Evaluation of the UNFPA response to the Syria crisis (2011-2018)

JORDAN COUNTRY NOTE

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UNFPA Evaluation Manager Hicham Daoudi

Evaluation Team Brian O Callaghan
Katie Tong
Jeanne Ward
Sinéad Murray
Alexandra Cervini

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Acronyms

3RP	The Regional Refugee and Resilience Plan
ANC	Ante-natal care
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CLA	Cluster Lead Agency
CMR	Clinical Management of Rape
CO	Country Office
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
DEZ	De-escalation Zone
EmOC	Emergency Obstetric Care
FGD	Focus group discussion
GBV	Gender-based violence
GBV AoR	Gender-based Violence Area of Responsibility
GBViE	Gender-based Violence in Emergencies
GBVIMS	Gender-based Violence Information Management System
GoJ	Government of Jordan
GoS	Government of Syria
HCT	Humanitarian Country Team
HPC	Higher Population Council
HNO	Humanitarian Needs Overview
HQ	Headquarters
HRBA	Human-Rights Based Approach
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICPD	International Conference on Population and Development
IFH	Institute for Family Health
IM	Information Management
INGO	International Non-Governmental Organisation
IPV	Intimate partner violence
IRC	International Rescue Committee
ISG	International Solutions Group
ISP	Information sharing protocols
JAF	Jordanian Armed Forces
JCO	Jordan Country Office
JHAS	Jordanian Health Aid Society
JRP	Jordan Refugee Plan
JWU	Jordanian Women's Union
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and evaluation
MDGs	Millennium development goals
MISP	Minimum Initial Services Package
MMR	Maternal Mortality Rate
MNH	Maternal and new born health
MoH	Ministry of Health
MoI	Ministry of the Interior
MoSD	Ministry of Social Development

NHF	Noor al-Huessain Foundation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary health care
PSEA	Prevention of Sexual Exploitation and Abuse
PNC	Post Natal care
PoA	Programme of Action
PwD	People with Disabilities
RC/HC	Resident Coordinator / Humanitarian Coordinator
RfP	Request for Proposals
RH	Reproductive Health
RO	Regional Office
SAMS	Syrian American Medical Society
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based violence
SRH	Sexual and Reproductive Health
SRHiE	Sexual and Reproductive Health in Emergencies
SRHR	Sexual and Reproductive Health Rights
SSG	Strategic Steering Group
SWG	Sub-Working Group
TFR	Total Fertility Rate
ToC	Theory of Change
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WGSS	Women and Girl's Safe Space
WHO	World Health Organisation
WoS	Whole of Syria

Executive Summary

Since 2011 the ongoing and escalating crisis in Syria has had a profound effect across the region. By the end of 2017 13.1 million Syrian women, men, girls and boys were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.[1]

Since 2011, the United Nations Population Fund (UNFPA) has been responding to the escalating crisis. The UNFPA Jordan Country Office (JCO) has expanded programming from policy development with government partners, to a focus on direct service delivery through support to NGO partners, capacity building, coordination for GBV and RH, promotion of GBV and RH as necessary life-saving humanitarian interventions within the wider humanitarian community, and continued partnership with government counterparts. JCO currently provides humanitarian response assistance across three distinct programme areas: (a) a humanitarian refugee and host community response programme; (b) a cross-border operation into Syria; and (c) The Berm operation.[2]

FINDINGS

1. The integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services provided in Za'atari and Azraq Camps are relevant to the needs of affected communities. These services have been based on needs assessments and stated needs of the community. An integration of SRH and GBV services has allowed UNFPA to increase the provision of GBV services to Syrian refugee women and girls within a culturally acceptable manner.

2. The Youth Centre in Za'atari Camp is relevant to the needs of young Syrian refugees in the camp.[3]

3. Both the cross-border work and the Berm operation are reaching some of the most vulnerable people in hard-to-reach areas where few other actors are operating.

4. JCO and its partners have adequately incorporated gender and inclusion considerations into programming, with an acknowledged lack of focus on people with disabilities, for which UNFPA Jordan is adjusting within the 2018-2022 Country Programme Document (CPD).

5. There is evidence that the UNFPA refugee response in both camp settings and in urban settings has adapted over time in accordance with changing needs, changing contexts, and changing actors, and in line with UNFPA's comparative advantages.

6. There is evidence that the UNFPA cross-border operation has adapted over time to changing circumstances (with regard to aerial bombing and besiegement), attempting to ensure life-saving SRH and GBV services can continue to be delivered.

7. There is an imbalance between services (quality, accessibility and affordability) provided in camps and services provided in urban areas to both out-of-camp refugees and to host communities. This raises questions of equity between in-camp refugees and out-of-camp refugee and host populations.

8. UNFPA has been successful in reaching those in the hardest-to-reach geographical areas in the cross-border response and The Berm operation.

9. Demographically, there are questions as to who UNFPA is and should be targeting and how clearly and consistently UNFPA is articulating their target demographic in respect of prioritising needs of women and girls.

10. UNFPA is involved in SRH and GBV coordination across multiple levels in Jordan; however, UNFPA investment in these different

[1] [1] UNOCHA; Also WoS HNO 2018

[2] The Berm is a no man's land border area between Syria and Jordan, where an estimated 45,000-50,000 Syria people are 'trapped' – not permitted to cross over into Jordan, and physically unable to return over difficult terrain to their original homes in Syria.

[3] An ongoing 2018 cost-benefit analysis evaluation the Youth Centre will aim to provide stronger evidence of the impact of the Centre in relation to the cost of running the Centre.

coordination mechanisms has been inconsistent.

11. UNFPA Jordan has been consistently engaged with the Whole of Syria (WoS) Strategic Steering Group (SSG) and the Jordan UNCT[4] throughout the Syria Response, with successful efforts to promote SRH and GBV as life-saving interventions for both the refugee and the cross-border responses.

12. The UNFPA Jordan programme is aligned with the UNFPA Global Strategy and the UNFPA Second Generation Humanitarian Strategy.

13. The UNFPA Jordan programme is aligned with – and consistently helps to shape – the Jordan Response Plan.[5]

14. The UNFPA Jordan programme is aligned with *some* international normative standards, including priorities and guidance emanating from the GBV AoR and the global RH coordination forum (IAWG).

15. UNFPA Jordan has found it challenging to integrate long-term development goals within emergency response refugee interventions. This is due, in part, to the continued resistance of the GoJ to discussing longer-term or 'indefinite' options for refugees.

16. UNFPA – in line with all other cross-border actors – has not sufficiently provided for continuity of service, or duty of care to partners in the cross-border response, resulting from inherent challenges in cross-border operations.

17. To date there have been limited linkages between the UNFPA refugee response and the cross-border work which has been detrimental to a connectedness across humanitarian and development goals.

18. UNFPA at corporate level has insufficiently supported Jordan Country Office with core resources relevant to the size and scale of the country programme.

19. UNFPA Implementing Partners (IPs) struggle with UNFPA financial systems and processes that are unsuited to humanitarian response.

20. Substantial 'middle space' exists in Jordan between small national NGOs / CSOs who have limited capacity and require significant support, and large quasi-governmental national NGOs endowed by the royal family, and with whom partnerships raise questions of humanitarian principles of independence and neutrality. This context has influenced JCO's partnership strategy.

21. UNFPA has partially achieved the outcomes as articulated in the reconstructed ToC, in relation to (a) women, girls and youth in Jordan and across the border accessing quality integrated SRH and GBV services; (b) women, girls, and youth benefiting from prevention, risk reduction, and social norm change programming; and (c) the humanitarian community being accountable for recognising SRH and GBV as life-saving interventions.

22. UNFPA support has highly contributed to access to quality integrated SRH and GBV services to Syrian refugee women and girls in Za'atari and Azraq camps; inside Syria itself; and, to a lesser extent, those in the Berm and Syrian refugee women and girls out-of-camps and host community women and girls in Jordan.

23. UNFPA support has contributed to social norm change for women and girls in Za'atari and Azraq camps, but less so for Syrian women and girls out-of-camps in Jordan and host communities, and inside Syria. There has been no opportunity at all to provide social norm change programming in the Berm.

24. UNFPA Jordan has, to a certain extent, been able to embed SRH and GBV as life-saving interventions within the JRP.

[4] The Strategic Steering Group (SSG) is the UN Management Team for the Whole of Syria response; the UN Country Team (UNCT) under the authority of the Resident Coordinator / Humanitarian Coordinator (RC/HC) is the senior management team for the Jordan refugee response.

[5] The Jordan Response Plan (JRP) is the Jordan Chapter of the Regional Refugee and Resilience Plan (3RP). The current iteration of the JRP is 2016-2018. Since the start of the Syria crisis, there have been 6 Syria Response Plans (2012, 2013 Syria Humanitarian Assistance Response Plans and 2014, 2015, 2016, and 2017 Humanitarian Response Plans) and two 3 Regional Refugee and Resilience Plans (2015-2016, 2016-2017).

CONCLUSIONS

Key Conclusions for Jordan:

A. The UNFPA Jordan programme across the refugee response, the cross-border response, and The Berm operation is aligned with needs and reaches those most in need as much as context, GoJ regulations, and donor priorities will allow. UNFPA JCO has been actively engaged in contributing to and aligning with WoS and JRP priorities. Programming on integrated SRH and GBV services speaks directly to UNFPA's comparative strength as an agency and has allowed a higher level of GBV services to be offered than would have happened without GBV services being provided under the covering umbrella of 'RH'.

B. Coverage (geographically) of SRH and GBV services is inequitable between refugees in camps and out-of-camp refugees and host communities. Coverage (demographically) has expanded beyond women and girls to include men and boys in GBV programming in a manner that potentially dilutes access of women and girls to services and has expanded beyond 15-24 for youth in a manner that potentially dilutes impact of services targeted to a youth group.

C. UNFPA's leadership of RH, GBV, and youth coordination functions has been inconsistent across both refugee response / WoS cross-border response, and RH / GBV sectoral areas. This has been due to technical capacity and double-hatting positions which in turn relates to resourcing. [See *Conclusion 2* for UNFPA global consideration below for more information].

D. A lack of linkages between the refugee response and the cross-border operations is detrimental to facilitating the continuum across the humanitarian-development continuum. There is increasing recognition of the criticality of better linkages, particularly if and when refugees start returning with significant benefits for women and girls returning from one set of services in Jordan which are coordinated with the similar services being provided in Syria.

E. JCO's partnership strategy has been influenced by the Jordanian context of few 'middle space' NGOs and this has implications for both issues of sustainability and localisation of aid (in relation to partnerships with international NGOs – INGOs), and issues of efficiency in relation to IP ability to adhere to strict UNFPA financial processes and procedures and to function within strict UNFPA indirect cost parameters.

F. JCO's contribution to SRH and GBV for Syrian refugees has been high in camp settings, less visible and effective in out-of-camp settings, and extremely basic in the Berm due to specific contextual circumstances. UNFPA's contribution to cross-border work is highly dependent on the Hub and WoS modality of intervention.

