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WOMEN'S
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Advancing Economic Empowerment of Survivors and Women at Risk of Gender-based Violence Using Innovative Approaches in Integrated Programming and Localisation:

Findings across Jordan, Lebanon, Niger and Uganda

December 2024



Gift of the United States Government

The **Women's Refugee Commission** (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. To learn more, visit www.womensrefugeecommission.org.

The **Danish Refugee Council** (DRC) is a leading international non-governmental organisation that works in 40 countries to protect, advocate and

build sustainable futures for refugees and other displacement affected people and communities.

DRC works with affected communities, civil society and governments to promote protection of rights, self-reliance and peaceful coexistence. To learn more, visit www.drc.ngo. The pilot programmes discussed in this report were implemented by seven local partner organisations: Arab Women Organisation (AWO) and Jordanian Hashemite Fund for Human Development (JOHUD) in Jordan; Key of Life (KoL) in Lebanon; Association Education pour la Paix et le Progrès (EPP), Coordination des ONG et Association Féminines Nigériennes (CONGAFEN) and Union Ruffin Asiri (URA) in Niger; and Youth Empowerment to Act (YETA) in Uganda.

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Executive Summary

Displaced and conflict-affected women and girls are disproportionately affected by both gender-based violence (GBV) and economic marginalisation, rooted in gender inequality. GBV and economic marginalisation can affect each other as well. GBV can negatively impact the economic capacity of GBV survivors and the lack of opportunities for economic self-reliance can push GBV survivors to remain in abusive or vulnerable situations to meet basic needs, exposing them to further risks. As women and girls continue to face these challenges in increasing global conflicts, it is imperative to explore new ways of supporting survivors and women at risk of GBV in these settings.

Working with local actors in Jordan, Lebanon, Niger, and Uganda over three years, the Danish Refugee Council (DRC) and the Women's Refugee Commission (WRC) partnered to pilot an innovative and participatory approach to generate more evidence on localised and integrated models of GBV and Economic Recovery programming. Using a novel localisation model aimed at sharing knowledge and strengthening capacities between international and local actors, **Local Anchor Groups (LAGs)** were established in each country. Through joint capacity-building and global guidance, the LAGs designed and piloted integrated GBV and economic recovery programmes to economically empower GBV survivors.

The LAGs consisted of local humanitarian actors, national and international non-governmental organisations, United Nations agencies, and local and national government, representing both GBV and Economic Recovery sectors. Based on internal knowledge sharing and comprehensive capacity-strengthening activities, the LAGs developed **contextualised Theory of Change (ToC)** models to reduce GBV risks and advance economic empowerment of displaced GBV survivors in their communities. In the final year of the programme, a few LAG members received flexible funding to pilot an integrated GBV-Economic Recovery programme, based on the LAG's ToC.

This report presents the implementations and the findings from five local pilot programmes that integrated GBV and economic recovery programming in four countries, as well as one global evaluation of the use of the LAG model for localisation in three countries.

Findings

Overall, these evaluations provide promising evidence for integrated GBV and economic recovery programming in combination with the LAG model, to develop contextualized and holistic programmes that support GBV survivors as well as women and adolescent girls at risk of GBV in their economic empowerment. Moreover, the LAG model proved its potential as a new localisation approach that challenges traditional humanitarian models of programme design, sharing knowledge, and distributing power. The global findings on integrating GBV and economic recovery programming and the LAG model are summarised below.

Integrated GBV and Economic Recovery Programming

- Survivors and women at risk of GBV across Jordan, Lebanon, Uganda, and Niger reported improvements in their economic capacities, self-reliance, autonomy and decision-making, self-confidence, outlook for the future, mental health and well-being, and sense of safety.
- Connecting survivors to opportunities and resources combined with skills building enables survivors to earn income more quickly.
- Integrating community-level action and individual programming helps survivors by generating more support for their empowerment in the broader community.

- Longer-term programming is needed to achieve GBV and economic recovery outcomes to support survivors to make effective and sustainable positive changes.

The LAG Model and Localisation

- The LAG model strengthened capacity, enhanced cross-sector learning of GBV and economic recovery, and facilitated collaboration at the local level.
- As a model for localisation, the LAGs were successful in ensuring equal participation and engagement of local partners in the humanitarian response and diffused power between international, national, and local actors in each context.
- The LAG model contributes to developing contextualised integrated programmes for improved comprehensive outcomes.

Recommendations on GBV-Economic Recovery Integrated Programming

1. **Support more flexible funding that allows for integrated and localised programme models for GBV survivors**, building on both global and local expertise, local knowledge, and community trust. This requires moving beyond stand-alone programmes and fostering more cross-sector and cross-organisation collaboration for better outcomes.
2. **Support long-term funding for integrated programmes** to ensure impactful and sustainable outcomes for GBV survivors and women and girls at risk. The drivers of GBV and economic recovery needs are better addressed through **longer-term holistic and contextual approaches**.
3. **Increase funding and support for integrated GBV and Economic Recovery programming with a gender-transformative approach to reduce GBV risks by addressing the root causes of GBV.**

Recommendations on Localised and Integrated Programming

1. **Prioritise funding for collective, locally-led models, such as the LAG model, to promote two-way learning and capacity-strengthening and enable sustainability in the local coordination and response.** These models allow local actors to participate as equal partners to international actors, but they require specific funding to ensure continuous local leadership, coordination, and facilitation.
2. **Invest in collective partnership models as an approach to developing highly contextualised programmes** that can design holistic and flexible interventions for better outcomes for GBV survivors.
3. **Collaborate with local organisations to understand and reduce barriers** that prevent donors and international organisations from partnering with local humanitarian actors, such as administrative and linguistic barriers.
4. **Support collective models, such as the LAG, to engage in joint advocacy.** The LAG bringing together local, national and international actors is an opportunity to speak with a joint voice, mobilise across implementing and policy-making levels, and make a broader impact on a local, regional and global level. This was highlighted by LAG members as a recommendation for future collaboration and other collective models.

Introduction

In displacement and conflict-affected settings, women and girls experience economic marginalisation and are disproportionately affected by gender-based violence (GBV) as a result of both their displacement and gender inequality. GBV and economic marginalisation can compound each other, as exposure to GBV can hinder access to employment and financial autonomy, while the lack of economic self-reliance can increase exposure to GBV risks and force survivors to stay in abusive situations.

Globally, refugee women’s access to and control over sustainable sources of income remains critically low. Refugee women’s employment is as high as 4% or as low as 6% but is consistently lower than employment rates for both displaced men and non-displaced women.¹ At least 55% of refugees live in a country that significantly restricts their right to work in practice due to administrative barriers.² Legal and administrative barriers to work force refugees to seek employment in the informal economy, which increases their risk of and exposure to exploitation, discrimination, and other abuses.³ These regulatory and administrative barriers are compounded by restrictive gender norms, gender discrimination and significant pay gaps.⁴

Economic marginalization may be further exacerbated by exposure to GBV and may in turn increase GBV risks. Displacement and conflict increase the risk of and exposure to GBV, disproportionately impacting women and girls in these settings.⁵ GBV not only causes survivors and those at risk physical, psychological, and social harm, but can also negatively impact their economic capacity,⁶ inhibiting GBV survivors from securing socioeconomic autonomy or accessing safe, decent work or entrepreneurship.⁷ Survivors often feel unsafe or are unable to pursue meaningful work or business opportunities, which can threaten survivors’ safety, pushing them to remain in abusive or vulnerable situations, or engage in risky coping behaviours.⁸ Overall, the combination of economic disempowerment, gender inequality, and GBV inhibits long-term recovery for displaced GBV survivors.

In 2016, the New York Declaration for Refugees and Migrants called for the enhancement of refugee resilience and self-reliance, market opportunities for “women, persons with disabilities, and youth,” and the need for and benefit of taking on a whole-of-society and solutions-oriented approach.⁹ Although the humanitarian aid community has made strides to address these issues, including through increased and improved consideration of gender in programme design and implementation, more action is required to meet the needs of GBV survivors.¹⁰

¹Raiyan Kabir and Jeni Klugman. “Unlocking Refugee Women’s Potential: Closing Economic Gaps to Benefit All.” International Rescue Committee, July 2019.

²Refugees International. “2022 Global Refugee Work Rights Report.” <https://www.refugeesinternational.org/reports-briefs/2022-global-refugee-work-rights-report/>.

³UNHCR. “Refugee Livelihoods and Economic Inclusion 2019-2023 Global Strategy Concept Note,” 2019.

⁴Interagency Standing Committee. “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery,” 2015.

⁵Bizzarri, Mariangela, Mireia Cano Vinas, Hisham Khogali, and Terrence Jantzi. “Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls,” 2020.; Danielle Roth, Alexandra Blackwell, Mark Canavera and Kathryn Falb. “Cycles of Displacement: Understanding violence, discrimination, and exclusion of LGBTQI people in humanitarian contexts

⁶International Rescue Committee. “Scaling Economic Empowerment for Refugee Women: Understanding and Overcoming Obstacles to Women’s Economic Empowerment in Germany, Niger & Kenya,” 2019, <https://eu.rescue.org/report/scaling-economic-opportunities-refugee-women-understanding-and-overcoming-obstacles-womens>.

⁷International Rescue Committee. “Where is the money?: How the humanitarian system is failing in its commitments to end violence against women and girls.” 2019.

⁸UK Aid. “What works to prevent violence against women and girls?” 2020. <https://www.gov.uk/guidance/funding-for-what-works-to-prevent-violence-against-women-and-girls>.

⁹“Report of the United Nations High Commissioner of Refugees: Part II Global Compact on Refugees.” New York: United Nations, 2018. https://www.icvnetwork.org/uploads/2021/07/GCR_English.pdf.

¹⁰World Economic Forum. “Gender Gap: This Is How We Can Build an Equal Economic Recovery,” 2021. <https://www.weforum.org/stories/2021/08/gender-gap-build-an-equal-economic-recovery/>.

The Grand Bargain, launched at the World Humanitarian Summit in 2016, called on the international humanitarian system to make substantial commitments to reform existing power structures and to strengthen local humanitarian action.¹¹ These commitments mainstreamed “localisation”¹² as a priority for donors and international organisations, particularly in the Global North. Since then, many international actors have enacted internal policy changes, implemented key performance indicators to measure capacity strengthening for, and committed funding to local and national organisations in humanitarian contexts.¹³ The Danish Refugee Council (DRC), for instance, has set the objective to make locally-led response the main modality of implementation by 2030. As the humanitarian community continues to invest in localisation, it is imperative that organisations investigate methods of localisation, and test different models to distribute power, funding, and capacity and knowledge between global and local humanitarian actors.¹⁴

Advancing the Economic Empowerment of GBV Survivors

To contribute to advancing these areas of humanitarian practice, DRC and the Women’s Refugee Commission (WRC) collaborated and partnered with local actors in four countries – Jordan, Lebanon, Niger and Uganda – on the programme *Advancing Economic Empowerment of GBV Survivors in Humanitarian Settings through Evidence and Localized Action for Gender-Transformative Change*, from 2021 to 2024.¹⁵ The main objective of the programme was to generate evidence on localised models for developing **integrated GBV and economic recovery programming**. The programme utilised a novel localisation model, aimed at sharing knowledge and strengthening capacities between international and local actors, to design and pilot integrated GBV and economic recovery programmes to economically empower GBV survivors.

Integrated GBV and economic recovery programming refers to *joint analysis, design, implementation and monitoring of GBV and Economic Recovery activities that lead to mutually reinforcing outcomes*.¹⁶ This programme builds on research that supports the premise that the integration of GBV and economic programming is more effective than single-sector programming in supporting GBV survivors to recover, reduce protection risks and achieve longer-term self-reliance; for example, by addressing a range of barriers that affect GBV survivors and their empowerment. In contrast to a multisectoral approach, integrated programming targets the same clients with both sector activities. This requires a basic understanding of GBV and economic recovery from both sectors and how they influence each other in order to develop a Theory of Change (ToC) that enable the interventions to act in concert.

Using qualitative and quantitative data collected over the course of the programme, WRC and DRC examined the effects of the localised and integrated pilot programmes. The findings from the country and global evaluations outlined in this report aim to inform future design and implementation of holistic and localised integrated GBV and economic recovery programming using innovative approaches.

¹¹“The Grand Bargain - A Shared Commitment to Better Serve People in Need.” Istanbul, 2016.

¹²Localisation is the process of empowering local communities to lead and deliver humanitarian aid. It aims at strengthening the capacity and resources of local organisations to respond to crises and promote long-term sustainability; “Localisation - European Commission.” https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/localisation_en.

¹³Veronique Barbelet, Gemma Davies, Josie Flint, and Eleanor Davey. “Interrogating the Evidence Base on Humanitarian Localisation: A Literature Study,” 2021. https://media.odi.org/documents/Localisation_lit_review_WEB.pdf.

¹⁴Ben Emmens and Maxine Clayton. “Localisation of Aid: Are INGOs Walking The Talk?” Start Network, 2017. <https://reliefweb.int/report/world/localisation-aid-are-ingos-walking-talk>.

¹⁵Localised action is the meaningful engagement and leadership of local and national actors (with a focus on women-led organisations and organisations representing vulnerable populations) in humanitarian response and increasing direct funding. Gender-transformative change addresses the root causes of gender inequality, including imbalances in power relations between men and women, as well as the structures and norms that uphold these inequalities.

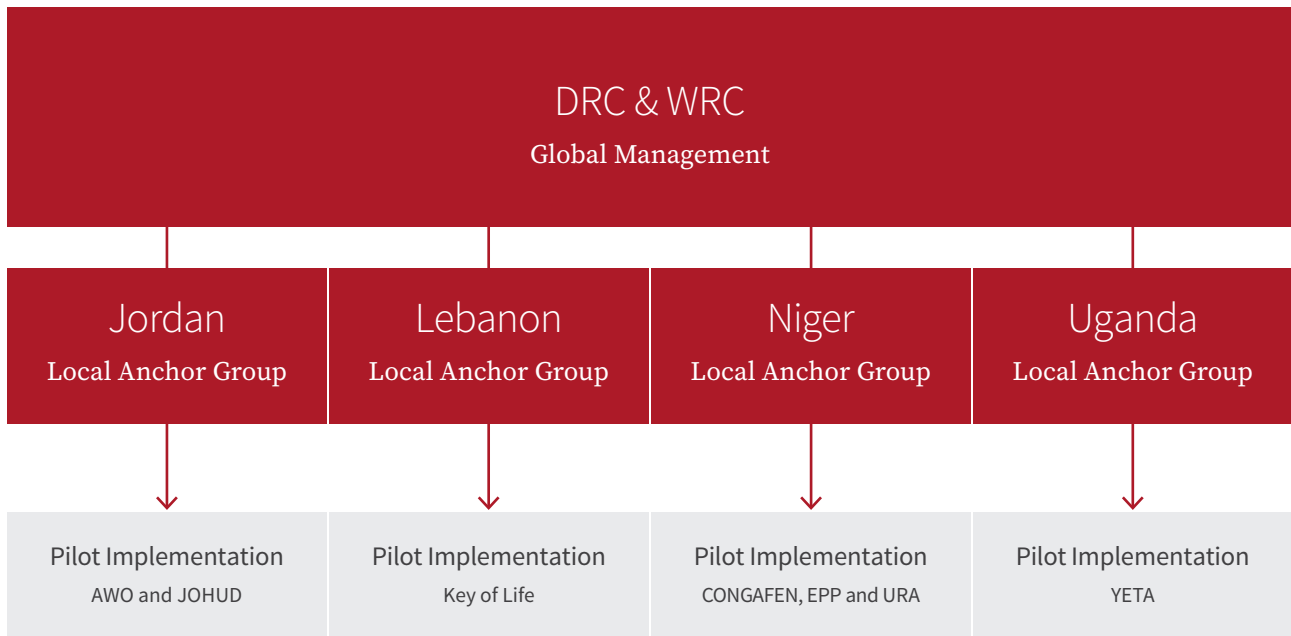
¹⁶DRC Integrated Programming Guidance on Protection and Economic Recovery, 2022.

Emmanuel Motuna, executive director of Youth Empowerment to Act in Uganda, presenting at a global donor roundtable in Geneva, Switzerland. Credit: Ben Buckland/DRC



The Programme

Figure 1:
The Programme Model



In 2021, DRC and WRC began the global programme implementation by introducing the localisation model, the Local Anchor Groups (LAGs).

A LAG is a coalition of local actors, national and international non-governmental organisations (NGOs), United Nations (UN) agencies and government ministries, which work across GBV prevention and response, and economic recovery sectors.

A LAG was set up in each country of implementation. The organisations that formed the LAGs have a shared commitment to strengthen and develop capacities to better design and implement integrated GBV and economic recovery programmes to improve the lives of GBV survivors in their context. The established LAGs developed a plan to

strengthen capacities of local partners and designed a joint ToC reflecting the interplay between GBV and economic empowerment in their local context. This ToC was then piloted as small-scale, short-term programme implementations by one to three of the LAG members representing local organisations in each country.

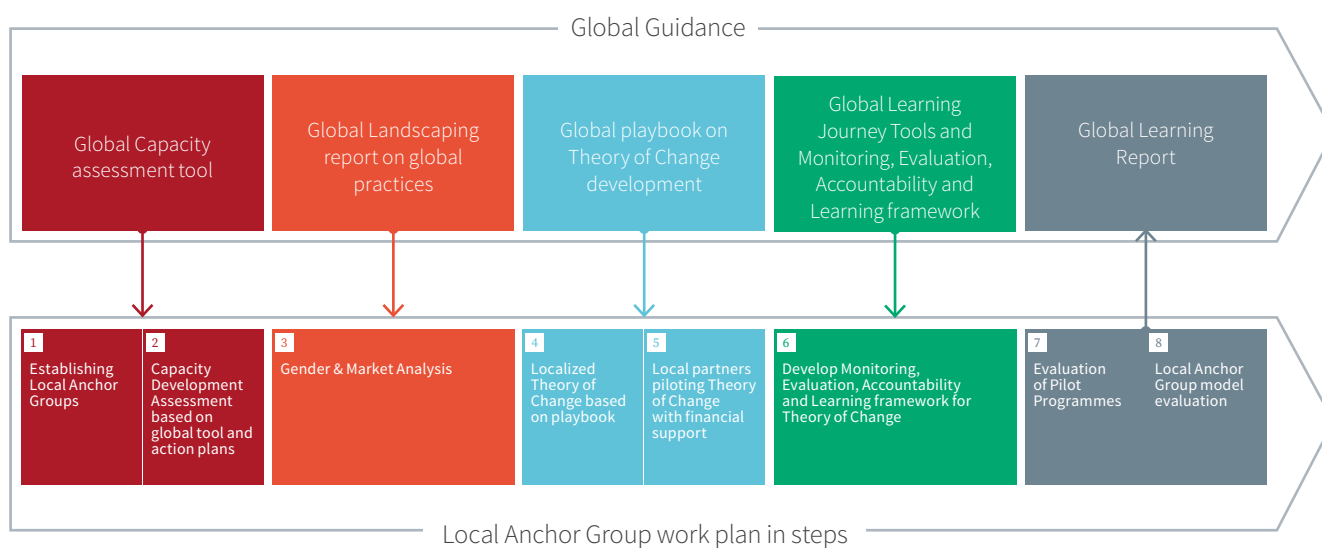
At a global level, a joint DRC and WRC programme management team guided and supported the establishment of the LAGs, capacity strengthening, market assessments, the development of contextualised ToCs and small grants for pilot implementations, including through research products, capacity development, ToC and monitoring, evaluation, accountability, and learning (MEAL) tools. However, DRC and WRC had different roles in the programme, complementing their strengths as organisations: WRC led on research and learning and DRC on programme implementation. These activities were also guided by a global reference group of global sector expert colleagues.

