# Executive summary

**Purpose of the evaluation**

The evaluation aims to assess humanitarian projects of the Czech Republic that were supported to Syrian refugees in Lebanon. Its key aim is to receive independent, objectively sustained and consistent findings, conclusions and recommendations that could be applied in future decisions of the Ministry of Foreign Affairs (MFA) regarding the target and modality of implementation of humanitarian assistance in the region. Therefore, the evaluation aims to provide an assessment of the operation of Czech Republic in the provision of humanitarian assistance to Syrian refugees based on experience of evaluation of five selected projects.

**Brief description of the evaluated interventions and their context**

Projects that are subject of this evaluation were implemented in the fields of education and health care. They were implemented between 2013 and 2016. Projects in the education sector were focused primarily on school equipment (especially with furniture) and rehabilitation that would increase the capacity and improve the social background of supported schools. Health care projects were concerned with supply of diagnostic and laboratory equipment to supported hospitals. The financial scope of individual supported projects was ca. 2 – 4,6 mil. CZK.

A brief description of supported projects is provided in the table below:

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| **Name** | **Year of implem.** | **Sector** | **Financial scope (in CZK)** | **Region** | **Content of the project** |
| **Support of a school attended by Syrian refugee children in Bednayel municipality**  | 2013 | Education | 2.566.336,44 | Bednayel and surrounding | Roofing of a part of outside spaces of Bednayel school, partial reconstruction, purchase of generator, IT equipment, education tools and other equipment |
| **Support of schools attended by Syrian refugee children in Marjayoun District** | 2014 | Education plus immediate humanitarian assistance – emergency shelter | 4.610.000,- | Marjayoun district | Reconstruction of social amenities, fixing of windows and doors, necessary reconstructions in general, building of additional classes, purchase of furniture, IT equipment, education tools and other equipment for five public primary schools in the district; repairing or renewal of emergency shelters (tents) for refugees in ITS close to Marjayoun. |
| **Support of schools attended by Syrian refugee children in Tripoli** | 2015 | Education | 1.944.555,20 | City of Tripoli | Provision of equipment to 22 schools in Tripoli: furniture, IT, TV and videorecorders. |
| **Financial assistance for the medical services for Syrian refugees** | 2015 | Health care | 2.034.178,40 | Tamnine (hospital) | Provision of equipment of the hospital by medical appliances, basic training of medical personnel. |
| **Financial assistance for the medical services for Syrian refugees** | 2016 | Health care | 3.891.380,40 (without co-funding) | Rayak (hospital) | Provision of diagnostic tool – digital fluoroscopic and RTG system (appliance) |

The overall objective that was formulated by the projects in education was to increase the access of Syrian refugee children to education. Projects in the health care sector formulated similar objective - to increase the access of refugees to secondary health care. A significant objective of the projects was also to contribute to retaining the quality / capacity of supported education and health care services for local Lebanese community in order to lowering the tensions between Lebanese and Syrian communities.

Projects were implemented either directly by the Czech Embassy to Lebanon or with coordination of local partner. Beneficiaries of the support were respective local institutions – schools and hospitals.

**Identification of evaluation team**

The evaluation was implemented by HaskoningDHV Czech Republic, spol. s r. o. Members of the evaluation team were the following:

* **Lukáš Maláč**, senior evaluator and team leader
* **Radim Gill,** project supervisor and expert on PCM
* **Petr Kostohryz,** expert on humanitarian assistance provided to refugees from Syria and on migration and refugee issues in general
* **Bérangère Pineau-Soukkarieh,** local expert, coordinator of local team
* **Lenka Žáková,** project assistant
* **Further local resources** – ca 4-5 persons: interpreters, interviewers and FGD facilitators.

**Key findings and conclusions**

**Relevance** of the support is **rather high**. Project objectives, in the way that they were formulated, are in accordance with the needs of Syrian refugees. Access to education is generally increasing, however, ca. half of Syrian refugee children aged 6-14 still remain out of formal schools. Similarly, the objective to increase access to secondary health care is relevant as the deficient capacity and accessibility of hospitals is a key issue to both communities.

However, relevance is significantly limited by the fact that project target groups were not involved in the identification neither implementation of the projects. In the identification of refugee needs the Embassy has relied on their interpretation by school or hospital representatives or by its local partners, however, it is not aware of immediate needs formulated directly by the target group. Especially in the later projects it has been therefore observed that implemented projects are less relevant regarding the needs of refugees – however, the aim of the support remains relevant.

Supported projects are relevant to the needs of host country. However, in later years the strategic documents as well as priority formulation in general are more and more accenting broader scope of access to education / health care, which is rather not reflected in supported projects (they are still focused mainly on capacity issues, which are – in education sector – not the key priority any more).

