

Project Evaluation Terms of Reference

Safe Environments for Women and Girls: Integrating SGBV, SRH, and MHPSS in Tripoli-T5 and Akkar

a. Background Heartland Alliance International

Heartland Alliance International (HAI), the international arm of Heartland Alliance, Inc. (HA), is a U.S.-based non-profit organization that works to advance human rights and champion human dignity by providing services and promoting solutions to achieve a more just global society. With our shared mission, we provide a continuum of programs that address the root causes of poverty, generate social change, and inspire people to build better lives not only for themselves but also for their communities. Our approach is multi-faceted and intentional and intersects through three focus areas: health and healing, safety and justice, and economic opportunity.

HAI implements programs in seven countries across Latin America and the Caribbean, the Middle East and North Africa, Sub-Saharan Africa, as well as in Chicago, Illinois at the Marjorie Kovler Center. HAI believes that society benefits when all people can participate, prosper, and reach their full potential. Across all programs, HAI promotes progressive, innovative approaches to human rights protections and gender equity. HAI focuses on specialized mental health and psychosocial support and access to legal services for people who have been victims of violence and human rights abuses. HAI ensures the safety of these individuals and empowers them to actively engage in their communities and drive social change. HAI believes there can be no healing without justice and no justice without healing.

HAI has more than ten years of program implementation experience in Lebanon and over a decade of experience implementing protection and human rights programming in the Middle East. In Lebanon, HAI partnered with OCHA and UNFPA to develop and train hundreds of individuals on the referral pathway for GBV services at both the national and field-level and strengthened the capacity of five local organizations in Akkar's region to operationalize existing safe spaces. Through these interventions, the team reached more than 10,000 Syrian refugees and Lebanese women and girls through awareness sessions on GBV and mental health. In addition, in response to the 2020 Beirut explosion, HAI reached more than 2,000 individuals with SGBV services.

HAI staff and its partners have established productive working relationships with local officials, religious leaders, legal professionals, and members of the target communities over recent years of implementation in this region. HAI is currently an active member in the GBV Task Force and GBV working groups in Akkar, as well as the mental health and psychosocial support (MHPSS) working group. HAI participates in national GBV and SRH working groups in Beirut and field levels in T-5 and Akkar and all of its programs utilize UN reporting mechanisms for tracking GBV cases. HAI coordinates and communicates with civil authorities and police in the project implementation area, including on individual protection cases as well as to obtain support for community education *activities*.

b. Project Background

HAI, in partnership with LECORAW, RDFL, and Al Jdideh PHC are implementing Safe Environments for Women and Girls: Integrating SGBV, SRH, and MHPSS in Tripoli-T5 and Akkar from May 2019, until

April 2022. The project seeks to support women and girls living in the T5 (Tripoli – Northern Lebanon) and Akkar and its surrounding areas to experience enhanced safety and wellbeing and to be empowered to make informed decisions about their SRH. The project will accomplish this through activities designed to meet two strategic objectives: (1) Women and girls who are survivors of or at risk of sexual and gender-based violence (SGBV) benefit from comprehensive SGBV case management services including sexual and reproductive health (SRH), mental health and psychosocial support (MHPSS) services, and referrals; and (2) Women and girls benefit from increased feelings of community support and protection.

c. Rationale and purpose

The Monitoring, Evaluation, and Learning (MEL) department of HAI is committed to prioritizing and incentivizing Learning as one of the working principles for every initiative. Additionally, MEL systems and practices must be designed with utilization principles in mind to support adaptive management practices and learning, among other specific uses. These principles have been applied to shape and scope the final evaluation to identify the purpose and key evaluation questions of the *Safe Environments for Women and Girls: Integrating SGBV, SRH, and MHPSS in Tripoli-T5 and Akkar* project

The objective of the external evaluation is to assess the effectiveness, relevance, and sustainability of the project over the last implementation cycle. These criteria will provide robust and sufficient information to inform the future of SGBV and SRH programming in Tripoli-T5 and Akkar.

d. Evaluation Questions

The final evaluation must be designed to answer the questions included in the table below.