Key Conclusions for the overall evaluation:

1. Demographic Targeting – women, girls, men, boys, adolescents and youth – requires more careful consideration and a clear and consistent articulation of UNFPA's priority focus.

2. UNFPA core, corporate investment with regular resources has not been commensurate with the size and scale of the Jordan response, for either programming or coordination responsibilities.

SUGGESTIONS FOR RECOMMENDATIONS

Key suggested recommendations at country level (all recommendations are for UNFPA Jordan).

A. UNFPA Jordan should continue with and solidify provision of integrated SRH and GBV services. UNFPA Jordan should recognise the specific mandated strength of UNFPA at the nexus of SRH and GBV, which firmly targets women and girls and resist donor or other UN Agency pressure to expand services beyond UNFPA's particular mandate and expertise.

B. UNFPA Jordan should ensure Women and Girl's Safe Spaces (WGSS) are used for female activities only.

C. UNFPA Jordan should review and clarifiy the target group for the youth centre in Za'atari camp.

D. UNFPA Jordan should advocate with UNFPA Headquarters for stronger support with coordination functions (recognising that donors are often unwilling to support this through project funding, and thus core funding through regular resources is required). Recognise the commitment UNFPA itself has made to this within the UNFPA GBV Minimum Standards (p.80).

E. UNFPA Jordan should strengthen linkages between UNFPA Jordan refugee response and cross-border programming by improving systematic communication between the programmes to achieve leverage of successes from both sides and improve alignment of programming goals as much as is possible.

F. UNFPA Jordan should strengthen linkages between Jordan refugee response RH and GBV coordination mechanisms, and WoS RH and GBV coordination mechanisms.

G. UNFPA Jordan should continue recently initiated work with cross-border partners to ensure contingency plans for continuation of services and safety of partner staff under different potential scenarios.

H. UNFPA Jordan should continue providing capacity-building support to smaller Jordanian NGO and CSO partners to increase operational capacity (including systems and increased financial reporting support) in line with a sustainability and localisation strategy, recognising this also addresses the issue of the strict 10% overhead cost limit which international NGO partners struggle to manage due to associated HQ costs.

Key suggested recommendations for the overall evaluation:

1. UNFPA should urgently review it's target demographic focus in terms of women and girls vs men and boys. There is increasing pressure from other actors to dilute programming for women and girls to make it more open to all individuals – women, girls, men, and boys – and UNFPA's global position as the lead UN agency voice for SRH and GBV and its focus on women and girls must be clarified.

2. UNFPA should ensure that other demographic populations as specifically referenced in UNFPA's global strategic plan (such as youth) are clearly defined and that this definition is understood across UNFPA. Note that whilst there are no current normative frameworks or guidelines on working with and for youth in humanitarian settings, there are initiatives under the UNFPA (and ICRC)-led Compact for Young People in Humanitarian Action to address this.[6]

3. UNFPA should urgently review it's corporate commitment to humanitarian operations with a view to:

(a) Understanding and fully committing to coordination responsibilities with a clear corporate commitment to discharging those responsibilities in line with other cluster lead agencies, thus ensuring GBV and SRH receive an equal opportunity for visibility, attention, and funding as other sectors.

(b) Understanding and fully committing to guideline percentage parameters between Regular Resources (RR) and Other Resources (OR). UNFPA's corporate commitment to connectedness and longer-term sustainable, impactful programming cannot be achieved with Country Offices (COs) that must transition from a 75% RR / 25% OR country programme to a 6% RR / 94% OR country programme as JOC has done.

[6]https://www.unfpa.org/sites/default/files/event-pdf/CompactforYoungPeopleinHumanitarianAction-FINAL_EDITED_VERSION.pdf

Introduction

Since 2011 the ongoing and escalating crisis in Syria has had a profound effect across the region. By the end of 2017 13.1 million Syrian women, men, girls and boys were in need of humanitarian assistance, 6.1 million within Syria and 7 million in surrounding countries. Close to 3 million people inside of Syria are in besieged and hard-to-reach areas, exposed to grave protection violations.[7] Over half of the population of Syria has been forced from their homes, and many people have been displaced multiple times. Parties to the conflict act with impunity, committing violations of international humanitarian and human rights law.[8]

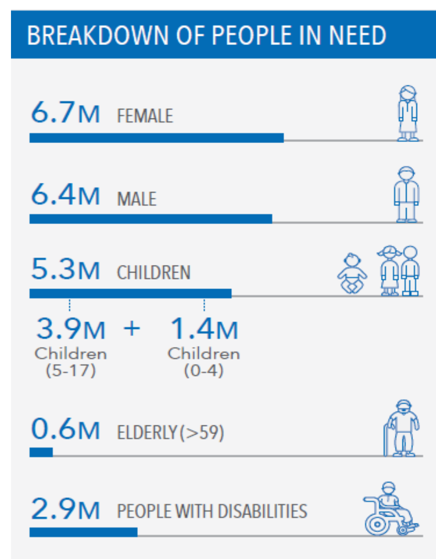


Figure 1: PiN (Source: HNO

The United Nations Population Fund (UNFPA) has been responding to the escalating crisis since 2011. In 2013, UNFPA established a regional response hub to allow a more effective UNFPA representation at the different humanitarian coordination forums, increase the effectiveness and visibility of humanitarian response activities, and enhance resource mobilization efforts.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations. This response is an effort to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council Resolutions. The relevant Security Council Resolutions include UNSCR 2139 (2014), 2165 (2014), 2258 (2015) and 2322 (2016) which, amongst other things, provided the framework for cross-border operations from hubs in Jordan and Turkey, attempting to reach those areas outside of Government of Syria (GoS) control that could not be reached from Damascus.

In addition to the cross-border work, and operations from Damascus within Syria, there is a Regional Refugee & Resilience Plan (commonly referred to as the 3RP) which attempts to harmonise protection and assistance to Syrian refugees in neighbouring countries (Egypt, Iraq, Jordan, Lebanon, and Turkey). In addition to the overall 3RP there are country-specific 3RP chapters, for example the Jordan Response Plan (JRP).

The primary purpose of this evaluation of UNFPA's Regional Syria Crisis Response is to assess the contribution of UNFPA to the Syria humanitarian crisis response. A secondary purpose is to generate findings and lessons that will be of value across UNFPA, and for other stakeholders. The evaluation is both summative and formative. The more summative aspect of this evaluation is to ensure accountability at all levels: to the individuals and communities receiving assistance and protection within the UNFPA Response; to partner countries; and to donors. The more formative and forward-looking aspects of this evaluation will identify good practice, key lessons learnt, and generate recommendations for the continued UNFPA Response.

Methodology

Both qualitative and quantitative data and evidence has been collected through a range of methodologies including a desk review of documentation, key informant interviews, and community-based focus group discussions.

[7] UNOCHA; Also WoS HNO 2018
[8] Ibid

The evaluation was conducted in accordance with the UNEG *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- ***Consultation*** with, and participation by, key stakeholders;
- ***Methodological rigor*** to ensure that the most appropriate sources of evidence for answering the evaluation questions re used in a technically appropriate manner;
- ***Technical expertise and expert knowledge*** to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence in emergencies (GBViE) and sexual and reproductive health in emergencies (SRHiE);
- ***Independence*** to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

The primary purpose of this evaluation of UNFPA's humanitarian response to the Syrian conflict since 2011, as stated in the Terms of Reference, is "to assess the contribution of UNFPA to the Syria humanitarian crisis response." A subsequent / secondary purpose is stated as "the exercise will generate findings and lessons that will be of use for UNFPA (at global, regional and country level) but also for humanitarian actors, countries affected by the Syria crisis, donors, and the civil society." The specific objectives of the evaluation are:

1. To provide an independent comprehensive assessment of the UNFPA overall response to the Syria crisis including its contribution to the Whole of Syria approach for interventions inside Syria and provision of services for Syrian refugees in neighbouring countries;
2. To examine the organizational structure set up by UNFPA to coordinate its Syria crisis interventions, in particular the operations of the Syria Response Hub and its impact on improving overall response;
3. To draw lessons from UNFPA past and current Syrian humanitarian crisis response and propose recommendations for future humanitarian responses both in the sub-region and elsewhere.

The scope of the evaluation has three dimensions:

- *Thematically:* All UNFPA humanitarian interventions targeting populations affected by the conflict in Syria. This primarily incorporates both UNFPA's directly-supported Reproductive Health (RH) and Gender-Based Violence (GBV) interventions (though also potentially other work with affected populations), and also its coordination role (via the RH Working Group and GBV Sub Clusters). Such interventions are articulated within the Syrian Humanitarian Response Plan(s) for the period, and include cross-border and Regional Refugee and Resilience Plan (3RP) programming;
- *Geographically:* Syria itself and neighbouring countries (Egypt, Iraq, Jordan, Lebanon and Turkey), including cross-border operations – notably across the sub-region. The evaluation is not intended to evaluate separately each country programme response;
- *Temporally*: The 2011-2017 period, which corresponds to the start of the conflict in Syria to the present day.

The primary intended users of the evaluation are:

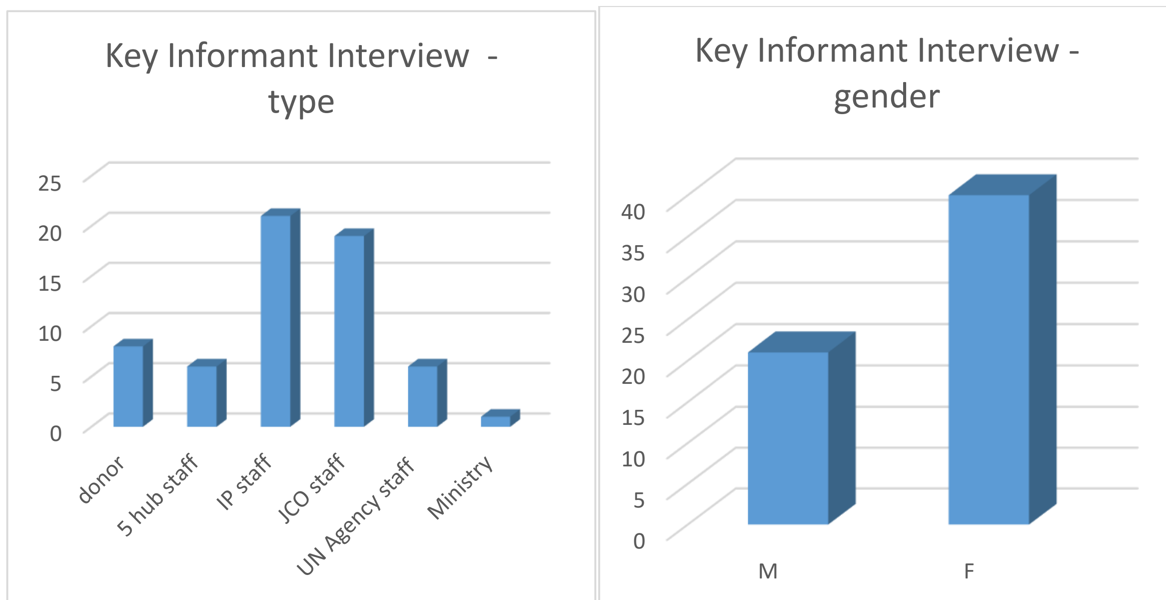
(a) UNFPA Country Offices (COs);
(b) the UNFPA Syria Regional Response Hub (henceforth 'the Hub');

(c) UNFPA Regional Offices (ROs) – the Arab States Regional Office (ASRO) and the Eastern Europe and Central Asia Regional Office (EECARO);
(d) UNFPA Humanitarian and Fragile Contexts Branch (HFCB);
(e) UNFPA Senior Management, including the Executive Board

The Jordan Country Mission included both an evaluation of the Jordan Country Office programme (findings, conclusions, and recommendations herewith within this Country Note) and the initial evaluation of the Syria Response Hub. The Syria Response Hub evaluation will continue across the other country missions (Iraq, Lebanon, Syria, and Turkey) and a Hub Case Study Report will be finalised at the end of the data collection process.

