planned to ensure that the required objectives were achieved?	
2.6	ما هي الاحتياجات التي لم يتم تغطيتها والتي يمكن للاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام MPDL العمل على تغطيتها في مشاريع مستقبلية كتكملة للمشاريع الحالية؟ Which unmet needs would be relevant for MPDL and LUPD to look into in future complementary projects?	
3	تقييم كفاءة الأنشطة Efficiency	
3.1	هل كانت جميع الموارد الخاصة بتنفيذ الأنشطة / الجلسات مؤمنة؟ رجاء اشرح Were all the resources needed for implementation provided and available? please explain	
3.2	برأيك، هل تم استخدام الموارد بشكل فعال لتحقيق أهداف المشروع؟ لماذا تعتقد ذلك؟ In your opinion, were resources utilized effectively towards achieving project objectives? Could you please elaborate on why you think so?	
3.3	برأيك، هل تلقيتم / تلقى الكادر التدريبات والدعم الكافيين للقيام بالأنشطة الخاصة بالمشروع بشكل فعال؟ ماهي نوع التدريبات التي تلقيتموها؟ In your opinion, did the staff receive sufficient training and support to be able to efficiently undertake the project activities? What type of training did you receive?	
3.4	برأيك، ما هي التدريبات والمهارات التي يحتاج الكادر لبنائها؟ In your opinion, what are the trainings and skills that the staff need to develop?	
3.5	هل تم تحقيق معظم مخرجات outputs المشروع برأيك؟ رجاء اشرح In your opinion, were most of the project outputs achieved? please elaborate	
3.6	هل تم تحقيق معظم أهداف outcomes المشروع برأيك؟ رجاء اشرح In your opinion, were most of the project outcomes achieved? please elaborate	
3.7	هل مؤشرات القياس المستخدمة مناسبة لأنشطة هذا المشروع؟ هل كانت مؤشرات قياس النتائج ووسائل التحقق منها كافية وفعالة؟ رجاء اشرح Were the indicators providing a good performance and progress measure of the project activities? Were the result indicators and their means of verification adequate? please elaborate	
4	تقييم فعالية الأنشطة Effectiveness	
4.1	كيف تصف جودة الخدمات المقدمة من خلال هذا المشروع؟ How would you describe the quality of the services	

	provided through this project?	
4.2	هل تم تنفيذ وانتهاء جميع الأنشطة ضمن الخطة الزمنية المتفق عليها عندما تم التخطيط للمشروع؟ Were all the activities implemented and finalized as per the timeframe agreed upon during the planning of the project?	نعم / لا Yes / No
4.3	في حال لا، ماهي العوائق التي حالت دون ذلك وكيف يمكن تخطيها؟ If not, what were the obstacles to this and how can they be overcome?	
4.4	برأيك ما هي التغييرات التي يمكن أن تساهم في تحسين جودة وتوقيت الخدمات المقدمة In your opinion, what are the changes that could enhance the quality and timeliness of the services provided?	
4.5	هل واجهتهم أي تحديات غير متوقعة أثناء تنفيذ الأنشطة؟ ماهي؟ Did you face any unexpected challenges during the implementation of the project activities? What were they?	
5	تأثير الأنشطة Impact	
5.1	ما هي التغييرات قد تكون نتجت عن أنشطة هذا المشروع – سواء إن تم ذلك بشكل مقصود أو غير مقصود، سلبي أو ايجابي، مباشر أو غير مباشر Can you state any changes that could have resulted from this project's activities - whether intended or unintended, positive or negative, direct or indirect? Please elaborate	
6	الاستدامة Sustainability	
6.1	هل هناك أي مهارات أو قدرات طويلة الأمد تعتقد أن الأطفال والاهل اكتسبوا من مشاركتهم ضمن المشروع؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد؟ Are there any long-term skills or abilities that you think the children and parents gained as a result of their participation in the project? What are those skills? Why do you consider them to be long term gains?	
6.2	هل تعتقد أن هناك أي مهارات أو قدرات طويلة الأمد اكتسبها الكادر اثر مشاركتهم في التدريبات الخاصة ببناء القدرات؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد؟ Are there any long term skills or abilities that you think the staff gained as a result of their participation in the capacity building activities? What are those skills or abilities? Why do you consider them to be long term gains?	
	برأيك، هل لدى الأهل والأطفال الإمكانيات للمحافظة على المكتسبات المحققة	

	من وراء هذا المشروع؟ رجاء اشرح لماذا	
6.3	In your opinion, are the children and their families capable of sustaining the gains achieved as a result of this project? Please elaborate on why	
6.4	برأيك، هل لدى الكادر الإمكانيات للمحافظة على المكتسبات المحققة من وراء أنشطة بناء القدرات؟ رجاء اشرح لماذا In your opinion, does the staff have the capability to sustain the gains achieved as a result of the capacity building activities? Please elaborate on why	
6.5	هل يملك المشروع استراتيجية تسليم تضمن استمرارية نتائجه ضمن المجتمع المحلي؟ رجاء اشرح Does the project have an exit strategy that ensures the sustainability of results within the local community? please elaborate	
7	الانسجام Coherence	
7.1	هل هناك مشاريع مشابهة / مكملة للمشروع المنفذ من قبل الاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام؟ ما هي هذه المشاريع ومن ينفذها؟ Are there similar / complementary projects to the project implemented by LUPD and MPDL? What are these projects and who is implementing them?	
7.2	إلى أي مدى كان هناك تكامل وانسجام بين المكونات الرئيسية لهذا المشروع (أنشطة العلاج والدعم العيني، والتدريب على مكافحة أنواع العنف الجنساني والجنسدي، وتطوير دليل مكافحة أنواع العنف الجنساني والجنسدي لذوي الإعاقة)؟ To what extent was there complementarity and coherence between the various main components of this project (rehabilitation and physical aid activities, training on SGBV, and the development of the SGBV manual for persons with disabilities)?	
7.3	إلى أي مدى كانت أنشطة المشروع متناسقة مع الجهود والسياسات المتبعة من قبل المنظمات المحلية والعالمية التي تنفذ مشاريع مشابهة ضمن المنطقة؟ To what extent were the project activities consistent with the efforts and policies of local and international organizations that implement similar projects in the region?	
7.4	ما دور وفعالية آليات التحويل في تعزيز التنسيق بين الجهات العاملة على دعم الأشخاص ذوي الإعاقة في المنطقة؟ What is the role and degree of effectiveness of the referral mechanisms in enhancing coordination between agencies working to support persons with disabilities in	

