

CARE International in Lebanon

Final Program Report

Name of Organization:	Cooperative for Assistance and Relief Everywhere, Inc. (CARE)	
Name of Project:	Integrated Shelter Improvements for Syrian Refugees and Host Communities in Tripoli, Lebanon: Phase II	
Cooperative Agreement #:	S-PRMCO-16-CA-1189	
Amount of Funding:	\$2,399,871	
Time Period of Agreement:	September 1, 2016 to August 31, 2017	
Country:	Lebanon	
Site(s)/Location(s):	In and around urban Tripoli, Lebanon	
Type(s) and Number of Beneficiaries:	Direct: 4,000 Indirect: 16,000	(Of the direct beneficiaries) Refugees: 2,000 Non-refugees: 2,000
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Date of Quarterly Report:	November 30, 2017	
Time Period Covered by Report:	September 1, 2017 to August 31, 2017	

Important:

Recipients of PRM funding must submit a signed SF-PPR form as a cover page with each program report. PRM suggests that NGOs receiving PRM funding use this program report template and reference this template as being attached in block 10 of the SF-PPR. This template is designed to ease the reporting requirements while ensuring that all required elements are addressed.

The Performance Progress Report (SF-PPR) is a standard, government-wide performance reporting format available at

http://www.whitehouse.gov/OMB/grants/approved_forms/sf-ppr.pdf.

1. Progress on Objectives and Indicators:

Objective #1: Syrian refugees and Lebanese host community individuals have improved shelter and WASH conditions in urban Tripoli.				
Indicator	Target Value (# or %)	Value this Reporting Period	Baseline Value	Cumulative % Progress Towards Target
Indicator 1: Beneficiary population in the program area receiving shelter assistance (e.g. cash, rehabilitation, etc.), by gender.	600 HU (300 Lebanese families, 1500 individuals and 300 Syrian families, 1500 individuals)	338 HU (181 Lebanese HH/ 915 individuals; 157 Syrian HH/735 individuals)	0	<u>100%</u> 600 HU (348 Lebanese HU/ 1740 individuals, 252 Syrian HU/ 1260 individuals) 1,563 female; 1,437 male
<p>NOTES:</p> <p>CARE and Akkarouna revised and updated the vulnerability assessment baseline in order to identify the most vulnerable cases of refugees and Lebanese households for shelter assistance. A blanket assessment (door-to-door) visits were conducted in the three areas of intervention “Mankoubin”, “Wadi Nahle” and “Abu Samra which includes Shalfeh, Shok and Hay Tanak” to assess and evaluate their socio-economic conditions, shelter, WASH and protection needs of households in each area. The total number of household assessments amounted to 3,188 in total.</p> <p>600 Household Units (HU) were selected according to the highest vulnerability scores in shelter and socio-economic criteria, to receive upgrade for their shelter to meet the minimum standards of living conditions based on the shelter minimum standards set for the rehabilitation of Substandard Buildings (SSB) by the Interagency Shelter Working Group.</p> <p>Then, CARE and Akkarouna collaborated in the procurement process for shelter rehab and selected three contractors (Zaidan, Green Art and Al Wissam) to work with, based on their technical capacities and qualifications, and based on value for money. The three contractors started the rehabilitation during the third quarter for 262 HUs out of 600 HUs and worked in parallel in the targeted areas, where around 10% of their staff were locally hired from the targeted neighbourhoods. They worked by category of rehabilitation: they started with the sanitary, tiling, plastering work for a bulk of HUs at the same time and then finalized their work with doors, windows and electrical work at the end. The rehabilitation of the remaining 338 households was finalized during the last quarter, in total reaching the target of 600 HUs during project duration: 348 Lebanese HHs/1740 Lebanese individuals and 252 Syrian HH/1260 Syrian individuals. The most vulnerable houses selected tended to be Lebanese hosts more than Syrian refugees.</p> <p>The distribution of Syrian to Lebanese has changed from what was targeted (50% Syrian and 50% Lebanese) due to the fact that Syrian families have frequent movement and relocation, than families within the Lebanese host community. Also, our selection criteria “to target</p>				

the highest vulnerability scores in socio-economic and shelter conditions” which is similar to other peer agencies, tended to have more Lebanese HU than Syrian.

As previously mentioned, CARE is adopting the “One neighbourhood” approach, where a whole geographic area is targeted and benefits from multi-sectoral interventions. This permits a move away from targeting specific groups to target most vulnerable communities with a focus on a “Do no harm” approach with synergistic and complementary activities for the whole community such as the communal projects. Consequently, the targeted houses became 58% Lebanese and 42% Syrian refugees (348 Lebanese HHs, 1740 individuals and 252 Syrian HH, 1260 individuals).

All 600 rehabilitated HUs were completed within 90 days of handover of the BOQs to the contractors. Within the project duration, they were also handed-over to the beneficiaries.

Total rehabilitated houses as per the below breakdown:

- 160 HU in Mankoubin
- 151 HU in Wadi Nahle
- 289 in Abu Samra (197 in Shok; 75 in Shalfeh and 17 in Hay Tanak).

Upgrades to the HUs consisted of repairs to the dwelling to reduce heat loss, prevent rain and water leakage, provide access, security and privacy such as windows, doors, partitions, and structural enhancements to walls and roofs; as well as plumbing, electrical systems, and masonry to address safety, heat, humidity, and sanitation concerns. Also it provided and improved access for people with reduced mobility such as installation of railings or widening of spaces, especially in bathrooms.

In order to ensure the quality of work within the standards required and established timeline, the contractors’ work and progress was monitored day-to-day by Akkarouna’s field officers and technical team leader with the support of CARE’s field officer and facilitated by CARE and Akkarouna’s project managers. In parallel, in order to assure beneficiary satisfaction, CARE and partners’ MEAL officers conducted 85 On-Spot Monitoring (OSM) visits to the housing units being rehabilitated; then followed by post monitoring surveys administered to 83 housing units over the phone; and 2 Focus Group Discussions with beneficiaries who benefitted from the rehabilitation. A random cluster sample of 10% was used to assess the selected HUs benefiting from rehabilitation. The sample is considered representative of the population (95% confidence interval; and 10% margin of error) and properly balanced in terms of Gender of HOH and location.

