



EVALUATION REPORT

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon

February 2017

This publication was produced at the request of the United States Department of State. It was prepared independently by Kimberly Howe, with assistance from Julia Rizvi, Kate Seibold, and Gabrielle Plotkin.

EVALUATING THE EFFECTIVENESS OF SHELTER, HEALTH, AND EDUCATION PROGRAMS FOR IRAQI AND SYRIAN REFUGEES IN LEBANON

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ACRONYMS

AUB	American University of Beirut
DoS	U.S. Department of State
ECE	Early Childhood Education
EQ	Evaluation Question
ET	Evaluation Team
FY	Fiscal Year
GoL	Government of Lebanon
IMC	International Medical Corps
IRC	International Rescue Committee
IS	Informal Settlement
KI	Key Informant
MEHE	Ministry of Education and Higher Education
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NP	Non-Government Organization Partner
PHC	Public Health Center
PRL	Palestinian Refugees from Lebanon
PRM	Bureau of Population, Refugees, and Migration
PRS	Palestinian Refugees from Syria
PUI	Première Urgence Internationale
RAIS	Refugee Assistance Information System
SGBV	Sexual and Gender Based Violence
SHE	Shelter, Health, Education
SI	Social Impact, Inc.
SSB	Sub-Standard Building
TL	Team Leader
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children’s Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
USD	United States Dollar
USG	United States Government
VASYR	Vulnerability Assessment of Syrian Refugees
WASH	Water, Sanitation, and Hygiene
WFP	World Food Program

EXECUTIVE SUMMARY

Evaluation Purpose

This evaluation is part of a 16-month effort to examine the effectiveness of shelter, health, and education (SHE) programs funded by the U.S. Department of State's Bureau of Population, Refugees, and Migration (PRM) for Syrian and Iraqi refugees in Lebanon, Jordan, and Turkey during fiscal years 2012-2015. This report focuses specifically on PRM-supported SHE programming in Lebanon. The evaluation findings and recommendations will guide PRM's funding decisions and diplomatic engagements, increase operational efficiency, inform PRM Refugee Coordinators' monitoring efforts, and enable partners to increase their impact.

Program Background

This evaluation examines SHE programming by three non-governmental organizations (NGOs) and two United Nations (UN) agencies in Lebanon.

- The International Medical Corps (IMC) supports the health sector by funding primary health centers (PHCs) to provide subsidized care to Syrian refugees and host communities, strengthening the capacity of existing PHCs, and providing mental health and psychosocial services to Syrian refugees and host communities.
- The International Rescue Committee (IRC) supports the education sector by providing early childhood education and remedial support for Syrians enrolled in public schools. Previously, it supported community-based non-formal education (NFE) programs for refugee children in Lebanon.
- Première Urgence Internationale (PUI) provides shelter support to Syrian refugees living in informal settlements, and Syrian refugees and hosts living in sub-standard buildings.
- The United Nations High Commission for Refugees (UNHCR) and sub-contractors support a host of activities across multiple sectors for Syrian and Iraqi refugees including: multi-purpose cash programming, primary and secondary health care, and shelter support for refugees living in informal settlements and sub-standard buildings.
- The United Nations International Children's Emergency Fund (UNICEF) and sub-contractors provide support to various sectors, including education support for Lebanese and Syrian children in the form of infrastructural improvements, teacher training, supplies for students and teachers, as well as child and maternal health, cash and transportation for Syrian refugees.

Evaluation Design, Methods, and Limitations

The evaluation team conducted interviews in Beirut and fieldwork in Akkar, the Bekaa Valley, and the South of Lebanon over four weeks in October 2016. The qualitative evaluation approach included a review of program documents; semi-structured interviews with key informants and beneficiaries of SHE programs; and observations of program sites. In total, 43 interviews were conducted with 66 key informants. In addition, 62 group and individual interviews were conducted with 236 beneficiaries. Beneficiaries interviewed include Syrian refugees and Palestinian refugees from Syria and Lebanon, as well as Lebanese host community members. Iraqis were not included in this particular evaluation, as they did not reside in the target areas identified by PRM; however, the report title references Iraqis in keeping with the overall contract title. The main limitations to the evaluation included limited resources, the evaluation's vast scope, contextual complexities, as well as respondent and selection bias.

Conclusions

Questions 1-4 are considered priority by the PRM Lebanon team. Please see pages 9-25 of this report for detailed findings by evaluation question and sub-question.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:

a. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

SHE modalities do not always fit with refugee preferences. In education, the majority of refugees interviewed for this study prefer NFE programs over public school systems due to discrimination, problems with quality, and difficulty with transportation. For the health sector, expectations of refugees exceed basic health standards. However, services can be improved in PHCs where there are shortages of medical staff and medications, as well as periodic difficulties with access. In shelter, material support for tents has a short life (one year or less), and other basic supports including improved access to water and sewerage are needed. Note that these deficits are in part due to Lebanese government restrictions on providing materials that can be perceived as permanent.

b. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

The majority of refugees interviewed reported that services have improved their quality of life. The main exception is students currently attending public schools and families that are not aware of, or continue to wait for, school transportation provided by Caritas—UNICEF's partner. Many refugees are confused about the criteria for inclusion or exclusion for UN support and services, including the reasons behind losing assistance. All beneficiaries reported positive relationships with staff of PUI, IRC, and IMC, but experiences with PHCs are variable.

c. In what instances were parallel structures created (particularly for private health clinics or non-formal education classrooms) and which were beneficial?

Parallel systems are no longer being supported by PRM partners. Previously, IRC had supported a NFE program to increase access to school, as some refugee children had poor access to education without this programming. Based on interviews with Syrian parents formerly accessing IRC's services, the progressive limiting of NFE may result in less access to education for Syrians. Based on UNICEF data, PRM reported an increase in formal school enrollment for the 2016-2017 school year. However, it remains unclear to what extent the reported increase in formal school enrollment is related to limited NFE—and whether increased enrollment will yield higher attendance rates.

2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance? Did the rental agreement model create problems down the road (e.g. evictions, increased rental costs as buildings became upgraded)? Which modalities of rental assistance are most effective and appropriate for the Lebanon context?

Beneficiaries of shelter rehabilitation described that their standards of living had improved with shelter assistance, but they did not describe substantial financial relief. Interviews with non-government partners (NPs) in the shelter sector show that landlords are less willing to provide reductions in rental rates in exchange for rehabilitation support, and municipalities have become more involved in and restrictive of where refugees can live. While beneficiaries reported that landlords are respecting rental agreements, many expressed fear and uncertainty about the end of the lease period. Partners are

extremely limited in the monitoring data they collect from beneficiaries after rental agreements have been terminated. In addition, systematic evidence has not been collected on market effects of various interventions, nor have comparisons been drawn between the outcomes of different types of shelter assistance.

3. How could cash assistance programming be more effective, in the context of education, shelter, and health? Were there instances where this cash was used for other immediate needs?

There is limited evidence on the efficacy of providing cash for SHE sectors in emergency or protracted situations such as Lebanon. While cash for rent may help fill an important gap, particularly with emergencies and/or evictions, the Shelter Working Group has not endorsed cash as a modality. For education and health specifically, cash might increase access but will not address the issue of quality, which is problematic in Lebanon. In terms of effectiveness, it will be important to monitor closely the impacts and outcomes of the UNICEF pilot program to determine whether it increases school attendance—and which, if any, unintended consequences.

4. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

The sustainability of any SHE program in the face of donor withdrawal is unlikely, due to the magnitude of the Syrian refugee crisis and the socio-political-economic condition of Lebanon. Public health and education services are already of poor quality in Lebanon, and both sectors are highly privatized. UNICEF and IMC aim to increase the quality and capacity of such services, but these systems remain heavily dependent on external donors. Also, without donor support, shelter support activities will likely cease completely. In terms of refugee self-sufficiency and integration, such aspirations are dependent on the guarantee of basic rights within Lebanon, including freedom of movement (tied to residency permits), ability to work, and access to education. With such a restrictive environment—including lack of political will by the Government of Lebanon to consider integration of Syrian refugees—the evaluation team concluded that partners are limited in their ability to engage in “realistic transition plans.”

5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

PRM has an active role to play in Lebanon, above and beyond providing funds to support the humanitarian response. NGO partners seek PRM’s increased presence, in partnership with the partners or bilaterally, to address several issues pertaining to the basic rights of refugees. The team concluded that PRM and other top officials within the United States Government (USG) could increase their engagement in humanitarian diplomacy to advocate for: easing restrictions on obtaining residency permits; increasing the operational space for shelter actors to use a wider range of materials; expanding shelter activities to ensure safety, dignity and health of refugees; and engaging in rapid responses to emergency living conditions such as the PepsiCo building. However, in so doing, the USG must continue to take a cautious approach in collaboration with multilateral partners to avoid exacerbating an already delicate political situation.

6. Where applicable, to what extent were these services available and utilized by host community members?

Fifteen percent of UNHCR’s current budget supports host communities and host institutions, predominantly for protection activities; water, health, and sanitation; and capacity building of local partners. UNICEF’s interventions target Lebanese and Syrian children through infrastructural

improvements, teacher training and support (for Lebanese teachers and administrators) and homework support. IMC's mental health program is well-accessed by Lebanese, and all PHCs that receive support for health services are accessible and utilized by Lebanese children and adults. Over time, IMC-supported clinics have increased Lebanese beneficiaries as quality has improved. PUI's support in the form of shelter rehabilitation benefits the local economy as well as Lebanese landlords. Three percent of shelter rehabilitation beneficiaries are Lebanese and selected from government poverty lists. However, in the absence of an additional vulnerability assessment, assistance did not necessarily go to vulnerable Lebanese families.

7. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as disabled, female-headed households, Iraqi and Palestinian Refugees from Syria (PRS)?

The number of severely and highly vulnerable refugee families in Lebanon surpasses the assistance available. Only about 11 percent of Syrian refugees receive multi-purpose cash from UNHCR, while the majority of Syrian refugees and PRS are highly or severely vulnerable.¹ A random selection of beneficiaries from partner lists indicated good coverage of vulnerable groups including disabled, female-headed households, and widows. PRS and Palestinian Refugees from Lebanon (PRL) were also present at IMC PHCs. For sub-standard shelter support, the evaluation team randomly selected some Syrian and Lebanese beneficiaries who were not vulnerable, indicating that PUI is not consistently targeting the most vulnerable beneficiaries.²

8. How and to what extent was programming coordinated with local government, local organizations, and civil society?

Local actors play a major role in the facilitation or obstruction of refugee rights and the provision of humanitarian assistance. All NPs engage with local governments or NGOs depending on their programming needs, although most dealings are limited and largely strategic. Relationships with local governments could be strengthened, particularly around shelter and protection concerns. The UNICEF-Caritas relationship appears particularly weak given the gap between program design and beneficiary experience. While civil society is highly fragmented and tied to political-religious groups, there may be local partners that follow humanitarian principles that could be tapped into, as IRC will attempt to do in the coming year.

Recommendations

The evaluation team offers the below recommendations for continued progress in SHE programming. For detailed recommendations tailored for PRM, UN agencies, and NGOs, please see pages 27-29.

1. Protection should be streamlined in SHE programs, and protection advocacy should be a priority for donors and partners.
2. Interventions in the shelter sector should be more sustainable and responses to emergencies should be swift and coordinated with donors, UN agencies, NGOs, and government officials.
3. Seek to improve the quality of public education, and closely monitor outcomes of Ministry of Education regulations that limit NFE programs.

¹ Reported in the VASYR 2016. Note, however, that UNHCR reports that it provides 17% of Syrians with multi-purpose cash, while only 11% report receiving this. The discrepancy is being investigated. These figures do not include the proportion of refugees that receive other forms of assistance from UN agencies and NGOs.

² While an evaluation of UNRWA is not in the scope of this study, UNHCR and PUI described that PRS are often unable to access shelter support due to restrictions related to UNHCR and UNRWA mandates.

4. Local and national health systems should be supported and strengthened to improve health services for Syrian and Lebanese people.
5. Strengthen and improve targeting of and support to vulnerable populations in Lebanon.
6. Strengthen the evidence-base for SHE program modalities.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

Evaluation Purpose

The core purpose of this evaluation is to examine the effectiveness of SHE programs for Syrian and Iraqi refugees in Lebanon, Turkey, and Jordan implemented by five PRM multilateral and NGO partners (NPs) during fiscal years 2012-2015. The overall objective of the SHE program evaluation is to assess the extent to which PRM grantees followed good practices for the various sectors and how programming can be improved in the future. The evaluation findings and recommendations are intended to guide PRM's operational and programmatic efficiency, influence funding decisions and diplomatic engagement, inform PRM Refugee Coordinators' monitoring efforts, and enable partners to increase their impact. PRM plans to use evaluation findings and recommendations to inform calls for proposals, review proposals; and influence future PRM SHE program decision-making and planning in the region.

Evaluation Questions

PRM prioritized a set of evaluation questions for each of the targeted countries. Following are the primary and secondary priority questions set by PRM for Lebanon program evaluation:³

Primary Questions

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?
 - a. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
 - b. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?
 - c. In what instances were parallel structures created (particularly for private health clinics or non-formal education classrooms), and which were beneficial?
2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance? Did the rental agreement model create problems down the road (e.g. evictions, increased rental costs as buildings became upgraded)? Which modalities of rental assistance are most effective and appropriate for the Lebanon context?
3. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
4. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

Secondary Questions

5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

³ Note that questions 1c and 2 were rephrased by PRM for the Lebanon context.

6. Where applicable, to what extent were these services available and utilized by host community members?
7. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?
8. How and to what extent was programming coordinated with local governments, local organizations, and civil society?

For the full scope of work, see Annex I.

PROGRAM BACKGROUND

Country Context

The massive exodus of Syrians over the last several years has resulted in substantial consequences for neighboring countries. Lebanon hosts the largest concentration of refugees per capita of any country in the world, including the highest concentration of Syrian refugees.⁴ In addition to Palestinian refugees, who have had a presence in Lebanon for decades, more than 1 million Syrian refugees in Lebanon are registered with the United Nations High Commissioner for Refugees (UNHCR),⁵ and the total number of estimated refugees is closer to 1.5 million people.⁶ The population of Lebanon before the Syria crisis was approximately 4.4 million, meaning that Syrians now account for one quarter of the country's total population.