	the area?	
8	Gender mainstreaming التعميم الجندي	
8.1	كيف تم بناء أنشطة المشروع بحيث تكون ملائمة لجميع شرائح المجتمع حسب النوع الاجتماعي والجنس؟ أرجو التفصيل How were the activities designed to be suitable to all the different segments in the community in terms of gender? Please elaborate	
8.2	هل اخذ المشروع بعين الاعتبار الحاجات المختلفة لكل من الذكور والإناث المستفيدين من المشروع؟ وكيف ذلك؟ Did the project take into account the different needs of both males and females benefiting from the project? How did it do so?	
8.3	ما هي آثار المشروع على الأدوار الجنسانية ضمن الأسر؟ How did the project impact gender roles within the families?	
9	Approach comparison المقارنة بين نهج تقديم الخدمات	
9.1	برأيك، ما الفرق بين النهج التقليدي (تلقى الخدمات ضمن المراكز الأمانة والعيادات) والنهج المجتمعي (تلقى المساعدة في المنزل)؟ أي منهما أكثر ملاءمة، ولماذا؟ From your perspective, what are the differences between the clinical approach (going to the safe space) and the community-based approach (receiving the aid at home)? Which is more appropriate and why?	
10	Closure الختام	
10.1	هل هناك أي ملاحظات أو نقاط تود طرحها أو أي تعليقات تود مشاركتها معنا؟ Is there anything else you would like to add or any comments you would like to share?	
10.2	ملاحظات الباحث Researcher comments and observations	
شكراً على وقتك		
Thank you for your time		

❖ KII with the project Staff:

Question السؤال		Options الاختيارات
1	General questions أسئلة عامة	
1.1	تاريخ المقابلة Date of the Interview	
1.2	اسم الباحث Interviewer's Name	
1.3	اسم الشخص الذي تتم مقابلاته Respondent's Name	
1.4	المنصب الذي يشغله الشخص الذي تتم مقابلاته Respondent's position	
1.5	المنطقة Area	برالياس / بعلبك Balbaak / Bar-Elias
2	Relevance مدى ملائمة الأنشطة لاحتياجات المجتمع	
2.1	برأيك، هل لبت أنشطة المشروع (العلاج والدعم العيني وبناء القدرات وتطوير دليل SGBV وتحويل الحالات) التي تم تقديمها للأطفال حاجة ملحة لهم ولأسرهم؟ ماهي هذه الاحتياجات وكيف تم تلبيتها؟ In your opinion, did the project activities (rehabilitation and physical aid, capacity building, SGBV manual developing, and enhancing the referral system) address the acute needs of children and their families? What are these needs, and how they have been addressed?	
2.2	هل هناك كنتم تفضلون أن يتم تنفيذ أنشطة أخرى مختلفة بدلاً من الذي نُفذت؟ وما هي؟ Are there any other activities you would prefer had been conducted instead? If yes, what are these activities?	
2.3	إلى أي مدى كانت أنشطة المشروع (العلاج والدعم العيني وبناء القدرات وتطوير دليل SGBV وتحويل الحالات) ملائمة لواقع الأطفال والأهالي وواقع المنطقة التي تعملون بها؟ كيف تأكدتم من ذلك؟ To what extent were project activities (rehabilitation and physical aid, capacity building, SGBV manual developing, and enhancing the referral system) relevant and suitable to the children's and parents lives and the context you work in? How did you ensure this?	
2.4	إلى أي مدى شارك المجتمع المحلي في بناء وتصميم وتنفيذ ومراقبة وتقييم أنشطة المشروع (العلاج والدعم العيني وبناء القدرات وتطوير دليل SGBV وتحويل الحالات)؟ كيف حققتم ذلك؟ To what extent was the local community involved in the planning, design, implementation, monitoring, and evaluation of project activities (rehabilitation and physical aid, capacity building, SGBV manual developing,	

	and enhancing the referral system)? And how was their participation achieved?	
2.5	برأيك، هل تمّ التصميم والتخطيط للأنشطة بحيث تَضمّن الوصول للأهداف المطلوبة؟ In your opinion, were the activities designed and planned to ensure that the required objectives were achieved?	
2.6	ما هي الاحتياجات التي لم يتم تغطيتها والتي يمكن للاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام MPDL العمل على تغطيتها في مشاريع مستقبلية كتكملة للمشاريع الحالية؟ Which unmet needs would be relevant for MPDL and LUPD to look into in future complementary projects?	
3	تقييم كفاءة الأنشطة Efficiency	
3.1	هل كانت جميع الموارد الخاصة بتنفيذ أنشطة المشروع (العلاج والدعم العيني وبناء القدرات وتطوير دليل SGBV وتحويل الحالات) مؤمنة؟ رجاء اشرح Were all the resources needed for implementation provided and available? please explain	
3.2	برأيك، هل تم استخدام الموارد بشكل فعال لتحقيق أهداف المشروع؟ لماذا تعتقد ذلك؟ In your opinion, were resources utilized effectively towards achieving project objectives? Could you please elaborate on why you think so?	
3.3	برأيك، هل تلقى الكادر التدريبات والدعم الكافيين للقيام بالأنشطة الخاصة بالمشروع بشكل فعال؟ ما هي نوع التدريبات التي تلقاها الكادر؟ In your opinion, did the staff receive sufficient training and support to be able to efficiently undertake the project activities? What type of training did the staff receive?	
3.4	برأيك، ما هي التدريبات والمهارات التي يحتاج الكادر لبنائها؟ In your opinion, what are the trainings and skills that the staff need to develop?	
3.5	هل تم تحقيق معظم مخرجات outputs المشروع برأيك؟ رجاء اشرح In your opinion, were most of the project outputs achieved? please elaborate	
3.6	هل تم تحقيق معظم أهداف outcomes المشروع برأيك؟ رجاء اشرح In your opinion, were most of the project outcomes achieved? please elaborate	
3.7	هل مؤشرات القياس المستخدمة مناسبة لأنشطة هذا المشروع؟ هل كانت مؤشرات قياس النتائج ووسائل التحقق منها كافية وفعالة؟ رجاء اشرح Were the indicators providing a good performance and progress measure of the project activities? Were the	