The Local Anchor Group Model and Activities

While the LAGs were formed locally, their set-up and activities followed a global model based on guidance developed for the programme. All LAGs went through the same processes to examine capacities, develop an action plan for capacity

strengthening, and design a programme that integrated GBV and economic recovery sectors. The activities and outputs of these processes were contextualised for and by the LAG.

Figure 2:
Global and LAG programming sequencing



Establishment of the Local Anchor Group

In each of the four countries of implementation, the DRC country office set up the LAG based on a local stakeholder mapping identifying key actors in GBV and economic recovery. Every country LAG included local organisations, including women-led organisations (WLOs) and refugee-led organisations (RLOs), national and international NGOs and UN agencies. Three of the LAGs included local government entities, and some included academic institutions. Together,

the members represented a variety of experience and expertise in the Protection/GBV sector and Economic Recovery sector. Across all four LAGs, roughly 60% of the members represented community-based organisations and national NGOs, 18% represented international NGOs, 13% national or local governments, and 4% UN agencies. A standardised Terms of Reference document (ToR) for the LAG was developed at the global level and then contextualised for the LAG in each country.

Capacity Development

After joining the LAG, each member completed an organisational capacity self-assessment based on global guidance and tools. The results were then discussed jointly in the LAG, which then informed a capacity development action plan for

the LAG that the DRC country offices implemented over the course of the programme. The activities implemented under the action plans focused on strengthening skills and learning on integrating GBV and economic recovery programming and

engaged each of the LAGs on a variety of topics to enhance organisational capacities of local actors. Some of these topics were consistent across all four LAGs, such as the ToC and MEAL framework development, but others were specific to the LAG

based on the capacities identified in the initial assessment. The capacity development activities for each LAG are listed below (see figure 3).

Figure 3:
Local Anchor Group Capacity Development Activities, 2021-2024

Jordan	Lebanon	Niger	Uganda
<ul style="list-style-type: none"> • Theory of Change • Monitoring, Evaluation, Accountability and Learning Framework Development • GBV- Economic Recovery and integration • Advocacy • GBV Prevention, Evaluation Framework • Proposal Writing • National SOPs for dealing with GBV survivors, family and child protection • Protection Mainstreaming and Advocacy planning 	<ul style="list-style-type: none"> • Theory of Change • Integrated Needs Assessment • Monitoring, Evaluation, Accountability and Learning Framework Development • Advocacy • Legal and Access to Justice • Integrated Programming • Decent Work Conditions 	<ul style="list-style-type: none"> • Theory of Change • Monitoring, Evaluation, Accountability and Learning Framework Development • Advocacy • Project Management • Gender equality • Economic Recovery • Protection standards 	<ul style="list-style-type: none"> • Theory of Change • Monitoring, Evaluation, Accountability and Learning Framework Development • Project Planning and Implementation • Proposal Writing • Review of GBV Referral Pathways • Improved Access to Quality and Timely GBV Multi-sectoral Services • Women’s Participation and Leadership

Global Landscaping Report and Gender and Market Assessments

At the global level, WRC developed a landscaping report documenting global good practices on integrated programming and gender transformation for GBV survivors. The findings from the report were shared with LAG members in each context and the report was published globally. In each country, local consultants carried out a gender and market assessment (GMA) to inform

the development of the ToC model in each LAG. The GMAs were ethically reviewed by a team of researchers from WRC and DRC and the findings were shared for feedback with the LAG before completion. In Niger and Uganda, because of challenges in finding and hiring qualified local consultants, the gender and market assessments were conducted by DRC teams with support from WRC.

Developing and Piloting a Theory of Change

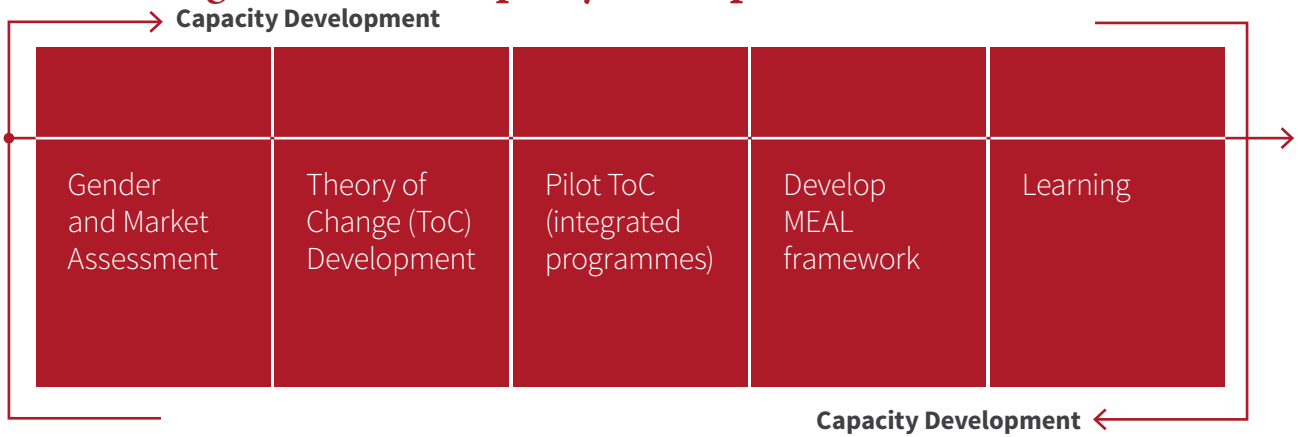
Using the findings from the GMA for their country, the landscaping report, and their experiential knowledge of their context, LAG members collaborated in a workshop format to develop joint contextualised ToCs and related MEAL frameworks. In the final year of the project, local partners from the LAG were given the opportunity to propose small-scale pilot projects to test out the ToC. From the received proposals, between one and three local organisations in the LAG were funded by DRC due to budget limitations. The selected local partners

further contextualised the ToC and designed a pilot programme to be implemented and evaluated. DRC country teams also supported their respective local partners with technical support for the implementation and evaluation of the pilot programme(s).

At the end of the programme, the findings and learnings from the LAG and the pilot implementations were disseminated at a Global Donor Roundtable in Geneva, Switzerland and at national donor roundtables.

Figure 4:

ToC Piloting Process and Capacity Development



Programme Findings and Lessons Learned

This report outlines the findings from the evaluations on the piloting integrated GBV and economic recovery programmes in each country, as well as the global evaluation of the LAG model for localisation. The findings are presented by topic, integrated programming and localisation, below. The section on piloting integrated programming includes a chapter on each country, which covers the context, the ToC, the pilot programme implementations, the evaluation methodology, and the programme findings for each country. At the end of the programme, the programme team

held a global workshop with project staff, global and country programme managers from DRC and WRC, and local actors from Jordan, Lebanon, and Uganda, who implemented the pilot programmes or were selected to participate in a global donor roundtable. During this workshop, the project staff and local actors reviewed the programme overall and the pilot implementations and generated reflections on lessons learned. Summaries of these lessons learned around both integrated programming and localisation are also included in their respective sections in the findings.

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Implementing Integrated Pilot Programmes: Findings by Country

I. Jordan

The Context

When the Syrian crisis erupted in 2011, Jordan became a host country to hundreds of thousands of refugees escaping the country. With more than 2 million refugees in 2024,¹⁷ a majority of whom are Palestinian, Jordan hosts the second-highest number of refugees per capita in the world¹⁸ – approximately 619,000 of whom are Syrian refugees.¹⁹

Most refugees in Jordan live in urban areas alongside host communities, though some live in camps. All refugees are legally included in national health care and educational systems and have the right to work in certain sectors of the economy.²⁰ However, Syrian refugees in Jordan still face a number of challenges in accessing healthcare, education, and employment.²¹ These issues worsened because of the COVID-19 pandemic, which caused many refugees to lose their jobs and reduced their access to healthcare services.²²

Jordan has one of the lowest rates of women's economic participation of any country not at war.²³ Jordan's labour force participation rate for

women is much lower than that of men, 15% and 60% respectively,²⁴ which has persisted despite women's impressive educational outcomes in the face of restrictive social and gender norms.

GBV is a significant issue in Jordan, and broadly in the Middle East and North Africa (MENA) region, with high prevalences of domestic violence and sexual harassment.²⁵ In Jordan, the government has taken steps to address GBV, including passing laws criminalising domestic violence and establishing a national referral system for survivors of violence.²⁶ However, there is still a need for increased resources and support for survivors of violence, as well as for addressing cultural attitudes that contribute to GBV in the region.²⁷

Syrian refugee women face these challenges as well as other forms of GBV. Syrian women and girls are at higher risk of sexual exploitation and abuse, forced and early marriage, and human trafficking.²⁸ Despite this, many refugee women in Jordan have demonstrated resilience and resourcefulness, contributing to their communities and supporting their families.

¹⁷UNRWA. "Where We Work." <https://www.unrwa.org/where-we-work/jordan>.

¹⁸UNHCR. "Jordan." <https://www.unhcr.org/us/countries/jordan>.

¹⁹UNHCR. "Jordan." Operational Data Portal. <https://data.unhcr.org/en/country/jor>.

²⁰UNHCR. "Jordan." <https://www.unhcr.org/us/countries/jordan>

²¹UNHCR. "Annual Results Report - 2023," 2024.

²²Jordan GBV IMS Task Force. "2020 Annual Report," 2021.

²³Gauri, Varun, Tasmia Rahman, and Iman Sen. Measuring Social Norms about Female Labor Force Participation in Jordan. World Bank, 2019. <https://doi.org/10.1596/1813-9450-8916>.

²⁴International Labour Office. "Young Women's Employment and Empowerment in the Rural Economy - Jordan Country Brief," 2018.

²⁵Jordan GBV IMS Task Force. "2020 Annual Report," 2021.

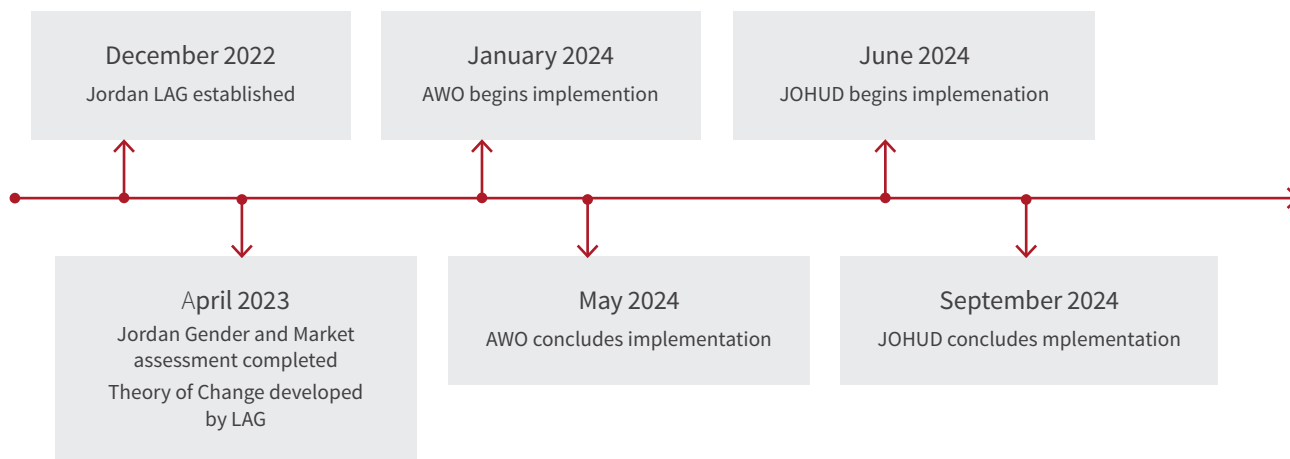
²⁶UNFPA Jordan. "Gender-Based Violence and Harmful Practices," n.d. <https://jordan.unfpa.org/en/topics/gender-based-violence-and-harmful-practices>.

²⁷UNFPA Jordan. "Gender-Based Violence and Harmful Practices," n.d. <https://jordan.unfpa.org/en/topics/gender-based-violence-and-harmful-practices>.

²⁸UNFPA Jordan. "Gender-Based Violence and Harmful Practices," n.d. <https://jordan.unfpa.org/en/topics/gender-based-violence-and-harmful-practices>.

Figure 5:

Timeline of Local Anchor Group Activities and Pilot Programme Implementation in Jordan



Jordan's Local Anchor Group and Theory of Change

Established in December 2022, 21 representatives of organisations participated in Jordan's LAG over the course of the project: six LAG members were from local organisations, including WLOs, five were from local government entities, three were from national NGOs, five were from international NGOs, and two were from UN agencies.

In April 2023, the Jordan LAG conducted the ToC workshop, where they identified barriers to economic empowerment and recovery from GBV, designed interventions to overcome these barriers, and projected short-term and long-term impacts of these interventions for both Syrian refugee and host community survivors in Jordan (see Annex 2.1 for full diagram).

The LAG identified the following barriers contributing to GBV against refugees and vulnerable Jordanian women, and preventing women and girls' participation in decision-making and in the labour market:

- **Educational barriers** – there is a need to strengthen the education sector's vision of equality of women and harm of GBV.

- **Informational barriers** – there is a lack of awareness and knowledge among women of their rights, and sources of support.
- **Psychological/emotional barriers** – the self-image of the woman is that she is not capable, and low self-esteem leads to limited participation in the labour market.
- **Economic barriers** – there are poor work opportunities for women in comparison to those for men and an expectation that a woman's income will be controlled by her partner or family.
- **Physical barriers** – working areas do not support women's needs, dignity or safety; for example, long working days, no child daycare, privacy or proper transportation.
- **Social and cultural barriers** – there is a lack of support from families and partners when women seek economic empowerment, and a lack of male participation in the discussion and advancement of gender equality.
- **Legal barriers** – legislation gives more legal power to men than to women; for example: women cannot confer nationality to their children; there are laws that protect women (for example, related to maternity leave and childcare), but they are poorly implemented in practice.

To overcome these barriers, the Jordan LAG members proposed the following interventions:

- Deliver awareness sessions on women's rights, gender equality, labour laws and associated rights.
- Deliver awareness sessions, and engage men and boys in behavioural change.
- Ensure access to services that support GBV survivors in recovery; for example, case management, legal aid, mental health and psychosocial support, and health.
- Improve the work environment to ensure it meets legal standards.
- Build capacities of women to gain employment: for example, soft skills, computer skills, marketing skills, vocational training.
- Create opportunities for women to grow businesses: for example, exhibitions, bazaars, online platforms, business grants.
- Ensure mechanisms for compliance to decent work standards; for example, complaints channels and spot checks, referrals to external and internal service providers, and advocacy campaigns for women's rights and decent work.

In Jordan's ToC, these interventions would work jointly to lead to the following outcomes:

Immediate Outcomes

- GBV risk is reduced as women and girls are empowered, legislation is strengthened and communities and key stakeholders support gender equality and decrease acceptance of GBV.
- Women and girls' vulnerability to GBV is reduced through empowerment and improved access to rights and equal opportunities.
- Women and girls are better able to recover from GBV and respond to GBV threats.

Intermediate Outcome

- Social gender norms are supportive of the protection and equality of women and girls, and increase their access to the labour market, resulting in reduced risks of GBV while empowering women and girls, strengthening legislation and supporting communities and key stakeholders for gender equality and reducing acceptance of GBV.

Pilot Programmes: Arab Women Organization and Jordanian Hashemite Fund for Human Development

In Jordan, two local organisations, **Arab Women Organization (AWO)** and **Jordanian Hashemite Fund for Human Development (JOHUD)**, were selected to pilot the implementation of the adapted ToC developed by the LAG.

AWO implemented its pilot programme in January–May 2024 in the Ma'an governorate in southern Jordan, identifying the limited access to economic resources for GBV survivors in the area, and organisational absence in providing services to GBV survivors. AWO selected 60 Jordanian and Syrian refugee women who are GBV survivors and were part of DRC's GBV case management.

They were provided with **training to build their project management, financial management and e-marketing skills to develop their economic capacity in the Jordan job market, along with legal assistance to support their access to justice and to secure their rights and protections**. The direct assistance to GBV survivors was accompanied by community awareness sessions with women, including members of local women-led organisations, and men who were community leaders or activists in the Ma'an governorate. To further strengthen services for GBV survivors in the Ma'an governorate, AWO also conducted training workshops for 20 WLOs in the Ma'an governorate to develop their experience in supporting survivors of GBV. JOHUD implemented their pilot programme in June–September 2024. JOHUD provided training for 60 Syrian and Jordanian women who are GBV survivors or at risk of GBV in Sahab and al Nuzha in east Amman **to improve their access to livelihood opportunities through training in employability, business management skills, and life skills**. Forty women were provided with **business management training and cash transfers to revitalise their small businesses** depleted during the COVID-19 pandemic. Among the participants, another 19 **women who already possessed skills were connected directly to jobs based on their interests** through JOHUD's employment offices; these women were also **supported with cash transfers to meet their basic needs**.

JOHUD also engaged the broader community in programme activities designed to raise awareness of GBV and develop support for women's economic empowerment. **Through community awareness-raising sessions and workshops with private sector employers, JOHUD aimed to improve family and community support of women and their economic participation.** In addition, JOHUD developed and implemented an advocacy campaign targeted at male community members and local leaders in east Amman to effectively respond to the needs and concerns of women and girls. This campaign included 14 small radio advertisements about GBV and women's economic participation, and two podcast episodes featuring specialists on women's empowerment and highlighting success stories of women in the labour market.

At the end of the programme, JOHUD also **facilitated a feminist forum to engage representatives of institutions concerned with women's issues, as well as prominent women leaders and community figures.** The forum aimed to review the programme's achievements and discuss its outputs and their impact on the target groups.