This influx of Syrians has increased the existing political, social, economic, and sectarian tensions, and the Government of Lebanon (GoL) response to refugees has been disjointed. Ministries tend to divide their efforts by sector, and there are no overarching guiding principles for legislation that affects refugees. The response has largely consisted of strict regulations, the effect of which has been to make the country an inhospitable environment for refugees long-term. Most notably, the GoL restricted legal residency for refugees beginning in 2014 by requiring additional administrative and financial requirements for residency renewal. Residency permits are expensive for Syrian refugees (\$200 United States Dollars [USD] per person over age 14 per year), and local officials often require a "local guarantor" to authorize a permit, which is difficult and often, expensive, to find.⁷ Additionally, permits stipulate that refugees cannot be part of the formal labor force in Lebanon, which further limits their mobility and livelihoods. As the financial burdens of attaining a permit are often too high a barrier for refugees to clear, the majority of Syrian refugees have no legal residency. In addition to having limited access to the labor market, Syrian refugees are often detained for not having legal residency and are at an increased risk of abuse.⁸ However, refugees tend to be released within 48 hours of arrest.

The political situation in Lebanon has been unstable during the implementation of PRM-funded programs included in this evaluation. The country did not have a president for over two years until President Aoun was elected in October 2016. Advocacy by UN agencies and donors was difficult and largely ineffective during this period due to a lack of interlocutors and functioning political bodies. However, since taking office, President Aoun has appointed a new prime minister, who has formed a new cabinet, thereby increasing the opportunities for effective humanitarian diplomacy.

Lebanon does not have any formal refugee camps; refugees live among Lebanese communities, including in informal tented settlements. According to the most recent vulnerability assessment of Syrian refugees, 71% live in residential buildings, 12% live in non-residential structures, and 17% live in informal tented settlements.⁹ The UN and non-governmental organizations (NGOs) are not allowed to provide settlements with any permanent structures such as concrete and plumbing, in order to discourage the settlements from becoming more than temporary living spaces. This policy is similar to that of Jordan and stems from Lebanon's experience with Palestinian refugees, whose camps became permanent settlements, with ties to security risks and terrorism.

⁴ (UNHCR, 2014)

⁵ (UNHCR, 2016)

⁶ (UNOCHA, 2016)

⁷ (Kullab, 2015)

⁸ (Howe, 2016)

⁹ UNHCR, UNICEF & WFP (2016) Vulnerability Assessment of Syrian Refugees in Lebanon.

Overview of Programs Evaluated

The evaluation team (ET) evaluated the following shelter, health, and education (SHE) programs in Lebanon, supported by the U.S. Department of State's (DoS) Bureau of Population, Refugees and Migration (PRM). Budgetary details and periods of performance are available in Annex V.

International Medical Corps (IMC): IMC has been operating in Lebanon since 2006. PRM supports IMC's work in the health sector, including mental health. PRM provides funds to IMC to support primary health centers (PHCs) in the country, health awareness-raising, and mobile health clinics. For mental health, PRM is supporting the national mental health strategy as well as the operation of mental health clinics throughout the country. For this evaluation, the ET focused on IMC health and mental health programs in the Bekaa Valley and southern Lebanon.

International Rescue Committee (IRC): IRC began its work in Lebanon in the education sector in 2014. Until 2016, it focused on community-based non-formal education (NFE) and basic numeracy and literacy. In 2015, when the Ministry of Education and Higher Education (MEHE) progressively restricted humanitarian organizations from providing full curriculum community-based education outside of public schools, IRC shifted its programming to focus on early childhood education (ECE) and remedial support to children enrolled in public schools. For this evaluation, the ET evaluated IRC's education programs in Akkar District and the Bekaa Valley.

Première Urgence Internationale (PUI): PUI receives funds from PRM to provide shelter sector support through two modalities: 1) support for informal settlements (IS), primarily with tent reinforcements, and 2) rehabilitation of sub-standard shelter buildings (SSB). PUI has been working in Lebanon for 12 years, initially to support Palestinians (2005-2014); since 2012, its predominant support has been to Syrian refugees. For this evaluation, the ET focused on PUI programs in Akkar District and southern Lebanon. In the South, PUI works under UN High Commission for Refugees' umbrella.

United Nations High Commission for Refugees (UNHCR): UNHCR receives un-earmarked funds from PRM to support its refugee programming in Lebanon. PRM supports a host of activities including the basic assistance program¹⁰, as well as SSB rehabilitation and IS. PRM also supports health; protection; water, sanitation, and hygiene (WASH); formal and non-formal education, social cohesion and livelihoods, and coordination mechanisms throughout Lebanon. For the evaluation, the ET focused on UNHCR's shelter sector in Akkar District, the South, and the Bekaa Valley.

United Nations International Children's Emergency Fund (UNICEF): UNICEF is supported by PRM funds primarily in the WASH, health and nutrition, child protection, basic assistance and education sectors (USAID also supports UNICEF for education). For education, PRM funding is predominantly used for teacher training, accelerated learning, and homework support for children. Funds are used for minor and major rehabilitation of public schools, as well as support for school directors and "schooling boxes" for students and teachers. For the evaluation, the ET focused on UNICEF's education programming in the Akkar District¹¹ and the Bekaa Valley.

¹⁰ This includes winter cash and limited NFIs.

¹¹ See Limitations section, which describes the ET's challenges in conducting the UNICEF evaluation in Akkar District.

EVALUATION DESIGN, METHODS, AND LIMITATIONS

Social Impact, Inc. (SI) deployed a team with expertise in humanitarian issues to conduct the Lebanon field evaluation during four weeks in October 2016. A Team Leader (TL) assisted by an interpreter and Local Researcher visited program sites in Beirut, Tripoli/Akkar (North Lebanon), Saida/Sour (South Lebanon), and Zahlé/Chtoura (the Bekaa Valley/East Lebanon). The ET utilized qualitative research methods including document review; semi-structured key informant interviews; semi-structured group and individual interviews with beneficiaries; and direct observation at program sites.

Six categories of target groups served as data sources:

- Donor: DoS/PRM
- Multilateral implementers: UNHCR and UNICEF
- NPs: IMC, IRC, and PUI
- Beneficiaries of PRM-funded SHE programs
- Program stakeholders: community focal points, outreach volunteers and staff, mental health staff, health center staff, and educators
- Central Government Ministries: Ministry of Public Health (MoPH; physical and mental health), MEHE, and Ministry of Social Affairs (MoSA)

Document Review

Prior to fieldwork, SI conducted a desk review of PRM-supported program documents and literature on good/emerging practices in SHE programs in the humanitarian context. The Lebanon field evaluation complements findings from the Desk Review report submitted to PRM in March 2016.¹²

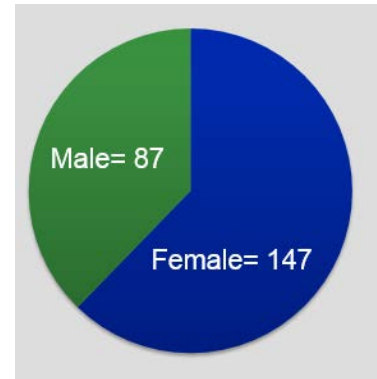
Key Informant Interviews (KIIs)

During the course of fieldwork, the ET conducted 43 interviews with 66 key informants (KIs), 41 male and 25 female. KIs included senior management, middle managers, and field staff and volunteers of NPs. Four ministry representatives were interviewed, and PRM representatives in Lebanon were also consulted. Interview guides were tailored and adapted for the position and professional role of the key informant. As appropriate, KIs that were working in similar fields or positions were interviewed together. The TL coded and analyzed interview transcripts by theme. For a list of interviewees, see Annex III.

Group and Individual Interviews with Beneficiaries

¹² Desk Review Report “Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey, and Jordan,” Social Impact, Inc., March 2016

The ET conducted semi-structured individual and group interviews with beneficiaries in northern Lebanon, the Bekaa Valley, and southern Lebanon. Sampling was based in part on the locations that fieldwork took place (e.g. school, informal settlement, community of SSBs), which were at times subject to purposive selection—informed by security considerations, as well as the pursuit of variation and breadth in sample sites. After the ET selected the location, NPs provided a list of beneficiaries and the ET randomly selected from this list. Beneficiaries were either interviewed in a group or individual format. Ultimately, the ET conducted 62 interviews with 234 beneficiaries. Approximately 40 percent of the sample was male (n=87) and 60 percent was female (n=147). The majority of interviewees were Syrian, with a small subsample of Palestinian refugees from Lebanon and Syria (n=3) and Lebanese host community members (n=8). No Iraqis were included in the sample, reflecting the profiles of beneficiaries in locations targeted by the evaluation.¹³



The ET conducted interviews in three locations, as displayed in Figure 2 below. Group interviews were primarily conducted in Akkar and the Bekaa, while home visits and individual interviews were predominantly conducted in the South (accounting for the higher number of respondents in Akkar and the Bekaa).

The ET developed a semi-structured interview protocol for both individual and group discussions. Topics focused on beneficiary experiences with the availability, accessibility, and use of programs, the impact of SHE services on quality of life, relevance of the program modality, use of cash, and other challenges faced.

Figure 1: Evaluation Respondents by Sex

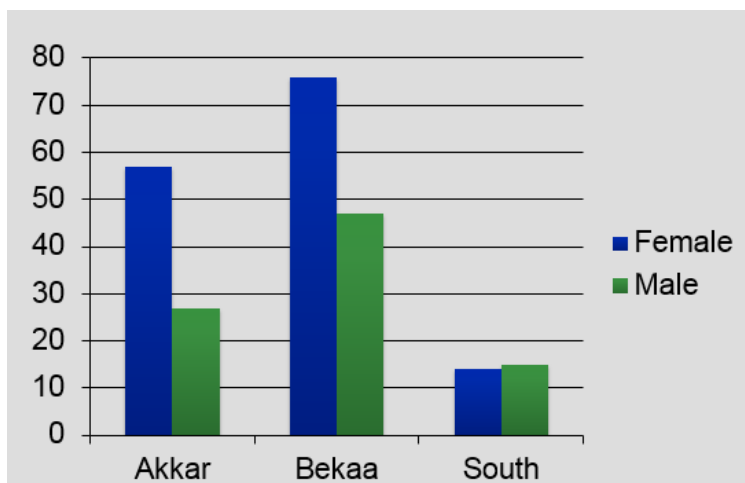


Figure 2: Evaluation Respondents by Location

Direct Observation of Program Sites

The ET visited 12 informal settlements supported by PUI, IRC, UNHCR, and UNHCR partners. The ET also visited three PHCs and two mental health centers, as well as attended two awareness-raising sessions supported by IMC. The MEHE rejected the ET's request to visit public schools in the Bekaa, so the ET interviewed parents of students off-site. The ET conducted home visits in all three locations with beneficiaries of shelter support (PUI and UNHCR partners). The ET followed

a semi-structured observational guide to note the condition of facilities/environment, treatment of NP staff toward beneficiaries, and formal opportunities for beneficiaries to provide feedback to NPs. Interview and observational data was coded and analyzed by theme.

Limitations

The ET encountered some challenges and constraints during fieldwork as detailed below. Despite these

¹³ Iraqi refugees predominantly live in Mount Lebanon and Beirut, two locations that were excluded from the evaluation.

limitations, the ET is confident in the quality of the data, analysis, and findings.

- **Scope:** The number and breadth of evaluation questions as well as the three-sector focus ultimately limited the depth of the evaluation. While all questions are covered to the ET's best ability, many individual questions could have served as standalone research projects. In terms of programmatic scope, UNHCR does not directly implement shelter sector programs in Lebanon, but rather works with partners, limiting the direct contact that beneficiaries have with UNHCR in terms of shelter. As each beneficiary interviewed interfaced with a different NGO, findings related to UNHCR operations in the field are limited, as are conclusions that the ET is able to draw about individual partners due to small sample sizes.¹⁴ It is important to note that not all sectors were covered for each partner, nor did the evaluation cover Iraqis as originally intended due to the geographic limitation of the study.
- **Resources:** The ET had limited time in country, with 18 days to conduct interviews with KIs and beneficiaries affiliated with five PRM-supported organizations operating in Beirut and the North, South, and East of the country. The small team size limited the methodology as well as the number of interviews that could be conducted each day.
- **Security:** Some areas of Lebanon (namely border areas in the North and East) are considered insecure zones by NPs. While NPs program in these areas, the ET excluded such sites from its sample due to security concerns. As well, the ET was advised not to travel to predominately Shiite areas (in East and South Lebanon) during the Shiite *Ashoura* holiday, which occurred over 10 days during fieldwork and created some scheduling problems for NPs.
- **Selection Bias:** The following considerations affected the ET's sample of PRM-supported program sites and beneficiaries:
 - Security concerns and Iraqi residence patterns limited the inclusion of Iraqi beneficiaries and Syrians who live in border zones.
 - In line with Child Safeguarding Principles and Standards, the ET did not interview children directly, but relied on parents as informants.
 - The ET attempted to randomly select beneficiaries from IMC primary healthcare records to participate in group interviews. Unfortunately, the majority of information maintained by health centers was missing or erroneous. The ET was only able to interview beneficiaries with valid contact information (rather than those who were randomly selected).
 - Given security concerns related to the Shiite *Ashoura* holiday, the ET was obliged to change its schedule during the first week of fieldwork. The ET informed NPs about the change one week in advance of the scheduled field visits. Citing that it required more preparation time, UNICEF declined to accommodate the ET's rescheduled visit to northern Lebanon. As such, the ET evaluated UNICEF's activities only in the Bekaa, rather than in two locations as had been planned. In the Bekaa, the ET evaluated UNICEF activities in three schools; however, the MEHE refused the ET physical access to the schools.
 - UNHCR and the ET agreed on a specific procedure to interview UNHCR beneficiaries, in

¹⁴ The evaluation team interviewed beneficiaries that had received shelter support through a variety of UNHCR's partners including INTERSOS, NRC, and the DRC. In the South, the ET purposely focused on evaluating the work of PUI as a UNHCR partner.

which UNHCR staff would accompany the ET and facilitate introductions to beneficiaries in order to increase comfort levels and trust. However, local UNHCR staff refused to accompany the ET for interviews in northern Lebanon, indicating they had not received direction from their counterparts in Beirut to do so. Absent support from UNHCR, the ET faced significant difficulty locating the randomly selected informal settlements. As such, the number of UNHCR beneficiary interviews conducted in the North is minimal.

- **Response Bias:** While the ET did everything possible to randomize the selection of beneficiaries to be interviewed, most NPs contacted beneficiaries directly to ask for their participation. While this method is likely to decrease possible fear and respects beneficiary confidentiality, NPs may have “prepared” or otherwise influenced beneficiaries prior to the ET interviews. Despite this possibility, beneficiaries provided both positive and negative feedback about NP programs. As such, the ET has no reason to believe that response bias significantly affected the evaluation findings.