	result indicators and their means of verification adequate? please elaborate	
4	Effectiveness تقييم فعالية الأنشطة	
4.1	كيف تصف جودة الخدمات المقدمة من خلال هذا المشروع (العلاج والدعم العيني وبناء القدرات وتطوير دليل SGBV وتحويل الحالات)? How would you describe the quality of the services provided through this project? (rehabilitation and physical aid, capacity building, SGBV manual developing, and enhancing the referral system)	
4.2	هل تم تنفيذ وانتهاء جميع الأنشطة ضمن الخطة الزمنية المتفق عليها عندما تم التخطيط للمشروع? Were all the activities implemented and finalized as per the timeframe agreed upon during the planning of the project?	نعم / لا Yes / No
4.3	في حال لا، ماهي العوائق التي حالت دون ذلك وكيف يمكن تخطيها? If not, what were the obstacles to this and how can they be overcome?	
4.4	برأيك ما هي التغييرات التي يمكن أن تساهم في تحسين جودة وتوقيت الخدمات المقدمة In your opinion, what are the changes that could enhance the quality and timeliness of the services provided?	
4.5	هل واجهتهم أي تحديات غير متوقعة أثناء تنفيذ الأنشطة؟ ماهي? Did you face any unexpected challenges during the implementation of the project activities? What were they?	
5	Impact تأثير الأنشطة	
5.1	ما هي التغييرات قد تكون نتجت عن أنشطة هذا المشروع – سواء إن تم ذلك بشكل مقصود أو غير مقصود، سلبي أو ايجابي، مباشر أو غير مباشر Can you state any changes that could have resulted from this project's activities - whether intended or unintended, positive or negative, direct or indirect? Please elaborate	
6	Sustainability الاستدامة	
6.1	هل هناك أي مهارات أو قدرات طويلة الأمد تعتقد أن الاطفال والاهل والمجتمع المحلي اكتسبوا من مشاركتهم ضمن المشروع؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد? Are there any long-term skills or abilities that you think the children and parents and local community gained as a result of their participation in the project? What are those skills? Why do you consider them to be long term gains?	

6.2	هل تعتقد أن هناك أي مهارات أو قدرات طويلة الأمد اكتسبها الكادر إثر مشاركتهم في التدريبات الخاصة ببناء القدرات؟ ما هي تلك المهارات؟ ولماذا تعتقد بأنها طويلة الأمد؟	
	Are there any long term skills or abilities that you think the staff gained as a result of their participation in the capacity building activities? What are those skills or abilities? Why do you consider them to be long term gains?	
6.3	برأيك، هل لدى الأهل والأطفال أو المجتمع المحلي الإمكانيات للمحافظة على المكتسبات المحققة من وراء هذا المشروع؟ رجاء اشرح لماذا	
	In your opinion, are the children and their families and the local community capable of sustaining the gains achieved as a result of this project? Please elaborate on why	
6.4	برأيك، هل لدى الكادر الإمكانيات للمحافظة على المكتسبات المحققة من وراء أنشطة بناء القدرات؟ رجاء اشرح لماذا	
	In your opinion, does the staff have the capability to sustain the gains achieved as a result of the capacity building activities? Please elaborate on why	
6.5	هل يملك المشروع استراتيجية تسليم تضمن استمرارية نتائجه ضمن المجتمع المحلي؟ رجاء اشرح	
	Does the project have an exit strategy that ensures the sustainability of results within the local community? please elaborate	
7	الانسجام Coherence	
7.1	هل هناك مشاريع مشابهة / مكملة للمشروع المنفذ من قبل الاتحاد اللبناني لذوي الإعاقة وحركة من أجل السلام؟ ما هي هذه المشاريع ومن ينفذها؟	
	Are there similar / complementary projects to the project implemented by LUPD and MPDL? What are these projects and who is implementing them?	
7.2	إلى أي مدى كان هناك تكامل وانسجام بين المكونات الرئيسية لهذا المشروع (أنشطة العلاج والدعم العيني، والتدريب على مكافحة أنواع العنف الجنساني والجنسدي، وتطوير دليل مكافحة أنواع العنف الجنساني والجنسدي لذوي الإعاقة)؟	
	To what extent was there complementarity and coherence between the various main components of this project (rehabilitation and physical aid activities, training on SGBV, and the development of the SGBV manual for persons with disabilities)?	
7.3	إلى أي مدى كانت أنشطة المشروع متناسقة مع الجهود والسياسات المتبعة من قبل المنظمات المحلية والعالمية التي تنفذ مشاريع مشابهة ضمن المنطقة؟	

	To what extent were the project activities consistent with the efforts and policies of local and international organizations that implement similar projects in the region?	
7.4	ما دور وفعالية آليات التحويل في تعزيز التنسيق بين الجهات العاملة على دعم الأشخاص ذوي الإعاقة في المنطقة؟ What is the role and degree of effectiveness of the referral mechanisms in enhancing coordination between agencies working to support persons with disabilities in the area?	
8	Gender mainstreaming التعميم الجندي	
8.1	كيف تم بناء أنشطة المشروع بحيث تكون ملائمة لجميع شرائح المجتمع حسب النوع الاجتماعي والجنس؟ أرجو التفصيل How were the activities designed to be suitable to all the different segments in the community in terms of gender? Please elaborate	
8.2	هل اخذ المشروع بعين الاعتبار الحاجات المختلفة لكل من الذكور والإناث المستفيدين من المشروع؟ وكيف ذلك؟ Did the project take into account the different needs of both males and females benefiting from the project? How did it do so?	
8.3	ما هي آثار المشروع على الأدوار الجنسانية ضمن الأسر؟ How did the project impact gender roles within the families?	
9	Approach comparison المقارنة بين نهج تقديم الخدمات	
9.1	برأيك، ما الفرق بين النهج التقليدي (تلقي الخدمات ضمن المراكز الأمانة والعيادات) والنهج المجتمعي (تلقي المساعدة في المنزل)؟ أي منهما أكثر ملاءمة، ولماذا؟ From your perspective, what are the differences between the clinical approach (going to the safe space) and the community-based approach (receiving the aid at home)? Which is more appropriate and why?	
10	Closure الختام	
10.1	هل هناك أي ملاحظات أو نقاط تود طرحها أو أي تعليقات تود مشاركتها معنا؟ Is there anything else you would like to add or any comments you would like to share?	
10.2	ملاحظات الباحث Researcher comments and observations	
شكراً على وقتك		
Thank you for your time		

Appendix VII - Qualitative Analysis Report

Parent FGD Baalbek (3)

FGD 1 = 13 parents (all female)

FGD 2 = 10 parents (all female)

FGD 3 = 10 parents (all female)

Parent FGD Barr-Elias (3)

FGD 4 = 7 parents (1 M + 6 F)

FGD 5 = 9 parents (2 M + 7 F)

FGD 6 = 8 parents (2 M + 6 F)