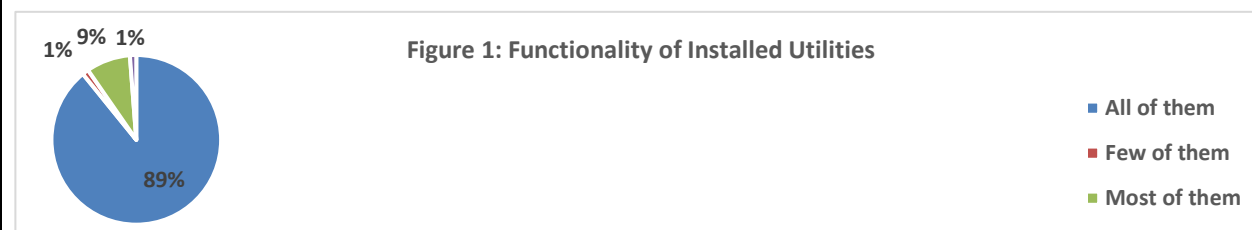
During the process, the concepts of transparency and accountability were emphasized. Systematic sharing of information, proper filtering and validation of data, development of an effective Feedback and Complaint mechanism (F&C) and a proper communication system to share information with beneficiaries were also achieved during the implementation of the project.

The MEAL team conducted monitoring surveys in order to follow up on the progress of the project, collect the feedback and complaints of the affected population and reported on the quality of work and materials, contractor's performance and behaviour, staff performance and behaviour, beneficiaries' participation and engagement, rehabilitation timeline and the impact of the project.

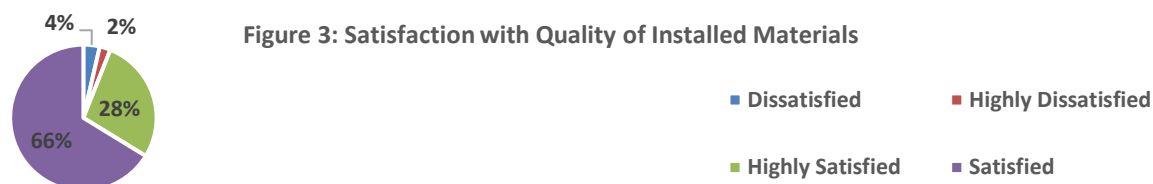
The questions aimed at capturing the impact of the project's interventions on the beneficiaries, and ensure that no harm was caused as a result of CiL's intervention. Also, the MEAL team provided recommendations in every aspect to support the program and especially managers in developing their delivery method, evaluate overall rehabilitation process and ensure quality service.

83 Respondents were surveyed on the usage of the installed shelter and WASH facilities. As per figure 1 below, 89% of respondents reported that all installations were still functional by the time of the assessment. The rest of the respondents reported having damaged ~~non-functional~~ items. The damage was caused by user error of the items by individuals; contractors were asked to re-do the work or replace the items.

During the qualitative data collection, beneficiaries reported satisfaction with the executed work and the quality of upgrades; despite that some had minor comments regarding items being broken after installation and they clarified which utilities needed fixing such as the sanitary works;

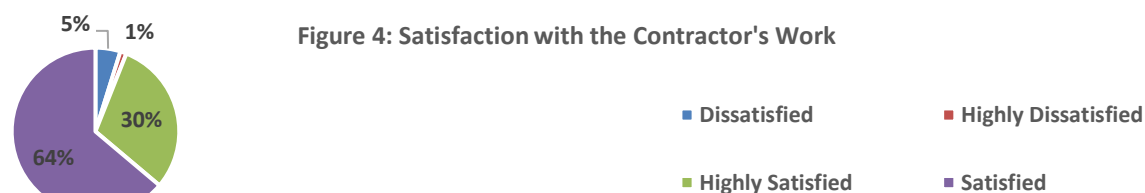


Regarding the quality of the installed items, 94% were either satisfied or highly satisfied with it. Those unsatisfied with the quality of installed materials mainly reported WASH items, - plumbing and mixers. One respondent mentioned that the tank hose was of bad quality.



The FGDs revealed that beneficiaries considered the old materials, although non-functional, to be of better quality. It is important to note that the old materials of non-functional taps, mixers, broken doors, etc. no longer exist in the market. In addition, contractors received approval for the materials to be used by CARE's and Akkarouna's technical teams prior to the implementation. The approved materials were of good quality according to the minimum standards required for shelters.

When it comes to the contractor's work in terms of technical expertise and quality of execution, 94% were satisfied and highly satisfied.



Among the 6% unsatisfied:

- **60%** complained about the work of the plumber;
- **20%** complained about the work of the carpenter;
- **20%** complained about all the work that was done.

CARE's Urban Neighbourhood Approach concentrates as well on whole streets and buildings, to serve the whole community. CARE and Akkarouna rely on the participatory approach and prioritize the selection of communal projects according to the community need and preference through the neighbourhood committees, in addition to the upgrade of interior/exterior common areas in buildings. Committees were supported by CARE and Akkarouna to identify the communal needs within their neighbourhoods by 8 FGDs that were conducted in the third quarter after establishing and building their capacities to better represent their community. They were able to prioritize the most urgent ones and put a list of communal projects to address those needs. Some projects were similar in different neighbourhoods such as the need for lights in common areas. The list suggested by the community through the committees was as below:

- 30 solar lights were installed in the targeted areas: 7 in Abu Samra, 11 in Mankoubin and 12 in Wadi Nahle. Solar lights were requested to ensure security and safety of the residents during night time since lighting in the mentioned areas do not exist.
- 33 Buildings were upgraded (23 in Abu Samra and 10 in Mankoubin). Items requested were handrails for stairs for the safety of individuals and mainly children and elderly while climbing stairs, ToT-Zink roofing for stair cases to provide shade from harsh weather conditions, communal water tanks of 5000 L and 2000 L capacities to provide water for the residents of whole buildings, steel gates and glazing were installed in the targeted buildings to ensure safety and security for the residents.
- 46 wheelie bins for garbage were handed over to the municipalities directly (20 for Abu Samra and 26 for Mankoubin and Wadi Nahle).
- 6 convex mirrors were installed for safety on the street corners to prevent deadly accidents that frequently occur in their areas (3 in Abu Samra and 3 in Wadi Nahle)
- Site improvement as floor levelling with ground mounted handrails in Abu Samra- Hay Tanak (140.5 m²) to ease access and safety for the residents in this areas mainly people with limited mobility.
- 115 m² of ToT roofing for an existing pedestrian stairs that link Mankoubin area to the highway along with their steel supports; it was requested to provide shade and cover stairs from sun and rain.

The communal projects benefited the whole neighbourhoods of Mankoubin, Wadi Nahle and Abo Samra benefiting in total 50,390 individuals excluding the individuals benefiting from household rehabilitation (to avoid double counting).

Once the communal projects were identified and agreed with the committees, CARE and Akkarouna grouped the communal projects with the same scope of work and conducted detailed technical assessment to produce the BoQs. During last quarter, CARE and partners released the tenders which was advertised in three newspaper “Al Nahar”, “Al Akhbar”, “Al Joumhouriya” and on an online platform “Daleel Madani” to offer opportunities to a number of contractors, encourage competition and provide a greater pool of offers to select from for the aforementioned communal projects. Based on value for money, technical capacities of the bidders and taking into consideration the tight deadlines, the procurement and technical committees consisting of CARE and Akkarouna reviewed and rated files of the bidders and selected 4 contractors (Addar, Al Wissam, Zaidan and Green Art) to work in parallel in order to finalize the work during the reporting period.