EVIDENCE AND FINDINGS

Evaluation Question 1: Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices?

Evaluation Question 1A: To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?

Education

IRC's program during Fiscal Years (FYs) 2012-2105 was centered primarily on community-based NFE. In 2015, the MEHE progressively restricted organizations from providing refugees with full curriculum community-based NFE programs outside of public schools in Lebanon. As a result, IRC changed its programming to support refugee children through ECE and remedial programs for children enrolled in public schools. The ET focused on soliciting information from beneficiaries about their experience with IRC's prior NFE programs, as the new programs had yet to commence.

Refugees receiving support through IRC's community-based NFE program during FYs 2012-2015 were *unanimous* in their preference for locally based education programs over public schools. With the closure of IRC's NFE programs in 2016, parents expressed fear about the quality of public school education and the ability of their children to succeed with the Lebanese curriculum due to years of lost formal schooling and language barriers (several subjects in Lebanese public schools are taught in French or English). Parents also described fear of their children being harassed or attacked on their way to and from school or by Lebanese teachers or fellow students. NPs and beneficiaries described that some Lebanese teachers use corporal punishment in classrooms, and that they behave in a discriminatory manner toward students.¹⁵ In addition, a single teacher is responsible for two shifts (10-12 hours of teaching per day), leading to legitimate questions about the quality of education for refugees. The second shift hours (returning home after dark) also evoked security concerns by parents. Lastly, there remains an issue with public school availability. In the Bekaa, parents in various locations explained there are not enough slots for students in the second shift program. In eastern Akkar, there is a very high density of Syrian refugees and only one public school for the entire area.¹⁶ In the North and Bekaa, parents expressed that a lack of transportation was a barrier to their children attending school during

"Children earn 200,000 (150 USD) Lebanese pounds for working the potato season. I know that education is more important. It pains us to see the children going to work. But the conditions are bad. It is hard for us to focus on education."

-Syrian male, group discussion, IS Akkar District

the upcoming school year.

Other barriers may prevent children from attending public school. In some IS locations, the "shawish"¹⁷ or community representative of the settlement, may not allow children to go to school, preferring to

¹⁵ Key informant interviews with UNICEF, UNHCR, and IRC staff.

¹⁶ Akroum area. Interview with Akkar field staff, IRC offices.

¹⁷ The shawish is a refugee himself, and serves as a middleman between the landowner where the IS is located and the refugee population. He often collects rent and organizes labor for the landowner. According to refugees and KI's interviewed, shawishes may be positive advocates or exploitative figures.

keep them on hand should their physical labor be needed.¹⁸ Child labor was reported in all locations that the ET visited. This is another deterrent to enrollment and attendance in public schools. IRC staff in Akkar reported that some children who no longer have access to IRC's NFE and cannot access public schools are attending Islamic fundamentalist programs, leading to concerns about radicalization. In terms of gender differences across interviewees, mothers and fathers agreed on all of the above points, but mothers seemed more aware of the details of their children's educational situation.

Health

Syrian refugees interviewed by the ET hold high expectations of health services in terms of quality, cost, and accessibility. KIs explained that Syrian refugees hold this view because of Syria's high quality free healthcare system before the conflict.¹⁹ Beneficiaries receiving healthcare services in IMC-supported PHCs were particularly pleased by the flat \$2 USD fee per consultation. Most reported much higher costs in other healthcare facilities. However, both male and female refugee and Lebanese beneficiaries described that free medications were often lacking because they were out of stock (including basic medications such as paracetamol and ibuprofen) and that procedures beyond basic consultations were unaffordable. Beneficiaries reported wide variation in access to medical professionals in the three PHCs that the ET visited. Some reported being turned away repeatedly due to funding shortages because doctors are not available. In one clinic, a Lebanese beneficiary reported that she was turned away because she was not a refugee. In the same clinic, several interviewees were turned away because IMC's funding disbursements were delayed (on multiple occasions), and the clinic managed the shortage by refusing to see refugee patients.²⁰ In another clinic, a required 3-day sexual and gender-based violence (SGBV) training for doctors meant that doctors were unavailable three Wednesdays in a row. A beneficiary traveled to the clinic three consecutive Wednesdays only to learn that her appointment had been cancelled with no prior warning.²¹ Beneficiaries interviewed in two of three clinics reported difficulty accessing doctors and nurses, and multiple hour wait times.

Refugee and Lebanese beneficiaries provided exceedingly positive feedback on IMC's mental health program including the range and quality of services available and their accessibility—free transportation, no-cost services, and free medication.

Shelter

Refugees receiving shelter assistance from PUI and UNHCR shelter partners in IS settings reported that tent reinforcements were very much needed and appreciated. However, most beneficiaries described that such reinforcements (plastic sheeting and wooden planks) are worn out in harsh weather conditions, and the majority had not received supplemental reinforcements for six months to one year or more. Both NPs and beneficiaries agree that such inputs are temporary and need frequent replacement. PUI staff described that such support requires annual upgrades. Most beneficiaries described that they had to use their own funds to supplement shelter support with additional sheeting, planks, and pouring of concrete slabs—the latter of which is forbidden by the government²². In sum, refugees perceived the quality of IS shelter supports as low. Male refugees were more versed in the condition and material of the ISes, as they are often the ones who complete the work. UNHCR reported that in the Bekaa, 50 percent of families in ISes receive tent support each year (from UNHCR's partners), but that these are not necessarily the same families each year, representing a significant gap in coverage

¹⁸ Interviews with IRC senior program staff in Beirut and field staff in Akkar and the Bekaa Valley.

¹⁹ KIs with IMC staff.

²⁰ Farouk Clinic, the Bekaa Valley. Incidents reported to IMC staff.

²¹ Ansar Clinic, southern Lebanon. Incidents reported to IMC staff.

²² PUI representatives explain that the edict is communicated to NPs through the Ministry of Social Affairs.

due to funding shortfalls. In some locations, WASH support was in poor condition or non-existent. The ET witnessed latrines in disrepair (UNHCR partner had installed them 4 years prior), lack of drinking water tanks (promised by UNHCR partner several months prior),²³ or broken pipes leading to open sewers (PUI supported IS under UNHCR).²⁴ In the latter case, PUI reported that it made UNHCR aware of this problem, but that the municipality restricted the type of support that could be provided to ISes. PUI representatives expressed a wish to be involved during the camp set-up phase in order to circumvent some problems stemming from poor camp organization.

The majority of beneficiaries who received shelter support in the form of shelter upgrades or renovations were satisfied with the intervention. Some expressed concern that they may be evicted at the end of the rental agreement, and others requested additional assistance to undergo further work. A minority of interviewed beneficiaries expressed a wish to be supported through cash for rent so that they would have greater freedom of choice regarding where to live.

Evaluation Question 1B: Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?

One recurring theme throughout interviews—with all refugees receiving support in all sectors—was ongoing confusion about who is eligible for UN-sponsored services (predominantly UNHCR and World Food Program [WFP] cash and vouchers), and why certain individuals and families had been dropped from receiving assistance. This topic arose unprompted in every interview (group and individual), with people giving examples of vulnerable individuals who had lost support, while those seen to be less vulnerable receive both WFP and UNHCR assistance. Those who had been dropped reportedly had not received an explanation for exclusion, and described a significant decrease in quality of life and increase in vulnerability. This confusion has led refugees to maintain a high level of suspicion and claims of corruption and favoritism within UN agencies.

Education

All the parents whose children participated in IRC's community-based NFE program expressed satisfaction with the program. Parents described that children were better adjusted with having structure, learning and interacting with teachers. Many illiterate parents expressed pride that their children were learning to read and write in IRC's programs. All described the convenience of having the program located locally, and the sense of security they had that children did not have to travel to school. They described how teachers and IRC staff engaged them frequently, and that they could easily provide feedback or receive referrals for support in other sectors. The only drawback reported about IRC's NFE activities was that children were not able to receive official certificates for their school attendance.

The majority of parents interviewed expressed regret at the closing of IRC's NFE services. Many mothers and fathers in Akkar described that they had enrolled children in public schools. In the Bekaa Valley, many parents interviewed had not enrolled their children, or they had tried but the children had been refused due to space limitations. Although the school year had begun at the time of fieldwork, some students did not have access to transportation. UNICEF's partner, Caritas Lebanon, is funded to provide transportation to all refugee children who live more than 2.5 kilometers from school. However, less than 5 percent of all refugees interviewed (in all sectors) were aware of this service. For the few who were aware of the UNICEF/Caritas transportation system, they reported it had not begun and they were not informed of when it would begin. Others who anticipated receiving UNICEF cash for school transportation (see Evaluation Question [EQ] 3) had yet to receive it even though school had started.

²³ Dalhamiyet Camps #027 & 067 Zahlé.

²⁴ Gas Station, Ez Zahrani Southern Lebanon.

Some parents in the Bekaa and Akkar also described that their children would need to work rather than attend public school. A subset of families in all locations paid for transportation in order for their children to go to public school. Parents whose children are currently attending public school (supported by UNICEF) in the Bekaa expressed dissatisfaction with the school, and they reported that their children suffer from physical and emotional abuse by students and teachers. A protection reporting system exists with UNICEF and the MEHE, but UNICEF reports that systems are not sound and often reports of abuse are not addressed.²⁵ A related possibility that was not reported in beneficiary interviews with parents is that children are kept out of school to engage in labor.²⁶

Based on UNICEF data, PRM reported an increase in formal school enrollment for the 2016-2017 school year. However, it remains unclear to what extent the reported increase in formal school enrollment is related to limited NFE—and whether increased enrollment will yield higher attendance rates.

Health

Beneficiaries—male and female, refugees and Lebanese—described that IMC-supported PHCs allowed them to access low cost consultations and free medication, when available. For the most part, beneficiaries described that they were treated with dignity and respect (some exceptions were reported directly to IMC staff). As described above, problems in accessing medication, long wait times and periodic refusal of services decreased satisfaction for some beneficiaries. In one location, female beneficiaries complained that the obstetrician-gynecologist was male, and they were not comfortable seeing him. More broadly, most beneficiaries felt that there were no affordable alternatives for these services. Regarding mental health, all but one beneficiary interviewed reported improvements in functioning and quality of life as a result of IMC-supported mental health services. Many reported the healing power of being listened to by IMC mental health staff. Lists of IMC clients are diverse (Lebanese and Syrian Palestinians, Syrian refugees, Lebanese nationals, men, women, girls, and boys). Beneficiaries described that transportation assistance was vital to accessing clinics, as well as the no-cost services. Every beneficiary, whether financially vulnerable or not, stated that they would have no alternative to

“Here in the (mental health) clinic, the staff considers the patients as their own families. The psychotherapist considers my son as her son. He is getting better and better. I am getting better too. I recommended this place to so many people and everyone has positive comments. I’m receiving the best services and I’m so very happy with this.”
-Lebanese female, IMC mental health beneficiary, Sour

mental health services without the presence of IMC’s program.

Shelter

Beneficiaries receiving shelter support in IS settings described that tent improvement supplies were desperately needed—particularly in the winter cold and rain. As described above, refugees assessed that these inputs were poor quality and had a short life against the elements. The ET witnessed that tent materials were worn down, even six months after distribution. Other more long-term inputs such as concrete slabs or piping are forbidden by the GoL or local municipalities, although some individual

²⁵ Interview with UNICEF zonal office Zahlé.

²⁶ It should be noted during IRC’s NFE programs, the M & E plans tracked factors related to drop out, children’s psychosocial functioning in school (as measured by their feeling safe) and parental attitudes towards school enrollment.

families are pouring concrete slabs under their tents. Poor drainage in the winter can lead to flooding. In one location, a toddler drowned in such a puddle last winter.²⁷ As described above, in another location, the ET witnessed open sewers due to poor piping and drainage. The team also witnessed poor quality latrines, lack of drinking water containers, and a lack of gravel—all inputs promised by UNHCR partners. Beneficiaries receiving shelter upgrades described satisfaction with the assistance and substantial improvements in quality of life related to heat in winter, access to kitchens and toilets, and other structural supports. This complements PUI program documents which state that 90-100% of beneficiaries are satisfied with shelter upgrades.²⁸

Evaluation Question 1C: In what instances were parallel structures created (particularly for private health clinics or non-formal education classrooms) and which were beneficial?²⁹

Education

Prior to FY 2016, IRC supported community-based NFE centers in communities in order to increase access to education for refugee children. These NFE programs were successful in that they increased access to schooling, and the modality and quality of services were highly appreciated by beneficiaries. NFEs have been discontinued, and a range of parents interviewed in Akkar and Bekaa described that their children had difficulty accessing alternative structures due to the barriers associated with public schools that are described in EQ1a (e.g. poor quality, harassment, lack of space, transportation). The dissolution of the NFE system, while a parallel structure, may likely result in a loss of access to education for some refugee children, at least in the short term. As part of IRC's current strategy, they have supported former NFE family and community beneficiaries to enroll their children in public school and

"There is less and less tolerance by the Ministry of Public Health as well as donors in investing purely in [medical] humanitarian assistance...such as mobile medical units, delivering medications outside of MoPH centers...we see access to health as a stabilization exercise because we are working through existing institutions."
-IMC Senior management, Beirut

will provide enrolled students with remedial support into the school year.

Health

IMC is not creating parallel structures in health; rather, it supports existing PHCs (both private and government-run) by increasing capacity and improving quality. IMC also supports mobile health units in areas that are rural and without a PHC, and where refugees and vulnerable host community members have poor accessibility to health services. IMC's strategy is essentially integrative, as opposed to some international organizations that set up separate parallel health facilities (for example, organizations like Medecins Sans Frontieres and the International Confederation of the Red Cross will set up independent health services in a country, rather than support or integrate with existing structures). A UNHCR public health specialist explained that ideally donors would directly support the MoPH to manage refugee health centrally. This model would be preferred because it would be a single payer model and most

²⁷ Tall Abbas Informal Settlement, Akkar District.

²⁸ 3rd Quarterly Program Report FY 2014-2015.

²⁹ Note this question was amended for the Lebanon context by PRM. The original question read: To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures)?

efficient.³⁰ However, the Lebanese healthcare system is highly privatized and fragmented with little central oversight for quality control.³¹ A single payer system would work only in a country where the MoPH shows political will to provide integrated services to refugees, and where the health system is centralized and capable with strong oversight—conditions that do not currently exist in Lebanon.³² Instead, IMC plays an intermediary role between donors and the MoPH, as it supports clinics but not run support through the central ministry. Its model is very time-intensive and coverage is low, in terms of the number of clinics than can be supported.