Context and challenges	From both the economic and security perspectives, the situation is difficult. Prices are increasing and income-earners are increasingly becoming unemployed Due to the situation, the tension and stress faced by both parents and children has increased. Children feel the stress their parents are facing and are stressed themselves because of it. There are no spaces, public or otherwise, equipped for people with disability. Historically, the community included a middle class which has now been decimated due to the worsening economic situation. Children with disabilities have needs beyond the services catering to their disabilities. Caregivers are facing the challenges of providing costly basic needs such as milk and diapers, transportation, and other medical expenses such as medications and medical bills. Moreover, these caregivers are also facing social challenges in trying to integrate their children in the community. For caregivers, the local community lacks the awareness needed to accept children with disability. Moreover, the surrounding community is a constant source of stress for CWD and their caregivers. Caregivers were able to participate in several activities (physiotherapy, PSS, activities for motor skills, activities for tactile skills i.e. sewing and cubes) as well as training sessions. Such activities allowed caregivers to support their children and reinforce their children's personality and ability to be integrated with other children. As a result of the COVID-19 epidemic the stress and tension faced by caregivers and children increased, in big part due to being confined at home. Moreover, caregivers noted that CWDs condition worsened due to online education.
Relevance	This project responded to the need of each child based on a preliminary assessment. For example, providing physical aid devices, specific techniques for every child. Given the way this project was designed; it is relevant to the needs of every child with disability. The activities are very relevant to the need of each child from an individual perspective The CWD selected for this project had a need for the devices provided since the

	parents were unable to support them financially. In Barr-Elias, schools specializing in speech therapy are not available and there are no schools specialized for CWDs. As stated by caregivers, there was no participation in the design of this project. "We learned about this project after it started." Caregivers took part in the implementation of the project activities as they received training on how to deal with their child's case - such as through physiotherapy and speech therapy - and support their children in the future.
Efficiency	The project also provided PSS activities (for caregivers and children) which was a need for beneficiaries as well as educational support for CWDs. All the materials needed were provided during the activities and children received toys The number of sessions provided was sufficient and the number of the cadre as well Caregivers disagreed regarding the sufficiency of the number of sessions and cadre. For some of them, it was enough but for other groups, more are needed. Those who disagreed stated that the number of staff were not able to cover all the cases for CWD. There is a need to have more than two staff visiting the house during the home visits Staff had sufficient knowledge and expertise and treated children in a lovely manner. These staff were able to enhance children and caregivers' morale "Children listen to the [project's] cadre more than they listen to [their] parents" There is a need to enhance and increase the training sessions given to caregivers during home visits
Effectiveness	The quality of the services provided was very good as well as the physical aids provided. Staff were able to follow up with CWDs and their parents. For caregivers, in particular for the timing of visits there is a need for more coordination between the parents, the school, and the staff since schools did not accept that the child needed to be excused from school to attend these sessions. Caregivers also suggested that the expert from the centre should coordinate with the classroom teacher where the CWDs receive their education (holistic approach).
Impact	"I wasn't able to deal or communicate with my child, as a result of this project, I am confident about that [my ability to do so] now" "When I attended the sessions, I understood my child's condition, I understood what the treatment was, and I understood how I could come to understand my child [from inside, as an individual]" "When we learned more, we were able to transfer that knowledge to our

	children and answer their questions” Caregivers’ knowledge, understanding, and ability to support children with disability improved as a result of this project. Caregivers stated that they asked the specialist a lot of questions about their children’s treatments and were provided with the answers needed Moreover, the direct impact of this project was the improvement and positive effect of the activities on children’s physical and psychosocial status. “His personality became stronger; he now has self-confidence” The project lessened some of the parents’ financial burden and helped them release some of the tension and stress and it also improved their capacity and patience in dealing with their children “My daughter was given a pair of special shoes and this helped her improve and alleviated my financial burden” “The activities reinforced my child’s cognitive ability” “The activities enhanced my child’s well-being; she felt very happy when she started being able to speak properly and use the phone”
Sustainability	Some children maintained the progress made after the end project while others regressed. Caregivers feel that the sustainability of the project hinges on the continuity of project activities. “[As a parent, I] cannot support like the specialist can, I can help but I cannot heal” Parents’ ability to better deal with their children and their children’s disability - as a result of the knowledge and skills gained through this project - contributes to the overall sustainability
Coherence	<u>Baalbek</u> There is another organization <i>Dari The Psychosocial Centre in Baalbek</i> which provides PSS. There is also <i>Dar al Aytam</i> (دار الأيتام) which provides speech therapy and انشغالي One of the parents mentioned that some centres only cater to Lebanese and do not provide services for Syrians. <u>Barr-Elias</u> There are two centres مركز المساواة and مركز سامز which provide services including a psychologist, speech therapy and علاج انشغالي but they do not usually respond in a good way. Noting also that سامز is dedicated to Syrians. There are also Caritas which provided PSS sessions for caregivers. The International Red Cross provides physical aid devices. There is also قلوب من نور.
Gender	The project took into account the needs of both male and female participants. “The project taught us not to differentiate on the basis of gender” There were sessions for mothers and daughters about personal hygiene.

	The project helped reduce differences in the roles of boys and girls within the family. “I started having discussions with my husband about his and my role within the family and we agreed to switch roles from time to time”
Traditional vs Community-based approach	Caregivers prefer that their children receive the service by going to the centre for the following reasons: - Children are more receptive to the treatment in the centre than at home - Children can integrate with others at the centre - The equipment and devices available at the centre are not available at home - Going out to go to the centre is a nice change of pace and atmosphere for both children and parents - As per parents’ observation, children’s self-confidence increases due to going to the centre - Disability is normalized as they are exposed to other CWDs Caregivers who prefer the community-based approach support the idea according to the following: - It costs less (transportation) - There are other children in the household and the caregiver needs to be present at home - Caregivers learned from the specialists how to support their children Moreover, caregivers noted that if the CWD cannot move due to their condition, then the community-based approach is preferable but if this is not an issue then the tradition approach is better for the reasons stated above.
Notes/Recommendations	There is a need to have awareness sessions targeting communities so that they can grow to accept children with disability, especially in terms of integrating CWD into schools. Moreover, there are unmet basic needs that need to be covered (holistic approach). It could be beneficial to equip a public space and make it accessible for PWD (as part of a holistic approach and in a push towards sustainability). One need that the project did not tackle was the integration of children with disability into schools. Caregivers stated that there is a need to coordinate more with school administrations in order to integrate CWDs within schools and classrooms. Moreover, there is a need to plan the program of this project around the schedule of children that are attending school so there are no time conflicts between the two. There are also time conflicts with the schedule of family. “In case there’s school, it’s preferable to have the activity in the afternoon” There is also a need to provide transportation services either in the form of transportation allowance or specialized vehicle There is also a need to have activities for caregivers while they wait for their children at the centre There is no evidence of caregivers’ participation in the design, monitoring, or

	evaluation of the project. In terms of sustainability, caregivers would like for there to be continuous follow up from the centre asking about the caregiver and the child. It could be useful to have activities at the centre whereby children with disability can interact with other children in an effort to enhance integration and promote CWD's self-confidence. Parents feel there is a need for continuous medical support by a paediatrician funded by any such project Caregivers requested support for the need wherein the adult CWD requires employment. According to caregivers, it's only the CWDs' parents who are playing a role in CWDs' life and on the issue of disability; there is a clear absence of the community and school on both these fronts.
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FGDs with children Baalbek (2)