Evaluation Methodology

DRC Jordan supported AWO in its programme evaluation, based on the Jordan LAG's ToC and corresponding MEAL framework. For AWO's evaluation, AWO and DRC Jordan conducted quantitative interviews with participants in September 2024, just over three months after the programme ended. AWO and DRC Jordan contacted all 60 programme participants for an interview and 42 responded. Designed by DRC Jordan and AWO, the interview questionnaire contained 28 items that collected participants' demographic information, their experience in income-generating activities, their individual and household income earned, the programme activities they participated in, the impact of the programme on their lives, challenges in participating in the programme, and recommendations for support. AWO also administered pre- and post-tests during their training workshops and community-awareness sessions to measure participants' learning.

For their evaluation, JOHUD conducted a short quantitative follow-up assessment with pro-

gramme participants in October 2024 after the programme ended. In the follow-up assessment, all 60 programme participants were contacted for an interview; 20 responded. Designed by JOHUD, the assessment included 10 questions and assessed participants' changes in income, employment, decision-making, family support, and impact for the future. JOHUD also conducted pre- and post-tests before and after workshops with participants to measure their learning.

The findings below summarise the descriptive statistics from the analyses of these data. For more details on the methodologies for the AWO and JOHUD evaluations, see Annex 1.

Challenges and Limitations

In Jordan, the initiation of programme activities was delayed by more than a year: the programme could not begin without government approval because of the project's focus on GBV. As a result, the Jordan LAG was not established until December 2022.

Regarding the pilot programme evaluations in Jordan, there are specific limitations. For both evaluations, all participants were contacted for interviews, but not all participated. As a result, the sample of respondents at endline may not be representative of the programme participants overall. Additionally, the data collected were self-reported measures and, as a result, may be subject to reporting bias. The items in the questionnaires were based on prior DRC evaluations, which were not developed using validated questionnaire items or measures and may also introduce bias through the interpretation of the question. See this section's Global Challenges and Limitations for more information.

Findings

Arab Women Organisation (AWO)

Of the 42 women interviewed, 71.4% were Syrian refugees, and 28.6% were Jordanian. By educational level, 45.2% had completed primary school, 38.1% had completed secondary school, 11.9% had completed university, and 4.8% reported 'other'. In comparison to Syrian women, Jordanian women in the sample reported

higher levels of education: most Syrian women reported completing primary school whereas most Jordanian women reported completing secondary school. Prior to the programme, 61.9% of women in the sample had not participated in any income-generating activities. The remainder had participated in income-generating activities: 9.5% for less than a year, 14.3% for 1–2 years, 7.1% for 3–5 years and 7.1% for more than 5 years.

Nearly all respondents, 97.6%, reported that they participated in skills-based training during the programme; for example, financial literacy, project management, and e-marketing. Not all participants received all four parts of the programme; 73.8% received psychosocial support, 61.9% participated in GBV awareness sessions, and 78.6% participated in legal awareness and support sessions. More than half of the respondents (57.5%) received all four parts of the programme.

In pre- and post-training assessments:

- **100% of women demonstrated improved knowledge in financial literacy.**
- **87% demonstrated improved knowledge in project management.**
- **85% demonstrated improved knowledge in e-marketing.**
- In legal awareness and support sessions, **84.9% of women improved their understanding of their rights as workers and the legal protections in place to prevent labour exploitation and abuse.**

In the endline evaluation, many respondents also reported personal gains from this training and support:

- **30.9% of respondents reported positive impacts on their income-generating activities.**
- **64.3% gained confidence to start a new business or activity.**
- **45.2% reported improved mental well-being.**
- **66.7% reported improved awareness of their rights.**
- **9.5% said the programme had helped them overcome legal barriers.**

Only one respondent reported that the programme had no impact on her life.

However, the skills gained did not translate into increased income. Three months after the programme ended:

- 57.5% of the respondents reported no income.
- Many women identified a lack of start-up capital or materials as a major barrier to applying their new skills – 90% and 50% respectively.
- 93% said that cash grants would have greatly enhanced their ability to generate income.
- 36% reported that they would need better access to markets or customers.
- 29% reported that they would need better access to mentorship or business advice.
- 12% reported that they would need better access to improved equipment or tools.

When asked about **how beneficial the skills gained and support provided in the programme would be in the future**, some were hopeful: **half of the women reported the training would ‘definitely’ help them**, 26.2% said it would ‘possibly’ help, and 23.8% were ‘uncertain’ about future benefits.

With AWO’s community activities, 87% of session attendees, which included men and boys in the community, reported an **enhanced understanding of gender equality and women’s rights in society** based on the pre- and post-tests. In the capacity-strengthening workshops, WLOs were given tools and resources to support women and GBV survivors and deliver similar services in the local community. As part of the workshops, AWO also developed an economic skills training manual and provided it to the WLOs, along with guides on psychosocial support and awareness sessions.

Jordanian Hashemite Fund for Human Development

In JOHUD’s pilot programme implementation, of the 60 GBV survivors or women at risk, 67% were Syrian refugee women, and 33% Jordanian women. All were aged between 18 and 35. In the findings from the workshop pre- and post-tests, survivors and women at risk in the programme gained substantial skills:

- Approximately **66% of participants improved their knowledge on life skills**, such as communication, problem solving and time management.

- 54% of participants who engaged in developing small enterprises **improved their knowledge of project planning, marketing and business management.**
- 58% of participants who were connected to jobs **improved their knowledge on résumé writing and interviewing, and their understanding of their labour rights.**

Of the 20 women in the labour market track, 19 were integrated into new roles, including: marketing and sales, 31.5%; beauty services, 26.3%; tailoring 10.5%; data entry, 10.5%; security guards, 5.3%, teaching, 5.3%; childcare, 5.3%; and bus attendant, 5.3%.

In the short follow-up assessment at the end of the programme, **all 20 respondents reported that their income had increased by between 150% and 200% since participating in the programme.** Women in the follow-up assessment reported improvements in decision-making – **85% of respondents reported that their ability to make personal or financial decisions improved, and 78% reported their ability to manage their money, such as saving, financial planning or managing their business, improved after the programme.** This was accompanied by more familial support, where 85% of respondent reported that they noticed an improvement in community or family support after the programme.

With regard to GBV outcomes, **80% of respondents reported that they had the knowledge or tools to address or report cases of GBV.** Nearly all respondents (90%) also reported that they had **become more confident in dealing with life or career challenges.** Most respondents (70%) believed that the positive impact of the programme would continue in the long-term. All respondents reported that they were still using the skills and knowledge they gained in the programme in their professional and personal lives. For the community-based activities, the community members who were engaged made strides in ensuring women's economic empowerment. The community awareness workshops reached 145 community members, 5.5% of whom were men and 94.5% of whom were women. Of these participants 87.5% were Jordanian, 9.5% were Syrian refugees, and 3% were of other nationalities. Participants were aged between 20 and 60 with

the most representation from 46–55-year-olds (47.6%), followed by 20–35-year-olds (26.9%), 36–45-year-olds (19.3%) and 56–60-year-olds (6.2%).

JOHUD also worked with 40 private sector employers to raise awareness around women's workplace safety. All participating employers were Jordanian and aged 30 to 50. Men and women were almost equally represented: 52.5% of employers were men and 47.5% were women. At the end of the workshops, the participating **employers formed a consortium** that agreed to integrate the 19 women participating in the programme into their hiring processes and **committed to ensuring the provision of a supportive work environment and appropriate training to enable them to achieve success.** With the help of JOHUD, the consortium of **private sector employers also organised two career days** targeted to those 25–35 years old. The career days reached 206 community members in total. By ethnicity, 23.3% of career day attendees were Syrian refugees, and 76.6% were Jordanian. By gender, 85.4% were women and 14.5% were men.

In the feminist forum, 37 women and community leaders, and representatives of women-focused institutions participated, 94.5% of whom were women and 5.5% of whom were men. All participants were Jordanian. After reviewing the outputs of the programme, the participants of **the feminist forum developed a set of recommendations to enhance women's economic participation and to ensure a safe working environment and protect women from violence.** These recommendations are listed below.

Recommendations to enhance women's economic participation:

- Stimulate the private sector to provide more job opportunities commensurate with women's skills and needs.
- Promote vocational training and job qualification for women, especially in non-traditional sectors such as technology and energy.
- Support women's entrepreneurship by providing additional grants, soft loans, and advisory and mentoring services.
- Recommendations to ensure a safe working environment and protect women from violence.
- Implement control and follow-up mechanisms within companies to ensure compliance

with safe work environment standards.

- Launch awareness campaigns to inform women of their rights at work.
- Expand coalitions between institutions and companies to facilitate the exchange of experiences and resources to support women's participation.
- Organise periodic career days targeting women in less fortunate areas to increase their access to career opportunities.

Recommendations to ensure a safe working environment and protect women from violence:

- Implement control and follow-up mechanisms within companies to ensure compliance with safe work environment standards.
- Launch awareness campaigns to inform women of their rights at work.
- Expand coalitions of institutions and companies to facilitate the exchange of experiences and resources to support women's participation.
- Organise periodic career days targeting women in less fortunate areas to increase their access to career opportunities.

Refugee, internally displaced and host community women learning food processing as a vocation in a Union Rufin Asiri training in Niger. Credit: Union Rufin Asiri/DRC Niger



II. Lebanon

The Context

Lebanon is host to the highest number of displaced persons per capita in the world, with an estimated 1.5 million Syrians and 275,000 Palestinian refugees residing in informal settlements and urban environments among host communities.²⁹ Approximately 90% of refugee households in Lebanon face extreme impoverishment and dire protection issues.³⁰ In 2023, only 20% of all Syrians held legal residency in Lebanon and the overwhelming 80% of Syrians who lacked a valid residency remained exposed to significant risks of detention, deportation and other security measures or risks, including exploitation.³¹

For the last five years, Lebanon has faced a complex series of interconnected economic, political and humanitarian crises. The 2019 economic and financial crises had a tremendous impact on unemployment, and negatively affected people's access to basic commodities, and the environment for businesses. These crises were exacerbated by the ensuing COVID-19 pandemic and Beirut port explosion.³² While Lebanon was projected to finally experience economic growth in 2023, Israel's response to the events of 7 October 2023 once again sent the country into economic recession.³³

The multitude of severe crises has exacerbated women's safety and ability to generate income and to access decent livelihoods. The labour force par-

ticipation rate for women in Lebanon is significantly lower than the rate for men, 27.5% vs 65.5% in 2023 respectively,³⁴ and there is a rise in women engaging in vulnerable employment in recent years.³⁵ For Syrian women, the labour force participation rate is even lower, 19% in 2023, and also significantly lower than that for Syrian men, 75%.³⁶ Approximately one in five Syrian households are female-headed and experience more food insecurity than male-headed households.³⁷ In part because of these economic insecurities, Syrian refugee women also face significant levels of GBV, including sexual violence and exploitation, intimate partner violence (IPV), and early and forced marriage.³⁸ These issues are reinforced by restrictive and harmful gender norms and recent waves of anti-feminist movements.³⁹

Lebanon's Local Anchor Group and Theory of Change

Established in April 2022, the LAG in Lebanon had 13 members over the course of the project, of whom two were representatives from CBOs, six from national NGOs, four from international NGOs (INGOs) and one from an academic institution.

²⁹UNHCR Lebanon. "Lebanon at a Glance." <https://www.unhcr.org/lb/at-a-glance>.

³⁰UNHCR USA. "Lebanon." <https://www.unhcr.org/us/countries/lebanon>.

³¹UNHCR, Unicef, and World Food Programme. "VASyR 2023: Vulnerability Assessment of Syrian Refugees in Lebanon," 2024. <https://reliefweb.int/report/lebanon/vasyr-2023-vulnerability-assessment-syrian-refugees-lebanon>.

³²World Bank. "Lebanon Overview: Development News, Research, Data," 2022. <https://www.worldbank.org/en/country/lebanon/overview>.

³³World Bank. "Lebanon's Fragile Economy Pulled Back into Recession," 2023. <https://www.worldbank.org/en/news/press-release/2023/12/21/lebanon-s-fragile-economy-pulled-back-into-recession>.

³⁴International Labour Organization. "ILO Modelled Estimates and Projections database (ILOEST)" ILOSTAT. <https://ilostat.ilo.org/data/>.

³⁵International Labour Organization defines vulnerable employment as the sum of own-account workers and contributing family workers. They are less likely to have formal work arrangements, and are therefore more likely to lack decent working conditions, adequate social security and 'voice' through effective representation by trade unions and similar organizations. Vulnerable employment is often characterized by inadequate earnings, low productivity and difficult conditions of work that undermine workers' fundamental rights. International Labour Organisation. "Paid Employment vs Vulnerable Employment - ILOSTAT," 2018. <https://ilostat.ilo.org/blog/paid-employment-vs-vulnerable-employment/>.

³⁶UNHCR, Unicef, and World Food Programme. "VASyR 2023: Vulnerability Assessment of Syrian Refugees in Lebanon," 2024. <https://reliefweb.int/report/lebanon/vasyr-2023-vulnerability-assessment-syrian-refugees-lebanon>.

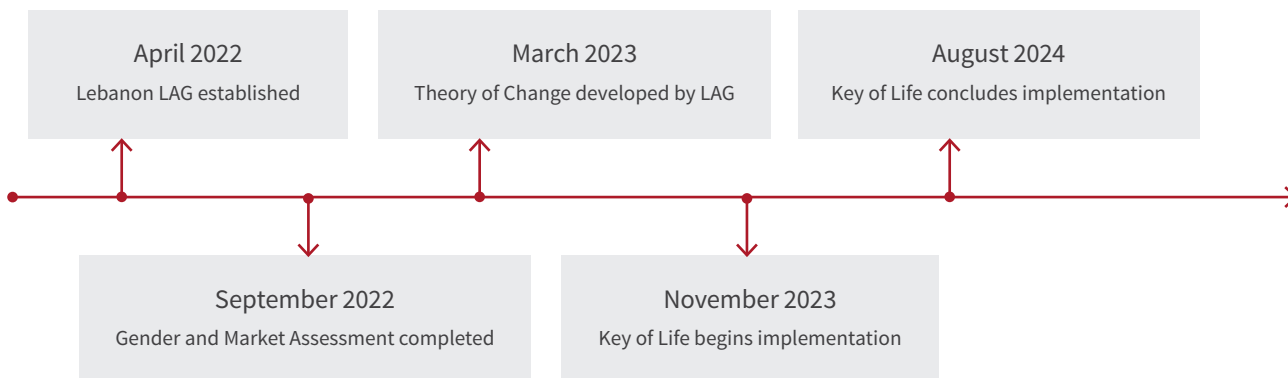
³⁷UNHCR, Unicef, and World Food Programme. "VASyR 2023: Vulnerability Assessment of Syrian Refugees in Lebanon," 2024. <https://reliefweb.int/report/lebanon/vasyr-2023-vulnerability-assessment-syrian-refugees-lebanon>.

³⁸UNHCR, Unicef, and World Food Programme. "VASyR 2023: Vulnerability Assessment of Syrian Refugees in Lebanon," 2024. <https://reliefweb.int/report/lebanon/vasyr-2023-vulnerability-assessment-syrian-refugees-lebanon>.

³⁹UNHCR, Unicef, and World Food Programme. "VASyR 2023: Vulnerability Assessment of Syrian Refugees in Lebanon," 2024. <https://reliefweb.int/report/lebanon/vasyr-2023-vulnerability-assessment-syrian-refugees-lebanon>.

Figure 6:

Timeline of Local Anchor Group Activities and Pilot Programme Implementation in Lebanon



In March 2023, the Lebanon LAG participated in the ToC workshop, focusing on addressing GBV for both Syrian refugee and Lebanese women in Akkar al-Atika, specifically. The LAG members in Lebanon identified the following as barriers to empowerment of refugee and host community GBV survivors in this context (see Annex 2.2 for full diagram):

- Lack of availability and accessibility of services encompassing health, justice, social protection, and education to ensure the immediate protection and recovery of GBV survivors.
- Unequal distribution of social and economic opportunities for women in the community, heightening their vulnerability to, and diminishing their recovery from, GBV. Women are systematically excluded from decision-making processes, with duty-bearers consistently overlooking their participation.
- Restrictive social and gender norms, increasing women's vulnerability to GBV threats and negatively affecting women's capacities to mitigate and recover from GBV incidents.

To overcome these barriers, the LAG identified a number of interventions, such as:

- Providing comprehensive GBV response services, including case management, mental health and psychosocial support services, health, legal aid and cash support.
- Providing tailored skills-building and livelihoods, such as digitalisation and innovative marketing.
- Strengthening the protective environment for women through engagement of communities, duty bearers and civil society in GBV prevention activities.
- Building a protective environment through advocacy with main duty bearers, the humanitarian coordination system, and key donors.

In Lebanon's ToC, these interventions aimed to achieve the following outcomes:

Immediate Outcomes

- Women's capacities to mitigate, respond to and recover from GBV threats is strengthened.
- Women's vulnerability to GBV risks is reduced through improved social and economic opportunities that are safe and dignified.
- Communities, civil society, and duty-bearers are more responsive to GBV risks.

Intermediate Outcomes

- Women are empowered to participate in decision-making at the household and community level.
- Duty bearers and service providers are accountable for the protection and empowerment of GBV survivors and women at risk.
- Social gender norms are conducive for the protection of women, and violence against women is unacceptable.

Pilot Programme: Key of Life

In Lebanon, a women-led organisation, Key of Life (KoL), implemented the pilot programme adaptation of Lebanon's ToC in Akkar al-Atika in northern Lebanon. The programme began in November 2023 and concluded in August 2024. In total, the programme reached 96 Syrian refugee and Lebanese women who are GBV survivors or women at risk of GBV. The programme was delivered in two phases:

- Phase 1: participants were recruited from an agricultural cooperative in the area and through referrals from another local organisation working with Syrian refugee women.
- Phase 2: women were referred to the programme by community mobilisers working with Syrian refugee and Lebanese women in the community.

To bolster women's economic capacities and opportunities, KoL provided comprehensive livelihood skills-building, such as wool-making, embroidery, chocolate-making, balloon decoration and digital literacy, as well as business marketing training and

an internship programme. The design and delivery of this training were survivor-driven: the types of skills learned, sectors of work selected, and support provided in the programme were all informed by focus-group discussions with women in the community before and throughout implementation.

Alongside these activities, KoL provided survivors with GBV case management and GBV awareness sessions. Survivors in the programme could choose to receive case management. KoL only provided GBV case management to Lebanese women in the programme. However, the Syrian women in the programme were referred to KoL and this programme through another organisation that provided GBV case management services. KoL also supported the programme participants in establishing a women-led community-protection committee, *Nasmet Amal*, or 'Breath of Hope', to enable their engagement in community activities and leadership.