Dimension/ Criteria	Evaluation Questions	Sub-questions
Effectiveness	To what extent are the objectives of the project being attained?	<p>What has been the overall improvement of SRH and SGBV services in the T5 region?</p> <p>What have been the effects on participants' wellbeing and safety as a result of family planning awareness, antenatal care, postnatal care, early marriage, and SGBV services?</p> <p>What have been the improvements on participants' empowerment towards SRH decisions?</p> <p>Have the benefits been equally observed across the different target groups, including, women, girls, lesbian, gay,</p>

		bisexual, transgender, and intersex (LGBTI) persons?
Relevance	How did the project respond to the target groups' needs and priorities?	How relevant are the activities to the problems faced by the target groups, including, women, girls, LGBTI persons? To what extent did the project activities build on the existing knowledge and experience of partner organizations?
Sustainability	To what extent is the provision of services to survivors of SGBV expected to continue after HAI involvement has ended?	To what extent has the capacity of the implementing partners been developed to continue with the quality of service provision, coverage, and coordination after the end of the project? To what extent are partners planning to continue with community sensitization and awareness activities? To what extent have communities and leaders adopted ownership of strategies to reduce SGBV?

The evaluation committee expects to collaborate with the selected tenant to refine and further specify these evaluation questions at the time of the Inception Report, however, proposals will be assessed based on their ability to rigorously answer the above questions.

e. Scope

The evaluation will assess all project components implemented between 2019 and project completion in 2022 in Tripoli T5 and Akkar. Each year, the project added one additional partner. The 2019-2020 project that was implemented by one partner in Tripoli. The 2020-2021 project included one new

partner located in Akkar in addition to Tripoli. The 2021-2022 project included one new partner based in Tripoli in addition to the previous partners in Akkar and Tripoli.

f. Methods

The design should generate the highest quality and robust evidence to answer the evaluation questions listed above taking into consideration the principles outlined in the rationale section, including prioritizing and incentivizing learning through utilization-focus and participatory approaches.

A mixed-methods evaluation will be appropriate and expected for this evaluation. The proposal must outline the specific methods or approaches (integrated package or methods or processes that respond to specific question or context) that will be used to respond to each of the evaluation questions, as well as the sources for information. Creativity in the selection of methods and approaches is encouraged at the proposal stage. At the inception report stage, the evaluation committee will recommend the final design and approve the final product. Besides the methods narrative, an evaluation matrix following the format below is expected:

Evaluation criteria	Evaluation Question	Sub-question	Proposed methodologies	Data Source

g. Governance and Management

An evaluation management committee will manage the selected evaluation consultant. This committee has overall accountability for the evaluation. It is also responsible for the day-to-day management of the evaluation, including establishing the cadence of meetings to ensure the evaluation progressing process is according to the timeline, approval of all deliverables, and coordination of internal review process with technical subject matter experts. The evaluation management committee will be confirmed by the Program Officer, MEL Manager, and led by the Director of Design Monitoring, Evaluation, and Learning.

h. Deliverables and Timeline

Deliverables	Due date	Description
Inception report	April 30 th , 2022	The inception report must include detailed evaluation methodology, tools, sampling, respondent selection criteria, and operation plan. This plan must be developed in close collaboration with the evaluation management team
Evaluation Draft report	June 15 th , 2022	First draft of the evaluation report for internal comments. The evaluation report must

		follow HAI evaluation report outline guidelines
Evaluation report final	July 15 th , 2022	Final report incorporating stakeholders' feedback. The evaluation report must follow HAI evaluation report outline guidelines
Dissemination Webinar	July 15 th , 2022	Presenting main evaluation findings and recommendations
Learning Product	July 15 th , 2022	TBD, recommendations are expected but may include: a policy brief, infographic, audio, voice messages, and/or video
Data collection tools	July 15 th , 2022	Final version of the data collection tools included as annexes to the evaluation report
Raw data sets	July 15 th , 2022	Clean raw data sets must be provided as support documentation of the evaluation final report

g. Professional Qualifications

The selected consultant (or consultancy firm) should fulfill the following:

- Holder(s) of an advanced degree in social sciences or relevant field;
- Experience in conducting similar evaluations and research with demonstrated capacity to analyze qualitative findings;
- Possess extensive knowledge of development principles and evaluation methods;
- Has In-depth understanding of the situation of the Syrian and Palestinian refugees context in Lebanon;
- Enjoys excellent communication skills and is proficient in both Arabic and English languages;
- Independent and neutral and has not been involved in any of the HAI programs
- Good facilitation skills
- Strong analytical and research skills

h. Budget

Submit a financial proposal that indicates all-inclusive costs for conducting the final evaluation, not to exceed USD 16,500. The consulting firm shall bear all costs associated with the preparation and

submission of the proposal. All costs should be quoted in USD and will remain valid up to sixty days (60) from the day of proposal submission.

i. Proposal Submission guidelines

All proposals must be submitted electronically to MEsupport@heartlandalliance.org with a copy to enajem@heartlandalliance.org between January 3rd and January 28th. The subject line must say “Final Evaluation Proposal Lebanon- *Safe Environments for Women and Girls*”.

After the submission deadline, the management committee will take up to 2 weeks to review and reach out with clarification questions and/or final decision. The proposals must include the following:

1. Demonstrated understanding of the intervention and the TORs
2. Approach, design, and methodology for the evaluation properly responding to the evaluation questions while considering the scope, timeline, and budget
3. Evaluation plan to deliver the final product according to the timeline
4. Evaluation team members and experience, roles, and level of effort
5. Detailed project budget
6. Proposals should be no longer than 10 pages, excluding attachments.

	% of trained partner staff demonstrating increased knowledge on updated SGBV referral processes					
Activity 1.1.1: HAI conducts staff capacity/training needs assessment to RDFL in order to identify gaps in skills partner staff in safe spaces on using a survivor-centered approach for screening and support for SGBV cases.	<u>Output:</u> # of capacity/training needs assessment completed	0	3	Location	training needs assessment	Monthly (in the first quarter)
Activity 1.1.2: HAI in partnership with LGBTQI organizations such as MOSAIC will train partner staff on how to provide case management to LGBTQI persons fleeing violence.	<u>Output:</u> # of partner staff trained on supporting LGBTQI case management	0	15	Location, gender	Training attendance sheets	At the beginning of activity
Activity 1.1.3: HAI works with LGBTQI organizations to establish one day per week availability of a volunteer to assist in outreach and case management of LGBTQ persons in Tripoli and Akkar.	<u>Output:</u> # of LGBTQ persons at risk of violence assisted through volunteer outreach and case management	0	15	Location, gender	Case tracker	Ongoing
Activity 1.1.4: HAI trains partner staff on advanced PSS skills and new topic areas,	<u>Output:</u> # of partner staff trained on advanced	0	15	Location, gender	Training attendance sheets	At the beginning of activity

including remote service provision.	PSS skills, remote service provision and other new topics					
Activity 1.1.5: LECORVAW, RDFL and AI Jdideh PHC provide comprehensive case management to survivors of SGBV	<u>Output:</u> # of women and girls receiving SGBV case management support	0	450	Location, age group (adult or minor), nationality*	Case tracker	Ongoing
Activity 1.1.6: LECORVAW RDFL and AI Jdideh PHC provide GBV awareness sessions in order to facilitate participants' access to other services, such as case management and individual mental health follow-up.	<u>Output:</u> # of participants attending GBV awareness sessions	0	7,500	Gender, age group (adult or minor), nationality*	Attendance sheet	Ongoing
Activity 1.1.7 HAI and partners design and implement a digital education campaign using text messages and video on GBV awareness, early marriage prevention, etc	<u>Output:</u> # of participants receiving GBV information and early marriage prevention through easily accessible digital platforms such as WhatsApp, Facebook and Signal	0	10,000	Location, gender, type of message	Social media reports and cell provider data	Ongoing
IR 1.2: RDFL has increased institutional capacity to sustain services to support survivors of SGBV	<u>Outcome:</u> Increase in capacity	n/a	70%	Location, gender	Capacity assessment	Baseline, endline