The Jordan Country Mission (incorporating both the Jordan Country Office (JCO) country visit and the initial Hub case study) was a whole-of-evaluation team, pilot mission, and took place between 20th January 2018 and 6th February 2018. The mission included all four ISG team members – Brian O'Callaghan, Katie Tong, Jeanne Ward, and Sinéad Murray, together with the UNFPA Evaluation Office Evaluation Manager, Hicham Daoudi, and the regional / national consultant contracted for the Jordan mission, Rula Al-Sadi.

For the JCO country visit, a total of 61 key informant interviews were conducted (40 female, 21 male), together with visits to Za'atari Camp, Azraq Camp, and Sweillah Clinic in Amman where sex and age-disaggregated Focus Group Discussions (FGDs) were conducted with a total of 84 community members (55 female, 29 male). A full list of key informant interviewees can be found in Annex I. A schedule of the mission can be found in Annex II.

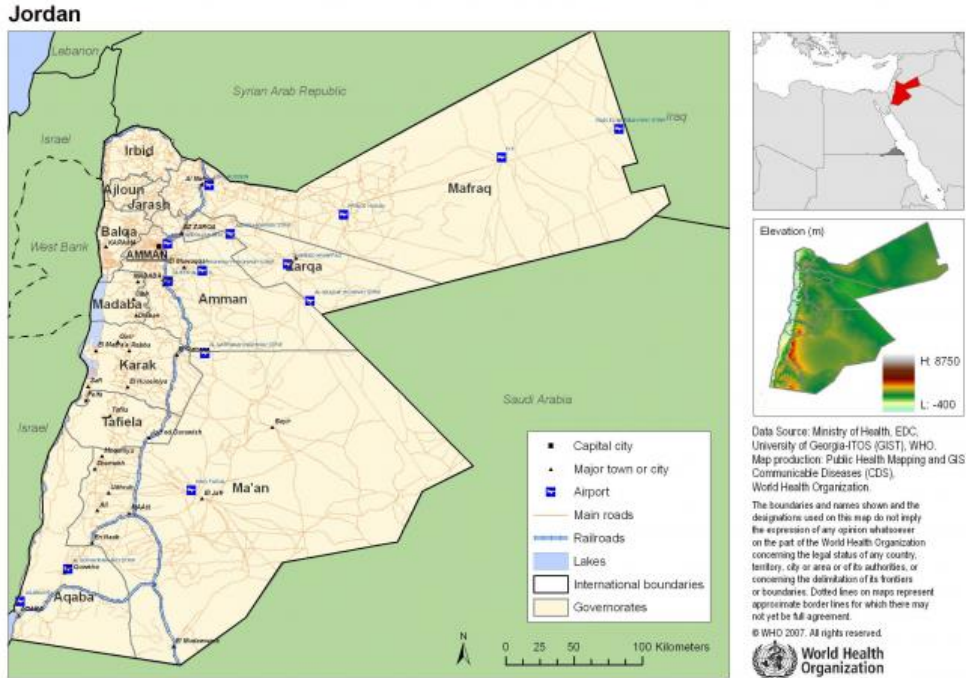


Background

Jordan

The Hashemite Kingdom of Jordan is an Arab State, bordering Saudi Arabia to the south, Iraq to the north-east, Syria to the north, Israel and Palestine to the west, and the Dead Sea also to the west. A culturally conservative, predominantly Muslim country, Jordan is a constitutional monarchy with an active Royal Family and a strong Government.[9]

[9] http://jordan.unfpa.org/en/about-jordan



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The escalating Syrian crisis, has resulted in 655,056 registered Syrian refugees in Jordan, out of a total of 1.3 million estimated refugees living in Jordan by 2017 with an additional impact on 520,000 Jordanian women, girls, men and boys within host communities receiving direct humanitarian assistance.

Country	Registered Syrian refugees (01/12/2017)[1]	Total estimated number of Syrians[2]	Projected registered Syrian refugees by Dec 2018[3]	Members of impacted communities (direct beneficiaries) in 2018[4]	Projected registered Syrian refugees by Dec 2019	Members of impacted communities (direct beneficiaries) in 2019
Egypt	126,027	500,000	131,000	368,300	126,000	368,300
Iraq	246,592	246,592	245,000	158,110	240,000	158,110
Jordan	655,056	1,380,000	602,000	520,000	560,000	520,000
Lebanon[5]	1,001,051	1,500,000	1,000,000	1,005,000	1,000,000	TBC
Turkey	3,320,814	3,320,814	3,303,113	1,800,000	3,303,113	1,800,000
Total	**5,379,644**	**6,947,406**	**5,311,217**	**3,851,410**	**5,259,217**	

Jordan is classified as a middle-income country.[10] In the 2011 Human Development Index (HDI), Jordan ranked 95 out of 179 countries. In the 2016 HDI Jordan had shifted its rank to 86 out of 188 countries.[11] Jordan was re-classified by the World Bank in July 2017 from an upper-middle-income country to a lower-middle-income country.[12] The downward revision in 2017 was based on three predominant factors: an increased population estimate; a slowdown in real gross domestic product (GDP) growth; and low inflation. The Syrian crisis has impacted on this downward revision as refugee figures are included in the calculation of de facto population as per United Nations Population Division estimates.

[10] https://data.worldbank.org/country/jordan
[11] http://hdr.undp.org/en/content/human-development-index-hdi
[12] http://www.worldbank.org/en/country/jordan/brief/qa-jordan-country-reclassification

Jordan Country Statistics[13]	
2017 Population:	9.7 million
Population aged 10-24:	30%
Population aged 65 and older:	4%
Maternal Mortality Ratio (MMR):	58[14] per 100,000 live births
Births attended by skilled personnel:	100%
Adolescent birth rate (age 15-19):	26 per 1,000
Total Fertility Rate (TFR):	3.3
Contraceptive Prevalence Rate (CPR):	62% (all methods) 46% (modern methods)

UNFPA Jordan Country Office

UNFPA started work in Jordan in 1976 under the umbrella of the United Nations Development Programme (UNDP). From 1976 until the start of the Syria crisis in 2011, JCO remained a small development-focussed entity, supporting the Government of Jordan (GoJ) in policy development and undertaking advocacy initiatives. Until the start of the Syria crisis, JCO consisted of a staff of ten people, with no international Country Representative, and a budget almost entirely from Regular Resources (RR) amounting to under $1 million per annum.

Between 2011 and 2017 JCO grew substantially, and by the end of 2017 consisted of an office of 37 staff, with an International Country Representative, and an annual budget of approximately $13 million per year, of which 94% is derived from Other Resources (OR).

In addition to the expansion of JCO in terms of resources – financial and human – the Syria crisis has also necessitated a change in programming modalities. Since the start of the Syria crisis in 2011 UNFPA Jordan has expanded programme entry points: from existing policy and development with Government partners, to service delivery through international and national non-governmental organisations (NGO) partners, capacity building, coordination for GBV and RH, promotion of GBV and RH as necessary life-saving humanitarian interventions within the wider humanitarian community, and continued partnership with Government counterparts. The UNFPA Jordan Country Office currently provides humanitarian response assistance across three distinct programme areas:

- Humanitarian refugee and host community response programme in camps and host communities;
- Cross-border operations into Syria;
- The Berm operation.[15]

There are two main Syrian refugee camps in Jordan: Za'atari (current population 79,559[16]) and Azraq (current population 35,065[17])[18]. JCO has eight partners providing humanitarian services across the refugee (camp and urban) response, the cross-border response, and the Berm operation.

[13] Statistics from UNFPA State of the World's Population, https://www.unfpa.org/data/world-population/JO
[14] MMR of 58 is the 2015 estimate of the Maternal Mortality Estimation Inter-Agency Group – consisting of WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division. This contrasts with The Hashemite Kingdom of Jordan High Health Council who, within the 'National Strategy for Health Sector in Jordan 2015-2019' state that MMR has declined from 40 in 1996 to 19 in 2008.
[15] The Berm is a no man's land area on the north-eastern border between Syria and Jordan, where an estimated 45,000-50,000 Syria people are 'trapped' – unable to cross over into Jordan, and unable to return to their points of origin in Syria.
[16] https://data2.unhcr.org/en/documents/download/53298
[17] https://reliefweb.int/sites/reliefweb.int/files/resources/AzraqFactSheetJANUARY2017.pdf
[18] There are two other very small camps, King Abdullah Park Refugee Camp (KAP) with a UNHCR 2015 population of 670 people; and Emirati Jordanian Camp, with no UNHCR updated information since 2013.

In Za'atari and Azraq Camps:	
Institute for Family Health (IFH):[19]	SRH / GBV clinics and Women and Girl's Safe Spaces (WGSS)
Questscope	Youth Centre in Za'atari Camp
International Rescue Committee (IRC)[20]	SRH / GBV clinics and WGSS
Jordanian Health Aid Society (JHAS)	SRH / GBV clinics and WGSS
In urban / out-of-camp areas:	
Jordanian Women's Union (JWU)	SRH / GBV clinics in urban areas
IFH	SRH / GBV clinics in urban areas and GBV capacity-building project
Higher Population Council (HPC)	Demographic Research Projects / Support
In The Berm:	
JHAS	SRH / GBV services in Rukban
Cross-border:	
Relief International (RI)[21]	Maternity hospital and 12 WGSS in southern Syria
Syrian American Medical Society (SAMS)	Five hospitals and four WGSS in southern Syria

[19] IFH is a division of Noor Al-Huessain Foundation (NHF)
[20] replaced IMC in Azraq camp in 2017
[21] replaced JHAS as cross-partner in 2015

Findings

Evaluation Question 1: Relevance / Appropriateness

To what extent have the specific defined outputs and outcomes of the UNFPA Syria Crisis Response [hereafter referred to as the UNFPA Response] been based on identified actual needs of Syrians within Whole of Syria and within the 3RP countries?