IMC also provides direct mental health services in areas where such services are not available. The capacity for mental health services in Lebanon is quite low, with only 70 psychiatrists and one psychiatric hospital in the entire country, so IMC's activities do not constitute a parallel structure. Together with the World Health Organization, IMC is supporting the national strategy for mental health (under the MoPH), and therefore supports long-term sustainability (see EQ4 for more on sustainability).

Evaluation Question 2: How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance? Did the rental agreement model create problems down the road (e.g. evictions, increased rental costs as buildings became upgraded)? Which modalities of rental assistance are most effective and appropriate for the Lebanon context?³³

Male and female refugees interviewed by the ET reported that the largest financial challenge they face is rental cost (both within ISEs and apartments). Shelter sites (and thus shelter support) varied tremendously within Lebanon.³⁴ The majority of refugees in the South live in apartments or SSBs, while at least half of refugees are estimated to live in ISEs in Akkar and the Bekaa.³⁵ Average rents in an informal settlement are 53 USD/month and 248 USD/month for a non-shared apartment/house.³⁶ An increase in overcrowding has been documented between 2015 and 2016.³⁷ Regardless of shelter type,

"We are living a simple life. Last year when the rain fell, the water came into the house. But four months ago, PU-Ami came and fixed this. We are hoping we won't face the same problems this winter. Especially because we don't have windows. We hope that this year will be better than the last."
-Syrian refugee family living in an agricultural storage building, Akkar District

all refugees interviewed pay rental fees, and the majority pay for utilities.

³⁰ KII with UNCHR's Senior Public Health Officer October 28th 2016.

³¹ KIIs with IMC and UNHCR senior management.

³² Interview with UNHCR's Senior Public Health Officer October 28th 2016.

³³ Note this question was amended for the Lebanon context by PRM. The original question included only the first two sub-questions.

³⁴ National rates put 17-18% of refugees in ISEs and 24% in sub-standard buildings, as cited in the Vulnerability Assessment for Syrian refugees (VASR).

³⁵ In the South, only 7% of refugees live in ISEs. In Akkar and the Bekaa, rates of ISEs are much higher, with estimates at about 50/50% in the Bekaa and the majority of refugees living in ISEs in Akkar. These estimates were provided by UNHCR shelter staff in zonal offices.

³⁶ UNHCR, UNICEF & WFP. Vulnerability Assessment of Syrian Refugees in Lebanon 2016 (December 2016).

³⁷ Ibid.

One of the main interventions supported by UNHCR partners and PUI is to provide shelter rehabilitation for SSBs. The goal of this intervention is to improve the shelter condition for beneficiaries, and then secure rental conditions for a period of 12 months. Three types of agreements between landlord and tenant are meant to improve the security of tenure (e.g., prevent eviction) and include free rent, rent reduction, or rental freezes in exchange for rehabilitation. PUI staff reported that at the start of the crisis, rent-free agreements were the most common type of arrangement. Currently, landlords in some areas of the country refuse the free rent and reduction options entirely; PUI reported that the refusal rate was 100 percent for southern Lebanon and Mount Lebanon regions. PUI and UNHCR representatives explained that landlords in locales where there is more rental competition are less likely to accept reductions in rental costs. Landlords appear to be savvy regarding the market opportunities brought about by the refugee crisis. For example, PUI staff showed the ET locations where landlords constructed sub-standard/unfinished apartment blocks with the express intention of attracting donor funds to complete them.

The majority of PUI and UNHCR beneficiaries interviewed received either rental reduction or rental freezes (as opposed to free rent) in exchange for renovations. The majority of beneficiaries had either done the construction themselves or hired someone to complete it, although some work was done by landlords (this is particularly true for empty shelter interventions). Male and female interviewees appreciated rehabilitation—the majority of which included installation of toilets, kitchens, division of rooms, external doors or windows. In terms of impact, beneficiaries described that this intervention primarily improved their living standards and provided security in tenure, but did not offer them financial or debt relief. PUI reported that the majority of landlords respect the rental agreements, and this was echoed by interviewed beneficiaries. Some, however, expressed fear that they would be evicted at the end of the agreement period or would face an insurmountable hike in rental prices.

The ET did not interview a sizeable sample of beneficiaries whose rental agreements had terminated. PUI reported that 80 percent of rehabilitation beneficiaries stay in the property at the end of the rental agreement. UNHCR reported a lower figure of 50 percent. However, these figures are generated from a small sample of all beneficiaries and soon after the termination of the rental agreement period. What is unknown is the longer-term impact of this assistance (six months, one year, or more after support has concluded). Little to no empirical data is available from UNHCR or PUI to draw conclusions about these outcomes. PUI expressed an interest in longer-term outcome monitoring, but representatives described that short-term funding cycles makes such monitoring difficult.

Partners described two additional modalities existed during FY 2012-2015 in Lebanon, although they comprise a minority of shelter support. Cash for rent was formerly a part of PUI programming but has been discontinued, although they do provide unconditional emergency cash assistance to extremely vulnerable families at risk for eviction. Both UNHCR and PUI described that the Shelter Working Group had deemed it an ineffective modality, because it would create a parallel structure to the multi-purpose cash assistance provided by UNHCR. In contrast, staff interviewed at UNHCR's zonal office in Sour disagree, believing that cash would be useful as an emergency measure for families that suddenly become evicted or are otherwise ineligible for existing shelter programs. As described by UNHCR shelter staff in Sour, *"cash for rent might help people to stay in the same place, to engage in their existing livelihoods, and have more stability. But this was decided in Beirut, by senior management."*³⁸

In addition, UNHCR and partners engage in empty shelter rehabilitation. The NP engages directly with the landlord for larger-scale renovations and then relocates or matches a refugee family to the location. PUI does not think this is the most efficient intervention because it is expensive, and often landlords

³⁸ Interview with UNCHR shelter staff, Zonal office Sour, Lebanon.

refuse to host families after the work is completed. The municipalities also become involved and try to control the matching process to suit their interests, without necessarily considering the vulnerability of families. Due to these complications, PUI estimates that 30-50% of such units are still unoccupied a year after the intervention has been completed. PUI reported negotiating with UNHCR (as its partner) to reduce the target number of empty shelter rehabilitations.

Evaluation Question 3: How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?

“Cash is not a panacea. Yes, it supports the dignity of individuals and the local economy, but it only looks at socio-economic needs. Look at education: the male head of household is always saying that children are not going to school because of transportation costs. But let’s be honest...schools are not more than a 20 or 30-minute walk away from home on average in Lebanon. Bombs are not falling here, girls are not being raped on the way. This is not the DRC. We encourage this exercise for kids, and for parents to participate. But if you look closer, you see there is high enrollment but low attendance. The quality of the education is poor, very poor, especially when compared to Syria. Teachers use corporal punishment, there is bullying. So, it’s unclear what the role is for cash for education in this context.”

-Senior Representative UNHCR, Beirut

In Lebanon, approximately 11 percent of refugee families receive multi-purpose cash assistance from UNHCR.³⁹ Of those interviewed, very few beneficiaries reported receiving UNHCR multi-purpose cash assistance. A higher proportion of interviewees reported receiving WFP food vouchers; however, as mentioned above, many had been cut from this assistance.⁴⁰ According to a recent internal study conducted by UNHCR, the largest expenditure for refugee families is rent and secondarily food (beyond that purchased with WFP food vouchers). About 10 percent of beneficiaries who receive multi-purpose cash assistance spend it on health-related costs.⁴¹ A short-term unconditional cash program supported by IRC in northern Lebanon yielded similar results, with food and rent reported as the highest expenditures (alternating depending on the month), and health related costs as the third largest expenditure.⁴² These findings were replicated in interviews conducted for this evaluation. Beneficiaries in all locations described that their largest expenditure was on rent and utilities (whether in tents or apartments), and their second largest cost was food and food-related items. A study conducted by IRC in Lebanon shows the efficacy in winter cash programming to support families to meet their basic needs—particularly to keep “people warm and dry during the cold winter months.”⁴³ While spending on heating resources did increase, the majority of assistance was spent on food and water (despite the fact that

³⁹ Reported in the VASYR 2016, Note, however, that UNHCR reports that it provides 17% of Syrians with multi-purpose cash, while only 11% report receiving this. The discrepancy is being investigated.

⁴⁰ Based on interviews with UNHCR senior staff, the ET understands that due to a funding crisis, WFP cut a sizeable proportion of beneficiaries from the food assistance voucher program. While WFP has since increased its programming, former beneficiaries are not included in the current voucher program.

⁴¹ Interview with UNHCR’s Senior Public Health Officer Beirut

⁴² Cash Assistance Learning Project (CaLP) (2014) Cross-Sector Cash Assistance for Syrian Refugees and Host Communities in Lebanon, an IRC Programme. Available at: <http://www.cashlearning.org/downloads/calp-case-study-lebanon-web.pdf>.

⁴³ IRC 2014 “Emergency Economies: The Impact of Cash Assistance in Lebanon” Available at: <https://www.rescue.org/report/emergency-economies-impact-cash-assistance-lebanon>. (p.1)

families received WFP food vouchers). Cash was the preferred modality for the majority of beneficiaries (80 percent) and had positive impacts on the local economy. Note however that this research was related to a single winter program, and a review of longer-term effects of cash assistance may have yielded different results. As well, while several donors and agencies recommend cash programs above other forms of humanitarian assistance,⁴⁴ there is evidence that it may be less effective in urban areas in Lebanon,⁴⁵ or for certain sectoral-specific needs as described below.

Education

Recognizing that approximately 60 percent of school-aged Syrian children had not been registered in formal public schools, UNICEF in autumn 2016⁴⁶, began a large pilot in Mount Lebanon and Akkar Districts to provide cash assistance to 50,000 families with school age children. Families with children up to 10 years old will receive 20 USD/month per child, while families with children 10-15 years old will receive 75 USD/month per child. UNICEF representatives report that they will monitor the school attendance of each child and conduct home visits to understand why children are not attending. While the cash is unconditional, it is accompanied by awareness-raising efforts to encourage public school attendance. The support is meant to both offer families an alternative source of income to reduce child labor, and to pay for transportation to public schools. NPs expressed major concerns about this intervention. First, this initiative was not coordinated with the basic assistance working group, which coordinates on multi-purpose cash assistance.⁴⁷ Second, the scale for a “pilot” is vast and might create a pull factor to these regions. In fact, refugees interviewed in the Bekaa had heard about the cash program in the North and expressed to the ET that it was unfair that certain locations received this support but not others. Another concern is that it will create further divisions between host and refugee communities, as vulnerable Lebanese families are not receiving this type of support. As this is a new program, there is no data yet about its efficacy. However, linking cash assistance to attendance will require intensive monitoring within schools and with families; based on this evaluation, it is unclear whether NPs’ systems are robust enough to undertake this task. Last, providing cash to families will not address some of the main barriers to school attendance, as described in EQ1: poor quality of schools, inaccessible curriculum, teacher behavior and discrimination.

Shelter:

As described in EQ2, the Shelter Working Group has not endorsed cash for rent as a modality. While PUI had a small cash for rent program, it has since been discontinued. Representatives of UNHCR’s zonal office in the South described their disagreement with this decision, believing cash for rent to be an important gap and emergency intervention, especially in the case of threatened eviction.

Health:

UNHCR and IMC senior management expressed doubts about the effectiveness of cash specifically for health programming in Lebanon. While research in development contexts suggests that unconditional cash is effective in supporting health-related costs, research in emergency or protracted crises such as Lebanon has not been undertaken. The main argument against cash for health programming in Lebanon

⁴⁴ ODI (2015) Doing Cash Differently: How Cash Transfers Can Transform Humanitarian Aid. Available at: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9828.pdf>. See also Howe (2016) “No End in Sight”

⁴⁵ Smith Gabrielle & Lili Mohidden (2015) A Review of Evidence of Humanitarian Cash Transfer Programming in Urban Areas. IIED. Available at: <http://pubs.iied.org/pdfs/10759IIED.pdf>.

⁴⁶ Current figures reported by PRM are that 47% of Syrian school-aged children are not enrolled in public schools for the 2016-2017 school year.

⁴⁷ KII with IRC senior education staff, Beirut.

relates to supply. Critics reason that cash will certainly help with demand, in terms of covering health fees and medications. However, in Lebanon, the health system is highly privatized, decentralized, and fragmented with little oversight or regulation. Thus, they contend that the medical industry could easily exploit patients by requiring unnecessary procedures or medications, seeing too many patients per hour, or otherwise providing low quality care.⁴⁸ As with education, providing money to the consumer does not necessarily translate into higher quality healthcare.

Evaluation Question 4: To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

The ET's perception based on media and policy analyses, as well as interviews with KIs, is that the GoL does not want to facilitate integration of refugees into Lebanese society. The GoL regularly refers to the Palestinian crises of the past century, how the Palestinian refugee population (and their camps) became permanent in Lebanon, and how the scenario should not be repeated with Syrians.⁴⁹ Municipal and national policies and practices are becoming increasingly restrictive toward Syrians and substantially impact their ability to move freely, engage in livelihoods activities, and exercise choice over living arrangements. Syrians' rights are regularly violated—whether by landlords (and shawish), the Lebanese Armed Forces, or public school teachers who commit physical and emotional abuse.⁵⁰ The majority of beneficiaries interviewed for this evaluation reported all such violations and a lack of recourse due to their illegal or secondary status in the country.

"We cannot create a new special curriculum for Syrian students. They are living in Lebanon not in Syria. They have to respect and follow our system, rules, and regulations...It is not a country within a country."

-Representative of the Ministry of Education, Beirut

The ET's review of NP documents and interviews with KIs reveal that PRM-supported partners are not necessarily actively pursuing sustainability once donor support is no longer available. NPs described that sustainability is often contingent on the political will of host governments to consider refugee integration as a durable solution, or upon a stable socio-economic and political context. Where deemed feasible, NPs engage in programming that supports existing structures, in order to support longer-term and more sustainable solutions.

Education:

As described above, UNICEF and IRC are supporting refugee attendance in public schools, and they have moved away from community-based NFE programs. Donor support to the UNICEF/MEHE partnership will strengthen the overall education system for the long-term, including infrastructural improvements and new schools that benefit both Syrian and Lebanese students. Without donor support, MEHE would

⁴⁸ Key informant interviews with IMC Country Director and UNHCR Public Health Officer, Beirut.