beyond the project period.	assessment score Outcome: % of trained staff demonstrating increased knowledge	N/A	70%	Gender, occupation	Pre- and post-training tests	Beginning and the end of project
Activity 1.2.1: HAI assesses the institutional capacity of RDFL in the areas of financial accountability, grant and program management, recruitment of technical experts, and program development and resource mobilization.	<u>Output:</u> # of capacity assessments conducted	0	1	Domains of organizational capacity	Copy of completed OCAT	At the end of first quarter
Activity 1.2.2: HAI implements a series of trainings for RDFL staff on institutional capacity gaps identified.	<u>Output:</u> # of staff trained	0	5	Gender, occupation	Training attendance sheets	After each training
IR 1.3: Survivors of SGBV receive improved family planning (FP) counseling and SRH services, integrated into AI Jdideh PHC case management.	<u>Outcome:</u> % of women and girls who received SRH services and family planning who report a benefit from them	0	75%	Type of service offered, age group	SRH and family planning survey	Endline
Activity 1.3.1: Assess AI Jdideh PHC and community-level needs for SRH tools and commodities.	<u>Output:</u> # of assessments conducted in safe spaces and	0	1	Location	Copy of the assessment report	At the beginning of the project

	communities					
Activity 1.3.2: Train Al Jdideh PHC staff on FP counseling and SRH.	<u>Output:</u> # of staff trained to provide confidential, respectful and reliable basic FP counseling and SRH services	0	5	Location, gender	Training attendance sheets	At the beginning of activity
Activity 1.3.3: HAI identifies and trains trusted individuals from targeted communities of vulnerable participants to become SRH peer leaders.	<u>Output:</u> # of community members trained to become peer leaders	0	24	Location, gender, age group (adult or minor), nationality*	Training attendance sheets	At the beginning of activity
Activity 1.3.4: Women and girls increase their knowledge about SRH at group awareness sessions provided by an OB-GYN or a midwife dedicated to the project.	<u>Output:</u> # of women and girls participating in SRH awareness sessions	0	2,000	Location, age group (adult or minor), nationality*	Case tracker	Ongoing
Activity 1.3.5: Women and girls of reproductive age receive dignity kits to maintain their health and dignity	<u>Output:</u> # of dignity kits distributed	0	9,000	Location, age group (adult or minor), nationality*	Distribution sheet	Ongoing
IR 1.4: Women and girls survivors of or at risk of SGBV have improved access to MHPSS services.	<u>Outcome:</u> % of participants with an increased sense of wellbeing	Established at case intake	100%	Location, age group (adult or minor), nationality*	HAI MHPSS wellbeing measurement tool	Beginning and end of service
		n/a	30%	Location, age group	Case tracker	Quarterly

	<u>Outcome:</u> % of girls at risk of early marriage identified by the project for whom intervention prevents early marriage					
Activity 1.4.1: HAI and partner staff provide focused PSS for girls (ages 12-18) using Early Marriage Tailored Package Tool and Life Skills through Drama Tool developed by the International Rescue Committee (IRC).	<u>Output:</u> # of girls participating in focused PSS	0	450	Location, age group (adult or minor) nationality*	Attendance sheets	Ongoing
Activity 1.4.2: HAI and partner staff provide focused PSS for women using the Arab Women Speak Out (AWSO) tool developed by IRC.	<u>Output:</u> # of women participating in focused PSS	0	450	Location, age group (adult or minor) nationality*	Attendance sheets	Ongoing
Activity 1.4.3: Partner staff provides PSS activities such as support groups to women, men, boys and girls.	<u>Output:</u> # of women, men, boys and girls receiving PSS services	0	630	Location, age group (adult or minor) nationality*	Attendance sheets	Ongoing
Activity 1.4.4: Partner staff provide referrals to those needing individual specialized mental health services.	<u>Output:</u> # of participants referred to individual mental health service	0	450	Location, age group (adult or minor), nationality*	Case tracker	Ongoing
Activity 1.4.5: Partner staff refer high risk cases of GBV and mental	<u>Output:</u> # of participants receiving	0	60	Location, age group (adult or minor), nationality*	Case tracker	Ongoing