Similarly to the shelter upgrade, CARE and Akkarouna technical teams were monitoring the work on a daily basis in parallel to the rehabilitation of HUs, in order to assure the quality of work within the established timeline. When finalized items were handed over to the local authorities (municipality), building owners and representatives from the committees as witnesses in order to give them ownership of the projects, take responsibility in the future to maintain the installed items and for sustainability.

An intriguing finding of the endline assessment was that 87% (n=72) of the respondents feel safe but not increased in safety, although they report better access to WASH and improved shelter conditions as a result of the shelter rehabilitation works. This was triangulated in the focus group discussions with the beneficiaries, where attendees agreed that the project had a positive impact also on the psychological and health conditions of the beneficiaries. This is due to addressing shelter-protection needs.

This was further investigated with field enumerators who collected the endline data where they stated the responses of the HH implied a good sense of safety rather than an improved one.

Further analysis from the endline shows that a vast majority (96%) of the respondents reported living in a safer neighbourhood as a result of the whole interventions.

This is to be further evaluated in upcoming shelter interventions.

Please refer to Annex 1 for photo report.

Indicator 2: % of beneficiaries who report knowing where and how to receive legal assistance for housing disputes	80%	78.6% –100%	N/A	100%
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NOTES:

During the project duration, CARE and Akkarouna executed different activities at different stages in order to make sure that beneficiaries can recall and were aware of the main key messages delivered through the protection awareness sessions.

The activities started with identifying service providers in Tripoli to deliver the protection topics to the project beneficiaries. CARE and Akkarouna delivered 8-day advanced Training of Trainers (TOT) sessions during the second quarter for 15 social workers (SW) including 8 from Ministry of Social Affairs (MoSA) offices and 7 from local NGOs (Sanabel el Nour, Souna'a al Hayat, Basmet Amal and Women's Worker Union). Each organization delivered sessions on particular topics of their expertise, where International Relief and Development (IRD) delivered sessions for tenancy rights and explained the services provided in legal assistance and counselling; ABAAD, a local NGO, delivered sessions on early marriage and domestic violence; Catholic Relief Services (CRS) delivered sessions on humanitarian principles and communication skills; and International Rescue Committee (IRC) delivered sessions on referrals pathways.

Following the TOT, the 15 SWs delivered and 64 "outsourcing" awareness sessions for the committee members (165 individuals: 165 individuals attended the awareness sessions but this number dropped to 147 at the end of the project due to withdrawals from participants for different reasons such as work commitments and some for personal reasons) and then followed by 208 "In Safe Space" awareness sessions for 2,532 individuals (913 Lebanese and 1,619 Syrian Refugees) in MoSA centers and local NGO offices for beneficiaries from the host community and Syrian refugees, including members of the neighbourhood committee in order to build their capacities and train them on

“safe identification” and referrals of any housing disputes between the tenant and the landlord. The delivered sessions were informative about different topics and focused on tenancy rights and responsibilities towards the landlord, and when and how to seek legal assistance. In order to integrate shelter upgrades and protection, CARE and Akkarouna made sure to include targeted beneficiaries receiving shelter upgrades in all protection awareness sessions and mainly regarding tenants’ rights. This was to reinforce their awareness of their rights and know where and how to receive assistance and referrals for any case including housing disputes.

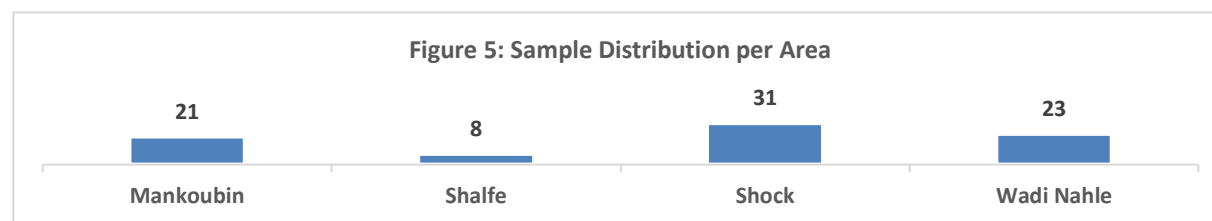
The progress on this indicator was measured following the capacity building in tenancy rights. The MEAL team reported positive feedback from the evaluation of the sessions during the OSM visits. Also they measured progress through endline surveys for beneficiaries and CBPCs members attending the safe awareness sessions in tenancy rights. The endline survey was convened to track if the beneficiaries could recall where and how to receive legal assistance for housing disputes. 100% of respondents indicated they knew where and how to receive the assistance; out of the 83 sampled households, 75 (90%) would call the hotline and 12 (10%) would reach out to the NGO/field staff.

In addition, CARE and Akkarouna conducted 3 “Committees’ introductory events” that will be elaborated more in Objective 2, indicator 4; where the community were introduced to the committee’s role as mediation and support to the community in case of any housing disputes or conflict occurred.

Indicator 3: % of families are still living in the same dwelling 3 months after the upgrade	90%	100%	0	100%
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CARE and Akkarouna conducted upgrades for 262 vulnerable HUs during the third quarter and then finished the remaining HUs gradually. This indicator was measured through a randomly selected sample of 85 housing units out of the total population beneficiary HHs. The response rate of the sample was 98% where 83 households were available to respond to the endline survey. These were distributed per area as follows:



The majority of endline respondents were heads of households. 63% were owners of the housing units while the remaining were regular tenants.



The entire respondents sampled were found to be still residing in the rehabilitated units. None were evicted or left the rehabilitated houses and continued to benefit from services provided. The sample is representative of the total population and balanced in terms of Gender of HoH and regional distribution where the sample of interviewees represented the opinion of their HHs with 95% confidence level and 10% confidence interval.

Hence, similar to CARE’s previous phase, we will continue to conduct evaluations and follow up with previously targeted HHs to measure the medium-term impact of the services provided under PRM project-Phase 2, monitor the consequences of its interventions as part of its “Do No Harm” policy and monitor whether previous beneficiaries are still living in their upgraded dwellings and still benefitting from the installed/changed items after 3-6 months. Outcome monitoring will be conducted on a randomly selected sample of beneficiaries. The sample will be representative of the total population.