Associated Assumptions:

1. UNFPA Response has been based on needs of women, girls, and young people identified at community, sub-national, and national level.
2. UNFPA Response is based on coherent and comprehensive gender and inclusion analysis.
3. UNFPA Response is based on clear human rights-based approaches and aligned with humanitarian principles of humanity, impartiality, neutrality and independence, and with International Humanitarian Law (IHL), International Human Rights Law (IHRL), and International Refugee Law (IRL).

FINDINGS

1. The integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services provided in Za'atari and Azraq Camps are relevant to the needs of affected communities. These services have been based on needs assessments and stated needs of the community. An integration of SRH and GBV services has allowed UNFPA to increase the provision of GBV services to Syrian refugee women and girls within a culturally acceptable manner.

2. The Youth Centre in Za'atari Camp is relevant to the needs of young Syrian refugees in the camp.[22]

3. Both the cross-border work and the Berm operation are reaching some of the most vulnerable people in hard-to-reach areas where few other actors are operating.

4. JCO and its partners have adequately incorporated gender and inclusion considerations into programming, with an acknowledged lack of focus on people with disabilities, for which UNFPA Jordan is adjusting within the 2018-2022 Country Programme Document (CPD).

The integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services provided in Za'atari and Azraq Camps are relevant to the needs of affected communities. These services have been based on needs assessments and stated needs of the community. An integration of SRH and GBV services has allowed UNFPA to increase the provision of GBV services to Syrian refugee women and girls within a culturally acceptable manner.

Even before the Syria crisis, Jordan had a very high maternal mortality rate (MMR) for a middle-income country.[23] UNFPA was previously involved in MMR surveillance, but the intervention was small compared to other maternal health programmes, such as a $500 million USAID direct support investment. In response to the emerging Syria crisis, UNFPA initiated a core Reproductive Health (RH) package of obstetric services (ante-natal care, normal delivery – with referrals for complicated deliveries such as caesarean sections, and postnatal care) and access to family planning information and services. This has been described as "*not flashy, but a core standard package*"[24] of services which addressed the most fundamental SRH needs of the growing number of Syrian refugees, and was aligned with the Minimum Initial Services Package (MISP).[25]

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[22] An ongoing 2018 cost-benefit analysis evaluation the Youth Centre will aim to provide stronger evidence of the impact of the Centre in relation to the cost of running the Centre.

[23] [23] An MMR of 58 is the 2015 estimate of the Maternal Mortality Estimation Inter-Agency Group – consisting of WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division. This contrasts with The Hashemite Kingdom of Jordan High Health Council who, within the 'National Strategy for Health Sector in Jordan 2015-2019' state that MMR has declined from 40 in 1996 to 19 in 2008.

[24] JCO key informant.

[25] MISP is the Minimum Initial Services Package which is the overarching guiding framework for SRH interventions in emergencies - https://www.unfpa.org/resources/what-minimum-initial-service-package.

In Za'atari camp there is an IFH clinic providing Basic Emergency Obstetric Care (BEmOC) and another smaller clinic providing family planning, ante-natal care, and post-natal care. The BEMoC clinic has been providing delivery services since 2015 and towards the end of 2017 delivered their five thousandth baby. Within focus group discussions (FGDs) women in Za'atari camp were unanimously positive about the value of the RH services although men within a counterpart male FGD were less satisfied with the services, with the primary complaint being that one of the doctors in the clinic was male.[26] Women in Azraq camp were equally highly appreciative of UNFPA-supported RH services.[27] Family planning uptake has increased in terms of acceptability, with the intrauterine device (IUD) being an increasingly popular method for long-term contracepton[28],[29].

In relation to GBV, JCO offers care and support to women and girls affected by and at risk of GBV through safe spaces and has also been able to ensure the provision of CMR services through the SRH entry point. All UNFPA-supported clinic staff are trained on clinical management of rape (CMR) although there there has been negligible demand for this service from Syrian refugees to date due to cultural reasons. CMR is a standard requirement of MISP, ideally to be in place before women and girls begin to seek the services and so this is still found to be relevant to the needs of the the population. UNFPA's GBV work, through both the SRH clinics and through Women and Girls Safe Spaces (WGSS), provides referrals for clinical services for survivors and psycho-social support (PSS). Referrals for legal services are also available although, like CMR, rarely utilised.

UNFPA's GBV programming has evolved from being an add-on to SRH services in the immediate response to the Syria crisis to becoming a strong programme in its own right. The introduction of the GBVIMS[30], initially rolled out in 2013 with information sharing protocols (ISP) introduced in 2014, allowed UNFPA – and partners – to base the continuing GBV response on the real-time evidence of trends among reported cases. The data indicates that more than 50% of cases are intimate partner violence (IPV) and whilst clinical response was requested where necessary, it is the PSS services that were highly utilised by survivors. Most reported cases declined access to legal services. [31]

The Youth Centre in Za'atari Camp is relevant to the needs of young Syrian refugees in the camp.[32] The Youth Centre in Za'atari camp emerged from an understanding that the needs of Syrian youth in the camp were not being met. Various assessments and surveys over the years recognised the gap for this demographic and the Youth Centre was established to address that gap.

The Youth Centre provides opportunity for sport, music, art, and English and computer classes for both female and male youth, with activities segregated by gender. The Youth Centre currently has approximately 55-60% male youth / 40-45% female youth, although the target remains 50-50%. All youth who access the Centre have an initial seven days of training on GBV, SRH, and life-skills. There is then a mentoring ('friendship') programme that continues, matching younger youth with older 'mentors' / 'friends' together with more formalised weekly counselling sessions. The Youth Centre is managed by UNFPA partner Questscope, but run on a daily basis by Syrian refugees who receive a

[26] Evaluation Team FGDs in Za'atari Camp, January 2018.
[27] Evaluation Team FGD in Azraq Camp, January 2018.
[28] UNFPA Za'atari Camp key informant.
[29] http://jordan.unfpa.org/en/news/among-syrian-refugees-dispelling-myths-about-contraceptives
[30] The Gender-Based Violence Information Management System (**GBVIMS**) is a multi-faceted initiative that enables humanitarian actors responding to incidents of GBV to effectively and safely collect, store, analyse and share data reported by GBV survivors. GBVIMS is the standard GBV Information Management System that is promoted globally through the GBV Area of Responsibility (AoR).
[31] all information from various JCO key informants
[32] An ongoing 2018 cost-benefit analysis evaluation the Youth Centre will aim to provide stronger evidence of the impact of the Centre in relation to the cost of running the Centre and address concerns with regard to sustainability.

cash stipend. Being run by Syrian refugees allows the Centre to stay open later into the evening than otherwise would be the case.

In contrast to the provision of services through the Youth Centre in Za'atari, young men in Azraq expressed a lot of issues of frustration, boredom, lack of socialisation and training and education opportunities which could potentially be addressed, at least in part, by a Youth Centre such as the one in Za'atari.[33]

The Youth Centre is the most visible – and the most costly – of all youth activities within Za'atari camp. The Youth Centre initially catered to a 15-24 demographic. In 2017 the maximum age limited was increased to 30 based on community request. In early 2018 the minimum age limit has been – again, due to demands from the camp population – reduced to 10 (see EQ 3 – Coverage). .

Both the cross-border work and the Berm operation are reaching some of the most vulnerable people in hard-to-reach areas where few other actors are operating. Within the cross-border operations UNFPA's partners are providing SRH and GBV services through hospitals, clinics, and WGSS in Quneitra and in rural Damascus, in addition to operating in Daraa where more agencies are present. The two implementing partners (currently Relief International and SAMS, and previously JHAS and SAMS) between them operate six hospitals and 16 WGSS.

The cross-border intervention is operationally difficult, with communication, support to front-line workers, and monitoring of quality all being challenging. There is an added uncertainty of the annual renewal of the Security Council Resolution allowing cross-border operations to continue. Supporting antenatal care (ANC), Emergency Obstetric Care (EmOC), postnatal care (PNC), and access to family planning (FP) in areas under besiegement and bombardment, and areas where no other support is provided, is clearly addressing critical needs of women and girls. The expansion of the WGSS programme in southern Syria has also addressed critical needs.

The Berm operation is undertaken in extremely difficult conditions with only a few partners present and with a population with significant needs. During the evaluation, figures provided for the Berm population from different key informants varied from 45,000 people to 70,000 people[34][35]. Within such a highly militarised zone – heavily guarded by Jordanian Armed Forces (JAF) on the Jordan side of the border – the situation for people 'stuck' in the Berm is clearly more harrowing than for those in camps or in urban areas in Jordan, and a population that is much harder to reach. The Berm operation has continued to be "*very difficult in terms of security, and very expensive, but the need was dire and pressing. UNFPA has been a key agency to provide life-saving operations*."[36] The relevance of UNFPA services is clear. Women and girls stuck in the Berm continue to have significant SRH and maternal and new born health needs for family planning, ANC, PNC, vacinnation and safe delivery – although due to the conditions of operation, safe delivery is not something which UNFPA can currently provide[37]. The basic services provided as allowed by Jordanian Armed Forces (JAF) meet critical needs of the Berm population.

JCO and its partners have adequately incorporated gender and inclusion considerations into programming, with an acknowledged lack of focus on people with disabilities, for which UNFPA

[33] Evaluation Team FGD in Azraq Camp, January 2018.
[34] across key informants from JCO, implementing partners, donors, and other UN Agencies
[35] The UNHCR Berm Update Document of July 2017 estimated 45,000 -50,000: UNHCR, *Jordan Refugee Response: Providing life-saving assistance at the north-east border*, 4 July 2017.
[36] UN Agency key informant
[37] UNFPA support a 'hospitainer' at The Berm with the facility for safe delivery; but under Jordanian Armed Forces (JAF) security rules, the hospitainer is not currently allowed to operate 24 hours a day, instead opening at 9am and closing at 3pm, which prevents women in labour from being admitted if delivery cannot be guaranteed before the hospitainer has to shut.

Jordan is adjusting within the 2018-2022 Country Programme Document (CPD). Key informants across UNFPA, IPs, and other actors articulated a UNFPA focus on women and girls aligned with principles of gender equality and empowerment. The SGBV 2015-2017 Strategy (co-led by UNFPA) references the concept of inclusion – "It is believed that enhancing inclusion of people with specific needs in psychosocial services will increase the opportunities to disclose SGBV incidents and access to specialized services."[38] The 2017 Youth Task Force Action Plan (led by UNFPA) also references inclusion – "Individual and group home visits for youth with disabilities: Activating youth initiatives that ensure gender balance and inclusion of youth with disabilities within their communities".[39]

In relation to humanitarian principles, international human rights law, international humanitarian law, and international refugee law, the UNFPA programme implicitly adheres to global standards. Explicit referencing of those standards remains inconsistent through programme documentation – both proposals and reporting. Operations targeting Syrian refugees in Jordan fall under the overall leadership of UNHCR and as such, are assumed to be compliant with international refugee law and international human rights law. In terms of humanitarian principles, a 2015 DFID review of the WoS DFID-funded UNFPA response (Jordan cross-border, Turkey cross-border, and Syria operations) stated that:

> *"In line with DFID's commitment to the Grand Bargain and the Leave No on Behind principle,* [commitments which incorporate humanitarian principles] *UNFPA has demonstrated extensive monitoring of beneficiaries who are fully disaggregated by gender, activity, and located right down to city/village level…"*[40]

Evaluation Question 2: Adapted relevance over time

To what extent is UNFPA using all evidence, sources of data, and triangulation of data to able to adapt its strategies and programmes over time to respond to rapidly changing (and deteriorating) situations, in order to address the greatest need and to leverage the greatest change?