Evaluation Methodology

To examine the impact of the programme on the lives of survivors, KoL, with support from DRC Lebanon and WRC, conducted a qualitative assessment with participants at the end of the programme. The evaluation aimed to examine the ability of the programme to achieve the immediate and intermediate outcomes as outlined in Lebanon's ToC, and ultimately support the economic empowerment of GBV survivors in the programme.

Data were collected from the end of September to the beginning of October 2024. Twenty-one of 96 programme participants participated in the evaluation. Programme participants were selected for the evaluation based on their ethnicity or displacement status, level of project engagement and the level of change they exhibited in the programme, both high and low, and from those who received case management, if their case management was successfully closed. For each programme participant included in the evaluation, their corresponding social worker completed an observation and reflection form based on the participant's case notes.

The interview guide contained 17 questions, which covered topics about participants' overall experience in the programme, the effect of the programme on their personal economic capacity,

mental well-being and their sense of safety, the challenges they faced in participating in the programme, and the recommendations they had to improve this type of programme. WRC analysed the data using deductive and inductive coding. The findings are summarised below. For more details on the methodology for the KoL evaluation, see Annex 1.

Challenges and Limitations

In Lebanon, programme staff faced delays due to health crises and political conflict. In the second year of the project, DRC Lebanon encountered a 6-month delay in programme activities because of a cholera outbreak that emerged at the end of 2022. Again, at the end of the programme in September 2024, DRC Lebanon and the local partners faced limitations of movement and security concerns because of the intensified conflict between Hezbollah and Israel's military forces. As a result, WRC provided additional support to KoL and DRC Lebanon to complete the endline qualitative data analysis for their pilot programme implementation. See this section's Global Challenges and Limitations for more information.

Findings

The participating GBV survivors and women at risk of GBV who were interviewed at the end of the programme were all adult women, 57% were Lebanese and 43% were Syrian refugees. Their ages ranged from 25 to 58; with a median age of 39. Nearly all were married, except for two respondents, who were single or divorced. Women in the sample had varying levels of education: 33% had completed a university degree, 5% had completed technical school, 24% had completed secondary school, 10% had completed intermediate school and 28% had completed elementary school. Compared to Lebanese women, the subsection of Syrian women in the sample had attained lower levels of education overall: 75% of Lebanese women had completed secondary school, technical school, or university, compared to 44% of Syrian women.

The effect of the programme to build women's skills was substantial but had less impact in helping women become self-reliant. All respondents shared that they **gained several skills on at least**

one of the topics covered in the programme, such as vocational skills, computer, English language, business development and marketing skills. However, many of them reported that they were not able to generate income independently by the end of the programme. A few felt that the lack of resources or start-up capital inhibited them from developing their small businesses and recommended that the programme should provide that support. Despite this, respondents felt **the skills they gained were still valuable and could be applied to future enterprises or other economic opportunities**. Respondents felt the programme encouraged them to **step out of their traditional roles** and helped them believe that **their independence was possible**.

“The internship, embroidery course, and awareness sessions... allowed me to gain new skills and boosted my self-confidence. It also opened new horizons for me, encouraging me to think about the future and explore new opportunities. For example, I didn't realise I had marketing skills until I completed this training period.”

-Lebanese woman

A handful of respondents were able to apply the skills they learned to improve their agricultural cooperative or the businesses of other family members. A few of them **developed small enterprises** using the skills they gained in the training, and another was able **to gain employment** through the internship provided by the programme; through these opportunities they were able to earn income. These respondents shared that **they felt more independent as a result of their small business or employment**.

“I... completed an internship at a shop, which was a great experience. It provided me with financial support at a time when I was facing financial challenges, and it helped me overcome them. I became independent, gained valuable experience, and found a job, which also benefited me financially.”

-Lebanese woman

Many respondents shared that the GBV awareness sessions were one of the most impactful parts of the programme. These sessions **helped respondents understand and recognise GBV in their lives and communities, manage their stress and express their emotions, and in raising and interacting with their children.** The sessions also provided a safe space for them to share their experiences and learn from each other.

As a result of the project nearly all the respondents shared that their **self-confidence improved.** Some attributed their **empowerment** to the combination of GBV awareness sessions and skills-building training. This gave them tools to overcome challenges, improve their mental health, strengthen familial relationships and community bonds, and to see potential economic opportunities through the skills they gained. Some respondents attributed their improved sense of security to their increased self-confidence. Others attributed this to the knowledge gained in the programme or their enhanced ability to express their opinion. Although some respondents felt that their sense of security stayed the same through the programme, no respondents shared that their sense of security diminished.

The respondents also felt that they **improved their engagement in their community** in Akkar al-Atika by encouraging them to get out of the house, break their routine of housework and childcare, engage with others in the programme and **develop new friendships.** This was especially the case for the Syrian women, who felt more integrated into the

community. One respondent shared that she was able to apply the skills she gained to participate in the women-led community protection committee *Nasmet Amal*, which allowed her to collaborate with other women to effect change in their community.

“The impact has been especially positive at home; I now work with a calm and clear mind. Getting out of the house, making friends, and feeling part of society has transformed me. Before, I felt marginalised, but today I am confident in myself and my abilities.”

-Syrian refugee woman

The programme overall improved participants' personal well-being. Most respondents shared that the gains of **the programme allowed them to better express themselves and their opinions, manage their stress and their emotions, confront problems, overcome challenges,** and expand their horizons. This was particularly the case among the Lebanese women who received psychosocial support services through case management. Participation in the programme also had positive impacts on women's familial relationships: respondents shared that they **gained skills in communication, emotional regulation, and child-rearing during the awareness sessions, which led to improved relationships with families, their partners, and their children.**

Following implementation and evaluation of the programme, KoL shared that the impact of capacity-building among participating women is now deeply visible in their community engagement and advocacy efforts, particularly through the community protection committee, *Nasmet Amal*. Through the committee, 15 women who participated in the programme began leading a community kitchen that prepares and distributes hot meals to vulnerable, internally displaced families in Akkar al-Atika in response to the ongoing conflict. This initiative was shaped with direct input and decision-making from the participating women themselves, who launched the project without incentives, motivated solely by

their commitment to helping their community. The community kitchen has also engaged youth in the community who assist with distribution and logistics. The community protection committee has also taken on a critical role in providing psychosocial support for their community. Using facilitation techniques learned in programme coaching sessions, these women in the committee now lead weekly psychosocial support sessions for children and women affected by the conflict in Lebanon. With the help of KoL, the committee developed a year-long plan of activities to support their community.

III. Niger

The Context

Niger is the main country of asylum for forcibly displaced persons in West Africa.⁴⁰ As of October 2024, approximately 980,000 displaced persons are in Niger, of whom 52% are internally displaced people (IDPs).⁴¹ 44% are refugees, most of whom are from Nigeria and Mali, with smaller numbers from Burkina Faso, Sudan and Chad.⁴²

The displacement in Niger is driven by rising extremism since 2012, increased presence of non-state, armed groups, and cross-border incursions followed by military responses. Instability in neighbouring Burkina Faso, Libya, Chad, Nigeria (including Boko Haram activities) and Mali, has further caused forced displacements into Niger.⁴³ In July 2023, a coup d'état ousted President Mohamadou Bazoum, drawing widespread condemnation and sanctions that have deepened already high levels of socio-economic vulnerability and political tension in the country.⁴⁴ The DRC LAG programme was implemented in the Guidan Roumdji district of the Maradi region, which is one of the regions most affected by frequent and preventive displacements within the country.⁴⁵

Climate change and associated hazards such as flooding and frequent droughts further exacerbate the large-scale displacement both into and within the country.⁴⁶ Approximately 80% of the country relies on agriculture, and these extreme weather events contribute to rural poverty and worsen issues with public service delivery.⁴⁷ As a result, Niger faces one of the world's worst food insecurity

crises.⁴⁸ While the labour force participation was 62.3% for women and 84.3% for men in 2023,⁴⁹ this also reflects agricultural work, which is highly vulnerable and low- to non-paid.⁵⁰ In 2023, 48% of the population lived in extreme poverty and the number of people in need of humanitarian assistance increased from 3.7 million to 4.5 million.

Refugees in Niger are legally guaranteed access to property, security, legal recourse, basic services, and freedom from discrimination and have the right to engage in professional activity upon authorisation. However, work in the formal employment sector remains limited also for nationals and private sector and other employers in Niger continue to prefer hiring nationals rather than refugees as employers have limited awareness of the refugees' right to work.⁵¹ The multifaceted crises and the entrenchment of harmful social norms that inhibit gender equality put displaced women and girls at substantial risk of exposure to GBV, especially early and forced marriage and sexual exploitation.⁵² The impact of GBV on displaced women and girls in Niger significantly damages their social and economic well-being and contributes to their exclusion in development of these areas.⁵³

⁴⁰UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴¹UNHCR. "Country - Niger." UNHCR Operational Data Portal, 2024.

⁴²UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴³UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴⁴UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴⁵UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴⁶UNHCR USA. "Niger." <https://www.unhcr.org/us/countries/niger>.

⁴⁷World Bank. "Niger Overview: Development News, Research, Data," 2024.

⁴⁸International Rescue Committee. "Conflict and Hunger - Niger." <https://www.rescue.org/country/niger>.

⁴⁹World Bank. "Niger." World Bank Gender Data Portal. <https://genderdata.worldbank.org/en/economies/niger>.

⁵⁰Bossuroy, Thomas, Testaverde, Mauro, Bjerger, Benedikte Alkjaersig, Von Der Goltz, Jan, Kaminski, Jonathan, Tien, Bienvenue, and Mavridis, Dimitris. "An Assessment of Employment in Niger." World Bank, 2017.

⁵¹UNHCR. "Republic of Niger: Country Summary," 2023. <https://www.refworld.org/en/download/147858>.

⁵²UNFPA Gender Based Violence Area of Responsibility. "Niger Gender-Based Violence Secondary Data Review (SDR) - Jan 2023," 2023. <https://www.gbvaor.net/node/1800>.

⁵³UNFPA Gender Based Violence Area of Responsibility. "Niger Gender-Based Violence Secondary Data Review (SDR) - Jan 2023," 2023. <https://www.gbvaor.net/node/1800>.

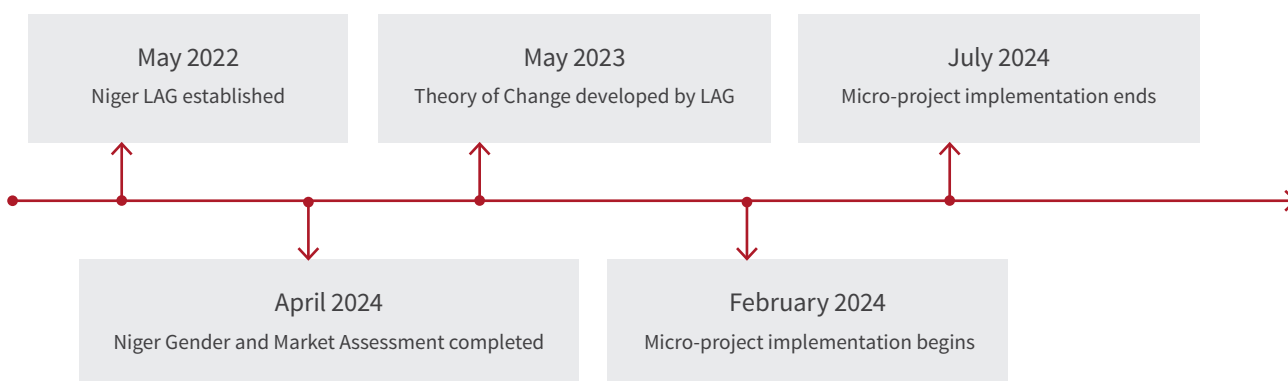
Niger's Local Anchor Group and Theory of Change

Established in May 2022, the LAG in Niger had 18 members over the course of the project. The LAG comprised a variety of actors: six were from CSOs, two from national NGOs, two from INGOs, plus three GBV

focal points from different villages in the district, two representatives from the Decentralized Technical Service of the State, two representatives from the local authorities, and one representative of a women leadership programme.

Figure 7:

Timeline of Local Anchor Group Activities and Pilot Programme Implementation in Niger



In May 2023, the Niger LAG conducted the ToC workshop, where they identified barriers to economic empowerment and recovery from GBV for survivors, and designed interventions to overcome these barriers. The ToC projected short-term and long-term outcomes of these interventions for both refugee and host community survivors (see Annex 2.3 for full diagram). Barriers included:

- Risk of gender-based violence against women and girls, exacerbated by cultural and social norms (for example, early marriage).
- Socio-economic factors (for example, poverty, isolation).
- Systemic discrimination against women and girls (gender bias), especially those with special needs (for example, GBV survivors).
- Lack of resources – financial, material and human resources – to provide protection, and a lack of training in GBV for local stakeholders.
- Legal constraints and policies limiting the capacity of women and girls to participate economically.
- Family and domestic constraints limiting the capacity of women and girls to work outside the home and women's low level of economic autonomy.

To overcome these barriers, the LAG identified a number of interventions, such as:

- Establishment of safe spaces and protection services for women and girls, including mental health and psychosocial support (MHPSS) services (for example, individual or group therapy, meditation/relaxation, social support activities) and a referral system between the various GBV services and programmes.
- Community mobilisation activities in the fight against GBV (for example, husbands' school).
- Training for humanitarian actors, communities and local authorities on women's rights, prevention and protection.
- Strengthening healthcare systems and improving the quality and accessibility of services.
- Prevention and awareness-raising on the risks of GBV, sex education, and health promotion programmes.
- Raising awareness of women's and girls' rights, their role in society and their ability to contribute to their economic recovery.
- Improving women's and girls' access to information and education, in particular by promoting programmes designed to guarantee women's and girls' access to economic resources (for example, loans and vocational training).

In Niger's ToC, these interventions worked in tandem towards the following outcomes:

Immediate Outcomes

- Access for women and girls to quality protection and support services, including healthcare, psychosocial and legal services in line with international standards.
- Increased awareness among humanitarian actors, communities and local authorities of women's rights and the importance of preventing and responding to GBV.
- Increased awareness of people's rights and dignity, and positive changes in attitudes and behaviour towards women and girls.
- Reduction of gender-based inequality and discrimination through the adoption of non-discriminatory practices and policies.
- Increased participation of women and girls in economic activities.

- Strengthened capacity of women and girls in resource mobilisation and access to adequate sources of financing for women and girls (for example, income-generating activities, tontines, granaries, storage areas, warehousing).

Intermediate Outcomes

- Women and girls evolve in a protective environment, conducive to their development.
- Tension and conflicts linked to gender inequalities are reduced by improving community involvement in the prevention of GBV and the promotion of gender equality.
- Women and girls have equal access to economic opportunities.
- Women and girls provide for themselves and contribute to the economic recovery of their communities.

Pilot Programmes: Coordination des ONG et Association Féminines Nigériennes, Education for Peace and Progress Association, and Union Rufin Asiri

In Niger, DRC supported three organisations to deliver **a series of microprojects to a total of 138 GBV survivors** in displaced and host communities in the Guidan Roudji department. Between February and July 2024, Coordination des ONG et Association Féminines Nigériennes (CONGAFEN), Education for Peace and Progress Association (EPP), and Union Rufin Asiri (URA) each delivered a different adaptation of Niger's ToC across five villages: Chadakori, Dan Turké, Garin Kaka, Dan Dadji Makaou and Karo-Sofoua.

CONGAFEN implemented its microproject in Chadakori with 47 GBV survivors; EEP reached 60 GBV survivors across three villages: Chadakori, Dan Turké, and Garin Kaka; and URA reached 30 GBV survivors across Chadakori and Garin Kaka. The three microprojects were similar in design: **all integrated a combination of vocational and financial literacy training, start-up kits, access to microfinance initiatives**, such as Village Savings and Credit Associations, alongside **dialogues with community leaders and awareness-raising sessions with community members on gender equality and GBV**.

Of EEP's 60 participants, half were participants of a former EEP programme, and half were new participants. In EEP's microproject, only new participants of EEP received income-generating activity start-up kits. EEP also organised a two-day fair to present the products resulting from their training to the administrative and customs authorities and technical and financial partners, and to promote networking between the girls and women from three villages in the refugee camp at the end of their practical training.

In URA's microproject, 20 of the 40 survivors in the programme were new participants who received vocational training on sewing, whereas the other 20 survivors received training on processing agricultural products, which was initiated in January 2024.

These microprojects were implemented in coordination with the Guidan Roumdji Departmental Director for the Promotion of Women and the Protection of Children (who is the supervisor of this micro-projects in terms of training, financial support and income-generating activity kits), DRC/Maradi executives, the Guidan Roumdji Urban Commune representative for mobilisation, the Guidan Roumdji Canton Chief representative, the Directeur Départemental de la Promotion de la Femme et de la Protection de l'Enfant social worker, and the focal points for gender-based violence in the target localities.

Evaluation Methodology

DRC Niger led the evaluation design, data collection and analysis for the pilot programmes in Niger. Using a quantitative questionnaire, DRC Niger conducted interviews with programme participants at baseline in February 2024 and at endline in July 2024 to assess the programme's effect in achieving the outcomes defined in the ToC developed by the LAG in Niger.

Respondents were randomly selected from the pool of targeted programme participants from all three micro-implementations. At baseline, 47 programme participants were interviewed before the start of programme activities; only 42 respondents in the sample participated in the endline assessment, which comprised the analytic sample. The quantitative assessment included 70 ques-

tions, which captured participants' demographic information, as well as their perceptions of their autonomy, access to economic opportunities, economic contributions, sense of safety, access to GBV services, community tension related to gender inequalities and their recommendations to better support survivors in their communities.

Challenges and Limitations

In Niger, the programme team faced challenges in completing the gender and market assessment because of substantial challenges in hiring a qualified local consultant to complete the assessment. Hence DRC Niger staff conducted the assessment. The programme team was delayed in completing the gender and market assessment and the subsequent ToC workshop. As a result, the DRC Niger programme team had to complete the assessment, adding extra burden to the programme staff, and the ToC workshop was delayed until May 2023.

In July 2023, the coup d'état further delayed project activities going into the final year of the programme. In this context, DRC's operations faced serious funding cuts which had negative impacts on the programme implementation and the final evaluation. This limited the number of respondents interviewed at baseline and endline for the evaluation. Additionally, the data collected were self-reported measures and, as a result, may be subject to reporting bias. The items in the questionnaires were based on prior DRC evaluations, which were not developed using validated questionnaire items or measures and may also introduce bias through the interpretation of the question. See Global Challenges and Limitations for more information.

Findings

Of the 42 women interviewed at baseline and endline, 33% were refugees, 5% were IDPs and 62% were host community members. The sample included programme participants from all five villages: 29% of respondents lived in Chadakori, 29% in Garin Kaka, 17% in Dan Turké, 9% in Karo-Sofoua, 7% in Dan Dadjji Makao, and 9% were from unspecified villages. By marital status, a majority of the sample were married, 40% in monogamous marriages, and 38% in polygamous marriages, while

14% were single, 5% separated and 2% widowed.