Indicator 4: % of landlords who agree to administer a MOU as result of CARE’s protection guidance	90%	23.33% (140 MoUs signed; 73 Home owners, 67 Tenants and landlord)	0	100%
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NOTES:
CARE and Akkarouna facilitated the Memorandum of Understanding (MoUs) between beneficiaries and landlords, with the neighbourhood committee acting as witness and mediating in case of a breach of any agreement. Since the rehabilitation work will involve a permanent change to the owner’s assets, it can only be implemented with written approval prior any rehabilitation activity. As mentioned in previous reports, the MoU is a standard practice among all agencies conducting shelter interventions and is endorsed by the UNHCR Shelter and Protection working groups. It is used to document the duration of the agreement, the amount of rent reduction (when

applicable), list items to be installed in their house so the beneficiaries are aware of the work to be executed beforehand and the rights and obligations of both parties.

CARE revised the two types of MOU in collaboration with IRD for special attention to legal aspects in order to better protect the tenant while taking into consideration the rights of the landlord and define the minimum requirements for such type of agreements which were presented in the first quarter in details.

All eligible beneficiaries who received housing upgrades signed the MoU agreement prior to the beginning of rehabilitation work and it was witnessed and signed by a committee member from the same neighbourhood. Akkarouna field officers provided detailed explanation of the MoU before signing the MoU where the key messages were highlighted including the tenants' and landlords' rights and responsibilities and an explanation that the MOU is the most formal means possible of documenting the terms of agreement between parties. In total 600 MoUs were signed gradually starting after the technical assessments were done. The MoUs were signed as follow:

- 1st: MOU between the NGO (CARE and Akkarouna) and the homeowner to document their approval of rehabilitation work(s) in their housing unit. This is used when the occupant of the HU is the owner of that HU. **(292 signed)**
- 2nd: A three party MOU between the landlord, the tenant, and the NGO (CARE and Akkarouna) also witnessed and signed by a focal point from the neighbourhood committee. By means of this MOU, the landlord committed to not evict the family for at least 12 months and to not increase the rent. This type of MOU also documents the landlord's approval of the rehabilitation work. This was used when the occupant was a tenant renting the HU. **(308 signed)**

CARE and partners faced challenges where the landlords were not reachable or didn't approve to sign it nor to execute the work. For these cases, beneficiaries were informed that no work can be done without prior approval from landlords and in case the landlord not reachable, inhabitants signed the second type of MOU with an additional note on the last page that the inhabitants take full responsibility for all interventions and rehabilitation work.

The findings from MEAL reports that all endline participants (with the exception of one respondent who did not know) have signed a rehabilitation agreement with CARE and Akkarouna. Among those who are tenants (n=31), only one stated that the landlord was not present at the time of signing. 87% stated that a CBPC member was present as well where the others didn't know because it was their spouse who signed the MoU.

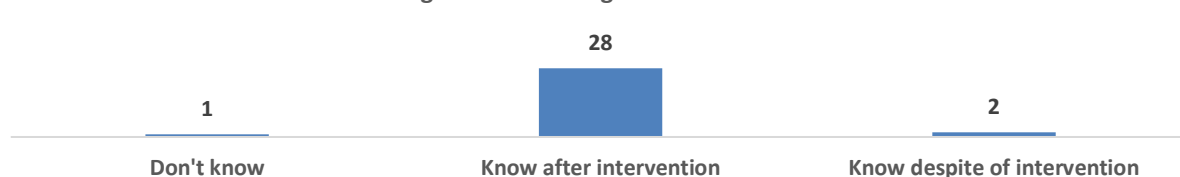
On the impact of the MoU on the relationship of the tenants with their landlords, 68% either agreed or highly agreed that the relationship improved. 2 of the 31 tenants were neutral and 8 were living in a public domain land.

Figure 8: Improved Relationship with Landlord



All those who signed the MoUs received an explanation on the agreement and its different clauses which states the roles and responsibilities of all parties, ownership of old and new materials, rent reduction/ freeze clause and no eviction. As the MoU explains the tenancy rights, the landlords were not asked about the clauses of the agreement. The tenants' understanding and knowledge of their rights is reflected in the figure below. Almost all respondents reported being aware of their rights and the agreement clauses.

Figure 9: Knowledge of MoU Clauses



The beneficiaries reported knowledge about the MoU clauses as reflected below:

Figure 10: Ownership of new materials

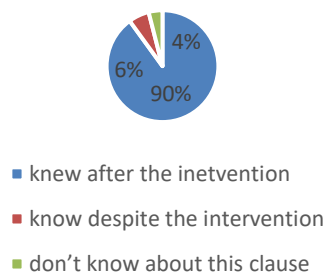
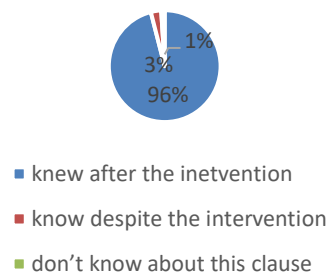
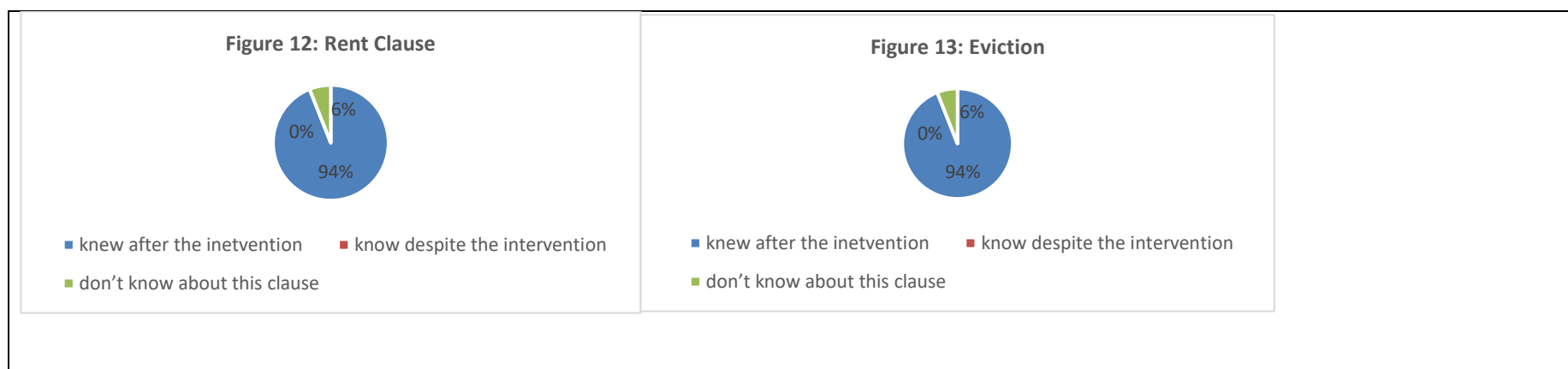