FGD 7 = 9 children (5 F + 4 M)

FGD 8 = 10 children (2 F + 8 M)

FGD with children Barr-Elias

FGD 9 = 7 children ()

Relevance	Nine out of 9 children stated that staff were friendly and that they felt safe in the rehabilitation centre. Staff treated children very well in a highly respectful manner. Children enjoyed the activities that were conducted (such as courses in computer, sports, painting, and rehabilitation sessions). Therapists asked children about their feedback regarding the best therapy treatment.
Efficiency	The therapists were next to me whenever I needed them. Most of the children stated that they received between one and two sessions per week for Baalbek and two and four for Barr-Elias. The number and frequency of the sessions was enough and sufficient for children. “I was in pain before the session and afterwards I would feel better” “I was always looking forward to attending these sessions” Children agreed that the therapist would respect their opinions especially regarding the activities conducted and the treatment provided.
Effectiveness	All children agreed that they had benefited from the rehabilitation sessions and from the physical aid.
Impact	All the children agreed that they felt better both psychologically and physically after receiving the rehabilitation services. “I am now able to move and able to walk” “I’m not shy anymore, and I started being able to speak” All agreed that they can interact efficiently with others around them. Moreover, they all reported having positive interactions with people and feeling confident and happy during said interactions. They all said they can act well in different situations both in school and with relatives. “I am more able to move my arms and legs”
Sustainability	They all reported feeling safe and a sense of belonging in their surrounding community. The children feel like the improvement that they achieved is sustainable because they benefitted on a personal level. Three out of 7 children in Barr-Elias said they did not feel like they belonged in their community because they see themselves as different due to their physical disabilities. Four out of 7 children in Barr-Elias said they needed more treatment

	sessions.
Traditional vs Community-based approach	For Baalbek, five children said they did not agree that receiving treatment at home is better than going to the centre. Some children stated that they did not like receiving the treatment in front of their younger siblings. One child stated that there is more opportunity to play at the centre. One was undecided about the traditional vs community-based approach and three opted for the latter mentioning they felt more comfortable at home. For Barr-Elias, five children said they did not agree that receiving treatment at home is better than going to the centre. They stated they wanted to go to the centre to socialize and interact with their peers. The remaining two children said they prefer receiving the treatment at home because they did not want to inconvenience their parents with the transportation.
Notes/Recommendations	It is important that conducting FGDs with CWD was especially challenging. Moreover, one of the FGDs with children in Baalbek was not considered towards the section on traditional versus community-based approach because of the age and comprehension ability of the children interviewed.

Key Informant Interviews

KII 1, 2, 3, 7, 8, 9, 10, 11, and 12 = rehabilitation workers (4, including coordinator) + physical therapist + psychological therapist (2) + occupational therapist + speech therapist

Relevance	The project activities (rehabilitation and physical aid, capacity building, SGBV manual development, PSS, and enhancing the referral system) addresses the acute needs of children and their families and the community. When parents were informed about the start of such activities, they were very happy given that it is a need for their children. We worked to train parents on how to deal with their children and provide the support at home. We also coordinated with educational centres and schools in order to support children with disability. The provided services, activities, and physical aid are essential in order to serve CWD. The area lacks such types of projects that can serve children with disability which is why this was a need. The parents have been requesting such projects for a while. The activities ensured that the required objectives were achieved First the team set the plan taking into consideration the specific need of each child and after the children underwent tests. This was done based on a standard form that was filled for each child. Then each specialist provided their feedback regarding each case and tailor a plan of activities and then the activities were implemented. Moreover, the specialists would revise this plan on a monthly basis. The activities were very relevant to the context and surrounding community. The physical therapist stated that specialists worked to enhance the skills of rehabilitation workers. She also stated that training sessions (regarding occupational therapy) were provided for teachers at schools. The psychological therapist stated that the area is poor and in need of these services. The speech therapist stated that she organized group sessions with parents to facilitate the work with children and to save time in order to serve a larger number of children. The speech therapy did not undertake home visits. The project did not cover hearing aids.
Efficiency	Rehabilitation workers were provided with needed training and have been in direct contact with specialists for support. All the needed physical aid material for children were provided noting that the hearing aids were expensive. For certain operations, they tried to coordinate with other organizations. They did not cover the cost of expensive operations and medication. Both in the clinics and during the activities, all the needed materials were provided. Rehabilitation workers were provided with the needed trainings and

	opportunities and this is due to the quality of the trainers. They received training on speech therapy, psycho-social therapy, gender, drama, SGBV, children's rights, and occupational therapy. The materials and services provided included: toys, physical aid, stationary, transportation; all were used efficiently. "We reached 527 children, which is a big number" [Physical therapist] "We worked on enhancing the independence of CWD and supported them psychologically" There was enough time for coordination. There is a need to increase the number of sessions based on the specificity of each case. The speech therapist stated that staff need more training in terms of speech therapy. Moreover, in her opinion, not all the goals were achieved. The speech therapist did not start from the beginning of the project. [the delay was reiterated by the rehabilitation workers' coordinator]. The project was able to exceed the set number target for beneficiaries according to the rehabilitation workers' coordinator.
Effectiveness	We achieved good success with children's progress towards the set goals and objectives due to good planning and a clear structure of work. The project is of good quality, the toys provided are very good. The road closures - due to the protests - weather conditions in the winter season, and COVID-19 affected the implementation of the project. They used a form to record the progress in the children's situation using various indicators. The speech therapist stated that they were not able to achieve the implementation of all the activities within the time span of the project due to the following reasons: (1) the speech therapist did not start work at the beginning of the project, (2) delay in receiving physical aid tools, and (3) the absence of a trained team regarding speech therapy. The staff selected for this project had the needed relevant experience.
Impact	The impact of the project is that children's situation improved as well as the knowledge parents acquired in order to deal with their CWD. Another impact of the project is that parents learned to accept their children and their children came to accept their disability. In addition, fathers were attending these sessions as stated by the psychological therapist. The parents came to realize the importance of having their children be integrated into schools. This project helped relieve the parents and helped the children both physically and psychologically. Children now have self-confidence. "Parents had despaired before this project and did not believe their children's condition could be improved - the change and proof of the contrary due to the implementation of this project gave them hope". This project reduced the costs that need to be shouldered by the parents. The speech therapist stated that the impact is apparent in the way parents treat