To assess the effects of the programme on economic capacity and self-reliance, respondents were asked about their perceptions of their access to economic opportunities, autonomy and economic contributions.

- At baseline, **54% of women in the sample felt that women, girls and men had similar access to economic opportunities in their community**. At endline, this proportion **increased to 67%** of respondents.
- Respondents were also asked for their perceptions of their autonomy. At baseline, **48%** of women surveyed reported their **level of autonomy was high, 41% moderate, and 11% low or they had none at all**. At endline, the reported level of perceived autonomy increased across the sample to **62% high, 36% moderate and 2% low**.
- When asked if **women's economic contributions are valued in the community**, **87%** said “yes” at baseline. This increased by **13%** at endline, when **100%** of respondents reported they felt **women's economic contributions were valued in the community**.

In evaluating GBV, respondents were asked about their access to and quality of GBV services, their sense of safety, and their perceptions of gender relations in their community.

- To assess **access to GBV services**, women were asked about the **accessibility** of these services **both physically and financially**. At baseline, **83%** of respondents reported that **GBV services were physically accessible**, and **59%** reported that they were **financially accessible**. By endline, these **increased to 93% and 100%** respectively.
- Regarding **quality of services**, **67%** reported that **GBV services** in their communities were “good”, **30%** reported they were “average”, and **2%** percent reported that they were “bad”. At endline, this **improved by 16%**, when **83%** reported that services were “good”; the remainder reported that they were “average.”
- Women were asked about their perception of gender relations in their community. At baseline, **52%** reported that **gender relations were “harmonious”**, while the remainder reported that they were “conflicting”, **24%**, or “strained” **24%**. At endline, the proportion of those who reported gender relations in their community were “harmonious” rose to **90%**, and those who reported that they were “conflicting” or “strained” **dropped to 3% and 7% respectively**.

IV. Uganda

Context

Due to the decades-long conflicts in the Democratic Republic of Congo and South Sudan, Uganda has become the largest refugee-hosting country in Africa, currently hosting more than 1.7 million refugees and asylum seekers,⁵⁴ with 91% living in refugee settlements designated by the Ugandan governmental ministry of the Office of the Prime Minister (OPM).⁵⁵ Most refugees in Uganda are women and children.⁵⁶

The programme was implemented in Imvepi and Rhino Camp settlements in the West Nile sub-region, northwestern Uganda. Imvepi settlement hosts 70,069 and Rhino Camp settlement hosts 168,072 refugees and asylum seekers, a majority of whom are South Sudanese.⁵⁷

Uganda has historically enacted progressive refugee policies compared to those of neighbouring countries. Freedom of movement and access to employment are key refugee rights enshrined in its 2006 Refugee Act.⁵⁸ The majority of refugees reside in open settlements rather than in restricted camps and approximately 9% of the refugee population lives in urban areas. While refugees have the right to work, the burden of complying with unclear regulations constrains access to formal employment.⁵⁹

While refugee women in Uganda benefit from the self-reliance model, and have the right to work, they are still less likely than refugee men to find jobs.⁶⁰ This is because of several structural factors, including restrictive social and gender norms, education gaps, and weaknesses of the job market within settlements. For refugee and host communities in Uganda, GBV is prevalent and the drivers of GBV in both communities are similar, such as poverty and the lack of livelihood opportunities, substance abuse, and cultural and gender norms.⁶¹ In addition, a 2020 REACH Initiative assessment found that sexual and gender-based violence was the third most reported barrier to market access in Rhino Camp, the first and second most reported barriers being “the long distance to the market” and “disability”, respectively.⁶²

Uganda’s Local Anchor Group and Theory of Change

Established in May 2022, 38 actors participated in the LAG in Uganda over the course of the programme: 18 were from CBOs, including WLOs and RLOS, 10 from national NGOs, five from international NGOs, three from local government entities including the Office of the Prime Minister, and two from UN agencies.

⁵⁴UNHCR. “Country - Uganda.” UNHCR Operational Data Portal. <https://data.unhcr.org/en/country/uga>.

⁵⁵Office of the Prime Minister – A Coordinated, Responsive and Accountable Government for Socio-Economic Transformation. “Refugee Management,” 2024. <https://opm.go.ug/refugees/>.

⁵⁶European Civil Protection and Humanitarian Aid Operations. “Uganda,” 2024. https://civil-protection-humanitarian-aid.ec.europa.eu/where/africa/uganda_en.

⁵⁷UNHCR. “Uganda - Population Dashboard,” November 30, 2024. <https://data.unhcr.org/en/documents/details/112889>.

⁵⁸UNHCR. “Uganda’s Progressive Refugee Act Becomes Operational,” June 22, 2009. <https://www.unhcr.org/news/news/ugandas-progressive-refugee-act-becomes-operational>.

⁵⁹Daphne Jayasinghe. “Ruled out of Work: Refugee Women’s Legal Right to Work.” International Rescue Committee, 2019. <https://www.rescue.org/sites/default/files/document/4312/ruledoutofworkpolicybriefv3.pdf>.

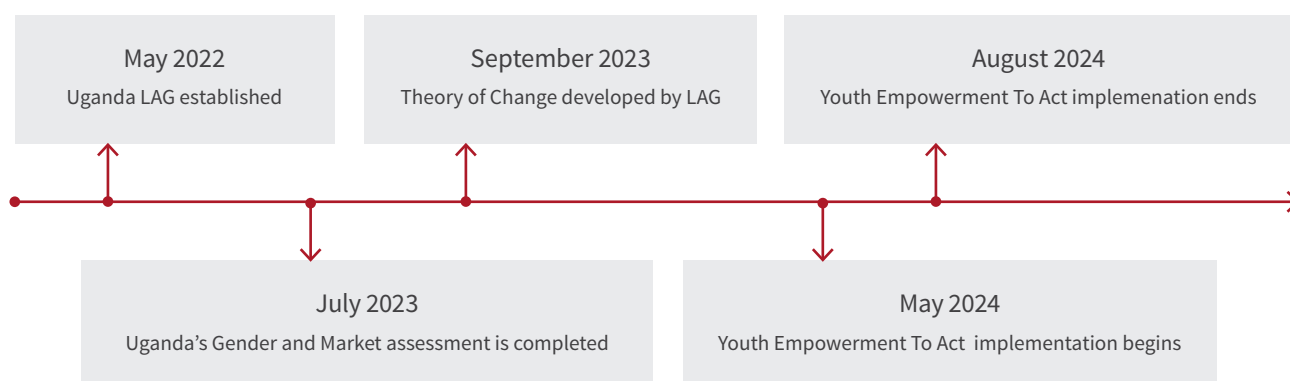
⁶⁰Betts, Alexander, Imane Chaara, Naohiko Omata, and Olivier Sterck. “Refugee Economies in Uganda: What Difference Does the Self-Reliance Model Make?” University of Oxford: Refugee Studies Centre, n.d. https://www.rsc.ox.ac.uk/files/news/refugee-economies-uganda_jan2019.pdf.

⁶¹World Bank. “Gender-Based Violence and Violence Against Children: Prevention and Response Services in Uganda’s Refugee-Hosting Districts,” 2020. <http://hdl.handle.net/10986/34494>.

⁶²REACH Initiative, World Food Programme, and UNHCR. “Vulnerability and Essential Needs Assessment,” 2020. <https://reliefweb.int/report/uganda/uganda-vulnerability-and-essential-needs-assessment-volume-one-october-2020>.

Figure 8:

Timeline of Local Anchor Group Activities and Pilot Programme Implementation in Uganda



In September 2023, the Uganda LAG participated in the ToC workshop, where they identified survivors' barriers to economic empowerment and recovery from GBV, and designed interventions to overcome these barriers. The ToC projected short-term and long-term impacts of these interventions for both refugee and host community survivors in north-western Uganda (see Annex 2.4 for full diagram).

LAG members in Uganda identified the following barriers:

- GBV survivors have little or no knowledge of services and their rights.
- Men and boys have limited awareness or knowledge of GBV or gender equality.
- Women and girls have limited skills and self-esteem to gain employment.
- Women and girls have no linkages to the market.
- Women and girls experience unequal partnerships in intimate relationships.
- Women and girls have little or no participation in community activities.

To overcome these barriers, the LAG identified a number of interventions, such as:

- Awareness-raising sessions with adolescent boys and adult men on gender equality and GBV;
- Capacity building for women and girls in leadership, with platforms for participation;
- Life skills and livelihoods training for GBV survivors;
- Organised market days with survivors for income-generating activities;
- Awareness sessions with women and girls about their rights;
- Gender mainstreaming across sectors in the settlements;
- Support for safe spaces for women and girls; and
- Streamlining referral pathways and including economic recovery in the GBV referral system.

In Uganda's ToC, these interventions worked to achieve the following outcomes:

Immediate Outcomes

- Communities improve advocacy for women in leadership.
- Harmful gender and cultural norms change in the community.
- Women and girls have increased safe employment, savings, and knowledge on literacy numeracy, and finances.
- Women and girls have improved access and ownership of resources.
- All GBV survivors have equal access to services and support.

Intermediate Outcomes

- Men and boys are engaged in promoting gender equality.
- Women and girls have equal access to services, resources, and opportunities.
- Women and girls have equal decision-making and leadership in society.
- GBV survivors have reduced risk of GBV and robust systems to respond to incidents of GBV.

Pilot Programme: Youth Empowerment To Act

In Uganda, Youth Empowerment To Act (YETA), a refugee-led organisation, adapted the ToC developed by the LAG in Uganda and implemented a pilot programme in the Imvepi Refugee Settlement in Terego District in northwestern Uganda. The programme targeted refugee women, men, older adolescent girls and older adolescent boys who were GBV survivors and were referred to the programme by DRC Uganda or from the community awareness-raising sessions under the pilot programme. The programme was delivered in one zone of the settlement, which was predominantly South Sudanese refugees, and as a result, all programme participants were South Sudanese by ethnicity. The pilot ran from May to August 2024 and YETA **delivered training to GBV survivors to build vocational skills, financial literacy, business development, and life skills, while they attended GBV awareness-raising campaigns with community members.** Participants

also **received GBV case management services**, which were provided by DRC Uganda. Using a **survivor-centred approach**, programme participants chose the type of business or skill they wanted to develop and received technical training to do so. Programme participants were **provided group cash transfers or in-kind support** to initiate their small businesses with context-specific business sustainability plans, and were able to develop shared problem-solving skills, lobby for extra support, pool resources among themselves, or continue the business even if a member of the group left.

Evaluation Methodology

With support from DRC Uganda and WRC, YETA conducted a mixed-methods assessment with participants at the end of the programme to examine the impact of the programme on survivors and community members who participated in the programme. The evaluation aimed to examine the ability of the programme to achieve the immediate and intermediate outcomes as outlined in Uganda's ToC, and ultimately support the economic empowerment of GBV survivors in the programme. YETA collected data from August to September 2024 through 60 interviews with participating survivors. These respondents in the sample were randomly selected from the 100 participating survivors in the programme. The individual interviews assessed the services received, the impact of the programme on participants' lives at an individual, household, and community level including prevention of GBV and harassment in the community, as well as, the skills participants gained, and how they were able to apply them. In addition, YETA conducted six focus group discussions (FGDs) with men and women, aged 18 to 34 or 35 years and older, from the community who participated in the awareness-raising sessions in Imvepi camp. For the FGDs, community members volunteered to participate in the evaluation after all community-awareness session participants were contacted.

Challenges and Limitations

In Uganda, the programme team was delayed in completing the gender and market assessment and the subsequent ToC workshop because of substantial challenges in hiring a qualified

local consultant to complete the assessment. As a result, the DRC Uganda programme team had to complete the assessment, adding extra burden to the programme staff, and the ToC workshop was delayed until September 2023.

In the evaluation, data enumerators did not record the exact transcriptions of 17 participants' responses. These interviews were still included in the analysis and reviewed as programmatic notes. Because of challenges in securing recording equipment, data enumerators took notes during the FGDs, which were analysed in this evaluation. However, the absence of direct attributions in both interviews and FGDs, may also introduce bias from the data enumerator and their perception or understanding of the participant's response. As the respondents for the FGDs were not randomly selected, the sample of respondents in the FGDs may not be representative of the participants or the community overall. See this section's Global Challenges and Limitations for more information.

Findings

Participant Perspectives

Nearly all respondents (92%) were women. The remaining 8% were men. The respondents were aged 17 to 70: 18% were 17–19 years old, 17% were 20–25 years old, 43% were 26–35 years old, 15% were 36–45 years old and 7% were 46 years old or older.

Participants reported improvements in their economic capacity and self-reliance, personal wellbeing and the wellbeing of their families and community. Nearly all participants shared that they **gained several skills through the training provided in the programme**. Many survivors reported that they gained vocational skills, such as tailoring or hairdressing, financial literacy or business development, and soft skills, such as problem-solving or communication, which they applied to starting and managing small enterprises to generate income. Overall, **90% of participants reported improved skills in financial literacy, 80% in communication, 67% in problem-solving, and 42% in leadership**.

Through their businesses, **participants became more self-reliant and independent**. By earning and saving money, they were **able to provide for themselves and their families to support basic needs on their own**. Most

participants reported buying food, school supplies, school uniforms, or paying for school fees with their earnings. Some participants reported that, before the programme, they and their families ate one meal per day, but afterwards, they were able to afford at least two meals per day. In addition, **women felt more independent by not only earning their own income, but also managing their businesses, making decisions on what to buy and how to save, and running their households on their own**.

“I was hopeless before the training but now I’m confident of myself. I can get my own money, buy food, clothes, educational materials for my kids. I now know that what a man does, I can do and even better.”

-South Sudanese refugee woman, 25 years old

As participants developed businesses in their areas, they felt they were able to have positive effects on their communities by providing goods and services, improving accessibility for their community by reducing the distance needed to travel to purchase items from the market. Several participants began teaching others, specifically women and girls, the skills they learned in the training, such as trade skills and financial literacy, so that they too could become independent.

Despite these positive outcomes, several respondents expressed that they were not able to generate an income from the project because of challenges in participating in the training while tending to responsibilities at home, challenges in receiving the start-up capital, or the collapse of their small business, which they often attributed to the lack of sufficient capital.

From the participants' perspectives, the impact of this programme on reducing or preventing GBV was mixed. Many respondents reported that GBV had reduced in their communities because people were now “busy earning a living,” spent less time at home and therefore avoided violence. Others shared that **the programme prevented GBV because both**

women and men were able to provide for their families, which allowed them to share this responsibility and alleviated tension that would typically trigger violence, or empowered women not to have to rely on men. Some participants shared that their communities were embracing gender equality, which also prevented GBV. A few participants also shared that their community was more aware of and could discuss openly the GBV that occurs in their communities or that they directly engaged their community in raising awareness on GBV. At an individual level, four participants shared that the services they received in the programme stopped the violence they were experiencing at home.

“These services [have] empowered the women and they’re able to provide for both themselves and their families, hence both the man and woman can provide, reducing the risk of gender-based violence in communities.”

-South Sudanese refugee women, 32 years old

“Since we are now able to get money on our own there is no need for us to ask for anything from anyone. That has helped a lot to prevent gender-based violence and harassment in the community.”

-South Sudanese refugee women, 30 years old

Two participants shared that the programme had not reduced the violence they were experiencing. However, they still viewed the programme favourably because of the knowledge and skills gained from the training.

There were also impacts on gender equality at the community level. Participants shared that **the programme helped the community understand the importance of gender equality, and empowered women and girls in the community to become independent and self-reliant.** Several shared that the empowerment of women through the programme demonstrated to community members that men and women can have equal roles in their households or equal opportunities in society, and that men gained more respect for women as they are both able to contribute to their households. Two participants reported that their male partners abandoned them because they believed the programme participants were able to support themselves or because the programme only trained and supported one partner, and that the participant no longer had “time for home”.

In addition, **the programme improved participants’ mental or physical health. Survivors shared that the services received helped them manage or alleviate their stress, open up emotionally and share their experiences, or overcome stigma related to GBV,** and that they are happier now that they can provide for their families. At times, this was intertwined with having a more positive mindset: survivors shared that they set goals, planned for the future and believed in their ability to grow and improve their lives. Some participants also reported that they were more connected to their community after participating in the programme, **feeling more connected or united as a community,** and being able to apply the skills they learned in the programme to engage or become community leaders. For adolescent girls in the programme (aged 17 to 19), there were some unique impacts. Some of these girls had children while still in school and therefore had dropped out. For these girls in particular, **the programme helped them become self-reliant to provide for their children.** For others, **the programme helped them contribute to their households and become less dependent on their parents.** One girl shared that the programme prevented girls from rushing into marriage because now they can support themselves. Another shared that the programme inspired her to go back to school because of how much she learned.

“My mind is not idle thinking about nonsense things, and I now want to go back to school because I’ve learned a lot.”

-Adolescent South Sudanese refugee girl, 19 years old

Nearly all the participants recommended that this programme and its activities continue so that their community can continue to improve by preventing and reducing GBV and empowering women to become self-reliant.

Community Perceptions

The findings from the FGDs with community members supported participants’ perceptions of how their community had changed as a result of the programme. Community members shared that the programme helped change mindsets around gender and raise awareness of how to report cases of GBV. Community members shared that programme participants, in particular the women, became empowered, which led to broader impacts on the community. **Women who developed their own businesses** became role models of independence in their community, particularly for young girls, who are at risk for early marriage or early pregnancy. Other community members shared that because the community became sensitised on GBV and gender inequality, **women felt more empowered to report**

cases of GBV. Others felt that the empowerment of women in the community **shifted gender roles in the household** and decreased women’s dependency on their male partners, reducing triggers of GBV by alleviating economic hardship. For all these reasons, **community members felt that GBV had reduced in their community.**

Community members in the FGDs also shared that women were more engaged in the community after building their businesses and becoming more independent, by being able to provide for their children, sharing the skills they learned in training with others, including other community members in their businesses, and providing more access to services to the community.

Several groups shared that they became engaged in community-awareness-raising around GBV after participating in the awareness-raising sessions themselves. Although, one group of women, aged 35 years and above, shared that there were some community members who were resistant to change, holding on to the ideology that men should be dominant in the community, and that GBV cases should not be reported. However, all groups shared that they felt these positive changes that they mentioned would be long-lasting with continued effort to change restrictive mindsets, support women in their economic empowerment, and address GBV issues in the community together.