Figure 11: Ownership of Old materials





Indicator 5: % of landlords who agree to lower rental rates or provide a rent-free period as a result of CARE's rehabilitation intervention	20%	6.8% (21 out of 308 landlords)	16%	34%
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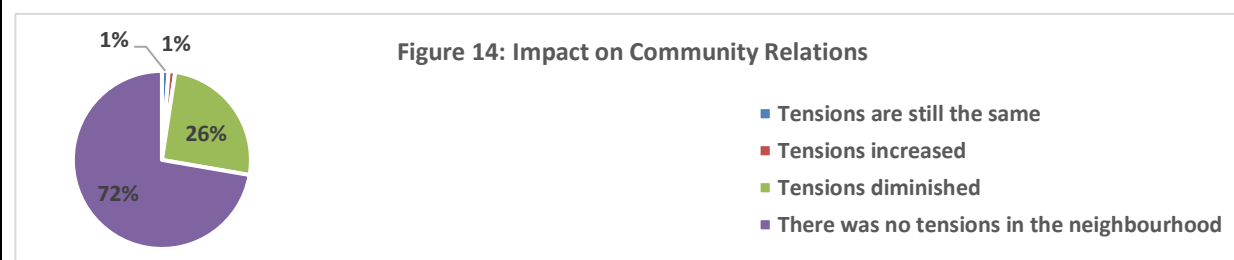
In order to track the landlords who agree to lower the rental rates or provide a rent-free period, CARE and Akkarouna have ensured that this provision is included in the 2nd type of MoU - three-party, between the landlord, the tenant, and the NGO. The MoU discusses the amount/percentage of rental reduction and the period as a proof which is witnessed by a focal point from the neighbourhood committee among other factors where the landlord commits to avoiding eviction of the family for at least 12 months and to not increase rent in case of no rent reduction. The MoU specifies that rehabilitation should be conducted in exchange for a period of rent freeze or reduced rent that is equivalent in value to the rehabilitation works if possible in order to give the beneficiary household a benefit equal to or greater than the cost of the works, where the rent reduction period should begin once the rehabilitation has been completed.

CARE and partner reported 41.5% progress in this indicator in Q3 report based on the number of MoUs signed with rent reduction or rent freeze. In total 21 landlords (6.8%) out of 308 agreed to lower the rental fees rate. 93% of them agreed to freeze the rent. Akkarouna's field officer with the support from committees tried to convince the landlord and negotiate till the end of the rehabilitation period to lower the rental rate but the numbers did not change that much stating that the rental rates are already low. Clearly achieving rent reduction is challenging, specifically in these vulnerable, poor and marginalized areas. The cumulative percentage achieved did not increase as anticipated because some landlords did not reduce rent due to their difficult economic situations where they depend on rent as their major monthly income even though negotiations with landlords continued till the end of rehabilitation. Also, few refugee families had moved from the selected HU during the

<p>period of the rehabilitation and some Syrian families are hosted and don't pay rent fees. However, landlords who didn't reduce the rent didn't change any contractual agreement during or after the implementation of the rehabilitation. The learning from this indicator was applied in the new phase of the project whereby rent freeze was added to the new indicator.</p>				
<p>Indicator 6: Beneficiary population with access to a toilet or latrine.</p>	100%	55%; 1650 individuals (915 Lebanese individuals and 735 Syrian individuals)	70.23%	100%
<p>NOTES: The minimum standard for shelter upgrade focus on water and sanitation matters among other aspects. It includes improvements and better access to water and sanitation facilities with reduced water usage such as functional toilets, taps and showers. Among the 600 rehabilitated HU, 1740 vulnerable Lebanese and 1260 Syrian refugees community members have benefited from toilet upgrades and improved access to functioning toilets and washing facilities. Toilets rehabilitated were to be enclosed and private, separate from sleeping or food preparation to avoid contaminations. The upgrade provided functional water facilities to improve hygiene practices, access to water and manage water consumption by preventing leakages. People with disabilities or limited mobility were prioritized involving smooth concrete/tiled floor with a ramp when possible that included adequate drainage and a sufficient turning space in the toilet and kitchen with wall-mounted handrails. Toilet upgrades included provision and installation of toilet doors, separation walls for privacy, installation of functioning toilets seat (Arabic or western according to the beneficiaries' preference) and showers and/or repaired sewage drainage pipes (managing dirty water). In addition, upgrades included the provision of water heaters, which are considered a major need for hygiene purposes and due to a history of people dying due to inappropriate use of bare wires to heat water for showers. The MEAL team stated that 87% (n=72) of the respondents agreed that the project had a positive impact and emphasized the improved hygiene practices with availability and accessibility to water and sanitation facilities.</p>				
<p>Indicator 7: % of community members that report reduced community tensions.</p>	80%	76%41%	0	51%
<p>NOTES: The progress on this indicator was measured during the last period of the project once the impact of shelter upgrades, upgrades of building common areas, and protection awareness sessions are measurable. It was assessed through community and CBPC's end-line surveys in order to collect raw data about the level of tensions before the intervention. In the CBPC end-line, committee members were asked if they</p>				

contributed any initiative to resolve community disputes while in the community end-line, individuals were asked if they think the project helped in building better relationships between community members. Both questions are indicators of community tensions.

On the impact of our intervention on community relations, 72% of the HHs benefiting from shelter rehabilitation indicated that there are no community tensions to begin with, while 26% stated that the tensions between community members diminished as a result of the project. Another 50% of CBPC members reported during the endline assessment having reduced tensions and improved relations between communities..



Those stating that the community tensions are still the same or even increased, attributed this to the fact that the people benefiting most from the intervention are the Lebanese landlords. Some attributed the increase in tension to the disparity between beneficiaries and non-beneficiaries

Noteworthy, the role played by the CBPC members in reducing community tensions by encouraging regular dialogue between all parties. Such incidents and tensions were to be regularly reported by the committee members during the monthly meetings with CARE and Akkarouna field officers, through the WhatsApp groups established or directly to the field officer or during the outcome monitoring. These conflicts are to be documented monthly by CARE and Akkarouna throughout the next phase of PRM project to track if tensions have reduced in each neighbourhood.