	their children, their thinking about the type of disability, their responsiveness vis-a-vis the expert. Moreover, the speech therapist said that the training the cadre received falls under impact as the cadre now has knowledge and skills relating to speech therapy, as do parents. According to the psychological therapist, this project enhanced psychological well-being and the self-confidence of participants. Moreover, it helped the cadre clearly understand SGBV and they were able to take it into consideration during daily work.
Sustainability	The knowledge parents acquired is considered to be sustainable because it is a life skill; they learned how to deal with their children's condition, details about the condition, how to come to accept it, how to adapt. All of these are considered to be sustainable for a long period of time in that parents are able to sustain it for a long period of time. There was no apparent exit strategy that was conducted at the closing of the project. Moreover, the knowledge and the skills acquired by staff on how to deal with CWD is sustainable in that staff are able to sustain it for a long period of time. The physical therapist stated that the rehabilitation workers acquired skills that they can maintain and use. The occupational therapist stated that the rehabilitation workers are well-equipped to deal with psychological, occupational, and speech therapy cases. These experiences and skills are long-term gains. The speech therapist said that the training the cadre received and knowledge and skills they and the parents have gained are long-term. The psychological therapist stated that the knowledge and experience the cadre gained on SGBV are long-term gains.
Coherence	There is an organization called SAWA and they coordinated with that organization in order to ensure that there was no duplication in terms of service provision. Moreover, Caritas Lebanon provides physical therapy services. There is also an organization called Arcenciel providing physical aid, speech therapy, occupational therapy as well as an organization called Musawat providing these same services. "The child is at the centre of our activities, and all the activities done under this project targeted the child. Domestic violence against children and in particular girls is present and there is also sexual violence against CWD" There is a referral system in place with other organizations working in the same domain. In each organization there is a focal point tasked with coordination with other organizations. The speech therapist stated that for speech therapy they also coordinated with UNRWA. Referral plays a central in enhancing the quality of the services in a short period

	of time and that's due to coordination between several organizations.
Gender	There were activities especially tailored for girls but most of the activities were aimed at both boys and girls. However, they took into consideration some female needs relating to personal hygiene, menstruation, and puberty. There is violence from the father towards girls more so than towards boys. The project worked on developing respect between family members. "The father and the mother are now able to play their respective roles within the family supporting CWD" The project did not differentiate between male and female CWD, all benefitted [occupational therapist] Both male and female participants understood their roles and that they are based on equality and that raising children is the responsibility of both parents - and not as per the understanding prevailing in the surrounding community.
Traditional vs Community-based approach	The community-based approach is more relevant to parents since it reduces the cost of their participation in the project especially if there is more than one CWD per family. From the other side however, the traditional approach is more relevant to children because it's a safe place and it presents a change of atmosphere for children. Moreover, the specialists are more comfortable conducting the treatment at the centre. One rehabilitation worker mentioned she preferred the traditional approach as she would be able to gauge the situation and dynamics for the family. Another rehabilitation worker mentioned that both approaches are needed. At the centre, children get to know other CWDs and can socialize and form friendships. It's easier for the specialists to be at the centre wherein all the facilities are available and within reach. [Physical therapist] The home approach has less costs to parents and ensures that parents and children continue with the treatment. The psychological therapist only stated that the clinic was preferable. In specific for cases of autism, the occupational therapist stated that the home approach was not viable and there was a need for coming to the centre. The occupational therapist prefers the community-based approach because the parents cooperate more, and this facilitates their participation in the project. The speech therapist stated that for speech therapy the clinic was more appropriate than the house. The psychological therapist stated community-based approach aims to include all the different groups in the community in supporting PWD and for this reason, he supports it. According to the rehabilitation coordinator, in the community-based approach - home visits - parents are partners in the provision of services to the children.

Notes/Recommendations	<u>Notes</u> The main challenges encountered by the team were: - Domestic violence - Early marriage - Parents' refusal to accept their children's disability - Discrimination against CWD within the family and the community <u>Recommendations</u> There is a need to rehabilitate the homes of CWD which will support both the parents and children. The training that rehabilitation workers still lack are the ones relating to Excel and data reporting and more training is needed on advanced treatment methods, case management, and crisis management. There is a need to develop and launch a working group for all the organizations working with PWD and CWD to share treatment methods and exchange knowledge. It is recommended to take into consideration and enhance the timing, duration, and number of sessions because this is highly dependent on the specificity of each case. The speech therapist suggested it would be better to have a dedicated speech therapist for every centre. The speech therapist also recommended having a trained team ready from the very beginning of the project and to train the parents at the centre. The rehabilitation workers' coordinator stated that there is a need to provide educational support for CWD.
SGBV	The SGBV specialists recommends having legal services as part of the SGBV provided. The SGBV manual was based on a baseline and FGDs conducted with CWD, women, and men. The project staff was trained on the manual and what they learned in SGBV will be sustained in the long-term.

KII 4 and 5 = Barr-Elias and Baalbek municipality representatives

Context & Background	
Relevance	The project activities (rehabilitation and physical aid, capacity building, SGBV manual development, and enhancing the referral system) addresses the acute needs of children and their families and of Barr-Elias. As a municipality they supported the project by providing the logistical support necessary to visit refugee camps and by following up on what activities were being conducted.
Efficiency	
Effectiveness	It's the best project ever done in this area. From the Barr-Elias municipality representative's personal connection with parents, they were satisfied with the activities provided. The services provided were of high quality and the staff were experts. Staff showed high proficiency in dealing with children. There is a need to increase the number of sessions and the number of staff. "Rather than having one session per week, let's have two or three. And let us not stop these types of projects"
Impact	This project had a direct impact on parents as they started having hope that their children could get better. Additionally, it supported the parents financially as it provided them with a service that they could not otherwise afford. Finally, the project provided parents with training and knowledge that will remain with them and enable them to support their children. It was obvious to the Barr-Elias municipality representative that this project impacted children's well-being since he could sense an increase in their self-confidence. Children benefited from the treatment. There is a change at the level of the Barr-Elias community regarding PWD.
Sustainability	Parents were trained on how to provide support to their CWD and this is sustainable for a long period of time. Children have a greater ability in regard to movement and speech As a municipality, we support such types of projects, but we have limited resources.
Coherence	In Barr-Elias, the Red Cross provides physical aids to children. In Baalbek, the Randa Berri and Mohamad Khaled organizations provide support and coordinate amongst each other.
Notes/Recommendations	In Baalbek, the municipality is trying to provide spaces for people with disabilities. It is worth mentioning that from the perspective of the Barr-Elias municipality, the activities took into consideration the culture and tradition of the area.