⁴⁹ See: Howe (2016) No End in Sight: A Case Study of Humanitarian Action and the Syrian Conflict. Available at: http://fic.tufts.edu/assets/syria_case_study.pdf.

⁵⁰ Based on interviews with KIs, beneficiaries and PUI program documents.

not be able to finance education for the 150,000 Syrian children enrolled in public school and the additional 184,000 children un-enrolled but in need of education.⁵¹

Health

The IMC health program is designed to improve health services provided by public and private PHCs in Lebanon. IMC plays a fundamental role in supporting the GoL's mental health strategy (within the MoPH) at a central level, and provides direct financial support for mental health services. Much of IMC's interventions and its model, which includes a cost-sharing approach, support both the learning and capacity of Lebanese professionals as well as local and national level institutions, with the hope that these professionals would continue to work in this sector even after the eventual withdrawal of donor funds.⁵²

Shelter:

The shelter sector is entirely supported by external donors. However, the GoL has limited the type of support in informal settlements to temporary inputs, banning materials such as piping and concrete. ISes are particularly affected by these restrictions, and IS shelter support is both short term and unsustainable. Shelter renovations are more durable and long-term as upgrades support permanent structures, with the long-term benefits likely flowing to Lebanese landlords.

Evaluation Question 5: How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

During fieldwork, the ET questioned NPs about their relationships with PRM and about the Bureau's visibility during important high-level discussions on humanitarian issues. All NPs expressed positive reactions toward PRM, citing its fairness and flexibility as a donor. However, there was a general perception that PRM is "not at the table" or has inconsistent representation at high-level meetings. Some partners were surprised that PRM is not more visible given the volume of funds it provides to Lebanon. Others felt that PRM could play an increased role in advocacy in Lebanon. All NPs mentioned that they were aware of PRM's historical challenges in securing permanent staff, and they hoped the current PRM team would provide more continuity and a stronger presence. One Refugee Coordinator has served in Beirut since June 2016 and one Refugee Program Specialist has been present since October 2015.

The ET identified a number of areas where PRM could improve its humanitarian diplomacy in the form of advocacy, either together with partners or bilaterally—recognizing the political sensitivities this entails:

Residency Permits: Refugees are suffering immensely without access to residency permits. A minority (approximately 5 percent) of the refugees interviewed had a valid residency permit; many held permits that had expired. The Vulnerability Assessment of Syrian Refugees (VASYR) estimates that 21 percent of Syrian refugees hold a valid residency permit, down from 58 percent in 2014.⁵³ The GoL has set

⁵¹ Figures taken from United Nations Economic and Social Council (27 July 2016) UN Children's Fund Country Programme Document Lebanon E/ICEF/2016/P/L.30. As of January 2017, PRM reports that 199,000 Syrian refugee children are currently enrolled in public school.

⁵² Information based on KIs with IMC staff and NP program documents.

⁵³ Figures presented to the team by UNCHR, based on the VASYR assessment of 2016. However, this varies by location. Six percent of households have a valid residency permit in the Bekaa, 10% in Akkar and 26% in the South.

prohibitive standards for refugees to obtain the permit (\$200 USD annual fee + Lebanese sponsorship for those over 14 years of age). The Lebanese Armed Forces regularly detain refugees (particularly but not exclusively adult males) without permits and imprison them for a short period (several hours to less than a week, according to the ET's interviewees with refugees). Refugees repeatedly reported living in fear of arrest, and some interviewees described having been beaten, including one who wept about having been beaten repeatedly in front of his children.⁵⁴ The majority of male and female refugees interviewed for the evaluation described significant problems due to this lack of legal status. The largest challenge reported was the lack of access to work because of an inability to move freely. Because they are less likely to face arrest, many women reported becoming families' sole breadwinners and taking responsibility for all activities that require movement (employment, taking children to school, accessing healthcare, shopping, etc., meeting with UN agencies). As such, women described taking on higher burdens on behalf of their families. NPs described that increased advocacy by PRM and other large donors towards the GoL might help them to reduce the requirements for residency permits.

Shelter: The shelter situation of refugees in Lebanon is precarious, with 71 percent of Syrians and 90 percent of PRS considered vulnerable. One factor that increases vulnerability and potential vulnerability is the restrictions imposed by the GoL and local municipalities on shelter support. The ET witnessed open sewers, tents, and latrines in very poor condition as a result of these restrictions. In one IS, a family described losing their toddler during heavy rains last year due to poor drainage—as mentioned previously, the child drowned in a puddle. The ET learned that there is an abandoned building in the South housing 100 refugee families (known as the Pepsi-Co building). Reportedly, only three toilets are functional and many families live underground, without light or ventilation.⁵⁵ When NPs were asked *why* these situations exist, they described that they are unable to intervene because of municipal or central government restrictions or interdictions. NPs suggested that increased advocacy by PRM towards the GoL and individual municipalities, might help to expand the options for shelter support as well as facilitate an effective response to some shelter emergency situations.

Protection: Protection concerns arose during interviews with Syrian refugees in Akkar, the Bekaa, and southern Lebanon. These were related to a myriad of conditions and incidences, whether inhumane living conditions, verbal and physical abuse by Lebanese public school teachers, violence perpetrated by the Lebanese Armed Forces toward Syrian male refugees without residency permits, and exploitation by Lebanese landowners and the “shawish” of IS. Regarding the latter, there were several abusive incidences reported. One involved the forcible collection of WFP food vouchers from IS residents. Refugees alleged that the landowner would purchase food at WFP approved stores in bulk, stock his own store and then force residents of the IS to buy from his store. In another IS, refugees reported that the shawish was smuggling Syrian refugees into Lebanon, and when refugees arrived, they were indebted to the shawish for 500 USD. At this camp, people were earning 4.5 USD/day as agricultural laborers. Many other IS residents spoke about inconsistent working conditions, including erratic pay and variability in rental charges. Documentation of births and paternity (as many do not have documentation of marriage) was also a problem reported in some group discussions. According to the VASYR, 31 percent of Syrian children born in Lebanon do not have a birth certificate. While the operating environment is partly responsible for these protection issues—lack of access to residency permits, work permits, documentation—NPs could streamline protection more deeply into their programming, and centralize information on protection violations. This information could be used by

⁵⁴ Interview with IMC health beneficiary. Sour, Lebanon October 2016.

⁵⁵ Both PUI (from a shelter perspective) and IMC (from a health perspective) spoke about this situation during KIs. The ET did not visit this site.

PRM and others to continue advocating for changes in GoL regulations to ensure protection for refugees.

Evaluation Question 6: Where applicable, to what extent were these services available and utilized by host community members?

UNHCR reports that presently 15 percent of its overall budget goes directly to host communities and host institutions to support activities including: the protection capacity development of local partners working in SGBV and child protection, water network expansions, solid waste support, and small grants for communities to implement initiatives aimed at increasing the protection environment.

Education:

UNICEF's mandate is to support both host community and refugee children. With PRM funding, UNICEF reported minor and major rehabilitation of public schools, training and support for teachers and administrators, and homework support for refugee and Lebanese children. IRC's program, in contrast, has targeted and will target refugee school-age children rather than Lebanese children.

Health:

Host community members utilize IMC-supported PHC and mental health services, while mobile health units predominantly serve Syrian, and to a lesser extent Iraqi refugee populations. Clinic records show that visits by Lebanese children and adults have increased since IMC's interventions. As described above, IMC's strategy is to support the capacity of unaccredited PHCs to eventually receive accreditation, and to increase the capacity and improve the services of accredited PHCs. For the clinics visited by the ET, Tanyaal (the Bekaa) previously recorded 700-800 consultations per month, and has doubled the number of consultations since IMC began its support for the clinic. Syrian refugees compose 76-83 percent of the client base, depending on the month, and the rate of Lebanese patients has increased since IMC's support began. Farouk clinic (the Bekaa) logs consultations at 90 percent Syrian and 10 percent Lebanese. In Ansar (South), the clinic reports that the current PHC caseload is 60 percent Syrian and 40 percent Lebanese. Clinic staff reported that prior to IMC support, the caseload was only 20

*"This clinic is for the rich and for the poor...Every time I see a smiling face leave my clinic-
Lebanese or Syrian-it is like someone gave me a million dollars."
-Clinic Owner, the Bekaa Valley*

percent Lebanese.⁵⁶

Shelter:

No direct shelter support is provided by UNHCR to Lebanese individuals and families. A KI from UNHCR explained that Lebanese families do not generally live in extreme sub-standard conditions, such as structures without windows, doors, toilets or kitchens. However, PRM reports that some Lebanese families live in extremely poor conditions, particularly in the north.⁵⁷ PUI reported that 3 percent of its shelter beneficiaries are vulnerable Lebanese families (see EQ7 for a discussion on vulnerability). PUI and UNHCR's rehabilitation support impacts the host community in two additional ways. First, local markets—in terms of building supplies and at times, labor—are supported by this modality. Second,

⁵⁶ These figures provided by IMC medical advisors and health officers during field visits to three PHCs. Support to host communities is an integral part of IMC proposals and was tracked as part of quarterly reports.

⁵⁷ Communication with PRM representative, December 2016.

landlords who receive rehabilitation support are Lebanese and thus benefit from PUI and UNHCR support.

Evaluation Question 7: To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, FHHs, Iraqis and PRS?

The VASYR is an annual survey designed and supported by WFP, UNICEF, and UNHCR to measure the vulnerability of Syrian refugees along a number of sectors: economic, education, food security, health, non-food items, protection, shelter, and WASH. The 2016 VASYR found that 71 percent of Syrian refugees live below the poverty line in Lebanon and are considered highly vulnerable, and 53 percent of refugees are severely vulnerable or living below the extreme poverty line. Also, per the 2016 VASYR, of those families in the most vulnerable groups, only 19 percent receive multi-purpose cash assistance from UNHCR and other agencies, 37 percent receive winter-related cash assistance from UNHCR, and 61 percent receive WFP food assistance—demonstrating a significant gap in basic assistance for vulnerable populations. For shelter, the VASYR reports that more than half of Syrian refugees are in need of upgrade support, either in informal settlements or sub-standard buildings. According to the vulnerability assessment for refugees from countries other than Syria, 33 percent are living below the poverty line. This figure captures Iraqis but not PRS.⁵⁸

“Palestinian refugees in Lebanon, whether from 1948 or PRS are entirely under UNRWA. We really need to harmonize the type of assistance between the two agencies, not to discriminate against different types of refugees based on their nationalities. But at the same time, UNRWA has 60 years’ experience.”
-Senior Staff, UNHCR Beirut

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) adapted the VASYR tool to evaluate all PRS living in Lebanon in 2014. At that time, there were approximately 44,000 PRS in Lebanon, more recently the figure is estimated at 31,000 in January 2017, according to UNRWA. At that time, it was found that one-third of all PRS are female-headed households. Less than 10 percent of PRS have a valid residency permit. In 2015, UNRWA and the American University of Beirut (AUB) released a report estimating that 90 percent of all PRS live in poverty, and two-thirds of Palestinian Refugees from Lebanon live in poverty in Lebanon. It should be noted that Palestinian refugees are covered under the UNRWA mandate and do not have access to UNHCR support, including services provided by UNHCR sub-contractors. PUI described this as a major gap in the South, where the majority of Palestinian refugees reside.⁵⁹ However, a thorough examination of UNRWA was outside the scope of this evaluation.

NPs generally rely on the UNHCR Refugee Assistance Information System (RAIS) database or other UN statistics to determine those families that are highly and severely vulnerable, or locations where there is a high percentage of vulnerable refugees. The RAIS system includes Syrians, Iraqis, and other nationalities.

⁵⁸ Note that the geographic areas for this evaluation cover locations where few to no Iraqi refugees live. As such, the ET did not gather information on this group.

⁵⁹ Interviews with UNHCR and PUI revealed that PRS are often unable to access housing support due to UN mandate clashes and lack of resources.

IRC and IMC services are not limited to the most vulnerable beneficiaries, but are instead designed to ensure broad access to health and education. From the perspective of both organizations, refugees who cannot access these basic rights and services are considered vulnerable. In order to ensure that it targeted vulnerable refugees, IMC purposely chose to prioritize health clinics in areas with high densities of vulnerable refugees, according to UNHCR vulnerability maps. IRC also installed community-based NFE centers in areas with high densities of Syrian children who had no access to school. In terms of beneficiaries interviewed, IMC services reach a wide variety of beneficiaries who are Syrian, Lebanese, and Palestinian (Lebanese and Syrian refugees). The ET during its random selection, interviewed disabled, female-headed households, and widows, which suggests that NPs are reaching some of the most vulnerable categories of refugees with PRM support.

For shelter, UNHCR reports that refugees living in IS are on the whole more vulnerable than those living in SSBs. As mentioned in EQ1, only about half of IS residents receive tent support from UNHCR and its partners annually. Despite the short life of these materials, the annual distributions do not reach the same families each year. PUI management described that beneficiaries residing in ISes generally have a lower standard of living than those in sub-standard buildings. However, ISes generally have more interventions and connections to aid organizations, and are fully mapped, which decreases vulnerability.

As described above, PUI targets 95 percent Syrian refugees and follows the RAIS database to determine if families are highly or severely vulnerable. PUI includes others in its beneficiary lists when it finds vulnerable families (e.g. those that are not registered with the UNHCR). Lebanese beneficiaries are selected from the MoSA national poverty targeting program lists.⁶⁰ However, prior to 2016, PUI did not conduct its own vulnerability assessment of Lebanese beneficiaries and as a result, non-vulnerable Lebanese families received shelter support. For the evaluation, the ET randomly selected households that had received SSB support from PUI in Akkar District and Saida. While most of the beneficiaries appeared vulnerable or highly vulnerable, there were some concerning exceptions. One Lebanese beneficiary had received shelter rehabilitation support for two properties, but the family had domestic help, owned two private schools and vacationed in France. A second family was Syrian, but sent their children to private school. Other families had high-speed internet connectivity and flat screen TVs, sophisticated kitchen equipment, and other personal items that might not suggest severe vulnerability. While PUI described a change in its targeting of Lebanese beneficiaries, the selection criteria may not be consistent, even among Syrian refugees.

Evaluation Question 8: How and to what extent was programming coordinated with local governments, local organizations, and civil society?