Objective #2: Syrian refugees and Lebanese host community individuals have enhanced knowledge on and access to protection services				
Indicator	Target Value (# or %)	Value this Reporting Period	Baseline Value	Cumulative % Progress Towards Target
Indicator 1: CBPCs trained in recognizing and responding to protection incidents and concerns.	16 CBPCs (140 CBPC members)	17 CBPCs formed (147 members) /	10 CBPCs	100% / in progress
<p>NOTES:</p> <p>CARE and partners originally formed ten neighbourhood committees during phase 1 of PRM project in Mankoubin, Shalfeh and Shok. Another seven new committees were established during early phases of the project in Wadi Nahle and Hay Tanak in Abu Samra. In total 17 neighbourhood committees were active during project duration. These committees consist of Syrian refugees and Lebanese host community members, with an average of 8 women, men and youth in each committee.</p> <p>CARE and Akkarouna protection officers introduced the new neighbourhood residents and old committee members to the project activities and how we will work together to achieve successful and sustainable results and emphasized their role and how it's vital to the project. Also discussed was their involvement in the project planning and implementation.</p> <p>Afterwards, new committees were formed and new members were engaged in the pre-established committees where some residents expressed interest in volunteering with CARE to help their community. All committee members signed an updated ToR and code of conduct to ensure their roles and attitudes are aligned with the project goal.</p> <p>Throughout the project, CARE and Akkarouna trained and conducted awareness sessions to build the capacities of the CBPCs and prepare them to recognize any protection incidents and respond accordingly. The 165 committee members received training by a specialized local NGO called Lebanese Centre for Active Citizenship (LCAC) who trained the members on active citizenship among the youth and communities, conflict resolution, and communication skills. The sessions were delivered to improve knowledge and skills in recognizing and responding to protection incidents and concerns in their neighbourhoods and direct the committee members into obtaining community-level support, and support mediation of disputes and encouragement of regular dialogue between owners and tenants. This number dropped to 147 at the end of the project due to withdrawals from participants for different reasons such as work commitments and some for personal reasons.</p> <p>Following the "Outsourcing" sessions delivered by LCAC, CARE and Akkarouna led the "In-safe space" awareness sessions for the committee members among the community to enhance their knowledge on tenancy rights and responsibilities towards their community and to empower them to step up and solve any dispute that might occur. The social workers who received the advanced TOT trained the committees on tenancy rights, conflict resolution, active citizenship, negotiation and communication skills and raised awareness on early marriage, domestic violence</p>				

and safe identification and referrals of GBV cases and they were introduced to service providers in the area to help them better seek future assistance.

Based on the lessons learned from the previous phase that the committees weren't recognized by the whole community and their role wasn't clear to everyone. 3 introductory events were conducted during July as follows:

- 1 in Mankoubin and Wadi Nahle (600 attendees)
- 1 in Hay Tanak (Abu Samra) (150 attendees)
- 1 in Shok and Shalfeh (in Abu Samra - 450 attendees)

The introductory events were conducted to ensure that committees were recognized and well linked to project neighbourhoods. In total, 1200 individuals attended the introductory events from all the targeted areas. The events were conducted after building capacities of the neighbourhood committees, where each committee was presented to the audience, They also spoke about how they will support and play an active role in their communities even after the end of the project and they thanked CARE and Akkarouna because they supported their community while no one else paid attention to their needs. They were appreciative also of the support reinforcing their status and relationship with local authorities as local-level monitors and fostering a sense of accountability to the community at large.

As stated by the MEAL team, the events were very well organized and harmony, coordination and collaboration among Akkarouna and CiL team members was evident during the events. Also there were great signs of improvement in communicating the objective of the event to the attendees. In addition to the introductory events, the committee members were trained to act and perform "interactive theatre". The scenes embedded key protection messages in early marriage and domestic violence so the audience from the community (parents, relatives, refugees) had the chance to voice their opinions to increase knowledge of protection needs and rights of children, disabled, and other vulnerable groups. Also, for better interaction and follow up with the established committees, WhatsApp groups were initiated between committees and Akkarouna protection team and is being carried over to the next phase of PRM project. This allows better communication to share feedback and needs as well as any other concern and enhances their ownership of their roles in the community. In addition, they referred some eligible cases for shelter rehab which was taken into consideration after the technical team provided approval on the eligibility.

Data from baseline and endline assessments of CBPCs reveal that all the committees have improved awareness on different topics and the key messages are retained.

A few findings to be highlighted:

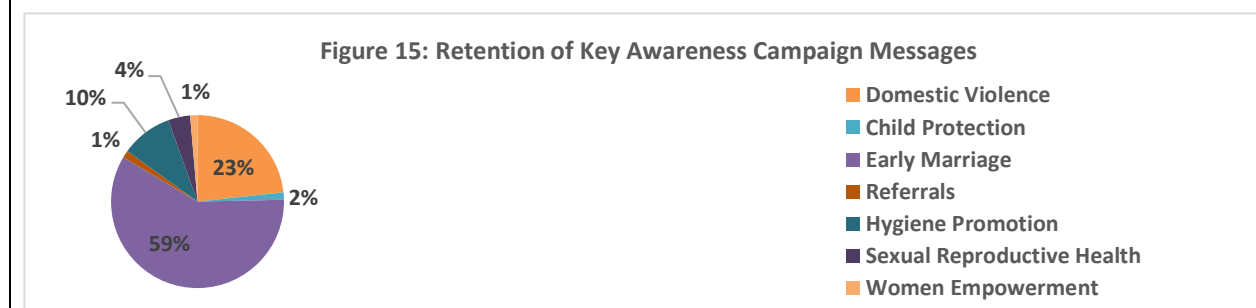
- A decrease from 17% to 1% among people who support early marriage.
- An increase from 70% to 93% are opposed to early marriage.

<p>Indicator 2: % of teachers, parents, and community leaders, and law enforcement officials with increased knowledge of protection needs and rights of children, the disabled, and other vulnerable groups.</p>	80%	81.4%92.5%	0	100%
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NOTES:
CARE and Akkarouna conducted 208 “in-safe spaces” awareness sessions delivered by the 15 SW for a total of 2,532 individuals (913 Lebanese and 1,619 Syrian Refugees) during third quarter with special focus on protection topics such as early marriage, domestic violence, referrals, humanitarian principles and child protection for all targeted beneficiaries for shelter rehab and others that includes teachers, parents, community leaders and any interested group of individuals and vulnerable groups. Beneficiaries who attended the “in safe” sessions were able to share their personal experience about sensitive topics even though they didn’t know all attendees of the sessions, which strengthened the trust among each other as a whole community. Having community based committees is part of CARE’s participatory approach and feeds into its accountability towards the affected community, hence beneficiaries received hotline cards during the sessions in order to handover to the wider community for any feedback and complaints and share case that need referrals.

Furthermore, in order to increase the knowledge of protection needs and rights of vulnerable groups, and make sure to address the maximum possible number, “interactive theater” was convened after the CBPC’s “introductory events” in each neighbourhood and delivered by its respective committees. The play covered the topics mentioned earlier in order to increase knowledge with the key messages delivered in every possible way. Also among the end-line respondents, 51 beneficiaries had attended the protection awareness sessions.