health disorders to HAI contracted psychiatrists	<u>psychiatric help</u>					
Activity 1.4.6. Partners protect girls at risk of early marriage through family mediation and legal services	<u>Output:</u> Number of girls who are receiving legal services and mediation to prevent from early marriage	n/a	150	Location, age	Case tracker	Ongoing
IR 1.5: Women and girls survivors of or at risk of SGBV are better protected, through emergency response, crisis planning, legal services and mediation	<u>Outcome:</u> % of participants at risk of violence with crisis response plan within 24 hours and legal services within 2 weeks	Established at case intake	95%	Location, age group (adult or minor), nationality*	Case tracker: response plan	Beginning and end of service
Activity 1.5.1: HAI trains partner staff on intensive risk assessment and safety planning for suicide/self-harm and GBV, using HAI's standard protocols adapted for Lebanon.	<u>Output:</u> % of identified crisis cases of which an emergency plan is developed and executed within 24 hours of identification	N/A 0	100% 15	Location, age group (adult or minor), type of crisis Age group, gender	Case tracker Attendance sheets	Ongoing Ongoing

	Output: # partner staff trained on intensive risk assessment and safety planning for suicide/self-harm and GBV					
Activity 1.5.2. HAI and partners provide legal awareness sessions and legal services, including legal consultation and representation, to women and girls at risk of intimate partner violence, early marriage and other forms of GBV.	Output # of women and girls receiving legal services	0	430	Location, age group (adult or minor), type of service	Case tracker	Ongoing
	Output: # of participants reached through legal awareness sessions	0	4000	Location, age group (adult or minor)	Participant tracker	Ongoing
IR 1.6 Women and girls survivors of or at risk of SGBV and men and boys acquire relevant skills towards increased livelihood autonomy.	<u>Outcome:</u> % of women, girls, men and boys applying the skills and knowledge after 3 months of completion	0%	20%	Population group, age group	Participant Tracker	Quarterly
Activity 1.6.1: HAI and partners provide skill-building activities.	<u>Output:</u> # of women and girls completing vocational training in RDFL, LECORVAW and AI	0	360	Population group, age group	Training attendance sheet	Ongoing
	Jdideh centers	0	120	Population group, age group	Training attendance sheet	Ongoing

	<u>Output:</u> # of men and boys completing vocational training in RDFL, LECORVAW and Al Jdideh centers					
Activity 1.6.2: HAI and partners provide basic financial literacy to women, girls, men and boys in need of financial autonomy.	<u>Output:</u> # of women and girls completing the financial literacy training. <u>Output:</u> # of men and boys completing the financial literacy training	0 0	360 120	Population group, age group Population group, age group	Training attendance sheet Training attendance sheet	At the beginning of each training At the beginning of each training
IR 1.7: Local NGOs and women's organizations have increased knowledge and skills in GBV and MH remote service provision	<u>Output:</u> % of NGO staff trained on MH and GBV who demonstrated improved knowledge on the topics	0	75%	Age group, gender, location	Training attendance sheets	At the beginning of activity
Activity 1.71 HAI provides a 3-day training on MH to local NGOs in Tripoli and Akkar	<u>Output:</u> # of NGO staff trained on MH	0	15	Age group, gender, location	Training attendance sheets	Ongoing

Activity 1.7.2 HAI provides a 2-days GBV training to local NGOs in Tripoli and Akkar	<u>Output:</u> # of NGO staff trained on GBV	0	15	Age group, gender, location	Training attendance sheets	Ongoing
SO2: Women and girls benefit from increased feelings of community support and protection.	<u>Outcome:</u> % of participants reporting increased support from community members	4% ¹	15%	Location, age group, nationality*	GBV perception survey ²	Beginning and end of project
IR 2.1: Community members have improved sensitivity and awareness of issues related to SGBV and SRH.	<u>Outcome:</u> % of surveyed community members indicating support and sensitivity to SGBV issues Outcome: % of community members who remember key messages SRH	59% ³	75% 75%	Location, gender, age group, nationality*	GBV perception survey	Beginning and end of project
Activity 2.1.1: Peer leaders provide	<u>Output:</u> # of community	0	6,000	Location	Distribution log	Ongoing