The ET found that PRM-supported partners coordinate with a variety of local actors while engaging in SHE programs. Municipal governments play an influential role in not only how Syrians are received in (or barred from) a location, but also in whether and how they access services. All NPs described the difficulties they faced in negotiating with these “gatekeepers” but noted that such cooperation is necessary for the success of their work. One study has pointed to the difficulty faced by international organizations in engaging local NGOs in partnerships, because nearly all local NGOs are tied to political or religious bodies and are biased in their provision of support or services. Many do not follow basic humanitarian principles.⁶¹ One exception is in the Eastern part of the Bekaa, where security conditions prohibit international organizations from operating. In that location, UNHCR works entirely with local

⁶⁰ PUI reported in the FY14-15 Final Report that 50% of Lebanese families in Akkar District lived below the poverty line. According to PRM, MoSA is aware of problems with the NPTP and is planning to conduct a survey in 2017 to re-determine vulnerability.

⁶¹ Information taken from K. Howe’s interview with an American NGO operating in Lebanon October 2015.

partners in a remote management style of intervention. Armed actors also play a role in humanitarian work—facilitating or blocking access—including the degree to which Lebanese Armed Forces detain refugees for lacking valid residency permits. UNHCR reported productive relationships with local entities, which suggests a degree of bargaining power with local authorities.^{62 63}

Education:

As described above, Caritas Lebanon is responsible for providing transportation (under UNICEF) for Syrian children who live more than 2.5 kilometers away from their public school. However, few refugees who spoke with the ET were aware of this program, despite the fact that they lived further than 2.5 kilometers from their public school.⁶⁴ The lack of knowledge and corresponding lack of access to transportation suggest there is a breakdown in coordination or in the partnership itself between UNICEF and its local partner Caritas. IRC senior management described that IRC introduced the NFE program to the Head of Municipality in the locations where they work and coordinated with the municipality to understand the local context, including the number of refugees and potential buildings that could be used as learning spaces.⁶⁵ As part of its new program, IRC will coordinate regularly with teachers in public schools to track those children who will benefit from IRC's remedial program. This contact with teachers should also increase IRC's awareness of barriers refugee children face in public school

*"All Syrians living and working in Ehden should leave by the end of this month."
-Banner in front of a municipal building, observed in northern Lebanon*

programs—and thereby prepare IRC to encourage school attendance.

Health:

IMC's interventions are with PHCs run by either local municipalities or local charities. IMC invests in relationships with these agents and considers them necessary for the success of its programs. In each of the three PHCs visited, the ET observed that IMC engaged in positive interactions with local actors (clinic directors are often appointed by municipal offices in the case of public PHCs). However, IMC described forging relationships with clinic directors as a challenge due to lack of political will among some directors to service refugees, a lack of medical professionalism, or rapid turnover. Interviews conducted with all three clinic directors showed a range in their level of medical knowledge, awareness of IMC's support, and commitment to serve refugee populations. In the South, IMC's mental health service until November 2016 sat within the Lebanese Red Cross organization, and IMC had trained some Red Cross staff in mental health identification.

Shelter:

PUI described that it regularly interfaces with municipalities around shelter support. Municipalities can prohibit the types of support that can be provided, such as piping or materials that are seen as more "permanent." PUI staff also described that they increasingly engage local municipality representatives when memoranda of understanding are signed between landlords and tenants for rehabilitation

⁶² Particularly pronounced in the South. Interviews with UNHCR staff Zonal Office, Sour.

⁶³ Due to security considerations and limited resources in terms of time and prioritization of evaluation questions, the ET did not interview local authorities.

⁶⁴ Based on field visits with several ISes in the Bekaa Valley, and interviews with IRC about eastern Akkar.

⁶⁵ This process is also described in IRC's program documents including the IPE from May 2014-May 2015.

agreements, as this tactic helps support landlord compliance with the agreement. UNHCR has developed a tracking system to determine which municipalities are cooperative or obstructive. Referred to as a tension/pressure index, this measure helps UNHCR engage with specific municipalities, particularly in emergencies. For example, ISes are regularly forcibly moved, and UNHCR coordinates relocations with local municipalities.⁶⁶

⁶⁶ Based on interviews with UNHCR staff Zonal Office Zahlé.

CONCLUSIONS

Overall, the ET concluded that PRM support is essential to the overall humanitarian response in Lebanon. The operating environment plays a large role in determining the experience of refugees in-country, including their vulnerability levels and access to SHE services. The design and implementation of SHE programs are also heavily dependent on this context. Despite limitations in Lebanon, all partners could improve their services—whether through better targeting of vulnerable groups, improved outcome monitoring, information dissemination, and quality of services and materials or increased cooperation with local authorities. PRM, as well, can continue and increase its role in advocating for refugee rights and ensure that NP’s program design and strategy is based on empirical evidence that suits the Lebanon context.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:

- a. To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?*

SHE modalities do not always fit with refugee preferences. In education, refugees continue to prefer NFE programs over public school systems. Evidence suggests that their concerns about public schools are legitimate (discrimination, school quality, transportation difficulties). The MEHE’s attempts to reduce NFE programs in the country, and only support public school attendance may ultimately limit refugee children who were NFE beneficiaries from accessing and regularly attending public schools. For the health sector, expectations of Syrian refugees are high, and many may not be met as preferences exceed basic standards. However, services can be improved in PHCs where there are shortages of medical staff and medications. Problems with financial transfers from IMC to PHCs ultimately limit access to beneficiaries. For shelter, IS support for tents (plastic sheeting and wooden beams) is appreciated but has a short life. More durable solutions including access to water and proper sewerage are needed. Kis described that barriers to sustainable solutions rest at the municipality and central government levels, and there may be a role for donors and humanitarian agencies to advocate for the improved living conditions of refugees. Involvement of humanitarian agencies in camp set up and organization, as suggested by PUI, might help to ease some of the problems stemming from poor organization and management.

- b. Were refugees satisfied with the quality of services received? What was the impact of these services on refugees’ quality of life?*

Syrian refugees are confused about the inclusion/exclusion criteria for UN services, and lack of information sows distrust among refugee populations. The majority of all SHE program beneficiaries reported that services improved their quality of life, with the main exception being students currently attending public schools. There is a significant lack of knowledge about the UNICEF program/Caritas to provide transportation to children who live more than 2.5 kilometers from school, which decreases access to public school. While beneficiaries have positive relationships with staff of PUI, IRC and IMC, experiences with PHCs are variable. However, the ET concluded that the removal of subsidized health services, free mental health services, and shelter supports would likely increase vulnerability of refugees.

- c. In what instances were parallel structures created (particularly for private health clinics or non-formal education classrooms) and which were beneficial?*

Parallel systems are no longer being supported by PRM partners. Previously, IRC had supported a NFE program to increase access to school, as refugee children had poor access to education without this programming. Based on interviews with Syrian parents formerly accessing IRC's services, the discontinuation of NFE may limit Syrians' access to education. NPs in shelter and health are not creating parallel structures.

2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance? Did the rental agreement model create problems down the road (e.g. evictions, increased rental costs as buildings became upgraded)? Which modalities of rental assistance are most effective and appropriate for the Lebanon context?

According to beneficiary interviews, shelter ranks number one on the list of concerns and challenges for male and female refugees in Lebanon—both in terms of tenure and cost. Beneficiaries of shelter rehabilitation described that their standards of living had improved with shelter assistance, but they did not describe substantial financial relief. Trends show that landlords are less willing to reduce rental rates in exchange for rehabilitation support, and municipalities have become more involved and restrictive in where refugees can live. While beneficiaries reported that landlords are respecting rental agreements, many expressed fear and uncertainty about the end of the lease period. NPs are extremely limited in the monitoring data they collect from beneficiaries after rental agreements have been terminated. In addition, systematic evidence has not been collected on market effects of various interventions, nor have comparisons been drawn between the outcomes of different types of shelter assistance. This lack of empirical information limits the conclusions that can be drawn by the ET about the most effective modalities of shelter assistance in Lebanon. There is a need for systematic research on these topics both within UN agencies and NGOs working in the shelter sector.

3. How could cash assistance programming be more effective, in the context of education, shelter, and health? Were there instances where this cash was used for other immediate needs?

There is limited evidence of the efficacy of providing cash to refugees in emergency or protracted situations such as Lebanon. While cash for rent may help fill an important gap, particularly with emergencies and/or evictions, the Shelter Working Group has not endorsed cash as a modality. For education and health, specifically, cash might increase access but will not address the issue of quality and lack of space, which is problematic in Lebanon. In terms of effectiveness, it will be important to monitor closely the impacts and outcomes of the UNICEF pilot cash for education program to determine whether it increases school attendance—and with which, if any, unintended consequences.

4. To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?

The sustainability of any SHE program in the face of donor withdrawal is unlikely, due to the magnitude of the Syrian refugee crisis and the socio-political-economic condition of Lebanon. Public health and education services have low capacity to absorb the influx of refugees in Lebanon, and both the health and education sectors are highly privatized. UNICEF and IMC aim to increase the quality and capacity of such services, but these systems remain heavily dependent on external donors. Also, without donor support, shelter support activities will likely cease completely. In terms of refugee self-sufficiency and integration, such aspirations are dependent on the guarantee of basic rights within Lebanon, including freedom of movement (tied to residency permits), ability to work, and access to education. With such a

restrictive environment—including lack of political will by the GoL to consider integration of Syrian refugees—the ET concluded that NPs are limited in their ability to engage in “realistic transition plans.”

5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

PRM has an active role to play in Lebanon, above and beyond providing funds to support the humanitarian response. Partners seek PRM's increased presence, particularly in partnership with NPs or bilaterally to address several issues pertaining to the basic rights of refugees. The ET concluded that PRM, based on its assessment of the political context, could increase its efforts in humanitarian diplomacy to advocate for: easing restrictions on obtaining residency permits; increasing the operational space for shelter actors to use a wider range of materials; expanding shelter activities to ensure safety, dignity and health of refugees; and engaging in rapid responses to emergency living conditions such as the PepsiCo building.

6. Where applicable, to what extent were these services available and utilized by host community members?

Fifteen percent of UNHCR's current budget supports host communities and host institutions, predominantly for protection activities, WASH and capacity building of local partners. UNICEF's interventions target Lebanese, Iraqi, and Syrian children through infrastructural improvements, teacher training and support (for Lebanese teachers and administrators) and homework support. IMC's mental health program is well-accessed by Lebanese, and all PHCs that receive support for health services are accessible and utilized by Lebanese children and adults. Over time, IMC-supported clinics have increased Lebanese beneficiaries as quality has improved. PUI's support in the form of shelter rehabilitation benefits the local economy as well as Lebanese landlords. While 3 percent of shelter rehabilitation beneficiaries are Lebanese and selected from MoSA's National Poverty Targeting Program lists, in the absence of an additional vulnerability assessment, assistance did not necessarily go to vulnerable Lebanese families.

7. To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as disabled, female-headed households, Iraqis and PRS?

The number of severely and highly vulnerable refugee families in Lebanon surpasses the assistance available. Only about 11 percent of Syrian refugees receive multi-purpose cash from UNCHR, while the majority of Syrian refugees (71 percent) are highly or severely vulnerable. A random selection of beneficiaries from NP lists indicated good coverage of vulnerable groups including disabled, female-headed households, and widows. Palestinians (Syrian and Lebanese) were also present at IMC PHCs. For sub-standard shelter support, the ET randomly selected some Syrian and Lebanese beneficiaries who did not appear vulnerable, indicating that PUI is not consistently targeting the most vulnerable beneficiaries.⁶⁷

8. How and to what extent was programming coordinated with local government, local organizations, and civil society?

Local actors play a major role in the facilitation or obstruction of refugee rights and the provision of humanitarian assistance. All NPs engage with local governments or NGOs depending on their programming needs, although most dealings are limited and largely strategic. Relationships with local governments could be strengthened, particularly around shelter and protection concerns. The UNICEF-Caritas relationship appears particularly weak given the gap between program design and beneficiary experience. While civil society is highly fragmented and tied to political-religious groups, there may be

⁶⁷ While UNRWA is not in the scope of this study, UNHCR and PUI described that PRS are often unable to access shelter support due to restrictions related to UNHCR and UNRWA mandates.

local partners that follow humanitarian principles that could be tapped into, as IRC will attempt to do in the coming year.

RECOMMENDATIONS

The following recommendations arise directly from the ET's fieldwork in Lebanon and are informed by the emergent practices outlined in SI's Desk Review report on SHE programming (March 2016).

Recommendation 1: Protection should be streamlined in SHE programs, and protection advocacy should be a priority for donors and NPs.

Recommendations for PRM

- PRM should increase its presence in both formal and informal fora with GoL and other key stakeholders in order to highlight relevant protection priorities for action.
- PRM should—in a diplomatically sensitive manner—advocate for the GoL to reduce the barriers for refugees to obtain residency permits, decrease abuse of refugees by the Lebanese Armed Forces, protect refugees from exploitation by landowners and employers, and increase access to documentation including birth certificates.
- PRM should work in cooperation with other donors to consider basing their funding on the condition that the GoL respect the rights and dignity of refugees.

Recommendations for UN Agencies and NPs

- UNICEF (with the MEHE) should create a more effective strategy for monitoring incidences of verbal and physical abuse by Lebanese teachers toward students, by establishing functional feedback and response systems and taking measures to prevent further abuse.
- Donors, UNHCR, and NGOs should develop a centralized and responsive approach to ensure that rights are respected and humanitarian assistance is accessible to refugees across municipalities in Lebanon. UNHCR should increase its role in advocacy, particularly in municipalities where protection concerns have been raised. Coordination within the protection sector and between sectors should be enhanced.

Recommendation 2: Interventions in the shelter sector should be more sustainable and responses to shelter emergencies should be swift and coordinated with donors, UN agencies, NGOs, and government officials.

Recommendations for PRM

- PRM should strongly advocate with national and municipal government entities to increase the portfolio of possible shelter interventions to include materials that are longer-term, reduce flooding, and manage waste and water systems.

Recommendations for UN Agencies and NPs

- NPs involved in the shelter sector should continue to advocate to the central government and local municipalities for permission to provide more sustainable shelter interventions.
- NPs should be involved in the planning of new ISEs to reduce potential future problems including drainage, overcrowding, or other hygiene related issues.

- NPs should work cooperatively to manage emergency shelter situations, including refugees living in squalid or dangerous conditions, and engage both donors and government officials to find immediate solutions.

Recommendation 3: Seek to improve the quality of public education, and closely monitor outcomes of MoE regulations that limit NFE programs.