Associated Assumptions:

4. The UNFPA Response reacts flexibly to rapidly changing situations (of displacement, besiegement, movement) based on overall UN and UNFPA-specific information;
5. UNFPA have systematic mechanisms for adapting interventions based on shifting needs and in line with humanitarian principles;
6. The UNFPA Response is based on its comparative strengths with relation to other actors for SRH, GBV and youth.

FINDINGS

5. There is evidence that the UNFPA refugee response in both camp settings and in urban settings has adapted over time.
6. There is evidence that the UNFPA cross-border operation has adapted over time to changing circumstances.

There is evidence that the UNFPA refugee response in both camp settings and in urban settings has adapted over time in accordance with changing needs, changing contexts, changing actors, and in line with UNFPA's comparative advantages. The UNFPA Jordan Country Programme has changed significantly since the beginning of the Syria crisis in 2011. An expansion of an annual budget of under $1 million to approximately $13 million occurred together with a transition from almost entirely

[38] 2015-2017 SGBV SWG Strategy Jordan, p.3
[39] YTF Action Plan 2017
[40] UNFPA, UNFPA Annual Review, 2017

Regular Resources to almost entirely Other Resources[41], and a change in modalities from policy and advocacy to service delivery, capacity building, and coordination responsibilities.

Before the crisis the UNFPA relationship with the Government of Jordan (GoS) was "*good but not great*"[42] and as the Syrian crisis escalated, the relationship became more difficult – as was reportedly true for all UN Agencies.

Despite the fact that UNFPA systems and investment ratios between regular and emergency funding 'other' resources made this fundamental change in scale and operational modality challenging [see Evaluation Question 8 for more information] JCO was able to adapt to the Syria crisis response, and then continually adapt as the crisis escalated and needs of women, girls, and youth changed. Evidence for UNFPA programming adapting to changing needs within Camp Settings is as follows:

- Youth programming Za'atari camp:
  - Initially there was a lack of substantive programming within the humanitarian space for youth, with sporadic and uncoordinated interventions embedded to a greater or lesser degree within other projects. The Youth Centre grew out of an increasing need to address the gap for this particular demographic, as did the youth coordination forum which UNFPA leads within Za'atari camp. A further adaptation based on evolving needs as reported by youth was put in place when the Youth Centre was handed over to Syrian volunteers for the day-to-day running of the centre. Youth accessing the centre provided verbal feedback on the restricted opening hours of the centre and once handed over to Syrian volunteers, the opening hours of the Centre could be extended later into the evening after international staff left the camp.
- SRH programming in Za'atari and Azraq camps:
  - UNFPA's camp-based SRH programming started with limited services but increased to introduce delivery services in 2015 and then, in 2017, extra beds have been added, and services have been expanded to include new born care within post-natal care services.
  - MISP services have expanded to comprehensive services – as is a specific objective of MISP – in Za'atari and Azraq camps, and urban areas, whilst basic MISP is still implemented where necessary such as in The Berm.
- GBV programming in Za'atari and Azraq camps:
  - UNFPA supported camp-based GBV services have expanded through the WGSS model, including outreach for social norms for men and boys (with male activities also being conducted within some WGSS – see Evaluation Question 3 for more information). UNFPA has also developed a new Communication for Behavioural Impact (COMBI) strategy as a joint collaboration between the Jordan Country Office and the Regional Hub (Whole of Syria response).
  - Regular beneficiary feedback solicited by UNFPA and partners is used to continually adjust WGSS activities to stated preferences of women and girls. This includes day-to-day feedback from women and girls accessing activities to implementing partners[43] and more formalised yearly FGD and key informant interview with beneficiary satisfaction survey questions.

Outside of camp settings, UNFPA has continued to work on updating Clinical Management of Rape (CMR) protocols, starting from a starting point of no unified guidance, and working closely with the GoJ to endorse the protocols to promote the availability of these services in health facilities outside of camps. However, challenges were identified by UN and NGO health partners. Some partners raised

[41] Regular Resources are core resources provided by UNFPA. Other Resources are donor, or project funding resources.
[42] JCO key informant
[43] from FGD in Za'atari and Azraq camps by the evalaution team, and Implementing Partner key informants.

concerns on the quality and coverage of CMR outside of camps.[44] Another issue raised – relevant to out-of-camp / urban programming – was that the CMR protocol does not adequately address the issue of mandatory reporting which limits access to services.

UNFPA has continued to advocate for free services for Syrian refugees in out of camp/host communities and has partnered with HPC for studies to provide evidence upon which to base advocacy. UNFPA has been able to adapt programming in line with changing GoJ policies with regard to Syrian refugees in urban areas, and access to health services. Syrian refugees – who are registered with a UNHCR card and a valid Ministry of Interior (MoI) service card – were entitled to free health services until November 2014. GoJ policy then changed and Syrians were required to pay for services. Costs have not been fully removed despite advocacy attempts by UNFPA and others. For antenatal care and post-natal care, this became free again from March 2016 – in part, due to advocacy efforts and the UNFPA-funded HPC study on Syrians' access to health services[45] – but other services such as family planning still require payment.

Additionally, UNFPA has shown leadership about evolving priorities for the Hemayati initiative.[46] The programme has three primary objectives: (a) GBV survivors have safe and confidential access to non-stigmatising response services (psychosocial, legal and case management) through safe spaces and a community based approach; (b) GBV survivors and vulnerable women and girls have increased access to quality health and reproductive health services adapted to their age and gender; and (c) GBV survivors are protected from further harm and have safe and confidential access to shelters. This has adapted over the three phases of the project, with credit given to UNFPA for the analysis of needs on which the evolution of the project has been based.[47]

There is evidence that the UNFPA cross-border operation has adapted over time to changing circumstances (with regard to aerial bombing and besiegement), attempting to ensure life-saving SRH and GBV services can continue to be delivered. Whilst the context in southern Syria has not changed dramatically since mid-2017, it did change dramatically in previous years, with the beginning half of 2017 seeing heavy aerial bombardment until the ceasefire was agreed and the De-Escalation Zone (DEZ) established. Between 2014 (when cross-border operations first started) and 9 July 2017 when the DEZ was established, the context of southern Syria was one of often-changing needs, access, and security. Added to this, the Security Council Resolution which allows cross-border operations[48] is subject to annual renewal, and every year there is a question as to whether all five permanent members of the Security Council will in fact vote to renew (or at least abstain, rather than vetoing the continuation of the Resolution).

Some respondents reported that UNFPA's cross-border operations did not fully adapt to changing circumstances in the first two years (2014, and 2015) – although it is fair to say that the cross-border modality of operation was new to both UNFPA and all other UN Agencies at the time and therefore the establishment and scale-up of such operations was in itself a clear achievement. In those first years UNFPA focused on secondary health facilities, but in 2016 moved towards a decentralisation of SRH services down to primary health care (PHC) facilities, diversifying clinical services between primary and secondary levels, and also expanding the WGSS model.

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[44] IP and other UN Agency KIIs.

[45] http://www.hpc.org.jo/sites/default/files/Reproductive%20Health%20Services%20for%20Syrians%20Living%20Outside%20Camps%20in%20Jordan.pdf

[46] "Hemayati: Promoting Women and Girls' Health and Well-being" is a joint project led by UNFPA and implemented by UNFPA, UNICEF, and UN Women in partnership with the Ministry of Social Development (MoSD), the Ministry of Health (MoH), and the JWU.

[47] UN Agency KII.

[48] http://unscr.com/en/resolutions/doc/2165

In 2017 UNFPA prepositioned commodities as a contingency plan in case the renewal was not passed, to ensure services could continue for some time even if the cross-border operations were ceased.

Evaluation Question 3: Coverage

To what extent did UNFPA interventions reach the population groups with greatest need for sexual and reproductive health and gender-based violence services, in particular the most vulnerable and marginalised?

Associated Assumptions:

7. The UNFPA Response systematically reaches all geographical areas in which women, girls and youth are in need and in line with humanitarian principles;
8. The UNFPA Response systematically reaches all demographic populations of vulnerability and marginalisation (i.e. women, girls, and youth with disabilities, those of ethnic, religious or national minority status; Lesbian/Gay/Bisexual/Trans (LGBT) populations etc.).

FINDINGS

7. There is an imbalance between services (quality, accessibility and affordability) provided in camps and services provided in urban areas to both out-of-camp refugees and to host communities.
8. UNFPA has been successful in reaching those in the hardest-to-reach geographical areas in the cross-border response and The Berm operation.
9. Demographically, there are questions as to who UNFPA are and should be targeting and how clearly and consistently UNFPA are articulating their target demographic in respect of prioritising needs of women and girls.

There is an imbalance between services (quality, accessibility and affordability) provided in camps and services provided in urban areas to both out-of-camp refugees and to host communities. This raises questions of equity between in-camp refugees and out-of-camp refugee and host populations.

UNFPA has both contributed and adhered to the Jordan Response Plan (JRP) in regard to health and protection interventions. Access to communities is a determining factor to meeting needs, as is donor-driven preferences for intervention areas (with the priority for most donors being camp-settings). This has resulted in an escalating tension based on both perceived and actual inequalities between service provision in camps and service provision out of camps. It is both the quality and the affordability that creates an imbalance: in Za'atari and Azraq services are free at the point of access and adhere to international standards and norms. In urban areas, not all services are free at the point of access – through either UNFPA interventions, or MoH services for those refugees registered with a UNHCR / MoI card – and quality standards are lower.

UNFPA does have implementing partners for out-of-camp programming. IFH have clinics in urban areas for both Syrian and Jordanian host community access to SRH and GBV services (family planning, antenatal care, post-natal care and newborn care, and psychosocial counselling as part of a GBV response). Jordanian Women's Union (JWU) partner also with UNFPA to provide RH and GBV services to Syrian and Jordanian host community women and girls. These services are considered to be relevant to the needs of Syrian and Jordanian women and girls where they are provided[49]: however, the general perception from key informants is that the UNFPA response has been very camp-focused and has not sufficiently reached out-of-camp / urban populations as much as needs require.[50]

Reaching out of camp populations is more difficult than reaching camp-based (static, and geographically defined) populations. Both Syrian refugees outside of camps, and Jordanian host

[49] FGDs in Amman with Syrian refugee women; UNFPA, Implementing Partner, other UN Agency, and Government key informants.