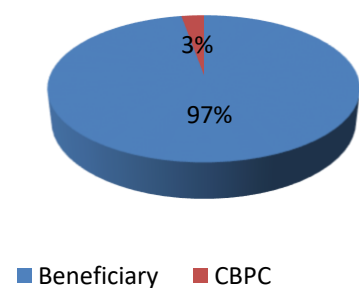
The messages retained are shown in Figure 15 below:



Indicator 3: % of beneficiaries who report key training messages are relevant to their everyday lives	80%	78%	0	98%
<p>NOTES: This indicator was measured through post monitoring of attendees of in-safe space awareness sessions and interactive theatres. CARE and Akkarouna’s MEAL team conducted post monitoring for the participants in the delivered “in-safe spaces” awareness sessions and “interactive theatre.”</p> <p>As mentioned in the last quarter, the committees reported few changes in their daily lifestyle as they gained trust of the community. The capacity building they received throughout the project through the awareness sessions and the trainings was helpful in understanding the rights and responsibilities for tenants and landlords. They reported feeling powerful and knowledgeable enough to make a change and support their neighbours when needed. In addition, the sessions helped to change the attitude of some of the committee members towards the relationship with their family (spouse & children) specifically, and it was mentioned verbally in meeting with BPRM Refugee Program Specialist “Youssef Boutros” during his last monitoring visit 29th of Aug 2019. Also after each awareness session delivered, an evaluation sheet was prepared where a question was asked concerning the relevancy of key training messages to their daily lives. In total, a summary report states that 98% of the beneficiaries reported that the delivered key messages are relevant to their daily lives. During the end-line when beneficiaries benefiting from awareness sessions were asked about the relevance of the awareness campaign to their daily lives, the responses were:</p> <ul style="list-style-type: none"> ▪ 74% highly agreed it is relevant to their daily life; ▪ 4% agreed it is relevant to their daily life; ▪ 22% considered them to be irrelevant to their daily life. This is attributed to their previous knowledge of these information. 				
Indicator 4: % of CBPC members that report they contribute to addressing community needs	70%	90.5%	0	100%
<p>NOTES CARE believes that delivering improvements to these vulnerable and deprived areas through our work with beneficiaries by integrating the shelter upgrades with protection activities, and through the engagement of the committees in this agenda, creates a good social bond with their community which, in turn, promotes community resilience.</p>				

Our priorities draw on the work and contribution of the CBPCs in addressing community needs for sustainable development, especially by building their capacities through the “outsourcing” and the “in safe” sessions to enable the members to begin considering improvements on a larger scale and at higher levels for the complete area rather than just for individual interests. CARE and Akkarouna merged committees from different neighbourhoods in several meetings and FGD for active engagement of the whole area. In addition, gender diversity in the established committees played an important role by communicating women’s voices, necessities and preferences concerning their community especially in these conservative areas, where they were a part of making key contributions in areas of development for their society. Committees collected information from their community on the necessary and most urgent projects before they presented to CARE and Akkarouna during the FGDs for consideration to benefit the whole neighbourhood ensuring basic needs are achieved; this was detailed under Obj1, indicator 1.

Additionally, the interaction between the CBPC members and representatives from Tripoli, Mankoubin and Wadi Nahle municipalities showed a positive impact of the role in advocating and addressing basic needs that the municipalities can provide. In return, the latter promised to work on addressing these demands shortly after they met. Needs addressed were tracked in different ways. 3% of the referred cases from CBPC members used the hotline service to Akkarouna, where the 97% remaining referred cases were from project beneficiaries (54% female).



All of the above provides evidence that CBPC members are supporting to directly address community needs. In addition, the progress of Objective 1 Indicator 7 positively reflects this indicator. However formal assessment of this indicator occurred during the end-line conducted by the MEAL team, where 90.5% shown medium and high initiatives towards their community. The consensus of those who participated in the end-line survey make perfectly clear that committees are successful in influencing their community and vice versa. The overall conclusion was that committees were indeed supporting their community by raising their voice, though they identified some areas where they could do better by receiving further support and capacity building from the project’s side.

Committee Members’ Initiative to Respond to Neighborhood Needs:

- 90.5% reported that they are able to address the needs of their communities

- 9.5% reported they have a limited role in addressing community needs. One story was shared by the CARE Advocacy and Communication manager about the impact and relationship of a Syrian committee member within the neighbourhood of Wadi Nahle which shows the positive impact and active role individuals can play in their community. *Please refer to Annex 2 for more details about this story.*

2. Analysis of Progress:

The defined indicators of the project were largely met.

- Obj. 1 – Indicator 1: “600 HU (300 Lebanese families, 1500 individuals and 300 Syrian families, 1500 individuals)” was met as a total target but the beneficiary split wasn’t as anticipated to be 50/50, because of the known frequent movement of the Syrian refugees and above all because our selection criteria to target the highest vulnerability scores in socio-economic and shelter conditions tended to have more Lebanese than Syrian. Consequently, the targeted houses became 58% Lebanese and 42% Syrian refugees (348 Lebanese HHs, 1740 individuals and 252 Syrian HH, 1260 individuals).

CARE and Akkarouna follows the vulnerability scoring system very similar to the one adopted by other peer agencies and we couldn’t target 50/50 percentage while we had higher scores for Lebanese families.

CARE and Akkarouna managed to finish all planned activities of the PRM project-phase II on time even though some activities took longer than anticipated, but per example in some cases we wanted to rely on inputs from committees. We started with baseline, identified and assessed shelters for upgrades, also identified and assessed building and common area projects. In parallel, we established new committees in addition to the existing ones, built their capacities and raised awareness in protection related topics with gender being mainstreamed through “outsourcing” and “in-safe” sessions, committee’s introductory events and interactive theatre; which were directed to targeted beneficiaries and the established committees.

3. Collaboration/Coordination:

CARE and Akkarouna coordinated and collaborated with the municipality of Tripoli, Mankoubin and Wadi Nahle throughout all project phases. Even before the start of any activity we requested and received approval on all project activities. After the project ended CARE handed over the communal projects to the relevant municipalities and informed them about the third phase of PRM project and seek their approval, maintain the collaboration between the municipalities and the committees to enhance and keep the communication between the local authorities and the existing committees.

During project duration, CARE maintained the coordination efforts and information sharing with all relevant actors to ensure efficient implementation of the project activities without overlapping and duplications in the interventions. Particularly, CARE maintained attendance in Shelter and Protection working group meetings led by UNHCR. Information about beneficiary numbers, targets, locations and the updates on the third phase was shared with relevant actors. In addition, bilateral meetings were conducted with other international and national NGOs working in Tripoli in the early phases of the project to coordinate and identify possible synergies.

During the last quarter, CARE conducted project overviews on a weekly basis to ensure all indicators were on track, to discuss any challenges and pending issues and mitigate any risk of delays. During the last month of the project, CARE held project updates on a daily basis where all field officers (Akkarouna and CARE), MEAL team and both project managers were on field to ensure project activities were handed over on time with the required standards and bring the project to a successful completion.

Also, CARE and Akkarouna held regular meetings with contractors of the shelter and communal upgrades on a weekly basis in order to keep track and discuss any challenges and necessary follow up.