KII 6 = Himaya representative (discussing referral system)

Relevance	The area needs such type of projects and we as Himaya ask UNICEF to provide additional support. There is a need for more support for the rehabilitation of homes of families with PWD, physical aid support is always a need.
Effectiveness	The service is good but there are sometimes delays in service provision. In some cases, services are delayed three or four months. The challenges faced by this project include the economic situation, the distances in the area, the security situation in the area - especially Baalbek, and the social unrest due to the uprising in Lebanon.
Coherence	From the perspective of the Himaya representative, these types of activities are only being provided by this project, in Baalbek specifically. As Himaya, they are referring a lot of cases - around 30 - to this centre and the centre is responding to our referrals efficiently, all of the referred cases benefited.
Notes/Recommendations	There is a need to support the opening of this type of centres in other parts of the Baalbek governorate. The families do not know what services the organization is providing and there is a need to share this information with them. There is also a need to take into consideration children with Down syndrome.

KII 13 and 14 = Project Manager + Project Coordinator

Relevance	This project the urgent needs of children and their parents. The proposal was written based on a need's assessment study. They went beyond serving the child to serving the needs of the community surrounding the child. We tried to get the child to a safe space/place. We enabled parents to deal with their children. They trained parents on rehabilitation activities, educational games, and the parents became more aware about the danger of child molestation. They also provided children with physical aids. The Bekaa is a poor area and there is sexual exploitation of girls with disabilities. An assessment was conducted for every Child, followed by the development of a customized plan that demonstrates the situation of the child at the beginning of the intervention (baseline). Moreover, an occupational profile is conducted for each child which consists of the assessment of the child from an occupational perspective, general goal for the child - usually the staff follow the progress of these goals. There is also a physical assessment, one for speech therapy, and there are monthly meetings to measure the quality of the activities and the status of each child in the presence of all specialists. This project was aimed at the most vulnerable population in Lebanon and the refugees living in the Bekaa are the most vulnerable. Rehabilitation treatments are costly, and parents cannot afford them, especially for occupational and speech therapy. Parents are a main partner in the project implementation. Municipalities were included in the project design; they signed a Memorandum of Understanding. The team took three months at the beginning of the project to plan for every single activity of the project. Based on the need's assessment, they uncovered the need for educational integration and the eventual employment for the CWD in order to secure their livelihoods - which can be a job or having their own small business. In the Bekaa, there is historically a lack in the services provided to PWD.
Efficiency	The budget was set so as to meet all the needs. There were difficulties in securing a speech therapist and that is due to the scarcity of speech therapists in Lebanon. The resources were used efficiently in order to achieve the goals of the project. The cadre received extensive training. The specialist and the rehabilitation worker would go on home visits together: the specialist would train the mother and the rehabilitation worker would observe and learn. Moreover, the rehabilitation workers would receive training sessions at the centre in addition to the training conducted in the field during home visits. All the activities were implemented but in regard to the SGBV guide the implementation was not completely achieved The PM stated that the outcomes were achieved but she is aiming to changing the mentality of the community so that it becomes a community that integrates PWD and this has not yet been achieved. The PM stated that the project indicators were formulated according to the need's assessment conducted at the beginning. Moreover, the team developed means of verification and tools to

	support these indicators (child profile, assessments, follow up plan).
Effectiveness	The project activities were implemented according to the set plan. The services are of high quality and this is apparent from the positive relationship between the project staff and the parents of CWD. Moreover, the added value of this project lies in that it developed a SGBV manual specifically for CWD. There is a need to increase the number of project staff in order to have better follow up of the project activities, plan, and project indicators. For speech therapy, the target was 200 and they reached 158. Moreover, 65 got hearing assessment and 93 got speech therapy treatment. For physical therapy, the target was 360 and 397 were reached. For occupational therapy, the target was 200 and the reach was 283. For psychological therapy, the target was 200 and the achieved 288. They faced challenges due to the weather conditions in the Bekaa in the winter and the security situation. In addition, there were many challenges relating to entering refugee camps and especially the delays caused by needed to secure entrance requests. Another challenge was convincing parents that their children's situation could improve. There were delays in the bidding necessary to procure the physical aids. There were no vehicles and drivers available to rehabilitation workers, which complicated the at home follow up - they received a transportation allowance instead.
Impact	One of the impacts of this project - which was unintended - was the educational integration since some of the CWD were prepared to enter formal schools, the team coordinated with schools and the CWD were integrated into those schools. They were able to integrate 5 new CWDs and follow up with 5 existing cases in the schools. 200 families' lives changed as their way of dealing with their children's disabilities improved. These families got the knowledge and skills on how to deal with the CWD within the family. Another impact is the capacity development of rehabilitation workers who - through both theoretical and practical training - have gained knowledge about how to deal with CWD. The community-based approach - provided at home - was a new experience for the specialist and added to their aspect of work and their belief in the importance of the parent's role in the treatment of CWD. The SGBV training provided needed information and techniques for rehabilitation workers to identify and deal with cases that are subjected to violence. This led to an agreement with IRC to coordinate further in order to provide these types of services. The project had a positive impact which includes a direct impact on families regarding their understanding of their role in supporting their children. The project impacted parents' knowledge, PSS, and from a psychological

	perspective. The project also changed the outlook of staff and parents regarding CWD. Moreover, this project strongly enhanced the referral system for CWD and services covering disability. The referral system positively impacted the relationship between organizations working on the subject of disability. The change towards the community-based approach and the ability of the staff to adapt to this approach is also considered to be an impact of this project. It was also obvious during the COVID-19 confinement that parents are able to continue with the treatment for their children.
Sustainability	Based on the meetings with parents, mothers are knowledgeable on how to deal with their children's disabilities. "These mothers became references in their communities on disabilities and they are able to provide guidance to others in their community on the topic of disability" Moreover, parents are now aware of other disability service providers in their areas and they can refer other PWD and CWD to these service providers. Rehabilitation workers - through both theoretical and practical training - have gained knowledge about how to deal with CWD and this is sustainable for a long period of time. Parents and staff are able to sustain all the knowledge acquired under this project for a long period of time. The agreement with parents was to provide sessions that range around 10 sessions according to the case and that it would be their responsibility as parents to continue their treatment with the CWD. In addition, as MPDL we provided all the equipment for the الاتحاد اللبناني للمعاقين LUPD(?) and they are responsible for the sustainability of this project and they are continuing the work with the CWD according to the project coordinator. The shift towards the community approach and the staff's adaptation to it are considered as long-term gains. Moreover, the referral system is a strong contributor to the sustainability of this project.
Coherence	They referred 146 cases and accepted 200 cases that were referred to them (numbers provided by the project coordinator). Other organizations are providing a clinical rather than community-based approach. This project is in tandem with the approach and efforts of the global and local community.
Traditional vs Community-based approach	The importance of the community-based approach is that parents have a central role in this project and this approach helped parents understand their children and how to deal with their disabilities. Moreover, it saved the parents the cost and hassle related to transportation. The community-based approach is a Launchpad for sustainability. "The family has become a rehabilitation unit to support the child with disability,