[50] UN Agency, Implementing Partner, Donor, and JCO key informants

communities can only access services they are aware of, and creating demand (raising awareness of existence of services) in a scattered urban population is more difficult than doing so within a camp. Population movement within and between urban areas is more fluid than in a camp settings. There is a certain level of seasonal migration within Jordan particularly among unregistered Syrian refugees: arguably some of the most vulnerable because without UNHCR or MoI cards no services are accessible without payment.

The UNFPA focus on camps is strongly influenced by both donor priorities and GoJ regulations which includes percentage requirements of provision of services between Syrian and Jordanian communities, and fluctuating cost-recovery policies for out-of-camp refugees. This means that resultant programming is not entirely aligned to needs determined upon a genuine assessment of vulnerability.

UNFPA has been successful in reaching those in the hardest-to-reach geographical areas in the cross-border response and The Berm operation. UNFPA's IPs SAMS and RI – previously JHAS – provide cross-border RH and GBV services in southern Syria. It is widely acknowledged[51] that UNFPA services are reaching some of the hardest-to-reach areas in southern Syria, going beyond Daraa where many other humanitarian actors are present, and extending service delivery in Quneitra and rural Damascus.

"UNFPA often choose to operate where other people aren't"[52]

Operating in The Berm is highly challenging. The security situation is complicated, with a highly militarised restriction on accessing populations in need. UNFPA have permission from the Jordanian Armed Forces (JAF) to provide services to those people who are deemed to be in most need, and who are escorted from The Berm to UNFPA's hospitainer to receive services, before being escorted back to The Berm. The most critical cases can, under the discretion of JAF, be escorted to other health service points in Jordan for treatment, before then again being taken back to The Berm. UNFPA currently are providing basic SRH services at The Berm. There is no GBV intervention.

Demographically, there are questions as to who UNFPA are and should be targeting and how clearly and consistently UNFPA are articulating their target demographic in respect of prioritising needs of women and girls. A concern over lack of targeted PSS for men and boys resulted in some Women and Girls Safe Spaces WGSS being used for activities for men and boys.[53] This is not aligned with global guidance for WGSS [see Evaluation Question 5 for more information on alignment] and is not considered to good practice for addressing the needs of women and girls. In Azraq camp, UNFPA's previous partner for WGSS – IMC – used WGSS for both female and male activities, at different times. The new Azraq partner – IRC – has stopped this, and the WGSS is used exclusively for women and girls. In Za'atari camp, UNFPA's partner for WGSS – JHAS – is using the WGSS for both female and male activities, at different times. A focus on women and girls has always been considered to be one of UNFPA's clearest comparative strengths.

In Za'atari, the youth centre has expanded from an initial age range in line with the global definitions of youth, 15-24, to 10-30. This expansion was based on community request but raises a question of purpose of target audience of 'youth' activities. Age ranges for adolescents and youth are globally unclear, which creates a problem when defining this particular demographic and ensuring the targeting of services meets needs and addresses a specific gap. However, a youth centre is intended to provide specific activities for those who fall between being a 'child' and being a mature 'adult' –

[51] UN Agency and Donor key informants
[52] UN Agency key informant
[53] This concern was raised by a number of KIIs across donors, other UN Agencies, JCO staff, and IP staff

usually 15-24. Increasing the maximum age limit to 30, and decreasing the minimum age limit to 10 potentially dilutes the impact of the centre on the core demographic target of youth (15-24).

To date there has been a lack of attention on people with disabilities. In 2017 the UNFPA co-led Sexual and Gender-Based Violence (SGBV) Sub-Working Group (SWG)[54] conducted a GBV gap analysis which highlighted gaps working with women and girls with disabilities, and with working with men and boys. As part of the new UNFPA CPD 2018-2022 JCO is considering how to be more inclusive of women and girls with disabilities across all programming. UNFPA's youth partner, Questscope, reported an initiative to try and be more inclusive of youth-with-disabilities in 2016. It was a short initiative, as it proved to be financially unsustainable: whilst the youth-centre itself is disability-friendly (with ramps, and toilets that are accessible by people with disabilities (PwD), the barrier was in fact youth being able to get to the centre, given the terrain within Za'atari camp. The initiative hired a van for a short period to bring youth with disabilities to the centre, but again, this was not sustainable.

There is no specific attempt to address the issues of lesbian, gay, bisexual or transgender (LGBT) populations.

Evaluation Question 4: Coordination

To what extent has UNFPA's formal leadership of the GBV AoR (at international, hub, and country levels) and informal leadership of RH WGs and youth WGs (at hub and country levels) contributed to an improved SRH, GBV, and youth-inclusive response?

Associated Assumptions:

9. UNFPA's support to and use of coordination within the GBV AoR at global level and the GBV Sub-Clusters at Hub and Country level has resulted in improved effectiveness of GBV programming in the Syria Response: Overall GBV response under UNFPA direction through leadership if the GBV SC is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and Human Rights-Based Analysis (HRBA);
10. UNFPA's support to and use of coordination within the RH WG at Hub and Country level has resulted in improved effectiveness of SRH programming in the Syria Response: Overall SRH response under UNFPA direction through leadership of the RH WG is based on needs of women, girls, and young people identified at community, sub-national, and national level and is based on coherent and comprehensive gender and inclusion analysis and HRBA;
11. UNFPA's support to and use of coordination within the Youth WG at Country level has resulted in improved effectiveness of youth engagement and empowerment programming in the Syria Response.

FINDINGS
10. UNFPA is involved in SRH and GBV coordination across multiple levels in Jordan; however, UNFPA investment in these different coordination mechanisms has been inconsistent.

UNFPA is involved in SRH and GBV coordination across multiple levels in Jordan; however, UNFPA investment in these different coordination mechanisms has been inconsistent.[55]

- ***SGBV Sub-Working Group: Jordan refugee response***

[54] As a refugee context, Jordan is not 'clusterised' and therefore instead of Clusters and Sub-Clusters, sectoral programming is organised as Working Groups and Sub-Working Groups. The SGBV SWG is co-led by UNFPA and UNHCR.

[55] There are six core functions of cluster coordination as outlined in the Cluster Coordination Reference Module (IASC, 2015) which include informing HCT/UNCT strategic direction ('informing' meaning contributing to, and influencing), supporting robust and unified advocacy, supporting service delivery, supporting capacity building, information management, and monitoring,

This SWG is led by UNFPA and UNHCR. There is a GBV Information Management System (GBVIMS) Task Force which operates under the SGBV SWG. There are concerns that the SGBV SWG has become more administrative than technical and additionally that coverage is very camp-focussed.[56] It has been recognised by both UNFPA and UNHCR that insufficient resources have been dedicated to the GBVIMS Task Force. However, there is a clear 2015-2017 SGBV SWG Strategy with an associated work plan which identifies challenges and gaps, key thematic priorities.

At the national level, the SGBV SWG sits 'under' the Protection Working Group (led by UNHCR and Norwegian Refugee Council (NRC)). There is a field GBV SWG in Za'atari camp which coordinates with both the national SGBV SWG and the Za'atari Camp Protection WG. There is no SGBV SWG in Azraq Camp because IRC leads on all GBV activities (thus there are not multiple partners with whom to coordinate), and GBV issues are supposedly addressed under the Azraq Protection WG. In urban field areas such as Marfaq and Irbid there are no specific coordination mechanisms per sector but there is an *inter*-sectoral coordination mechanism which consists of both coordination meetings and referral meetings.

UNFPA investment in the SGBV SWG has been inconsistent, with intermittent representation, sometimes dedicated and sometimes double-hatting, and often at a lower professional level than coordination staff provided by other cluster / working group lead agencies.[57] This is due to lack of corporate support for Jordan coordination responsibilities (particularly compared to corporate support for cross-border (Whole of Syria) coordination responsibilities.

- ***GBV Sub-Cluster Coordination: Whole of Syria (WoS)***

UNFPA have invested heavily in the GBV Coordination for the Whole of Syria Response through the Hub: with both dedicated, experienced, and high-level coordination *and* Information Management (IM) positions. This has produced high quality evidence – such as VOICES – which in turn has supported the GBV WoS response to ensure that GBV is considered as life-saving as other interventions and attains adequate recognition within consecutive WoS Humanitarian Response Plans (HRPs). However, this is due to UNFPA investment in the Hub, rather than corporate UNFPA support to JCO investment in cross-border GBV coordination specifically from Jordan which has reportedly – and similar to the refugee response – been intermittent, inconsistent, and with a coordinator whose position is not commensurate with other coordinator positions in the humanitarian response.

- ***Reproductive Health[58] Sub-Working Group: Jordan refugee response***

The RH SWG is chaired by UNFPA at the national level, and sits under the Health WG, with other SWGs under Health being nutrition, mental health, and a community outreach task force. The RH SWG at the national level in Jordan is seen to be a very useful forum which produces impactful and unified products. The UNFPA leadership of the SWG, with an experienced and long-term staff member (although still double-hatting) is respected and appreciated.[59]

- ***Reproductive Health Working Group Coordination: Whole of Syria (WoS)***

There is a clear discrepancy in UNFPA's investment in WoS RH coordination compared to WoS GBV coordination. There is no RH WG for the WoS response. UNFPA WoS RH Coordination is currently

[56] UN Agencies and Implementing Partner key informants
[57] whilst Jordan is a refugee response and therefore not a clusterised situation, the same agencies which bear global cluster coordination responsibilities (Cluster Lead Agencies – CLA) generally have the same accountability for Working Groups / Sub-Working Groups in refugee situations, although under the overall coordination of UNHCR rather than OCHA.
[58] note that whilst UNFPA prefers the language of SRH / SRHR, the coordination mechanism for SRH under the Health Cluster / Health Working Group (led by WHO) is "RH" – reproductive health. As the RH Working Group is not a formalised Area of Responsibility (AoR) under the Global Health Cluster, it is referred to as a Working Group in both refugee and clusterised situations.
[59] UN Agency, Implementing Partner, and Donor key informants.

managed by a double-hatting staff member out of Gaziantep.[60] In regard to Jordan-specific cross-border, JCO has invested in RH Specialists to manage the cross-border UNFPA programme but this role was specific to UNFPA programming rather than a coordination role across all agencies.

- ***Youth Task Force – Za'atari Camp***

The Youth Task Force in Za'atari has been in place since 2012 and is generally seen to be a useful coordination mechanism. However there has been a frustration that, as a youth task force, youth themselves are excluded – both by location and language of task force meetings.

Evaluation Question 5: Coherence

To what extent is the UNFPA Response aligned with: (i) the priorities of the wider humanitarian system (as set out in successive HRPs and 3RPs); (ii) UNFPA strategic frameworks; (iii) UNEG gender equality principles; (iv) national-level host Government prioritisation; and (iv) strategic interventions of other UN agencies.