**Efficiency** of the support is also **rather high**. The evaluation has not identified any significant deficiencies of the projects with regard to the economy of funds and cost optimality. Also the broader economic and political-security context of project localities had rather insignificant impact of the efficiency of supported projects.

However, projects were less effective in reflecting the changing nature of the target group needs and their urgencies. Whereas in the first projects (most importantly 2013) the support to education was, without doubt, aimed at the most urgent needs of target groups (provide capacity for education), later projects continued in this approach, largely disregarding the fact, that the needs of target groups have shifted towards non-infrastructure barriers of education access.

**Effectiveness** of support is assessed as **rather low** (education projects) **or low** (health care projects). With the exception of the first project, it is difficult or even impossible to track the causal link between implemented activities and formulated objectives. Projects in the education sector were successful in raising the comfort of students and, to a very limited degree also the quality of education. However, they have very weak effect on the access of refugee children to education or their retention in education. There are different factors that have been observed as barriers to school enrollment of Syrian children, namely child work, transportation, violence and security, insufficient quality of education in public schools, etc. With regard to retention of enrolled children, on the top of the factors mentioned above also violence by classmates, Lebanese children and teachers, insufficient education qualities, different education curricula (causing that the children are lagging behind) and (de)motivation of teachers are significant. None of these factors were, however, dealt with in the supported projects. When it comes to health care, key issues of access are financial costs and insufficient capacity. Again, projects aimed at supplying medical and laboratory tools (machines) do not tackle either of those issues.

Projects were implemented as isolated interventions – without coordination with other donors in the region, international organizations or public bodies (with the exception of Tripoli project). This fact has further lowered the effectiveness of support since synergy potentials were not taken advantage of.

Above-mentioned issues have also affected the assessment of **impacts**, which are also seen as **rather low**. Projects have not, in any way that would be registered, increased the access of Syrian refugees to education or secondary health care. Some indirect (and weak) impacts on quality of education in supported schools were observed, however, often only Lebanese children benefited of this impact. Education projects without doubt raise the comfort of children in supported schools and, in some cases, improve the infrastructure for extra-curricular activities that have positive impact on the cohabitation of children and their parents from both communities. This impact is, however, very indirect: at most, projects have improved the infrastructure for such activities (e.g. playground or meeting hall in schools). Health care projects also have not increased the access of Syrian or Lebanese patients to secondary health care. However, projects had some impact on the quality of health care and its speed.

Projects’ impacts on social stability are very low and rather scattered. In general, rather an increase in tensions between communities was observed in project localities that spills over also among children.

**Sustainability** of project outcomes and results is assessed as **rather high**. Sustainability was secured by handing the delivered equipment over in to the possession of schools and hospitals. Evaluation has found out that most of the supported equipment continues to serve its purpose and intended target groups. Some problems were seen in the sustainability of initiatives aimed at raising the quality of education (delivery of IT and multimedia equipment) – the key barrier to sustaining is the low degree of qualification of teachers and their (de)motivation. Increasing the capacity and rehabilitation of physical infrastructure for education as well as increasing the quality and accessibility of health care services are relevant targets also in the long-term perspective of both sectors. However, especially in education a higher stress must be laid on quality of education.

Projects had very **low impacts on** **cross-cutting principles**. Especially in the strengthening of the role of women and gender equality the education projects have not used the opportunity for a targeted intervention to raise the school attendance of girls in education as the projects did not reflect gender-specific barrier in this regard. Projects did not have any impacts on the promotion of human rights or children rights (with the exception of small increase of their access to education in the first phases of the support). Projects had insignificant impacts on strengthening of good governance or on environmental issues.

**Systematic findings and conclusions of the evaluation**

* Especially the scattered projects do not bring any significant added value. They are *de facto* just an additional financial source of the Ministry of Education and Higher Education and the schools for financing their needs without delivering added value – neither visibility of the Czech humanitarian aid. Added value should, however, be crucial in projects of the rather smaller donor that the Czech Republic is.
* Significant weakness of implemented projects was the very limited identification of needs – target group needs were not directly identified, rather those of the supported institutions. The link between implemented activities and target group needs is therefore rather low.
* Generally, projects supported by the Czech Republic were the most efficient in the early, acute phase of the crisis. The Embassy was able to find opportunity and way for a quick and flexible response in situation of limited information regarding the actual situation of the crisis, target group needs, etc. However, with time the humanitarian assistance of the Czech Republic has not adapted itself to the shift from acute to prolonged phases of the crises. This caused deficiencies in effectiveness and relevance mentioned above.
* The fragmented nature of support is a significant issue – not only fragmenting among two sectors and three project localities, but also within projects. For example, support in the scope of 2 mil. CZK distributed to 22 schools has a very limited potential to actually fulfill its formulated objective.