	parents have become the therapists” and this allows parents to support CWD at any time. Based on previous experiences with similar projects, parents had no role in their child’s treatment which is not the case with the community-based approach used under this project. By including the parents in this approach, they were able to understand the objective of each activity, especially playing and games as a form of treatment. The community-based approach also ensures that parents will be committed to following up on their children’s treatment. Moreover, these parents are also spreading knowledge on the subject of disabilities in their communities.
Gender	Gender was taken into consideration during the preparation and the conduction of activities. The role of males and females within the family was taken into account for the sessions.
Notes/Recommendations	There is a need for additional training in order to improve the quality of the services delivered such as case management, advanced assessment, and the integration of technology for reporting and assessing needs.

Appendix VII - REM resulted Ripples

TABLE 10 - FIRST REM SESSION RESULTS

Session 1 – Bar Elias		
First Ripple	Second Ripple	Third Ripple
1. Enhance the working skills of people with disabilities	1.1. Helping PWDs find job	1.1.1. Getting PWDs jobs
	1.2. Increasing PWDs' knowledge of the means of searching for jobs	1.2.1. Enhancing PWDs' self-confidence
2. Provide rehabilitation activities	2.1. Achieving behavioural compatibility	2.1.1. Overcoming shyness
		2.1.2. Overcoming aggressiveness
	2.2. Providing psychological relief for the mother and the child	2.2.1. Achieving community acceptance
		2.2.2. Reducing feelings of fear
	2.3. Weight loss	2.3.1. Helping people with disability improve their mobility
	2.4. Healthy eating and sleeping habits	
3. Promote mental health	2.5. Parents can provide rehabilitation activities for their children	2.5.1. Continuing the rehabilitation activities in sustainable way
	3.1. Improve physiological and physical well-being through physiological, physical, speech, and SGBV rehabilitation activities	
4. Provide awareness sessions for parents	4.1. Improve the physiological well-being of children	4.1.1. Parents develop advising groups
	4.2. Parents develop games and toys for their children	4.2.1. Using the raw materials to develop useful toys for children
		4.2.2. Helping the occupational rehabilitation activities of children with disabilities
	4.3. Knowledge of other NGOs services	4.3.1. Improve families trust vis-à-vis NGOs
		4.3.2. Developing a network of NGOs to help with timely case referral
		4.3.3. Families can access support in a timely way
5. Enhance the life skills of PWD	4.4. Sharing and exchange of experiences	4.4.1. Increase the awareness and knowledge of staff and families
		5.1.1. Improve the engagement of children with their surrounding (family and community)

6. Provision of assistive devices	6.1. Help people with disability improve their mobility and lifestyle	6.1.1. Children with disabilities feel happy / enjoy enhanced psychological wellbeing
	6.2. PWDs can maintain proper physical positions	6.2.1. Reducing deformations and muscle cramps
7. Provide awareness sessions for children with disabilities	7.1. Children can identify abuse, improper behaviour, and harassment	7.1.1. Children can report abuse and harassment
	7.2. Understand the nature of healthy and unhealthy relationships	7.2.1. Self-protection from exploitation
		7.2.2. Improve self-awareness and self-security
		7.2.3. Children with disabilities are not afraid to talk about their cases
		7.2.4. Children with disabilities can face abuse and offensive actions

TABLE 11 - SECOND REM SESSION RESULTS

Session 2 – Baalbek		
First Ripple	First Ripple	First Ripple
1. Conducting in-house rehabilitation sessions	1.1. Improve children’s self-confidence	
	1.2. Increase parent’s knowledge	1.2.1. Transfer the knowledge to the family and its surroundings
	1.3. Sharing and exchange of experiences	1.3.1. Empowering staff and families and increasing their capacities
		1.3.2. Identifying cases more efficiently
	1.4. Achieving sustainability	1.4.1. Reducing parents’ burden
	1.5. Families have more knowledge and capacity about disability rehabilitation activities	1.5.1. Families are better able to provide rehabilitation activities for their children
		1.5.2. Achieving rehabilitation activities sustainability
	1.6. Developing a more efficient case system follow-up by the families	1.6.1. Improve the physiological and physical wellbeing of the family and children
	1.7. Rehabilitation staff are more aware of each family’s case and circumstances	1.7.1. Provide more efficient rehabilitation activities for children
1.7.2. Enhance the efficiency of the referral services to other organizations		
1.7.3. Referring families to more effective rehabilitation activities		
1.8. Enhance families’ knowledge and understanding of the rights of children with disabilities	1.8.1. Families are more receptive to their children’s disabilities and rehabilitation activities	
2. Conducting physical, psychotherapy, and occupational therapy sessions	2.1. Psychotherapy for the effects of war on children	2.1.1. Achieving independence and relieving anxiety and fear in children
	2.2. Helping children become self-dependent, walk and move properly	2.2.1. Increase children’s self-confidence
		2.2.2. Help children with disabilities achieve balance in their lives
3. Increase awareness and coordination between staff	3.1. Enhance the follow-up system to measure changes in children’s cases	3.1.1. Families are more engaged in deciding the subjects of sessions
		3.1.2. Improve the time and period of the rehabilitation activities

		3.1.3. Children are responding more to rehabilitation activities
		3.1.4. Rehabilitation activities are more organized
4. Conducting family group (Participatory learning and action groups) sessions in the centre	4.1. Exchanging and sharing experience between families	4.1.1. Families have more opportunities to participate
		4.1.2. Families are owning the intervention and more interested and knowledgeable
		4.1.3. The concept of disability is more accepted and within families and treated more properly
5. The staff include people with disabilities	5.1. Fostering hope for the future for the child and their parents	
6. Changing the community's perception of rehabilitation and the concept of disability	6.1. Understanding the rights of people with disabilities	
7. Enhance communication		
8. Enhance the referral system	8.1. Engaging local schools in the referral system	8.1.1. Helping children access local education systems
		8.1.2. Enabling more efficient follow-up and monitoring of children with disabilities cases in schools
9. Treating the impacts of violence on children	9.1. Enhancing the psychological well-being of at-risk children	
	9.2. Being able to refer at-risk or survival children to specialized organizations	9.2.1. Provide protection services to affected cases