Sue Gloor, Senior Emergency Program Officer for CARE USA, conducted a monitoring visit to CARE offices during the third quarter as part of regular HQ compliance and monitoring. Similarly, Youssef Boutros, Refugee Program Specialist from the U.S. Embassy, also conducted two visits to the Tripoli office. Both received an update about the project, discussed challenges with the team, met with representatives from Akkarouna, and conducted field visits to a sample of houses to be rehabilitated, attended an ongoing in-safe Spaces Awareness session, and conducted FGD with a committee and people benefitting from upgrades.

Moreover, as previously mentioned, CARE's Tripoli team was selected to participate in "Listen Learn & Act" (LLA) initiative during BPRM Phase 1 to test a new methodology to increase our accountability to beneficiaries. In August 2016, CARE shared their experience in the design, implementation and their overall impression of the LLA process with other international and local NGOs that were willing to apply it in their programs. CARE shared the outcome of the LLA initiative in the final report of Phase 1. A second round of LLA data collection was conducted in January 2017 with beneficiaries who received awareness-raising sessions in Phase I, *Please see Annex 3 LLA close out findings.*

CARE implemented in the framework of LEADER's project (EU funded project) two community support projects targeting our areas of intervention based on the "One neighborhood" approach that CARE is supporting. These were implemented in Tripoli and our areas of PRM project, where they did FGD with our beneficiaries, stakeholders and municipal members on the selection of the projects and how it can be for their benefit. Hence we rehabilitated two wells in collaboration with North Lebanon Water Establishment NLWE in Abu Samra and Qobbeh that provide sustainable and safe water for the Lebanese host community and refugee populations. Also we supported 9 educational centers fighting school drop outs through rehabilitation for their centers and provision of equipment's.

4. Accountability to Affected Populations

CARE and Akkarouna met key informants, stakeholders and Moukhtars in the areas of intervention in order to introduce our new phase of the project and involve them in finding activists to be voluntarily committee members. We started by establishing our new committees and maintained the old ones. Also, throughout the project we held regular meetings with the established committees and informed them about the project activities and targets (shelter upgrades, committees' roles and responsibilities, awareness sessions, common area upgrades, etc.). They were closely involved in the majority of activities. They had a role in shelter upgrades where they communicated with the community our selection criteria and they referred few cases for shelter rehab, they prioritized and selected the communal project, they invited beneficiaries to the awareness sessions, they helped in the planning phase of the introductory events where they gave a speech, they were involved in the "interactive theatre" where they played the theatre and communicated key messages from the play to strengthen their role in their community.

The selected communal projects were the major changes made to the project as a result of beneficiary feedback, where the committees communicated the needs of the community to CARE and Akkarouna. Implementation was through a proposal as a building upgrade but also as small communal projects between building common areas and alleys, which helped to increase safety and protection. Additionally, the participation of the community in the intervention in their areas helps ensure ownership and sustainability of implemented projects for a longer term.

From the baseline until the end of all protection and shelter activities, hotline cards with the numbers for Akkarouna and service providers were distributed to the beneficiaries, in order to ensure they know who to contact to address their needs or any feedback and complaint. The hotline attendant is well trained on relevant talking points to reply to the beneficiaries and refer them accordingly.

5. Challenges

All learnings from BPRM I were applied in phase two, yet CARE still faced other challenges during project implementation. At the beginning of shelter upgrade work, we were stopped by police from proceeding with the work even with municipal approval; and the work progress was going slow during Ramadan because accessibility to beneficiaries' houses was difficult. Also the work was stopped for few days for security reasons as a consequence of a personal dispute that escalated into violence. However, all these challenges were solved and the work was resumed in each case. Work was accelerated (contractor double shifted their teams and both project managers who have engineering background supported in monitoring fieldwork, so the project was completed on time.

6. New Developments:

No major developments occurred in the project design or areas of operation during the reporting period. The project activities were followed up and monitored closely and regularly by CARE and Akkarouna staff. CARE and Akkarouna allocated necessary staff and resources to ensure quality of rehabilitation under a revised plan. In August, CARE received support from other staff under other projects with an engineering background and sound experience in the rehabilitation activities, in order to monitor the work schedule and to ensure adherence to quality standards. Monitoring took place with the support of the Project Manager who has an engineering background and the shelter coordinator.

7. Learning:

The WhatsApp group for committee members was a successful approach to ensure regular interaction and coordination with CBPCs, which also means there's direct response by the agencies to any concern within the community.

Since the selection of communal projects was based on the community needs as they relate to the committee, this ensured the ownership of the project by the locals. It also sensitizes them on their role in sustaining the intervention. It encouraged participation from the target group focusing on women participation which is key in CARE programming. As for the indicator relating to rent reduction, the program team learned that it was unrealistic. More focus should be given to rent-freeze instead.

Below are few other learnings:

- Baseline: we revised the scoring and beneficiary selection methodology (Vulnerability criteria) where more weight was given to technical criteria than socio-economic and compared the results to field observations. This was efficient to triangulate the selection of vulnerable houses.
- Shelter revised approach where technical assessments were conducted by technical experienced team in order to collect most possible exact BoQs with minimum variations- to apply this to the new phase.
- Community level some of interventions implemented at community level were added to the ones suggested in the proposal to improve social cohesion and build the level of resilience throughout the community example solar street lightings.
- Neighbourhood committees selected topics and trainings were suitable for the committees to reinforce their position and contribute to stabilisation and improve social cohesion.
- Gender& protection during project implementation we sought to involve women and men in the awareness sessions delivered who face gender specific challenges.

8. U.S. Government Recognition: Please identify how your organization has recognized PRM funding for this project.

CARE has received a branding and marking waiver; CARE is not required to publicly display DOS and/or USG branding and marking for materials produced under this award.

Annual report. If so, when published:

Press releases or other written communications and publications.

If so, when:

Acknowledgment at project site. If so, what: **If not, why:**

Other:

If your organization has not yet complied with the contractual agreement to acknowledge U.S. government funding in written publications and press releases and at the project site (if an exemption was not granted), please explain why and the steps being taken to fulfil this requirement: N/A

9. Other: Please provide any additional information about the project or other related issues that you think are important to highlight. /

Some of the success stories that were spotted throughout the implementation period:

- Three mothers were practicing violence on their children, and as consequence of the awareness sessions delivered, they changed their way completely by opening discussion with their children to minimize negative effect on their behaviours. Where one of them used activities to fill their time and another learned from the trainer to give them a reward to motivate them instead.
- A young girl was going to be engaged, but after attending the consequences of the early child marriage session, she considered it again and cancel the engagement.

10. Survey Reporting: Have you completed any mortality, health, or nutrition surveys during the reporting period?

Yes. If so, on what and where:

No

If yes, have you submitted the surveys to the Complex Emergency database at the Centre for Research on the Epidemiology of Disasters (<http://www.cedat.be>)?

Yes

No