**Further activity in Lebanon**

Based on evaluation results, two general ways of future activities seem to be the most effective for the actions of Czech humanitarian projects in Lebanon, in its very complex context of provision of humanitarian assistance by hundreds of different actors:

1. Focus on one specific locality and sector and develop pilot (model) solutions and complex responses to the needs of target groups based on profound knowledge of selected sector and cooperation with other entities involved.
2. Focus on filling gaps in the system of provision of humanitarian / development support in selected sector, that are below the radars of larger donors and organizations, of course with regard to the capacity of humanitarian projects of the Czech Republic.

Both of these approaches can be, naturally, combined – i.e. focus on specific gap in the system and development of model responses in limited scale that could be up-scaled by other actors.

In education, support should focus on specific locality and development of model responses to individual needs / barriers relevant to target groups.

In health care the gap-filling approach is advisable by focusing on cases that are not addressed by larger donors and international organizations. Also in this field the support may be concentrated – e.g. on one (public) hospital or primary health care center. However, very profound analysis of target group needs is essential.

**Recommendations**

Formulated recommendations are based on the conclusions of evaluation above. One of the key generalization of the conclusions is the fact, that the humanitarian assistance of the Czech Republic was most effective in the acute phase of the crises when a quick response to specific situation in selected locality was necessary – in the context of insufficient information, coordination mechanisms and approach to the target group. However, this ad-hoc and reactive approach that was relevant and appropriate in that time was turned into a common practice, disregarding the fact, that the refugee crisis has moved to its prolonged phase and requires more sophisticated approach and more complex responses to target group needs.

Also it is worth noting that in the recent phase of the crisis, when the emphasis of humanitarian assistance has shifted from immediate response and early rehabilitation to reconstruction, development, community building and strengthening the resilience of target groups, it is rather difficult to precisely distinguish between humanitarian assistance and development cooperation. In this regard, recommendations are not limited to assistance that is exclusively humanitarian, they are formulated in broader scope. The evaluator recognizes that some of these recommendations are surpassing the recent capacity of Czech humanitarian assistance in Lebanon. However, we believe that the recommendations may be applied not only in recent time and locality, but more generally in Czech response to humanitarian crisis of this kind. The opportunities of the Czech Republic to respond on prolonging crisis in Lebanon is, moreover, not limited solely to humanitarian assistance provided by the Embassy – Czech Republic has also other tools how to respond to the crisis, among others also by the means of its involvement in EU Regional Trust Fund in Response to the Syrian Crisis “Madad” where it can, at least partly, influence the interventions. Therefore, recommendations are formulated in their complexity.

**Recommendations of process and system nature:**

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| Recommendation | Degree | Key addressee |
| Strengthen the strategic approach to implementation of humanitarian projects, especially with regard to project objectives and target groups (i.e. clear formulation of the change that is to be reached by the target group as a basis for project activities). | 1 | MFA, Embassy |
| Concentrate the support geographically and with regard to sector. | 1 | MFA, followed by Embassy |
| If the recent phase of the crisis allows it, strengthen the focus on identification of projects and target group needs; involve target groups and local partners to identification and formulation of projects. | 1 | Embassy, implementers – according to applied modality |
| Increase cooperation with local partners / implementers in project implementation and increase the transparency of their selection: systematize and formalize cooperation between the Embassy, local partner / implementer and project beneficiary. | 2 | Embassy |
| Strengthen the coordination of activities with other relevant humanitarian actors, take part in coordination structures in selected sector. | 2 | Embassy |

**Recommendations regarding project contents and continuation of support in the country**

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| Recommendation | Degree | Key addressee |
| Concentrate support on specific locality and sector with the aim to develop a more holistic approach to target group needs (e.g. model school in education). | 2 | Embassy |
| In education strengthen the focus on formulation of responses to barriers of access that are not related only to school capacity. | 1 | Embassy and implementers, based on applied modality (i.e. who formulates project) |
| In formal education develop initiatives in the field of psycho-social support of Syrian refugee children, prevention of violence and education of children with disabilities. | 2 |
| Formulate and develop initiative in the field of informal education and extracurricular activities stressing the involvement of community as whole. | 1 |
| In health care (if selected as priority) primarily focus on gaps – health care services and interventions that are, in current system, no available for the target group and/or on hospital bed capacity of selected health care institution. | 2 | Embassy |
| If the sector of secondary health care is supported, prefer public institutions. | 1 | Embassy |
| Alternatively consider provision of support to access to primary health care in selected region. | 3 | Embassy |
| Consider aiming the support on target groups that are not sufficiently addressed by international organizations and donors (e.g. Palestinian refugees from Syria). | 3 | MFA |
| Strengthen the focus on support of social cohesion in the process of project identification and formulation, incl. raising the stress of risk assessment in project formulation. | 2 | Embassy, implementers |