Associated Assumptions:

12. UNFPA is institutionally engaged with, and drives focus on SRH and GBV, at UNCT, HCT and Strategic Steering Group (SSG) levels in all response countries;
13. UNFPA Response is aligned with:
    a. UNFPA global mandate and global humanitarian strategy;
    b. UNFPA Regional Office strategies;
    c. UNFPA CO strategies;
    d. National-level host Government prioritisation (SAR, Turkey, Lebanon, Iraq, Jordan);
    e. International normative frameworks;
    f. UN global development strategies (MDGs, SDGs).
14. The UNFPA Response is aligned to the priorities decided in Cluster Forum; specifically:
    a. The GBV AoR;
    b. The Global RH Coordination Forum (currently IAWG)

FINDINGS

11. UNFPA Jordan has been consistently engaged with the Whole of Syria (WoS) Strategic Steering Group (SSG) and the Jordan UNCT[61] throughout the Syria Response, with successful efforts to promote SRH and GBV as life-saving interventions for both the refugee and the cross-border responses.
12. The UNFPA Jordan programme is aligned with the UNFPA Global Strategy and the UNFPA Second Generation Humanitarian Strategy.
13. The UNFPA Jordan programme is aligned with – and consistently helps to shape – the Jordan Response Plan.[62]
14. The UNFPA Jordan programme is aligned with *some* international normative standards, including priorities and guidance emanating from the GBV AoR and the global RH coordination forum (IAWG).

UNFPA Jordan has been consistently engaged with the Whole of Syria (WoS) Strategic Steering Group (SSG) and the Jordan UNCT[63] throughout the Syria Response, with successful efforts to

[60] The Evaluation Team will review this further during the Turkey field mission.
[61] The Strategic Steering Group (SSG) is the UN Management Team for the Whole of Syria response; the UN Country Team (UNCT) under the authority of the Resident Coordinator / Humanitarian Coordinator (RC/HC) is the senior management team for the Jordan refugee response.
[62] The Jordan Response Plan (JRP) is the Jordan Chapter of the Regional Refugee and Resilience Plan (3RP). The current iteration of the JRP is 2016-2018. Since the start of the Syria crisis, there have been 6 Syria Response Plans (2012, 2013 Syria Humanitarian Assistance Response Plans and 2014, 2015, 2016, and 2017 Humanitarian Response Plans) and two 3 Regional Refugee and Resilience Plans (2015-2016, 2016-2017).
[63] The Strategic Steering Group (SSG) is the UN Management Team for the Whole of Syria response; the UN Country Team (UNCT) under the authority of the Resident Coordinator / Humanitarian Coordinator (RC/HC) is the senior management team for the Jordan refugee response.

promote SRH and GBV as life-saving interventions for both the refugee and the cross-border responses. In relation to engagement with the SSG / UNCT forums, UNFPA has been seen to be consistently driving SRH and GBV agendas in terms of promoting accountability within the humanitarian community. Engagement with SSG / UNCT forums is based on a clear understanding of UNFPA's mandate and responsibilities. For example, when UNFPA were invited to present to the UNCT on the subject of PSEA[64], UNFPA correctly pushed back making sure it was clearly communicated that this is not a UNFPA or a GBV SWG function, but an RC/HC office function.

The UNFPA Jordan programme is aligned with the UNFPA Global Strategy and the UNFPA Second Generation Humanitarian Strategy. UNFPA's Second Generation Humanitarian Strategy was conceived in 2012 and put continued emphasis on strengthening UNFPA's accountability for advocating for, delivering results on, and coordinating SRH and GBV activities and interventions in emergencies. The Second Generation Humanitarian Strategy has a focus on UNFPA's core mandate, including capacity-building and advocacy for MISP, MNH services (BEmOC and CEmOC), access to family planning, GBV prevention and response, and services for youth. All of these outputs and outcomes are included within UNFPA Jordan refugee response and cross-border programming.

The UNFPA Jordan programme is aligned with – and consistenly helps to shape – the Jordan Response Plan.[65] "*UNFPA has been hand in glove aligned to the national strategies"*.[66] UNFPA Jordan contributed to shaping the Jordan Response Plan which is also, then aligned with the Jordan UNFPA CPD. However, UNFPA were not able to ensure all UNFPA priorities were included within the JRP: for example, a discussion on fertility and rights was excluded by the Jordan Ministry of Health (MoH) within the drafting of the JRP. A common understanding within UNFPA and other SRH partners is that the GoJ is wary of the "S" (sexual) and the last "R" (rights) of Sexual and Reproductive Health Rights (SRHR).[67]

The UNFPA Jordan programme is aligned with *some* international normative standards, including priorities and guidance emanating from the GBV AoR and the global RH coordination forum (IAWG). UNFPA SRH programming is currently being revised to include new World Health Organisation (WHO) standards on focused ANC to bring the number of ANC visits to eight, from a previous four. MISP is well known throughout government counterparts, national and international partners, and other actors working on health and protection, in large part due to the trainings and capacity-building provided by UNFPA over the course of the Syria response.[68] MISP is the fundamental core of global standards for SRH in emergencies, under the authority of the Inter-Agency Working Group on Reproductive Health in Crises (IAWG).

For GBV, UNFPA took over the global cluster lead agency (CLA) role for the GBV Area of Responsibility (AoR) in 2017.[69] In addition, UNFPA has produced its own 2017 GBV Minimum Standards for GBV in Emergencies.[70] This guidance consists of 18 standards organised as foundational standards, mitigation, prevention, and response standards, and coordination and operational standards and exists currently as an aspirational comprehensive framework for UNFPA GBViE programming. UNFPA Jordan is inconsistently aligned with both global GBV normative frameworks and UNFPA's own

[64] the prevention of sexual exploitation and abuse
[65] The Jordan Response Plan (JRP) is the Jordan Chapter of the Regional Refugee and Resilience Plan (3RP). The current iteration of the JRP is 2016-2018. Since the start of the Syria crisis, there have been 6 Syria Response Plans (2012, 2013 Syria Humanitarian Assistance Response Plans and 2014, 2015, 2016, and 2017 Humanitarian Response Plans) and two 3 Regional Refugee and Resilience Plans (2015-2016, 2016-2017).
[66] UN Agency (not UNFPA) key informant
[67] UNFPA and implementing partner key informants
[68] various key informants
[69] Until 2017 the GBV AoR was co-led by UNFPA and UNICEF. In 2017 a transition has taken place to sole leadership by UNFPA
[70] Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, UNFPA, 2017

minimum standards for GBV response. For example, global guidance on running women / female safe spaces, produced by UNFPA itself, is clear that WGSS or the equivalent is a space used exclusively for women and girls.[71]

Evaluation Question 6: Connectedness

To what extent does the UNFPA Response promote the humanitarian-development nexus?

Associated Assumptions:

15. UNFPA is working towards long-term development goals with regards to resilience of refugees when they return to Syria;

16. UNFPA is seeking to integrate in-country humanitarian response with long-term development goals.

FINDINGS

15. UNFPA Jordan has found it challenging to integrate long-term development goals within emergency response refugee interventions. This is due, in part, to the continued resistance of the GoJ to discussing longer-term or 'indefinite' options for refugees.

16. UNFPA – in line with all other cross-border actors – has not sufficiently provided for continuity of service, or duty of care to partners in the cross-border response, resulting from inherent challenges in cross-border operations.

17. To date there have been limited linkages between the UNFPA refugee response and the cross-border work which has been detrimental to a connectedness across humanitarian and development goals.

UNFPA Jordan has found it challenging to integrate long-term development goals within emergency response refugee interventions. This is due, in part, to the continued resistance of the GoJ to discussing longer-term or 'indefinite' options for refugees[72]; in part to some donor-driven priorities for in-camp responses rather than more hybrid sustainable urbanised responses[73]; and in part to contextual difficulties 'localising' aid by changing partnership structures to national NGOs and CSOs rather than INGOs[74]. Whilst the continued resistance of the GoJ to discuss longer-term options has been somewhat mitigated by the Jordan Compact[75], the donor preference for camp activities and the lack of middle ground national partners continues to be a challenge to connectedness.

In addition to the challenges above, UNFPA has been trying to work with the GoJ to co-share funding of SRH interventions in urban areas, trying to ensure that windows of opportunity with the high levels of Syria crisis donor funding in Jordan translate into tangible lasting benefits in SRH and GBV services for both Syrian and Jordanian women and girls. However, the GoJ has been resistant, and the challenges of balancing the emergency refugee response with longer-term development programming in Jordan has led to tensions in dealing with the GoJ, with donor funding being perceived (by the GoJ) of being biased towards refugees[76].

Requirements for mandatory reporting to police by health personnel for rape and sexual assault cases in Jordan is an issue and makes it difficult to have more integration between the development and humanitarian sides, but little progress has been made to date on both changing and then clarifying mandatory reporting requirements. There are efforts underway, supported by UNFPA, to instigate a

[71] http://gbvaor.net/wp-content/uploads/2015/03/UNFPA-Women-and-Girls-Safe-Spaces-Guidance-2015.pdf

[72] UNFPA and other UN Agency key informants.
[73] UNFPA, other UN Agency, and implementing partner key informants.
[74] UNFPA and other UN Agency key informants.
[75] https://reliefweb.int/report/jordan/jordan-compact-new-holistic-approach-between-hashemite-kingdom-jordan-and
[76] UNFPA, other UN Agency , and implementing parnter key informants.

family violence tracking system which will include both Jordanian and Syrian cases and will ensure more of an alignment of GBV information and data than currently exists.

UNFPA – in line with all other cross-border actors – has not sufficiently provided for continuity of service, or duty of care to partners in the cross-border response, resulting from inherent challenges in cross-border operations. Many key informants reported that it is a question of when, not if, the Government of Syria (GoS) resumes control of currently rebel-held areas. A concern remains as to the fate of the facilities, services, and staff currently providing SRH and GBV interventions through a cross-border modality. To date, limited contingency plans have been put in place – not just by UNFPA, but across all UN Agencies. Duty of care for partner staff is of paramount importance for when authorities change in southern Syria, particularly if authorities re-taking control have specific issues with the type of services UNFPA-supported partners have been offering.

In 2017 UNFPA prepositioned commodities as a contingency plan in case the renewal was not passed (to ensure services could continue for some time even if the cross-border operations were ceased), which was in line with the overall contingency planning for southern Syria. Further work is now continuing with cross-border partners to look at Damascus registration, and other options to allow staff to stay safe and continue to provide life-saving services (which should be in line with humanitarian principles of do no harm).

To date there have been limited linkages between the UNFPA refugee response and the cross-border work which has been detrimental to a connectedness across humanitarian and development goals. This holds true for both UNFPA own programming and UNFPA coordination responsibilities. There is a general understanding that this is a missed opportunity[77] which reduces the impact of both refugee response and cross-border programming and coordination with no capitalisation or leverage of the successes on either side. There is a further understanding that with regard to connectedness and consideration of the humanitarian-development nexus, these linkages will become even more critical if – perhaps as an unlikely scenario – many refugees begin to return home.