Global Challenges and Limitations

Over the three-year programme, the global and country teams faced substantial challenges in implementing and evaluating this global programme. The programme faced traditional setbacks of humanitarian aid programming, which contributed delays and gaps in support. Both global and country teams faced competing priorities due to the lack of dedicated staff on the project and endured staff turnover that led to periods of vacancies, causing gaps in knowledge transfer and specialised expertise among programme staff, increased burden on

remaining programme staff, and delays in completing deliverables. These delays, in addition to the unique challenges of the programme at the country level, eventually pushed the pilot programme implementations to start in year three. Lastly, due to the sequencing of the programme, local partners were not selected until year 2 and the lengthy and complex donor approval process of local partners as subgrantees, which took several months to complete further delayed the pilot programme implementation. In total, the five pilot

programmes reached 454 survivors and women at risk of GBV. Because of the time and budget, the programme was limited in reaching a larger number of survivors and women and girls at risk.

The gaps in staff had a negative impact on support to the local actors in evaluating their programmes. For the pilot programmes in Jordan, Lebanon and Uganda, the data collected at baseline for the programme evaluations were not comparable at endline. In Jordan, the programme staff used quantitative data at endline. In Lebanon and Uganda, the programme staff shifted to qualitative methodologies to capture the impact of the programme on the participants from their perspectives. Given the sensitive nature of GBV, respondents were not asked directly about their incidents of GBV in the evalu-

ations. However, with regard to proxy indicators, such as changes in personal sense of safety, community perceptions of or community-level impacts on GBV, the programmes demonstrated positive outcomes. Across all five evaluations, the generalisability of these findings to other populations is limited due to the selection of programme participants, which was not representatively sampled based on survivors and women at risk in the area and the specificity of each of the contexts. Lastly, given the study designs, the findings in this report can only establish a correlation of the integrated programme design to the programme outcomes and cannot infer or assess causality.

Discussion: Integrated GBV and Economic Recovery Programming

The findings from evaluations in this global programme from four contexts provide promising evidence on the use of integrated GBV and economic recovery programming to advance the economic empowerment and support the recovery of GBV survivors and women and adolescent girls at risk of GBV.

All five programmes were correlated with positive changes in GBV, gender equality, and economic recovery. The combination of psychosocial support and skills-building enabled survivors, and women and adolescent girls at risk of GBV to process their trauma and **helped them build their self-confidence**. Women and adolescent girls from the programmes in Lebanon and Uganda shared similar accounts of improved self-confidence, mental health and well-being, and **belief in their potential to be independent**. More women and adolescent girls in Uganda shared that they were more independent, or self-reliant by the end of the programme, being able to provide for themselves and their families to support basic needs on their own, compared to survivors and women at risk of GBV in Lebanon, where

fewer were able to launch income-generating activities. **Women still regarded the skills they gained as valuable and their strengthened economic capacity was associated with a positive outlook for the future, and their self-reliance**. Moreover, GBV survivors and women and adolescent girls at risk of GBV who participated in the programmes implemented by YETA (Uganda) and KoL (Lebanon) felt that the combination of GBV and economic recovery activities gave them **tools to overcome challenges in their mental health, strengthen familial relationships and community bonds**, and to see potential economic opportunities through the skills they gained.

In addition, there were positive impacts on decision-making and autonomy. The findings from Jordan, Niger and Uganda showed that after having completed the programme, participants felt **improvements in their level of autonomy or their ability to make decisions**.

Providing connections to opportunities and resources enabled GBV survivors, and women and adolescent girls at risk of GBV to earn income

more quickly than had they been provided skills training alone. The YETA and JOHUD (Jordan) programmes, which integrated start-up capital to launch businesses and career days to connect survivors and those at risk of GBV with employers, provided more opportunities to participants than programmes that provided just skills training. The participating survivors and women at risk of GBV in these programmes reported better economic outcomes by the end of the programme, such as employment, business development, income generation and self-reliance, as compared to survivors and women at risk of GBV in the programmes implemented by AWO and KoL.

Because of the limited time for implementation and evaluations, some programmes were not able to assess the long-term economic impacts or enable survivors and those at risk to build more long-term income and financial stability. Three of the five pilot programmes were implemented and evaluated over 3–4 months, and these evaluations only examine short-term benefits, not long-term impacts. Evidence from economic recovery programmes recommends longer evaluation periods to capture the sustainability of the economic outcomes for participants.⁶³

In Niger, Lebanon and Uganda, women and adolescent girls shared that **their sense of safety improved** over the course of the programmes. However, the findings from Uganda indicate that the improved self-reliance exhibited by GBV survivors and women and adolescent girls at risk of GBV after the programme did not necessarily address the root causes of GBV but rather triggers, such as financial burdens, or level of exposure, such as prolonged stays at home.

These personal impacts in preventing or reducing GBV were coupled with perceived changes in communities. Findings from Uganda, Lebanon, Niger and AWO in Jordan showed improvements in a **community's understanding of GBV and gender equality or reducing tension at the**

household or community level. Community members in Uganda also shared that the community awareness-raising sessions supported community members to speak out on GBV in the community and to know how to report cases.

There were some positive effects on changing gender norms in support of women and girls in the pilot programmes. In Uganda, the changes in views on household gender norms led to **more community support for women and girls to be empowered and independent.** Similarly, respondents in JOHUD's evaluation shared that they felt they had more support from their families and communities after participating in the programme. In addition, the community engagement of employers in JOHUD's programme led to commitments from those employers to fostering safer workplaces for women, and thus potentially preventing GBV in the workplace.

Moreover, the findings from the programme evaluations showed how **investment in these women extended beyond them to their households and communities.** For example, the majority of Ugandan women reported being able to feed their children and pay for their children's school or teach others in their community the vocational skill they had learned, or the GBV knowledge they had gained. These changes were also felt by their communities, who now saw role models of empowered women in the community. In Lebanon, this was demonstrated through Nasmét Amal, the women's protection committee, which mobilised support for their community by providing meals and psychosocial support to their community during a crisis. Moreover, the findings from both evaluations indicated sustainable changes, as community members in Uganda began supporting and leading efforts on raising awareness of GBV in their community, and the women of Nasmét Amal developed a year-long workplan to support and engage their community.

⁶³Aditi Bhanja. "A Way Forward: Landscaping Report on Integrated Gender-Based Violence and Economic Recovery Programming." Women's Refugee Commission, 2022. <https://www.womensrefugeecommission.org/wp-content/uploads/2022/09/Integrated-GBV-Economic-Recovery-Landscaping-Report.pdf>.

Lessons Learned on Integrated Programming

Evidence-based and Survivor-led Integrated Programming

For each country, a country-specific Gender and Market Assessment (GMA) was conducted by consultants or DRC staff and with technical support from WRC. The findings from the GMAs were disseminated to the LAG before or during the ToC workshop and informed the selection of interventions in the ToC. The GMAs also informed the local actors of the types of industry and income-generating activity that survivors and women and girls at risk could engage in. Though the GMAs helped shape the ToC and interventions selected, the local actors expressed that for their specific pilot implementations, more input from communities and programme participants was needed to contextualise the programme. In Jordan, JOHUD conducted FGDs with targeted participants of the programme to better understand their specific risks, needs and capacities prior to implementation. KoL in Lebanon also conducted FGDs with participants, sourcing their feedback before and during the entire programme, which allowed them to flexibly design and iterate on the services provided. KoL attributed this to the flexibility of the funding provided by DRC that allowed them to change the programme based on the needs of the participants. YETA in Uganda used the GMA in the pilot programme design but also applied a survivor-centred approach in which participants were able to choose the type of small business they wanted develop based on their skills and needs.

Another lesson learned from the pilot implementation was that integrated GBV and economic recovery programming may require the integration of additional sectors. For example, KoL shared that their programme participants struggled with literacy and suggested that future programmes should consider integrating education, i.e. adult literacy classes, into the programme.

Gender-transformative Change

The programme set out to create gender transformative change in each context, tackling harmful social norms and improving the protection environment for women. In this regard local partners in the programme highlighted the importance of engaging men and boys in the community in discussions on gender equality and GBV. In Uganda, YETA utilised a participatory approach, conducting awareness-raising sessions in which community members, both men and women, identified issues of gender inequality in their community, as well as solutions to address them. However, in Lebanon, KoL identified that gender transformation had to start with women themselves, as participants in their programme had first to overcome internalised misogyny, which KoL did not anticipate because the Lebanon LAG assumed that the women in their programmes would not themselves believe in restrictive gender norms.

The participants in the pilot programmes largely engaged in businesses or income-generating activities often traditionally assigned to women because of gender norms, for example, tailoring, catering, braiding or hairstyling. The local actors from the pilot programmes shared that, in their communities, the gender norms were so restrictive that even engaging in income-generating activities was seen as performing against traditional gender norms and changing this would require more long-term effort. Moreover, the topics for skills-building were informed by the needs and wants of the women in the community, and thus engaging women in non-traditional sectors was not deemed appropriate within the design of these pilot programmes.

Across all four countries, the evidence from the evaluations did not sufficiently demonstrate gender-transformative change among men and boys or communities at large. Nevertheless, participants from Uganda, Jordan and Niger shared that they felt their communities had positively shifted their perspectives on gender equality and GBV or that they felt more support from their communities. In future evaluations, it is recommended that data are collected from community members directly to assess gender-transformative changes at the community level.

The Local Anchor Group Model and Localisation

Evaluation Methodology

Throughout the programme, WRC and DRC conducted qualitative assessments with LAG members across all four contexts to examine the efficacy of the LAG, not only as an approach to integrated GBV and economic recovery programming, but also as a model for partnership between local actors and international ones to share knowledge, strengthen capacities, and distribute power.

WRC, with substantial support from the DRC country MEAL staff, led the design, collection and analysis of the LAG model evaluation. Data collection occurred at two points during the programme: in August 2023, at the end of the second year of the global programme implementation; and from August to October 2024 just before the end of the programme. The LAGs varied in size between the countries – Uganda had 38 LAG members, Jordan had 21, Niger had 18 and Lebanon had 13. LAG members in each context were contacted to participate in both midline and endline data collection, for which LAG members volunteered. In total, 90 LAG members were contacted during these evaluations.

For data collection, the processes differed between midline and endline. At midline, WRC led the data collection and conducted semi-structured key informant interviews (KIIs) with LAG members. The KII guide was developed by WRC and included 12 questions to gain a better understanding of LAG members' experiences of participating in their LAG. These interviews were conducted in English, over video-conferencing software, and took approximately 30 minutes to complete. For LAG members who expressed interest in participating but could not complete the interview in English, a feedback form with the same questions as the KII guide was provided in their requested language, in Arabic or French. These forms with LAG members' responses were translated into English for analysis. Overall, WRC conducted KIIs or

received feedback forms from three LAG members in Jordan, five in Lebanon, five in Uganda and two in Niger, reaching 15 LAG members in total.

At endline, DRC country teams, with support from WRC, conducted FGDs with LAG members. The FGD guide was developed jointly by WRC and DRC MEAL staff in Jordan and Lebanon and included 14 questions that asked about their experience with the capacity strengthening trainings, the development of the ToC, the group dynamics of the LAG, the challenges they faced, and their recommendations for the future of the LAG. Because of programmatic challenges, WRC supported DRC Uganda in completing the endline data collection for the LAG evaluation. The methodology for the endline evaluation was modified to KIIs with Ugandan LAG members. The KII guide was adapted from the FGD guide used in Jordan and Lebanon and WRC conducted these interviews in English, over video-conferencing software, such as Teams or Zoom. Each interview took approximately 30–45 minutes to complete.

In total, 20 LAG members across Jordan, Lebanon and Uganda participated in the endline evaluation of the LAG. In Lebanon and Jordan, DRC conducted FGDs with five and eight LAG members, respectively. In Uganda, seven KIIs were conducted with LAG members. Because of time and budget constraints, DRC Niger was unable to complete endline FGDs or KIIs. As a result, the analysis of the LAG model only included qualitative data from Jordan, Lebanon and Uganda. The following findings section synthesises the findings from both midline and endline assessments and examines the use of the LAG model across the three contexts. For more information on the LAG model evaluation, see Annex 1.

Findings

Capacity Strengthening

In both 2023 and 2024, LAG members in all three contexts shared that they gained new knowledge, approaches or skills through the capacity development activities. The ToC and MEAL framework workshops were consistently the most novel and beneficial to LAG members. Many LAG members shared that the ToC was a practical tool that they utilized for other projects in their work and helped them to design and evaluate programs more effectively. LAG members mentioned that workshops on project management, proposal writing, gender mainstreaming, or an in-depth understanding of the graduation approach were also beneficial. In Uganda, the combination of ToC and MEAL workshops with proposal writing and project management training even led to increased funding for some LAG members, which they attributed to the LAG making them more competitive applicants for grants. In all contexts, though the capacity development activities were attended by one representative per organisation, the individual learning still translated to greater organisational capacity, particularly for CBOs, WLOs and RLOs.

“The... trainings improved our capacity and our level of response when it comes to resource mobilisation. And for this reason, we are able to even now attract funding... as we speak right now, we are going to have about... four projects. As we went through this series of... training, we were able to build capacity not only of the organisation, but also of staff on how they can apply these skills in their daily lives, and also on how they do programming at organisational level.”

-LAG member in Uganda 2024

However, there were LAG members who shared that they wanted longer or more in-depth training to hone the skills they learned and to do so with more practical application, more so at endline than at midline. The capacity development plan was based on the capacity assessments done by each LAG member at the beginning of the programme, yet some LAG members felt that the design of the capacity-development activities did not always meet the level of expertise or the varied rates of learning among LAG members or should have been more tailored to their organisations specifically. This led to some members feeling as though the knowledge gained was not fully implemented in their work. The trainings were delivered by DRC, WRC, or LAG members but some members recommended refresher courses or further training on topics like the ToC, or MEAL frameworks to solidify their knowledge, or bringing in highly specialised experts to deliver training on certain topics.

“We need training that is highly customised to address our specific organisational needs. Theoretical frameworks are helpful, but we require practical, actionable solutions.”

-LAG member in Lebanon 2024

Cross-sector Learning and Collaboration

LAG members shared that the integrated approach to GBV and economic recovery facilitated **greater learning across sectors**, which some attributed to diversity of expertise in GBV, economic recovery, and gender equality in the LAG. Through GBV and economic recovery capacity strengthening sessions, the process of developing an integrated ToC, or simply, discussions with each other, the LAG members valued the experience of **learning**

from others and examining GBV in their communities in a more holistic way. LAG members felt that they gained **greater understanding of how GBV risks and economic marginalisation are interlinked and affect each other**, and the importance of integrating these sectors to provide a more holistic response that improves the lives of displaced GBV survivors. Moreover, LAG members valued the increased access to a network of local actors united under one goal. Through the long-term participation in the LAG, members not only shared knowledge but also built relationships throughout the programme, which led to further collaboration and relationship-building outside the context of the LAG. In Uganda in particular, LAG members at endline shared that they were able to help each other learn during workshops, consult with other organisations in their respective camps, and even enter partnerships for other programme implementations.

“Sessions and workshops held locally were particularly monumental. Practical examples and anecdotal studies were presented that illustrate how to achieve transformative change in the lives of survivors. I had the opportunity to interact with experts and specialists, ask questions and engage in inspiring discussions. My experience in the programme has greatly expanded my vision and understanding of how to deal with gender issues and promote economic empowerment in humanitarian settings. I believe it will be an important base for my future contribution to positive change in my community.”

-LAG member in Jordan, 2023

Horizontal Networks

For members who were representatives of refugee-led, women-led, or community-based organisations, the LAG created a unique opportunity for **increased visibility, access to expertise, collaboration and influence among their peers in international and national organisations**. Participating in the LAG equalised local actors despite inherent hierarchies, and more so in larger LAGs, like Jordan and Uganda. This was particularly notable when developing the ToC during the ToC workshop, which LAG members viewed as participatory and collaborative, where experiences across all LAG members were valued, and consensus had to be reached to move forward.

“Sometimes you see there are meetings you go to and especially when you’re put together with those international and national organisations, there are always those who feel like they’ve been in the game for quite a long time. They assume to be knowing everything. But this local anchor group team that is formed under the programme DRC, I haven’t seen that aspect there. So, we see ourselves in that anchor group as partners and we see we value each and every contribution that one has to put forward because like I said earlier on that we are looking at what can we do differently.”

-LAG member in Uganda, 2023

“By bringing together a group of humanitarian actors from different organisations under a single umbrella labelled as ‘LAG,’ we developed a sense of ownership for this group, even without any direct monetary gain for our organisation.”

-LAG member in Lebanon, 2024

Designing and Implementing the Contextualised Integrated Theory of Change

LAG members regarded the integrated GBV and economic recovery approach not only as beneficial to their individual knowledge and understanding but also as an approach to improving the lives of displaced GBV survivors in their communities. LAG members felt the diverse expertise and backgrounds of LAG members contributed positively to creating a more holistic ToC.

“The beauty is the different organisations would have a terminology or a term they use. And all this has been consolidated as one sentence or a statement... which really showed a unity... a kind of hard work which shows kind of a cooperation from all the LAG. And this was a consensus. Everyone had to agree on the final, a final statement which appeared on the Theory of Change.”

-LAG Member Uganda 2024

Some economic recovery actors felt the focus on GBV was limiting for them within their organisational mandates or that discussions were highly centred on GBV and protection given the programme’s focus. This could be attributed to the fact that in most LAGs, there were more members from the GBV sector than from the economic recovery sector. LAG members from Jordan and Lebanon shared that they felt the ToCs should be more inclusive of and tailored to long-term, sustainable economic recovery goals for survivors and women at risk of GBV.

“Efforts for sustainability and continuity, especially in the livelihood empowerment sector, are weak.”

-LAG member in Jordan, 2024

“We should broaden the ToC to make it more relevant to economic recovery, ensuring it addresses the specific needs of GBV survivors in a more holistic manner. Moreover, this will foster greater collaboration and engagement among all LAG members.”

-LAG Member in Lebanon, 2024

In terms of applying the ToC in their respective organisations, those LAG members who were not funded to adapt and implement the ToC mentioned having greater difficulty including an integrated approach into their existing work, particularly organizations working in economic recovery. One LAG member in Uganda from the economic recovery sector attributed the challenges in securing funding for economic recovery programming to a misalignment of LAG and donor priorities - some donors require organisations to submit projects under one sector and this makes integrated approaches more complex to propose.⁶⁴

⁶⁴Veronique Barbelet, Gemma Davies, Josie Flint, and Eleanor Davey. “Interrogating the Evidence Base on Humanitarian Localisation: A Literature Study,” 2021. https://media.odi.org/documents/Localisation_lit_review_WEB.pdf.

Group Dynamics, Coordination and Sustainability

Despite the benefits of the LAG network, members at both midline and endline shared the challenges around participation in the LAG, both personally and in the group. Staff turnover, competing programme priorities and coordination groups, logistical difficulties and shrinking humanitarian funding were cited as challenges by LAG members in their own personal participation. In all contexts, the uneven or even tardy participation of LAG members was disruptive at times, leading to repetition of concepts for new attendees, longer meetings because of delays, or difficulties in gaining traction as a LAG. One LAG member from Lebanon shared that the low turnout in some meetings was particularly demotivating. The LAG was primarily set up as a space for technical learning and coordination, but in Jordan, LAG members felt that the LAG membership should have involved individuals from different backgrounds who hold decision-making or management positions in order to ensure LAG members have the authority and expertise to drive meaningful changes.