Recommendations for PRM

- PRM should require UNICEF to monitor its cash programs for education and report progress against indicators throughout program implementation. Such indicators should reflect rates of enrollment and attendance, barriers to attendance, market impacts, community tensions, and pull factors.
- PRM should encourage IRC to monitor the impacts of the MEHE decision to limit NFE provided by NGOs. PRM should be prepared to engage with the MEHE should the new system lead to a significant decrease in refugee school attendance.
- PRM should be aware that educational gaps—including those related to the closure of NFE—may lead to increased recruitment of children into programs that teach Islamic extremism. Programming in the education sector should be harmonized with initiatives such as the United States Agency for International Development/Office of Transition Initiative’s countering violent extremism program and other related interventions in Lebanon. This could include informal and formal information sharing between agencies about specific programs and lessons learned. This knowledge can be shared with NPs working in the education and protection sectors to improve programming.

Recommendations for UN Agencies and NPs

- Education partners should continue to monitor barriers to enrollment and attendance in public school including abuse, quality, transportation, child labor, and inaccessible curriculum. PRM-supported programs should be adapted to reflect these barriers.
- UNICEF should reconsider its school transportation strategy as a whole and its partnership with Caritas Lebanon. Awareness-raising may be required to inform refugees about their right to free transportation to public school.
- IRC should track the outcome of its programming shift from NFE to supporting children to attend public schools. Information should be shared within the sector, donors and the MEHE.

Recommendation 4: Local and national health systems should be supported and strengthened to improve health services for Syrian and Lebanese people.

Recommendations for PRM

- PRM together with multi-lateral organizations and NGOs should support the MoPH to have stronger oversight, engagement, and quality control across the health sector. This could involve direct capacity building of programs and systems, as well as seconding experts to the Ministry.

Recommendations for UN Agencies and NPs

- IMC should improve its operations and quality control of PHCs. This includes ensuring timely financial transfers and that staff trainings do not interfere with patient hours.
- IMC should assist PHCs in recruiting male and female staff to have increased gender balance within centers to meet client preferences and needs.

- IMC should improve its medication coverage to ensure that basic medications are well stocked.
- IMC should continue to support the national mental health strategy and increase the capacity of Lebanese mental health providers.

Recommendation 5: Strengthen and improve targeting of and support to vulnerable populations in Lebanon.

Recommendations for PRM

- PRM should encourage the harmonization of UNHCR and UNRWA programs to support Palestinians.

Recommendations for UN Agencies and NPs

- UN agencies should harmonize their approaches so as not to discriminate between different types of refugees. This is particularly the case for Palestinians who are a highly vulnerable population, and often ineligible or unable to access UNHCR and UNRWA's programs.
- UN agencies should improve dissemination of information to refugees about inclusion/exclusion criteria for assistance.
- PUI should strengthen its vulnerability assessments of both Lebanese and Syrian refugees to ensure proper targeting.

Recommendation 6: Strengthen the evidence base for SHE program modalities.

Recommendations for PRM

- PRM should support external and NP research, particularly related to cash as a general assistance modality and cash for SHE needs. In anticipation of research findings, PRM should "cash with caution," particularly when considering sector-specific cash assistance.
- PRM should require NPs to provide outcome monitoring and evaluate long-term impacts of specific shelter modalities in Lebanon. M&E should include not only long-term follow up with beneficiaries, but also market impacts and other unintended consequences such as migration pulls or tensions within host communities.

Recommendations for UN Agencies and NPs

- UNICEF should develop robust M&E systems to understand the impact of cash for education programs in terms of attendance. UNICEF should also study and report on market impacts, tensions between host and refugee communities, and pull factors.
- PUI should strengthen its M&E systems, particularly to identify short-, medium- and long-term outcomes for shelter beneficiaries.

ANNEXES

Annex I: Evaluation Scope of Work

STATEMENT OF WORK

-V. 7/9/2015-

U.S. Department of State Bureau of Population, Refugees, and Migration

Evaluating the Effectiveness of Shelter, Health, and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Purpose

The purpose of this solicitation is to obtain the services of a contractor to carry out an evaluation, lasting up to 16 months, of shelter, health, and education programs for non-camp based Syrian refugees implemented by selected PRM multilateral and NGO partners in Lebanon, Jordan and Turkey from FY 2012 – FY 2015 (note: Turkey will be considered a Near East country for this evaluation.) The evaluation will consist of: (1) a comprehensive desk review and analysis of best practices/recurring mistakes regarding the implementation of shelter, health, and education programming for Syrian refugees in the Near East; and (2) fieldwork in Lebanon, Turkey, and Jordan where PRM has made significant investments in these sectors; and (3) guidance as to how PRM can optimize its programming and humanitarian diplomacy for the benefit of refugees and their host communities. PRM intends to use findings and recommendations to shape NGO funding decisions and diplomatic engagement with multilateral and host government partners. PRM partners will also make use of the findings and recommendations. The contractor will begin work within a month after the contract award.

Bureau of Population, Refugees and Migration

PRM's mission is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. The United States Government (USG), through PRM, is the largest bilateral donor to UNHCR as well as the International Committee of the Red Cross (ICRC), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and among the largest bilateral donors for the International Organization for Migration (IOM). On a case-by-case basis, PRM may fund other multilateral organizations such as the UN Children's Fund (UNICEF), the World Health Organization (WHO), and/or the United Nations Development Program (UNDP). PRM funds NGOs to fill critical gaps in programming by multilateral organizations and host governments. PRM generally funds activities in 12 month increments although in recent years it has allowed NGO partners to apply for multi-year funding. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

PRM's programming and humanitarian diplomacy regarding Syrian refugees in Jordan is managed by the Asia and Near East (ANE) Office in Washington, DC. PRM has Regional Refugee Coordinators (Refcoords) who are based at embassies throughout the world. Relevant Refcoords are based in Ankara, Amman, and Beirut. It is important to note that the Bureau considers its humanitarian diplomacy to be as important as its programming.

The Bureau works closely with the Near East Affairs (NEA) Bureau and the European Affairs (EUR) Bureau, given its oversight of embassies throughout the region. Monitoring the performance of PRM partners is a responsibility shared by PRM Regional Officers, Refcoords, and local staff, with M&E training and support provided by the Office of Policy and Resource Planning (PRP). PRP and ANE will work closely with the contractor for the duration of the evaluation. In accordance with the standards of good management and performance-based results, the contractor will be held accountable for cost, schedule, and performance results.

Evaluation Questions

The evaluations should answer the following questions with an emphasis on developing best practices, lessons learned, and actionable recommendations to inform the programming and diplomacy of PRM and its partners.

1. Were health, shelter, and education programs supported by PRM and its partners implemented effectively in accordance with best practices? Effectiveness is defined by the following:
 - Were refugees satisfied with the quality of services received? What was the impact of these services on refugees' quality of life?
 - To what extent did these interventions target and reach the most vulnerable? Were these programs accessible to and used by particularly vulnerable refugee groups such as the disabled, female-headed-households, Iraqis and Palestinian Refugees from Syria (PRS)?⁶⁸
 - To what extent are modalities of assistance in line with refugee preferences, as evidenced by refugee feedback?
 - Where applicable, to what extent were these services available and utilized by host community members?
 - To what extent did PRM programming build on and enhance existing capability (versus creating parallel structures?)
 - To what degree are plans in place to sustain programs once donor support is no longer available? Are steps towards a realistic transition taking place? Do the programs foster long-term integration?
2. How successful were rental agreements with landlords in allowing refugees to meet their shelter-related needs? What happened when rental agreements ended and what are the implications for refugee assistance?
3. How could cash assistance programming be more effective, in the context of education, shelter and health? Were there instances where this cash was used for other immediate needs?
4. How and to what extent was programming coordinated with local governments, local organizations, and civil society?
5. How could PRM and its partners improve humanitarian programming and diplomacy based on available evidence?

Methodology

Desk Review: The desk review should determine: (1) the characteristics of successful shelter, health, and education programs for Syrian refugees throughout the Near East including Turkey (2) the extent to which reporting provided to PRM is sufficient for demonstrating performance; and (3) whether PRM and its partners are incorporating best practices into programming and avoiding recurring mistakes. It will draw from already completed evaluations, such as an [evaluation of UNHCR's response in Jordan and Lebanon](#) covering the period from January 2013 – March 2014. The desk review is expected to inform the fieldwork.

Fieldwork

It is anticipated that fieldwork in Lebanon, Turkey, and Jordan will take up to six weeks in each country, not including travel days, to complete. This will allow time for consultation with UNHCR, other multilateral partners, international and local NGOs, host government officials, refugees, and other stakeholders. UNHCR will advise on issues relating to security and logistics. When in the field, a six-day work week with no premium pay is authorized. Upon award of contract, the evaluators will confer with PRM on a monthly basis, and particularly before each of the field assessments in Lebanon, Turkey, and Jordan. With PRM assistance, the contractor will consult with relevant U.S. Embassies prior to in-country data collection activities. The evaluators will need to coordinate closely with PRM and its Regional Refugee Coordinators in Adana (covering Turkey and, to a limited extent, Syria) and

⁶⁸ To the extent that PRS are served under Syrian programs as other vulnerable populations, as UNRWA is not included in this evaluation.

Amman (covering Jordan, Lebanon and Syria), and, when present, Beirut (covering Lebanon) when making travel arrangements and scheduling meetings with PRM's IO and NGO partners. The evaluation team will also need to consult and coordinate with UNHCR, as it has the international mandate for coordinating protection of and assistance to refugees, including health, shelter, and education. The contractors will provide oral out-briefs to U.S. Embassies, UNHCR, and PRM-funded NGO partners upon completion of field research in each country.

Recommendations should be concrete, actionable, and directed to specific stakeholders. Recognizing the increasingly protracted nature of this emergency, the evaluation should provide guidance on how PRM can programmatically improve shelter, health, and education programs for non-camp based Iraqi and Syrian refugees. This guidance should include checklists and indicators for PRM to consider when: (1) writing requests for proposals that include health, shelter, and education programs; (2) reviewing proposals with health, shelter, and education components; and (3) monitoring health, shelter, and education programs. Findings and recommendations may be used by PRM's implementing partners as well.

After completion and approval of the final report, a one-month window of availability shall be planned for presenting the final report to stakeholders, including PRM, other relevant State Department Bureaus, USAID, representatives of IOs and NGOs, and others as appropriate. It is anticipated that approximately four two-hour presentations will be conducted.

Deliverables (Based on 16 Months)

The contractor shall maintain open, timely, and effective communications with PRM, resulting in a relationship that proactively addresses potential problems with flexible, workable solutions. The below timeframe for each of these activities is projected and PRM requests the contractor provide a schedule of deliverables, including anticipated delivery dates, in the proposal.

- A detailed work plan with time lines (Week Two)
 - a. **Teleconferences:** Monthly teleconferences as to performance against the detailed work plan, challenges, and future plans. (Ongoing)
 - b. **Monthly Updates/Quarterly Reports:** The contractor shall submit five quarterly reports in English to PRM. These reports shall summarize progress and status of the major activities being undertaken in relation to the requirements of this program; comparison of actual accomplishments with the goals and objectives established for the period of the report; deviations from the work plan and explanations of such; indications of any problems encountered and proposals for remedial actions as appropriate; and projected activities for the next reporting period. Data measuring progress on each of the indicators selected as part of a monitoring plan shall be included in each report. Reports are due 30 days after Month Three, Six, Nine, Twelve, and Fifteen. These reports would be shared only with PRM. However, PRM may decide to share these reports with select partners.
 - c. **Desk Review and Country Summary Reports:** The desk review report will detail findings from a global desk review of shelter, education, and health programs for Iraqi and Syrian refugees in the Near East and Turkey. The desk review and each country summary report should not exceed 30 pages (although exceptions may be granted). PRM will provide feedback on the draft reports within 14 business days. The contractor shall submit the final version of the desk review and country reports 10 business days following the receipt of PRM feedback. If there is any cause for delay, the contractor should notify PRM immediately. (Desk Review: Week Six/Seven)
 - d. **Summary Reports:** From each of the three field based evaluations (Months 4, 8, and 12)

- e. **Draft Report:** A draft evaluation report will be prepared for PRM review and comment (Month 14)
- f. **Final Report:** The contractor should deliver a draft final report to PRM at least 75 days before the completion date of this contract. PRM will provide feedback on the draft report within 14 business days. The final report shall summarize the major results achieved, any problems encountered, and notable successes realized in performing this program. The contractor shall also make recommendations of appropriate follow-up actions primarily for PRM, but also UNHCR and NGO partners where relevant. The final report shall include a section on how well programs support PRM's Functional Bureau Strategy. The contractor has 21 days to complete the final report after the draft report is returned by PRM. Evaluation reports should be no more than 30 pages in length (although an exception may be granted), not including any annexes and three to four pages for the Executive Summary. The SOW, data collection tools (i.e., interview protocols, checklists, etc.), properly documented sources of information and signed conflict of interest statements should be included in the annex. The evaluation methodology should be described in the report in detail. The final report shall include conclusions as to what types of health, shelter, and education interventions have been most (and least) successful, reasons why, and recommendations on best practices based on findings. Recommendations should be concrete, actionable, and tailored to specific stakeholders (Month 15)
- g. An executive summary of the final report findings and recommendations, no more than three pages long, should be prepared in English, Arabic, and Turkish. The summary should be brief, not more than two pages and should not include confidential issues. It should include the title of the evaluation, date of the submission of the report, evaluation questions, data collection methods, key findings and recommendations. PRM will provide a template for the summary. The evaluation summary for dissemination shall be submitted before the completion date of this contract. (Month 15)
- h. Oral presentations provided for PRM and other relevant stakeholders in Lebanon, Turkey, and Jordan (Month 4, 18, 12, 15/16)

Annex II: Data Collection Instruments

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Key Informant Interview Schedule NGOs, UN Agencies

Date of interview: _____

Location: _____

Organization: _____

No. of interviewees _____ Gender: M _____ F _____

General

1. Please describe your current programs in the SHE sectors for Syrian and Iraqi refugees. Are there differences in your programs this FY, versus last year and the year before?
2. What % of these programs are funded by PRM?
3. What aspects of these programs are successful in your opinion? How has this changed over time?
4. What are the main challenges you face with these programs? How has this changed over time? What could be done to overcome these challenges?

Design

1. How did you decide to design the program the way you did?
 - a. What existing information did you use?
 - b. Did you collect any data yourselves?
 - c. How did you consider female, male and youth beneficiary needs/preferences?
 - d. How did you build on existing resources/capacities?
2. Does “vulnerability” figure into your program design? If so, how does your organization define this concept? How do you identify, target and reach to “vulnerable” refugees? Are there targets for inclusion?
3. Do host communities figure into your program design? How do you target them?
4. What would you change about the program’s design/activity in future programming?