¹ Four percent of surveyed GBV service participants reported that the community's sensitivity to GBV issues and how they treat GBV survivors improved between early 2019 and late 2019. The vast majority of participants reported no change—average rating remained the same near “Neutral(3)” in a scale of “No sensitivity/ a lot of stigma (1)” “Somewhat insensitive (2)”, “Neutral(3)”, “Somewhat sensitive (4)” “Very supportive/sensitive (5)”.

² HAI will continue using a GBV perception survey developed during Year 2 which was administered among GBV participants and community survey.

³ Community survey result showed that 59 percent of surveyed community members agreed to the statement “A survivor should have the right to make a decision about what actions are best for her/him.” 84 percent agreed that GBV survivors have a right to get help for what has happened to them.

community members with information on reproductive health and rights, including the benefits of family planning.	members provided with GBV and SRH information materials					
Activity 2.1.2: Partner outreach volunteers provides informational sensitization session on available services and issues of gender, health, and mental health in relation to SRH and SGBV.	<u>Output:</u> # of community members reached through informational sensitization sessions	0	6,000	Location, gender	Attendance sheet	Ongoing
Activity 2.1.3: HAI and project partners implement community events to improve public acceptance and support for SRH, women and girls' health and rights, and the prevention of SGBV through use of art, dialogue with religious figures, and social influencers. ⁴	<u>Output:</u> # of participants at community events	0	1,200	Location, gender	Attendance sheet	At the beginning of the event
Activity 2.1.4. HAI will work with partner RDFL to develop and implement a public campaign to sensitize community leaders on the risks and danger of early marriage	<u>Output:</u> # of participants at community events	0	400	Location, gender	Attendance sheet	At the beginning of the event
IR 2.2: Community safety is improved by	<u>Outcome:</u> % of targeted communities with community-	0%	100%	Location	Key informant interviews	Once, at the end of project

⁴ There was a positive development on the age of marriage (raised to 15) by the higher Islamic Council. We will build on this positive development and prevent early marriage through involvement of religious leaders in disseminating information about GBV of which early marriage and intimate partner violence negative repercussions based on science and religion. Religious leaders are considered as a primary source of guidance and advice therefore we will identify influential religious leaders which are close to Lebanese and Syrian refugees and promote social cohesion between communities.

implementing targeted strategies against SGBV	based strategies to monitor safety of women and girls†					
Activity 2.2.1: HAI trains peer leaders to conduct participatory risk and safety mapping in their community, identifying sources of violence, potential allies, and factors that trigger or facilitate violence.	<u>Output:</u> # of peer leaders trained on participatory risk mapping	0	48 ⁵	Location, gender, nationality*	Training attendance sheets	At the beginning of each training
Activity 2.2.2: Peer leaders conduct participatory risk and safety mapping in their community, identifying sources of violence, potential allies, and factors that trigger or facilitate violence.	<u>Output:</u> # of participatory risk and safety mapping exercises completed	0	9	Location	Copy of mapping findings	Quarterly
Activity 2.2.3: Peer leaders set up community action plans to address identified risks.	<u>Output:</u> # of community action plans created	0	9	Location	Copy of community action plans	Quarterly
Activity 2.2.4: HAI and partners support and oversee the implementation of community action plans.	<u>Output:</u> # of technical support visits conducted	0	30	Location	Technical assistance notes	Monthly

* Under the Embassy's humanitarian portfolio, refugees will constitute at least 60% of the primary target population.

† Denotes Inter-Agency Standing Committee indicator for GBV interventions in humanitarian action.

⁵ Some are new and others are previously trained. The previously trained will help HAI in training new peer members through sharing their experiences and knowledge gained throughout the previous phases