At endline in all contexts, LAG members shared that they hoped for greater coordination in the LAG to achieve other outcomes around advocacy or communications for visibility of the work in the LAG,

and felt there should have been specific objectives dedicated to this earlier on in the programme. Others mentioned that they wanted greater communication around the ongoing programmes from LAG members or progress on the implementation of the ToC.

When asked about the future of the LAG, most members hoped the LAG would continue and wanted to build sustainable and long-term work plans, to further refine the ToC, or to implement the ToC more widely with their communities, developing partnerships across GBV and economic recovery actors to do so. Several shared that they did not want to lose the momentum of this LAG with the end of the programme.

“Establishing committees in multiple areas could help continue this work beyond the project’s timeline. It’s crucial that we don’t lose the momentum we’ve built in this group.”

-LAG member in Lebanon, 2024

Challenges and Limitations

Due to larger staffing and budgetary constraints of the DRC Niger office, the project in Niger concluded three months early in September 2024. As a result, the programme team was not able to complete the endline qualitative data collection for the LAG evaluation. This lack of data meant that Niger was removed from the global analysis of the LAG model. DRC Niger and local partners were also not able to participate in the global donor roundtable organised at the end of the programme.

For the LAG evaluation, the sample of respondents was not representative of each country’s LAG, nor does it include the perspective of this model and its operation from Niger. As LAG members volunteered for the

qualitative evaluation activities, the sample may be biased to members who were highly engaged in the programme, more eager to share their inputs, or those who had negative perspectives that they wanted to share with the programme team. Conversely, the evaluation may not have captured those who had less participation or dropped out of the LAG entirely over the course of the three-year programme. The findings presented here do not cover the implementation of this model in Niger, which may differ from the experiences of LAG members from Jordan, Lebanon and Uganda.

Discussion: The Local Anchor Group Model and Localisation

Group Model and Localisation

Given these positive outcomes and the findings from the LAG evaluation, the use of the LAG model to both localise and contextualise integrated programming design is promising. LAG members, and even some programme participants in Lebanon, heralded the integrated design as a holistic approach to economic empowerment and recovery from GBV for survivors. For LAG members, this holistic design was attributed to the diversity of actors included in the LAG, who were able to contribute their experiences and expertise in the development of the ToC. While the focus on local actors led these ToCs to be highly contextualised, both from implementing the programme, and the insight from the learning workshop, LAG members felt it was necessary to further contextualise the ToC to the community needs. More rigorous evaluations are needed to examine the effectiveness and sustainability of these models, but from survivors' perspectives, the ToC-adapted programmes had significant impacts on their lives, and support that the **LAG is a promising model for local organisations to design programmes that fit local problems**. As these programmes were pilots and limited in scope, these models should be tested on a bigger scale, as well.

Alongside the model's ability to bring actors together to develop integrated GBV and economic recovery programming, the LAG was an effective model for localising humanitarian action. The LAG was useful in **diffusing knowledge across hierarchies inherent to the humanitarian aid system**. LAG

members in all contexts mentioned the benefits of the capacity-development and considered the LAG an added value compared to traditional coordination structures. In particular, the introduction to a ToC as a method of programme design was appreciated. In this regard, the LAG facilitated the diffusion of knowledge top-down, from DRC to local actors. Conversely, the insight and expertise of local actors were able to inform international actors on the specific needs of their communities that should be addressed, diffusing knowledge from the bottom up.

The LAG model also allowed **smaller organisations to be on a level playing field** and was successful in allowing local partners, in particular women-led or refugee-led organisations to participate, and contribute to the humanitarian response. Members shared how their organisations **gained more visibility, and more interaction** with actors at all levels: community-based, national and international. The ability of the LAG to convene actors across the humanitarian hierarchy under one mandate, without international actors dominating the conversation or setting the priorities, addressed a longstanding criticism of imbalanced power dynamics between international and local actors. Moreover, the LAG model shows promise that **network or collective approaches can be successful in ensuring localised integrated responses** as an alternative to traditional bilateral partnership models.

Lessons Learned on the LAG Model and Localisation

Developing Global Guidance

Both programme staff and local actors found that the global guidance and tools developed under the programme facilitated positive outcomes overall – although, some areas of support could have been stronger. Programme staff shared that adapting the global ToR for the LAG helped in establishing the functions of

the LAG and expectations for the programme. In Jordan, DRC reviewed and updated the ToR between years one and two, which helped them adapt expectations as the programme changed, i.e. year one focused more on capacity development and year two focused more on the ToC development. This practice could have been adopted by the other countries to better manage expectations of the LAG members.

With regard to developing the ToC, programme staff also felt the process was highly participatory for LAG members. The ToC that was developed worked well at a country or regional level but not at a community level and this led to the adaptation of the ToC by the local actors who implemented the pilot programmes. Though the ToC lacked specificity at the community level, the ToC developed by the LAG served as a compass for goal alignment among local actors for future activities.

While most of the LAG members found the ToC process very useful, some LAG members added that it could have been useful to have more in-depth or more practical application of the ToC and MEAL framework. From the programme side, staff expressed that the global guidance developed could have included more modules that provided more in-depth information, or that there could have been a separate workshop on introducing the concept of a ToC before developing one. Moreover, some programme staff felt that the guidance on developing

a MEAL framework could have been clearer, as some LAG members in Jordan and Lebanon at endline demonstrated confusion on the difference between a MEAL framework and a logframe.

Implementing Integrated GBV and Economic Recovery Programming

In this programme, only a few LAG members in each country were selected to pilot the ToCs with financial support from DRC. LAG members increased their capacities through their engagement with the LAG and for a few LAG members this resulted in them being able to design and implement integrated GBV and economic recovery programmes without funding from DRC under this project. However, the majority of the LAGs were not able to implement integrated programmes based on the ToC without additional funding. Programme staff in the workshop and LAG members during the endline evaluation both shared that it would have been good to have funding and support for wider implementation of the ToC under the programme, whether that was selecting more actors for implementation, or providing a longer duration for implementation. The sequence-dependent design of the global programme meant that the timeline was vulnerable to significant impact from delays. There were few activities that could occur in parallel. For example, the ToC workshops could not take place before the gender and market assessment had been completed and the ToC piloting could only take place after the contextualised ToC had been completed. During the global workshop, some programme staff and local actors shared that DRC and WRC could have provided more support in helping LAG members develop proposals specifically for integrated programming during the programme, and that more support should be provided in the future to ensure the sustainability of the LAG.

Coordination and Complementarity

Programme staff found that the stakeholder mapping completed prior to LAG establishment that included a variety of actors contributed to greater exchange of knowledge between members. LAG members did not only come from the two different sectors, but also from existing humanitarian coordination structures and working groups. This allowed for LAG members to share information on the activities from the LAG to other existing humanitarian coordination systems, which also led to the prevention of duplicating efforts and avoided targeting the same populations across communities. Local LAG members found that the added value of the LAG compared to existing humanitarian coordination systems was its ability to allow for equal participation between local and international actors that often dominate proceedings. In addition, LAG members also found that the LAG was an important space for capacity development in addition to coordination. In some countries, the LAG also included local duty bearers and programme staff, and LAG members expressed that the inclusion of local government in the LAG allowed for greater visibility and coordination between humanitarian actors and local government.

Advocacy and Sustainability

The programme included a global and country-level donor roundtable to connect local actors to donors, and garner attention for the work generated by the LAG members in each country. Yet, the programme focused primarily on generating evidence around the LAG and integrated programming models and did not include a broader component of advocacy, and LAG members felt that the LAG could also have been used as a forum for advocacy and policy change. This could also have helped ensure the sustainability of the LAG. At the time of the endline evaluation for the LAG model, no LAGs had developed transition plans, but did so in the months following. However, LAG members in the global workshop recommended that more support could have been provided to develop a plan for leadership and activities that will help each LAG secure funding to continue. A key learning from the global workshop was that when working with local organisations, transition plans should be developed early in the programme to allow for the transition plans to inform the course of the programme.

Conclusion

As the world grapples with increasing global conflicts, and more displacement than ever, women and girls face increased risk of and exposure to GBV. The international humanitarian community has called for more robust, holistic responses to GBV and more localised action overall. This three-year joint programme aimed to explore the use of two innovative approaches – gender-transformative, integrated GBV and economic recovery programming and the LAG model – in tandem to advance economic empowerment of GBV survivors and enable more meaningful participation of local actors in humanitarian responses and decision making. Across four countries, findings from five pilot programmes and one global evaluation demonstrate substantial promise for both the LAG model to support in the design of highly contextualised and localised integrated programming, and of integrated GBV and economic recovery programming to support survivors in their recovery from GBV.

GBV survivors, as well as women and adolescent girls at risk of GBV, across Jordan, Lebanon, Uganda and Niger reported improvements in their economic capacities, self-reliance, autonomy, self-confidence, outlook for the future, mental health and well-being, and sense of safety. These changes came alongside improved personal and community-level awareness of GBV and gender equality, and decreased tension or violence in the community.

The design of this contextualised, integrated approach was facilitated through the LAG model, which formed a network of local actors to learn and collaborate to produce more robust outcomes for GBV survivors in their communities. The LAG model was also a way to ensure that local actors, who are best placed to understand local norms, were at the centre of the programme design that tackles GBV.

Interviews and FGDs elucidated how the LAG as a model for localisation offered a new approach to cross-sector learning, to diffusing knowledge and power across humanitarian hierarchies, and developing evidence-based and highly contextualised programming with local voices at the centre. More robust evaluations are needed to examine the efficacy of these models against existing ones, but the evidence generated under this programme provides a stepping stone to new approaches that challenge the traditional models of programming, knowledge, and power.

To read more about this program, visit DRC's program page [here](#).

To access tools and guidance developed for this program, visit the program Box folder [here](#).

Recommendations

Based on the findings from the evaluations and the reflections from the programme staff on lessons learned, the following are recommendations on integrating GBV

and economic recovery programming as well as implementing the LAG model as an approach for localisation.

For Practitioners

For better integration of GBV and economic recovery

1. **Contextualised ToCs:** Develop a country-specific integrated GBV-Economic Recovery ToC as a reference for longer-term desired change – updating it as needed – and develop a programme-specific ToC with achievable and measurable outcomes for the intended duration. Include specific design considerations to reach women and girls in all their diversity when developing the ToC.
2. **Collective programme design:** Involve local, national and international actors with GBV and economic recovery experience and expertise in the design of integrated programming; for example, through a collective model such as the LAG, to build more contextualised, impactful and holistic programmes and enable broader collaboration and ownership.
3. **Flexibility in project design:** Ensure the project design allows for changes throughout the implementation to the types of activity, their content and the order in which they are implemented to reflect continuous learning and adapt to evolving circumstances.
4. **Holistic approaches to support GBV survivors:** A holistic approach, considering social, emotional, legal, physical and mental factors is important to support GBV survivors and requires engaging individual, trusted family members, the community and the society at large. Integrating community-level action and individual programming was highly conducive to the outcomes of this programme.
5. **Ensure engagement of men and the wider community:** Engaging both women and men at household, family, community and societal levels – for example in GBV awareness, gender equality, and workplace safety dialogues – can reduce tension at household and community levels and helps survivors by generating more support for their empowerment in the broader community. Integrating community-level action and individual programming was highly conducive to the outcomes of this programme.
6. **Engage local duty bearers and private actors:** Invest in relationships with local duty bearers and private actors to promote employment opportunities women and GBV survivors and that are safe and respects decent work standards.
7. **Evaluation frameworks to measure longer-term outcomes:** Develop MEAL frameworks to sufficiently evaluate longer-term outcomes for economic recovery and GBV.

For localisation and the LAG model in particular

1. **Support network models for localisation, like LAGs:** These can be more effective for long-term collaboration between local and international actors, engaging in horizontal cross-learning, as they allow local and international actors to participate as equal partners.
2. **Set clear expectations for LAG members** about the time and staffing needed for meaningful participation, including through the development of ToRs and work plans from the outset.
3. **Budget for LAG activities**, including a full-time coordinator who can lead the coordination of the LAG. The LAG is sustainable only as long as funds are available to maintain such a coordinator role, provide a meeting space and related basic expenses, and a minimum of funding for joint activities. It should be cost-free for LAG members to join and participate actively in the LAG.
4. **Consider co-leading LAGs and dedicating global programme staff:** Consider the LAG to be co-led between international and national/local actors, as was the case in this programme, ensuring sufficient capacity also on the international level in terms of technical and project management staff to support the LAG.
5. **Assess capacity needs jointly** with the members and jointly develop action plans that suit each context and needs, allowing the flexibility to respond to emerging capacity development needs.
6. **Involve local organisations in capacity development facilitation:** Engaging various and especially local LAG members in delivering and facilitating capacity development activities contributes to horizontal learning and creates a sense of equal participation and ownership.
7. **Allocate sufficient funds for supporting local actors to engage in continued adaptation and learning** during programme implementation, and to maintain LAG members' engagement and motivation.
8. **Allocate specific resources for MEAL** capacity building of LAG members.
9. **Consider a balance in LAG membership** between more established organisations and smaller/newer organisations that might be more engaged and motivated for experience sharing and collective learning.
10. **Include joint advocacy activities for the LAG.** **The LAG** brings together local, national and international actors providing an opportunity to speak with a joint voice and make a broader impact at local, regional and global levels. This is an opportunity to explore opportunities for the LAG to engage in collective advocacy to reduce GBV and promote gender equality.
11. Advocacy should therefore be included in the programme implementation to support the overall objective of ensuring greater gender equality and empowering GBV survivors and women at risk. **International organisations should support donor engagement for local actors:** Invest in donor engagement and support local actors to set up platforms with donors.

For Donors

For supporting better integrated GBV and economic recovery programmes

1. **Flexible funding:** Support more flexible funding allowing for integrated and localised programme models for GBV survivors that build on global and local expertise, local knowledge and community trust. This requires moving beyond stand-alone programmes and fostering more cross-sector, cross-organisation, and integrated collaboration for better outcomes for GBV survivors.
2. **Longer-term funding:** Support long-term funding for integrated programmes to ensure impactful and sustainable outcomes for GBV survivors and women and girls at risk. This programme provides further evidence that drivers of GBV and economic recovery needs are better addressed through longer-term holistic and contextualised approaches. These require time to adjust according to evolving risks and needs and to measure and document impact. Investing in longer-term programming should also reduce costs for donors in the long run since reduced protection risks and increased self-reliance can lead to decreased demand for programming.
3. **Fund integrated GBV and economic recovery programming:** Increase funding and support for integrated GBV and economic recovery programming for women that supports their full recovery and reduces GBV risks by addressing the root causes of GBV. This programme focused on GBV survivors, but integrated GBV and economic recovery programming is effective in tackling the root causes of GBV and should be expanded to women and displacement-affected people at risk more broadly.
4. **Support GBV programmes that support GBV survivors in all their diversities.** This programme focused largely on women, aged 18–60, and older adolescent girls, aged 17–18. Donors should support more capacity-strengthening for local actors and enable integrated programming focus for survivors with disabilities and of diverse sexual orientations, gender identities and expressions, and sex characteristics.
5. **Support MEAL capacity development and build in learning** in programme budgets. This includes adequate accounting time and financial resources for learning and programme evaluation.

For localisation and collective models in particular

6. **Prioritise funding for collective, locally led models**, such as the LAG model, to enable sustainability and promote two-way learning and capacity-strengthening. These types of models can be more effective for long-term collaboration between local and international actors, engaging in horizontal cross-learning, because this allows local and international actors to participate as equal partners.
7. **Invest in collective partnership models as a way to develop highly contextualised programmes.** Leveraging international and local actors' expertise across sectors is effective in developing a shared understanding of a local problem and designing holistic and flexible interventions for better outcomes for GBV survivors.
8. **Collaborate with local organisations to understand and reduce barriers** that prevent donors and international organisations from partnering with local actors, such as administrative and linguistic barriers.
9. **Support collective models, such as the LAG, to engage in joint advocacy.** Utilising the LAG to build on opportunities for collective, joint advocacy may be an effective way to gain recognition for the issues that displaced and conflict-affected women and girls face. Coordinating an advocacy strategy within the LAG can amplify local voices and may increase the likelihood of enacting policy and protection changes.

Annexes

Annex 1: Evaluation Methodologies (continued)

This annex provides more details on the data collection and analysis processes, including ethics and analysis for the pilot programme evaluations by country and the global LAG evaluation.

Jordan

For AWO's evaluation, MEAL specialists from DRC Jordan led the data collection and conducted interviews via telephone. Before beginning interviews, the DRC MEAL specialists administered the informed consent process, which communicated to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. Participants provided their verbal consent. All data collected for this report were stored securely on password-protected devices once uploaded; data were not shared outside the project team. The data from both the endline questionnaire, the pre- and post-tests were analysed using Microsoft Excel.

For JOHUD's evaluation, JOHUD programme staff conducted the interviews via telephone. Before beginning the interviews, the JOHUD programme staff administered the informed consent process, which communicated to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. Participants provided their verbal consent. All data collected for this report were stored securely on password-protected devices once uploaded; data were not shared outside the project team. The data from both the endline questionnaire, the pre- and post-tests were analysed by JOHUD.

Lebanon

KoL conducted qualitative interviews with participants and administered observation and reflection forms to KoL's social workers. The KoL M&E officer and social worker received a comprehensive training on the data collection tools and the research methodology from a DRC Lebanon MEAL specialist. Before beginning interviews, the KoL M&E officer administered the informed consent process, which communicated to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. Participants provided their verbal consent. Any names recorded during the qualitative research data collection were deleted during data transcription. All data collected for this report were stored securely on password-protected devices once uploaded and transferred to DRC Lebanon and WRC; data were not shared outside the project team.

The qualitative interviews were collected by the KoL M&E officer, who conducted the interviews in Arabic and transcribed participants' responses using tablets or computers. The interview took 25 to 30 minutes to complete. Ten interviews were conducted in person at the KoL

organisation centre, but the remaining eleven were conducted by telephone or conferencing software, due to disruptions in family displacement and the on-going conflict in Lebanon. The data collection tools, the in-depth interview guide and the observation and reflection forms, were designed jointly by KoL, DRC Lebanon, and WRC. WRC led the qualitative analysis for KoL's evaluation. The qualitative interviews were translated from Arabic to English and shared with the WRC research advisor. For each qualitative interview, analytic memos were created and used to generate the initial findings and a codebook with deductive and inductive codes. WRC reviewed the initial findings and the codebook with DRC Lebanon and KOL for validation. After the codebook was finalised, the WRC research advisor coded and analysed the data using Dedoose software. WRC resolved any discrepancies or questions about the data and the analysis with the DRC Lebanon and KoL team.