Relationships with Other Structures

1. Related to SHE programming, please describe the quality of your relationship with:
 - The central government/related ministries

- Local government
- Lebanese CSOs
- UN agencies/INGOs

2. (For each category), how did you work with them (or not) during the design phase of your program? Startup phase? On-going? Have you been more successful in engaging a certain category of stakeholder compared to another?

3. What strategies help to promote positive interaction and coordination for each category of structures mentioned in Q1?

4. Are you involved in any coordination structures? Please describe how this works and the benefits/challenges to current structures.

Programming & Sustainability

1. In your opinion, how could PRM improve their support for you & SHE programming for the Syria/Iraq response in Lebanon?

2. Have you considered cash programming? What are the benefits and drawbacks of doing so?

3. Have you thought about what will happen to programs and beneficiaries after donor withdrawal?

4. Have you thought about/made efforts to streamline your programs across- sectors? What is your thinking on the benefits and drawbacks of doing so?

M & E, Donor Requirements & Feedback

1. How are you aware of beneficiary satisfaction over the course of the program?

2. What opportunities do beneficiaries have to provide you with feedback? What kind of feedback are you receiving? How is this addressed?

3. Have your beneficiaries been referred to other organizations for specialized support? Is there a referral system in place? How do you inform your beneficiaries about a referral opportunity?

4. What have been impacts of the program activities on female, male and youth beneficiaries? How have these been measured?

5. What is your reflection on usefulness of the established internal M&E mechanism in providing timely data to inform programming decisions?

6. Are there restrictions on donor funding that influences your ability to program the way you want?

7. What would you change about the reporting procedures to PRM? Are there any aspects currently missing?

8. What additional support from PRM is needed to implement program?

9. Are there any lessons you learned during the implementation of the program?

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

#: _____

**Interview Schedule for Service Providers
(CBOs, Health Workers, School administration, Teacher, and other service providers)**

Date of interview: _____

Location: _____

Organization: _____

Nationality: _____

Respondent type: _____

No. of interviewees _____ Gender: M _____ F _____

1. Please tell us a bit about your familiarity with XX activity?

a. How did you become involved in XX activity?

b. Since when you have been involved?

c. What is your role/involvement in activities?

d. Terms of engagement

2. Where you involved in the design of XX activity?

3. What are the main challenges with XX activity/support?

4. What are the main successes with XX activity/support?

5. Please describe the quality of your relationship with NGO/UN organization.

6. How often do you communicate with them, and what is the nature of your communication?

7. If you have concerns or feedback (positive or negative), can you express them? How do you do so?
How are these concerns addressed? Can you provide examples of this?

8. How are XX activities engaged/coordinated with:

a. local authorities

b. CBOs

c. other local actors?

9. For each reported on above, please rate the quality of this engagement and/or coordination.

1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know

If needs improvement, please specify in what way? _____

10. Have XX's provided services been available to and used by host community members?

1. Yes 2. No 3. Don't know

If no, please elaborate, why do you think so? _____

11. In your opinion, how have the following groups of beneficiaries benefited from XX provided services? (Ask all that apply)

- | | |
|---|------------------|
| 1. Female, male and youth host community; | 5. Disabled; |
| 2. Female, male, youth Syrian refugees; | 6. Young people; |
| 3. Female, male, youth Iraqi refugees; | 7. Other _____ |
| 4. Refugee female-HHs; | |

Please describe _____

12. From your experience, what are the main challenges faced by beneficiaries that are engaged in XX activity?

13. How do you think XX activity/services could be improved?

**Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees
in Lebanon, Turkey and Jordan**

#: _____

Interview Schedule for Local and Central Government

Date of interview: _____

Location: _____

Respondent type: _____

No. of interviewees _____ Gender: M _____ F _____

1. Please describe your role/interface with XX organization and XX activity.
 2. How did this relationship begin?
 3. What involvement did you/your office have at the design phase of this program, beginning implementation phase, now?
 4. How influential have you/your office been in this program? Please describe the frequency, type and quality of communication/coordination, including exchange and feedback loops.
 5. How would you rate the quality of the engagement/coordination with XX activity?
1. Excellent; 2. Good; 3. Adequate; 4. Needs Improvement; 5. Don't know
- If needs improvement, please elaborate _____
6. How does this program support or complement government initiatives?
 7. Does this program have any negative consequences for government initiatives or residents?
 8. What do you think will happen if/when this program is terminated?
 9. What are your main concerns for the female, male and youth residents of this location?
 10. What are your main concerns for the female, male and youth refugees in this location?
 11. What do you think are the best ways to address these concerns?

**Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees
in Lebanon, Turkey and Jordan**

#: _____

**Interview Schedule for Beneficiaries
(Individual & Group; Refugees & Host Communities)**

Date of interview: _____

Location: _____

Organization: _____

Type of HH: _____

No. of interviewees: _____ Gender: M _____ F _____

1. Since when you have been receiving service/assistance from XX organization? _____

2. Could you please tell us about the support that you receive/received from XX organization? (Prompt for time period, exact support, locations, etc.)

3. If a cash assistance beneficiary, what do you spend the cash on?

1. Rent
2. Health
3. Food
4. Education
5. Other _____

4. How did you become aware of this support, and how did you access it?

5. Before you started receiving this support, what were your primary concerns?

- | | |
|------------------|----------------|
| 1. Shelter | 5. Protection |
| 2. Health | 6. LH |
| 3. Education | 7. WASH |
| 4. Food security | 8. Other _____ |

6. How did this support address your concerns or not?

7. What are your primary concerns at present?

- | | |
|--------------------|----------------|
| 1. Shelter/housing | 5. Protection |
| 2. Health | 6. LH |
| 3. Education | 7. WASH |
| 4. Food security | 8. Other _____ |

8. What do you think are the best ways to address these concerns?

9. Who can you go to for help with these concerns?

10. During the course of your relationship with XX organization, did you have contact with representatives of that organization?

10a. Other representatives involved in that support (local admin, CBOs, partners, etc.)?

- 10b. How often did you communicate with them? (ask for each)
10a. What was the quality of your communication? (ask for each)
10b. Did you wish to provide them with feedback/complaints or ask questions? If so, what were your concerns? How did you do communicate these?
10c. Have you been/were you referred by XX for specialized support to other organizations?
10d. How were these concerns addressed?

11. Did you face difficulty in accessing this support? Or did this support create difficulty for you in other areas of your life?

12. How would you rate the quality of communication with XX?

1. Satisfactory 2. Unsatisfactory 3. Do not know

Please elaborate _____

13. How would you rate the quality of services received from XX?

1. Satisfactory 2. Unsatisfactory 3. Do not know

Please elaborate _____

14. How would you rate the impact of the provided SHE services on your life?

1. Significant 2. Insignificant 3. No change 4. Do not know

Please elaborate _____

15. How could this support be/have been improved?

(Prompt for type of service, mode of administration, modality of assistance, etc.)

16. What is your understanding of how long this support will be provided to you? (*If support has terminated ask: Why did you receive support for X period of time?*)

17. How will you manage/how did you manage after the support stops?

Evaluating the Effectiveness of Shelter, Health and Education Programs for Iraqi and Syrian Refugees in Lebanon, Turkey and Jordan

Observational Guide

Date: _____

Location: _____

Organization: _____

Facility: _____

Time Start: _____ Time End: _____

1. Observed services provided

2. Approximate number of people in the observed site/waiting in line/ _____

3. Gender Dynamics

4. Presence of disabled people

5. Service Provider-Beneficiary Dynamics

-Ratio of service providers to beneficiaries

-Ability for beneficiaries to obtain information

- Availability of staff to answer people's questions

6. Informal Interviews with people present

- What they are doing there

- Their experience of the service

- Satisfaction with the quality of service

- Effect of provided services on people

- Perception of people on relevance, accessibility and use of offered services

7. Comments made or questions asked

Annex III: List of Key Informants

Title/Position	Gender	Organization	Location
Refugee Coordinator	Male	BPRM	Beirut
Refugee Program Specialist	Male	BPRM	Beirut
Shelter & Infrastructure Coordinator	Male	PU-Ami	Beirut
Chief of Social Policy Planning/ M & E	Male	UNICEF	Beirut
Education Specialist	Female	UNICEF	Beirut
Education Specialist	Female	UNICEF	Beirut
Deputy Representative	Male	UNICEF	Beirut
Chief of Field Operations	Female	UNICEF	Beirut
Senior External Relations Officer	Female	UNHCR	Beirut
Senior Protection Officer	Female	UNHCR	Beirut
Senior Programme Officer	Female	UNHCR	Beirut
Program Officer	Male	UNHCR	
Shelter Expert	Female	UNHCR	Beirut
Country Director	Male	IMC	Beirut
Health Coordinator	Female	IMC	Beirut
Deputy Country Director	Female	IMC	Beirut
MHPSS Program Coordinator	Female	IMC	Beirut
Head of Education Programs	Female	IRC	Beirut
Country Director	Male	IRC	Beirut
Head of Research	Male	IRC	Beirut
Education Manager	Male	IRC	Akkar
M & E Manager	Male	IRC	Akkar
Community Based Education	Male	IRC	Akkar
Teacher in IS	Female	IRC	Akkar
Field Coordinator	Male	PU-Ami	Akkar
Shelter Project Manager	Male	PU-Ami	Akkar
Team Leader	Male	PU-Ami	Akkar
External Relations	Male	UNHCR	Tripoli
WASH & Shelter Coordinator	Male	UNHCR	Tripoli
Shelter Associate	Female	UNHCR	Tripoli
Education Manager	Male	IRC	The Bekaa
Remedial Officer	Male	IRC	The Bekaa
Health Officer	Male	IMC	The Bekaa
Owner-Director of Clinic	Male	Nafela Clinic	The Bekaa
Psychotherapist	Female	IMC	The Bekaa
Case Manager	Female	IMC	The Bekaa
Case Manager	Female	IMC	The Bekaa
Case Manager	Female	IMC	The Bekaa
Director of Clinic	Male	Farouk Clinic	The Bekaa
Medical Director of Clinic	Male	Farouk Clinic	The Bekaa

External Relations	Female	UNHCR	Zahlé
WASH & Shelter Officer	Male	UNHCR	Zahlé
Field Coordinator	Male	UNHCR	Zahlé
Education Officer	Male	UNICEF	Zahlé
Education and Youth Specialist	Female	UNICEF	Zahlé
Chief Field Officer	Female	UNICEF	Zahlé
Case Manager	Female	IMC	Tyre
Case Manager	Male	IMC	Tyre
Case Manager	Male	IMC	Tyre
Case Manager	Male	IMC	Tyre
Head of Zonal Office	Male	UNHCR	Tyre
Shelter Team Leader	Female	UNHCR	Tyre
Field Assistant	Male	UNHCR	Tyre
Shelter Manager South	Female	PU-Ami	Saida
Field Coordinator	Male	PU-Ami	Saida
Mayor Municipality	Male	Ansar	Ansar
Clinic Director	Male	Ansar	Ansar
Medical Area Manager	Male	IMC	Ansar
Facilitator of Awareness Raising Session	Female	IMC	Ansar
Country Director	Male	PU-Ami	Beirut
Senior Public Health Officer	Male	UNHCR	Beirut
Mental Health Director	Male	Ministry of Public Health	Beirut
Director General	Male	Ministry of Public Health	Beirut
Rep Program Management Unit	Male	Ministry of Education	Beirut
Administrator	Female	Ministry of Social Affairs	Beirut
Deputy Representative	Male	UNHCR	Beirut

Annex IV: Sites Visited

Site	Association	Location
Ansar Primary Health Care Center	IMC	Ansar, South Lebanon
Health Awareness Raising Session at Municipal Offices	IMC	Ansar, South Lebanon
Farouk Clinic	IMC	The Bekaa
Tyre Mental Health Center— Lebanese Red Cross	IMC	Tyre, South Lebanon
Nafela Clinic	IMC	The Bekaa
Nafela Mental Health Center	IMC	The Bekaa

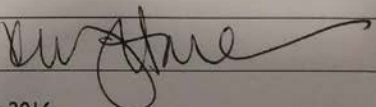
Annex V: Program Information Table

Partner	Sectors	Program title/activities	Program dates	Award value
IMC	Health	Strengthening and Expanding Primary Health Care Services, Mental Health and Psychosocial Support for Syrian Refugees and Other Vulnerable Groups in Lebanon	June 2014-August 2015	\$5,000,000
IRC	Education	Community Based Education for Children in Lebanon	May 2014-May 2015	\$2,000,000
PUI	Shelter	Emergency Support for Syrian refugees from Syria in North Lebanon	March 2013-February 2014	\$1,250,000
			March 2014-August 2015	\$2,400,000
UNHCR	Shelter, Health, Education	General	October 2013-September 2014	\$123,400,000
UNICEF	Education	General	October 2013-September 2014	\$59,600,000

Annex VI: Evaluation Team Disclosure of Conflict of Interest Forms

Name	Kimberly Howe
Title	Consultant
Organization	Social Impact, Inc.
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number (or RFTOP or other appropriate instrument number)	Task Order Number: S-AQMMA-16-F-0131
DoS Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	<ul style="list-style-type: none"> • International Medical Corps (IMC) • International Catholic Migration Commission (ICMC) • Caritas Jordan • Norwegian Refugee Council (NRC) • United Nations High Commissioner for Refugees (UNHCR) • United Nations International Children's Emergency Fund (UNICEF)
I have real or potential conflict of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	18 Dec 2016

Name	Jinane Malars
Title	Translator, Logistics
Organization	Social Impact, Inc.
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number (or RFTOP or other appropriate instrument number)	Task Order Number: S-AQMMA-16-F-0131
DoS Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	<ul style="list-style-type: none"> • International Medical Corps (IMC) • International Rescue Committee (IRC) • Première Urgence Internationale (PU-Ami). • United Nations High Commission for Refugees (UNHCR) • United Nations International Children's Emergency Fund (UNICEF)
I have real or potential conflict of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If yes answered above, I disclose the following facts:</p> <p>Real or potential conflicts of interest may include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	


I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	Jinane Malars
Date	8-12-2016

Disclosure of Conflict of Interest for DoS Evaluation Team Members

Name	Jana Nakhal
Title	-
Organization	-
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number (or RFTOP or other appropriate instrument number)	SAQMMA16F0131
DoS Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	DoS/PRM Syria Evaluation, Social Impact
I have real or potential conflict of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the DoS operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the DoS operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

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Signature	
Date	9/30/2016

U.S. Department of State
2201 C Street NW
Washington, DC 20520