Niger

DRC Niger hired data enumerators to collect the baseline and endline data. All enumerators were trained on the digital data collection tools, the objectives of the survey, and good interview practices, as well as instructions on translating and adapting the questionnaires into local languages to avoid communication biases and ensure the reliability of the data. Enumerators verbally administered informed consent before all interviews, which outlined to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. All data collected were stored securely on password-protected devices once uploaded; data were not shared outside the project team. The data collection processes were supervised by LAG members in Niger to provide real-time technical support to the data enumerators and to ensure data quality.

DRC Niger designed the interview questionnaire in line with the ToC developed by the LAG in Niger. The questionnaire was designed in French and translated into local languages. Data enumerators conducted these interviews in person using KoboToolbox on smartphones to digitally record responses.

Both baseline and endline data were cleaned and analysed in Microsoft Excel by DRC Niger MEAL staff. The quantitative analysis included descriptive statistics of respondents' demographic information, as well as differences in baseline and endline for key assessment outcomes.

Uganda

Prior to data collection, the YETA MEAL staff received training on the data collection tools and the research methodology from the MEAL specialist at DRC Uganda. Before beginning the interview, the YETA MEAL officer administered the informed consent process, which communicated to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. Participants provided their verbal consent. Any names recorded during the qualitative research data collection were deleted during data transcription. All data collected for this report were stored securely on password-protected devices once uploaded and transferred to DRC Uganda and WRC; data were not shared outside the project team.

The data collection tools, the in-depth interview, FGD and KII guides were designed by DRC Uganda with support from WRC. The qualitative data were collected by YETA MEAL staff who conducted the interviews and FGDS in English and transcribed participants' responses using tablets. All interviews and FGDS were conducted in person at YETA's offices.

WRC led the qualitative analysis for YETA's evaluation. For each qualitative interview and FGD, analytic memos were created and used to generate the initial findings and a codebook with deductive and inductive codes. WRC reviewed the initial findings and the codebook with DRC Uganda and YETA for validation. After the codebook was finalised, the WRC research advisor coded and analysed the data using Dedoose software. WRC resolved any discrepancies or questions about the data and the analysis with the DRC Uganda and YETA teams.

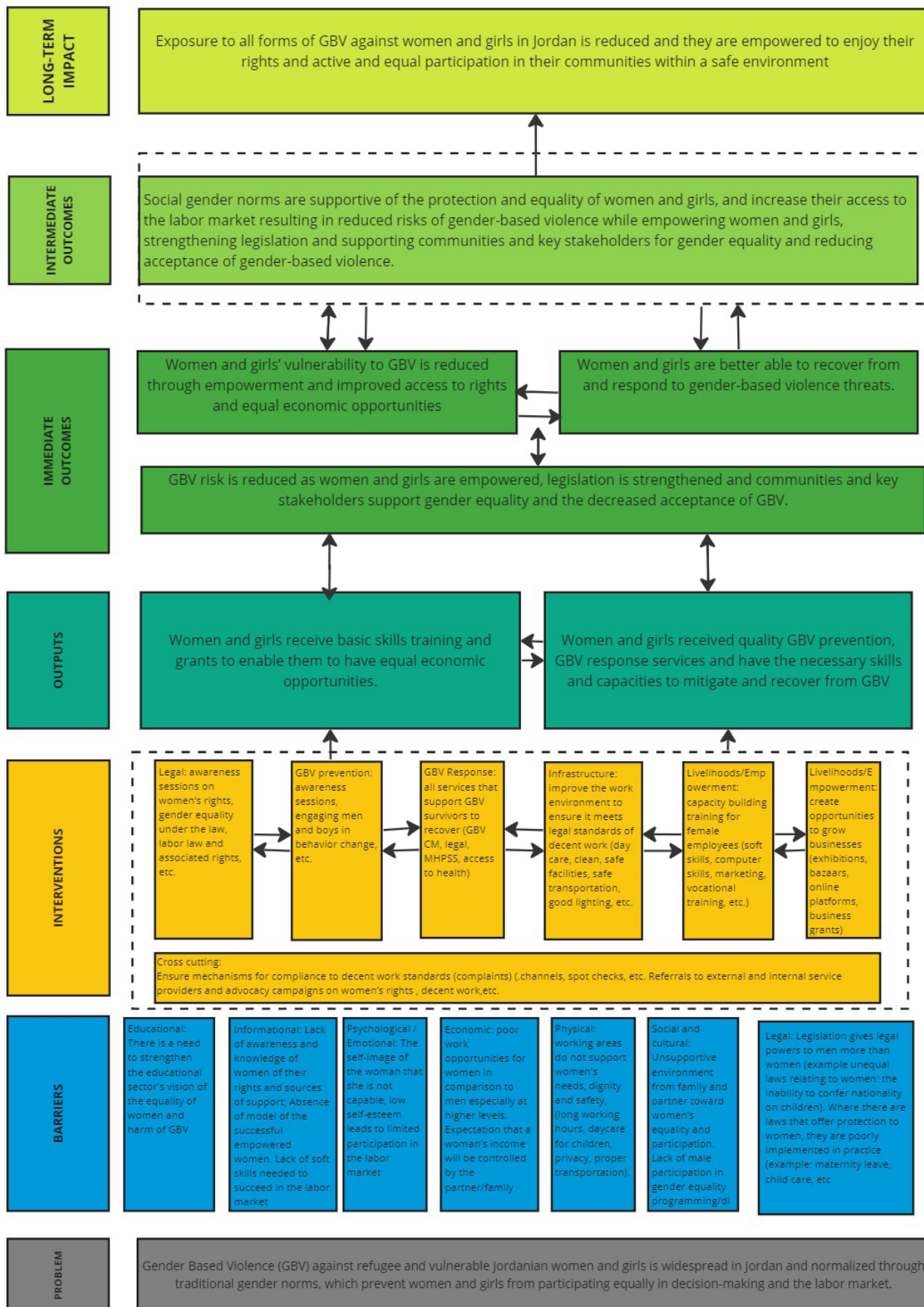
The Local Anchor Group Model Evaluation

Prior to conducting any KIIs or FGDS, DRC and WRC staff administered informed consent processes which communicated to participants the purpose of the collected data and overall interview, its duration, their voluntary participation and their right to refuse to answer sensitive questions, their guaranteed confidentiality, and their data privacy. Participants provided their verbal or written consent, based on their preference. All qualitative data was audio-recorded and transcribed by DRC and WRC. Any names recorded during the qualitative research data collection were deleted during data transcription. All data collected for this report were stored securely on password-protected devices once uploaded; data were not shared outside the project team.

WRC completed qualitative data analysis of the midline and Uganda endline data by conducting an initial memo analysis which informed the development of a codebook. Using deductive and inductive codes, WRC coded the data using Dedoose software. DRC Jordan and Lebanon teams completed their own thematic analyses of their FGDS, which were shared with WRC. The findings from their endline evaluation were bolstered by a joint 2-day workshop from 27 to 28 August 2024 in Amman, Jordan with both Jordan and Lebanon LAG members that reflected on the LAG activities and lessons learned across both contexts.

Annex 2: Theories of Change

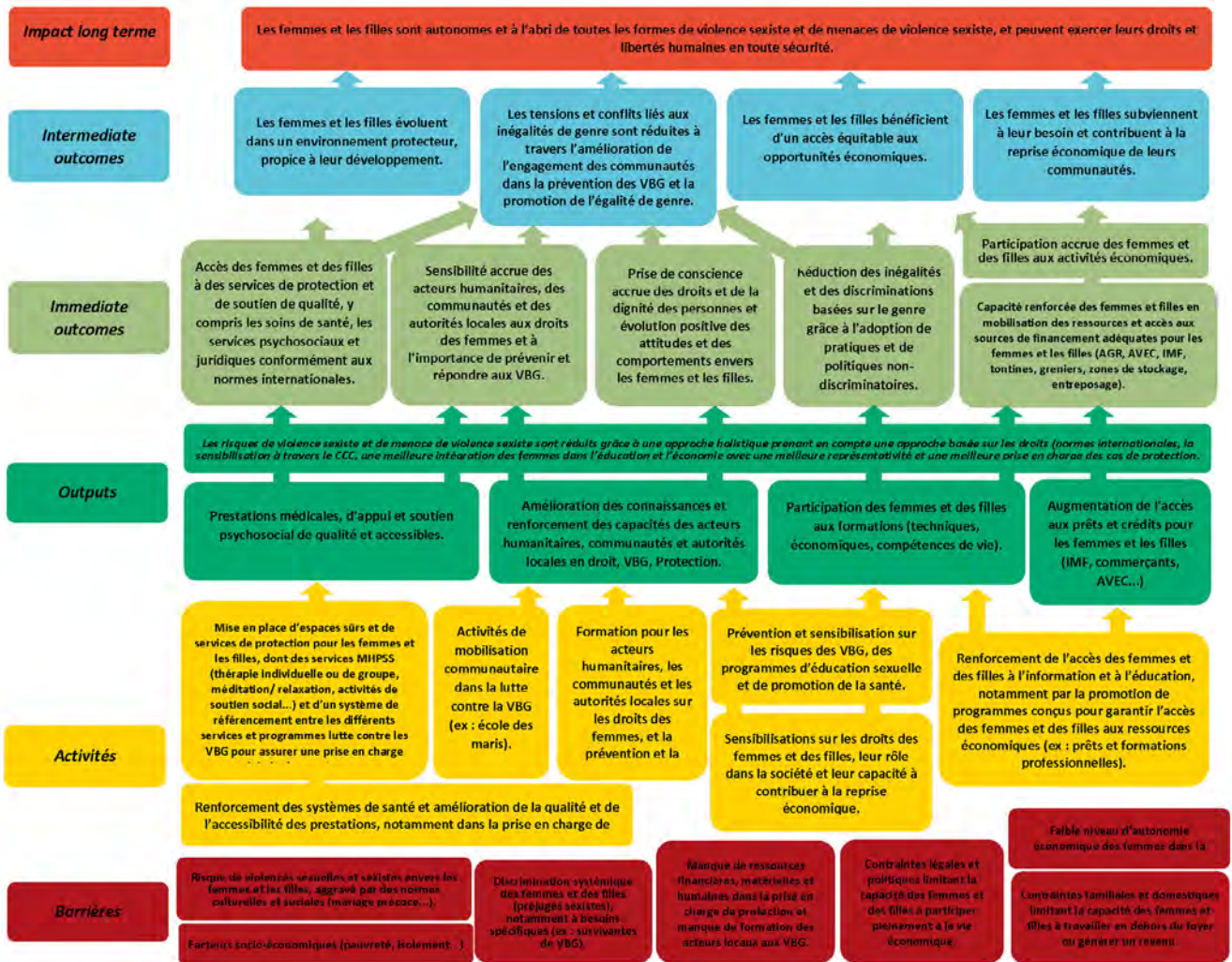
2.1 Jordan Local Anchor Group's Theory of Change



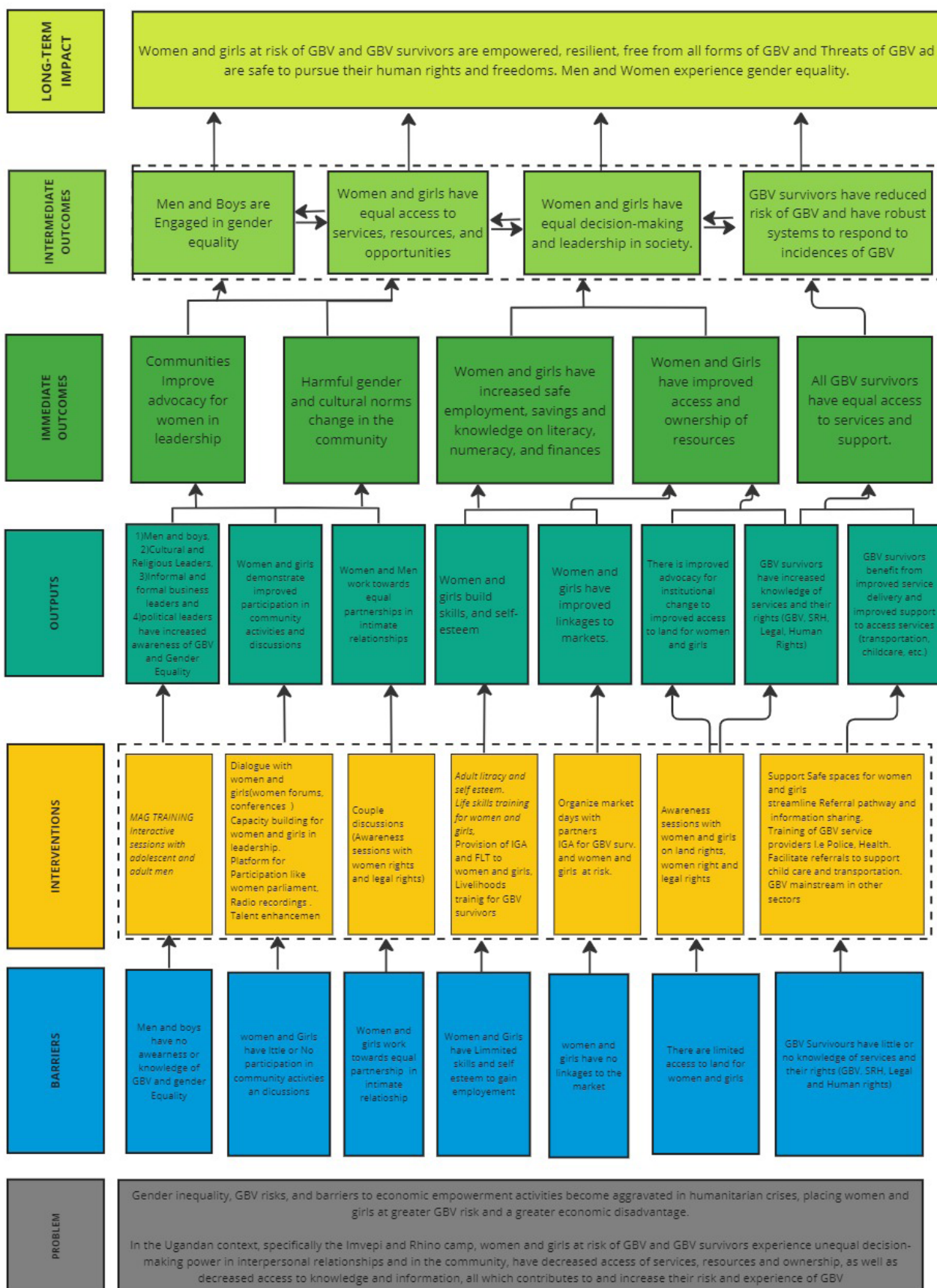
2.2 Lebanon Local Anchor Group’s Theory of Change

Problem Statement	Gender-based violence (GBV) against women in Akkar Atika is resulting in human rights violations, and negatively impact women's ability to participate, contribute and benefit from development			
Barriers	The provision of services in Akkar Atika, encompassing health, justice, social protection, and education, is insufficient to ensure the immediate protection and recovery of Gender-Based Violence (GBV) survivors. This inadequacy extends to both the availability of resources and the accessibility of these resources, including challenges related to transportation within the area.	The unequal distribution of social and economic opportunities for women in Akkar Atika heightens their vulnerability to Gender-Based Violence (GBV) and diminishes their ability to recover from such incidents. Additionally, women are systematically excluded from decision-making processes, with duty bearers consistently overlooking their participation	Prevalent social and gender norms within communities in Akkar Atika increases women's vulnerability to GBV threats and negatively impacts women's capacities to mitigate and recover from GBV incidents.	
Assumptions	Willingness of communities to engage in GBV prevention activities GBV prevention activities result in positive social behavioural change Willingness and capacity of duty-bearers to enact law and policy changes and to ensure their application in practice Consent of survivors to participate in integrated GBV and Economic Recovery interventions Willingness and capacity of justice system to work towards the protection of GBV survivors and increased access to justice			
Interventions	Protect survivors of GBV and women at risk of GBV by providing comprehensive GBV response services, including case management, MHPSS, health, legal and cash support.	Empower GBV survivors and women at risk of GBV by providing tailored skills-building and livelihood support such as digitalization and innovative marketing	Strengthen the protective environment for women through engagement of communities, duty-bearers, and civil society in GBV prevention activities	Build the protective environment of women through advocacy with main duty-bearers, the humanitarian coordination system and key donors
Outputs	GBV survivors and women at risk of GBV have increased access to quality GBV response services (examples of activities include GBV case management, Emotional Support Groups etc.)	GBV survivors and women at risk of GBV have the necessary skill sets and capacities to mitigate and recover from GBV threats (examples of activities include economic empowerment activities, including skills building (financial, literacy, employability skills), vocational trainings, cash-for-work, etc.), etc.)	Communities, duty-bearers and civil society are engaged in the protection and empowerment of GBV survivors and the mitigation of GBV threats (activities can include awareness raising (decent work conditions), trainings on GBV core concepts, community-based protection activities, awareness raising, woman and girls safe spaces, EMAP, supporting women-led businesses	Civil Society has increased capacities to claim rights and hold duty-bearers to account (can include support/capacity-strengthening to women's groups or women-led organizations, labour unions, (CBOs, CSOs, national NGOs), advocacy support, etc.)
	GBV survivors are protected from GBV threats and empowered, supported and capacitated to recover from GBV incidents Social norms shift to violence against women being unacceptable regardless of social or economic status Civil society has improved capacity to hold duty-bearers to account			
Immediate Outcomes	Women's capacities to mitigate, respond to and recover from GBV threats is strengthened	Women's vulnerability to GBV risks is reduced through improved social and economic opportunities that are safe and dignified	Communities, Civil society actors and duty bearers are more attentive and responsive to GBV threats	
Intermediate Outcomes	Women are empowered to participate in decision making at household and community level	Duty bearers and service providers are accountable for the protection and empowerment of GBV survivors and women at risk of GBV	Social gender norms are conducive for the protection of women and violence against women is unacceptable regardless of social or economic status, nationality, religion, sexual orientation or gender.	
long term Impact	Women in Akkar Atika, whether considered at-risk individuals or survivors of GBV, are being empowered through the enhancement of their knowledge and skills. This empowerment involves raising awareness about GBV, providing guidance on how to address it, and encouraging them to seek support, become more empowered by gaining access to additional resources and opportunities, enabling them to actively participate in income-generating and be more self-reliant			

2.3 Niger Local Anchor Group's Theory of Change



2.4 Uganda Local Anchor Group’s Theory of Change





DRC DANISH
REFUGEE
COUNCIL

 WOMEN'S
REFUGEE
COMMISSION