Note: Evaluation Question 7 relates explicitly to the Hub.

Evaluation Question 8: Efficiency

To what extent does UNFPA make good use of its human, financial and technical resources and maximise the efficiency of specific humanitarian/Syria Response systems and processes?

Associated Assumptions:

20. UNFPA has maximised efficiency through a series of humanitarian fast-track and support mechanisms for human and financial resources, such as:

a. Fast Track Policies and Procedures;
b. Surge
c. Commodity procurement (particularly dignity kits and RH kits);
d. Emergency Fund

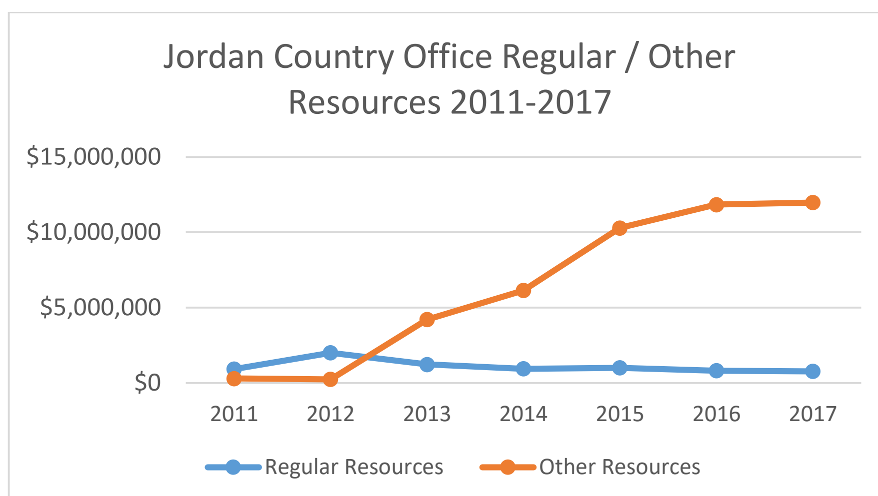
21. UNFPA has maximised leverage of humanitarian funding – donor, multi-year, and pooled funding – for the response and matched OR and RR appropriately for office sustainability.

FINDINGS

18. UNFPA at corporate level has insufficiently supported Jordan Country Office with core resources relevant to the size and scale of the country programme.
19. UNFPA Implementing Partners (IPs) struggle with UNFPA financial systems and processes that are unsuited to humanitarian response.

[77] UNFPA, other UN Agency, implementing partner, and donor key informants.

UNFPA at corporate level has not supported Jordan Country Office with core resources to expand sustainably in line with the programme size and scale. The below figure shows the UNFPA Jordan Country Office budget of regular resources (core resources provided through UNFPA) and other resources (donor project funding).[78]



Donor (project) funding is occasionally unearmarked, but is much more likely to be restricted to specific project activities in specific (donor-driven) locations, with limited opportunity for either increasing office management, systems, M&E and general operations or for providing services based on a clear independent assessment of needs rather than donor criteria.

UNFPA Implementing Partners struggle with the systems and processes that are not adequate for a humanitarian response. Overall, UNFPA implementing partners reported that UNFPA is committed to, and passionate about, SRH and GBV services and there is a genuine sense of partnership around a joint commitment to ensuring quality services for women and girls. However, UNFPA implementing partners also reported – across the board – a number of frustrations with some of the UNFPA systems, procedures and processes. Whilst this is a common complaint for implementing partners working with all UN Agencies, there was a sense that UNFPA's systems are more rigid than other UN partners, with less flexibility for fast-track or humanitarian / emergency response requirements – particularly for the cross-border operations – *"It is as though regulations are like the Koran, they come from God."* [79]

Some of the key issues include:

- Delays in signing agreements which has resulting effects on Ministry of Planning approvals and which then causes further delays for programming start-up or programming transfer of existing services to new partners– each project grant needs government approval;
- Short term funding cycles which make planning and programming challenging;
- *"Very small contract periods are difficult, its challenging when they split the agreements and we are implementing without funding, these gaps are a very big burden."*[80]
- Short turn-around Request for Proposals (RfPs) that do not allow for adequate time to prepare proposals;
- Strictly rigid 10% overhead costs which are insufficient to fund operational support needs, especially among INGOs;

[78] Financial data provided by JCO.
[79] Implementing partner key informant.
[80] Implementing partner key informant.

- Complicated financial reporting requirements – with partners having to complete up to three FACE forms for different donors;

UNFPA Jordan has utilised emergency commodities – Reproductive Health (RH) kits – for the Jordan response at the beginning of the crisis, and continues to utilise RH kits for the cross-border operation. These kits are intended to be used until a situation has stablised, so discontinued use for the refugee response and continued use for cross-border operations is relevant and appropriate. JCO faced challenges with an emergency contraception drug in Kit 3 which is not registered within Jordan.

UNFPA Jordan has received surge staffing support both programmatically and operationally. The country team recognise a difference in support from internal surge and external surge, particularly in relation to operational support where external roster members – with limited understanding of UNFPA's complex financial and procurement systems – are unable to provide adequate support. Delays in recruitment and lack of core resources for longer-term positions (which are usually not fundable under donor resources) have contributed to the use of surge support. UNFPA systems do not allow for any easy flexibility to the office organogram which became challenging for JCO as the Syria crisis escalated and the office was required to significantly expand.[81]

In relation to resource mobilisation, the lack of adequate core funding aligned with the size and scale of the programme has resulted in JCO continually accessing relatively short-term project funding with limited leeway to increase resource mobilisation, information management, and other project-peripheral functions which in turn might have resulted in longer-term and more flexible donor funding.[82]

Evaluation Question 9: Partnerships

To what extent does UNFPA leverage strategic partnerships within its Response?

Associated Assumptions:

22. UNFPA maximises strategic partnerships to leverage comparative strengths of different agencies / actors and promotes humanitarian principles across partnerships;
23. UNFPA has used evidence and data to highlight key needs through a communications, marketing, and fundraising strategy.

FINDINGS

20. Substantial 'middle space' exists in Jordan between small national NGOs / CSOs who have limited capacity and require significant support, and large quasi-governmental national NGOs endowed by the royal family, and with whom partnerships raise questions of humanitarian principles of independence and neutrality. This context has influenced JCO's partnership strategy.

Substantial 'middle space' exists in Jordan between small national NGOs / CSOs who have limited capacity and require substantial support, and large quasi-governmental national NGOs endowed by the royal family, and with whom partnerships raise questions of humanitarian principles of independence and neutrality. This context has influenced JCO's partnership strategy. JCO has recognised the requirement for localisation as a fundamental component of sustainability and the humanitarian-development continuum: a specific focus of the JRP. However, the gap in Jordan between these small and limited-capacity CSOs and large, 'royal' (quasi-governmental) NGO's has impacted on JCO's partnership strategy.

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[81] UNFPA KIIs.

[82] This relates to the JCO evaluation. Funding received through the Hub will be analysed within the Hub Case Study.

In camp settings (Za'atari and Azraq) UNFPA has made an effort to move towards partnering with national NGOs – IFH and JHAS – but choice has been limited and so JCO also have international partners (IRC and Questscope). JHAS was also a cross-border partner until an alleged fraud issue with JHAS under US Government funding resulted in UNFPA's donor (DFID) requesting that JHAS be removed as a partner. JHAS were then replaced by RI (an international NGO) for continuation of cross-border work together with SAMS (also international).

Key informants indicated a need to maintain partnerships with INGOs based on an analysis of the capacity of smaller national NGOs and the associated technical (programmatic and operational) support that would be necessary to work more fully with smaller Jordanian organisations.

Out of camps, all of UNFPA's partners are national NGOs – JWU and IFH – or government partners – HPC.[83] JWU is as strongly feminist women's rights' organisation which sometimes has trouble obtaining government permissions for work, but which also brings a clear gender equality aspect to UNFPA's programming to compliment the more medicalised SRH services offered by IFH.

UNFPA also partner on joint UN projects such as "Hemayati" (referenced earlier see Evaluation Question 2) and JCO has shown leadership in managing this partnership arrangement. Some key informants raised a question of value for money within this partnership, particularly with both UNFPA and UN Women partnering with the same NGO for identical activities, but in different locations, and where the added value of this lay.[84]

Evaluation Question 10: Effectiveness

10a: To what extent does the UNPFA response contribute to access to quality SRH and GBV services as life-saving interventions for women, girls, and youth in the Syria Arab Republic;

10b: To what extent does the UNPFA response contribute to access to quality SRH and GBV services as life-saving interventions for Syrian refugee and host community women, girls, and youth in Turkey, Lebanon, Jordan, and Iraq.

Associated Assumptions:

24. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:[85]
    a. Syrian women, adolescents and youth access quality integrated SRH and GBV services:
    b. Syrian women, adolescents and youth benefit from prevention, risk reduction and social norm change programming and are empowered to demand their rights;
    c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.
25. UNFPA programming outputs contribute to the following outcomes articulated in the reconstructed ToC:
    a. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries access quality integrated SRH & GBV services:
    b. Syrian refugee women, adolescents and youth, and affected host communities in surrounding countries benefit from prevention, risk reduction and social norm change programming and are empowered to demand rights;
    c. Humanitarian community is accountable for SRH & GBV interventions mainstreamed across the overall humanitarian response.

FINDINGS

[83] The Higher Population Council is a specialised agency of the GoJ, acting as the authority for all reproductive health issues and programmes in Jordan.
[84] UNFPA and IP KIIs.
[85] see Annex III

21. UNFPA has partially achieved the outcomes as articulated in the reconstructed ToC.
22. UNFPA support has highly contributed to access to quality integrated SRH and GBV services to Syrian refugee women and girls in Za'atari and Azraq camps; inside Syria itself; and, to a lesser extent, those in the Berm and Syrian refugee women and girls out-of-camps and host community women and girls in Jordan.
23. UNFPA support has contributed to social norm change for women and girls in Za'atari and Azraq camps, but less so for Syrian women and girls out-of-camps in Jordan and host communities, and inside Syria. There has been no opportunity at all to provide social norm change programming in the Berm.
24. UNFPA Jordan has, to a certain extent, been able to embed SRH and GBV as life-saving interventions within the JRP.

UNFPA has partially achieved the outcomes as articulated in the reconstructed ToC, in relation to (a) women, girls and youth in Jordan and across the border accessing quality integrated SRH and GBV services; (b) women, girls, and youth benefiting from prevention, risk reduction, and social norm change programming; and (c) the humanitarian community being accountable for recognising SRH and GBV as life-saving interventions.

UNFPA support has highly contributed to access to quality integrated SRH and GBV services to Syrian refugee women and girls in Za'atari and Azraq camps; inside Syria itself; and, to a lesser extent, those in the Berm and Syrian refugee women and girls out-of-camps and host community women and girls in Jordan.

UNFPA Jordan Country Office has successfully expanded integrated SRH and GBV services in Za'atari and Azraq camps. Clinical services are of a demonstrably high standard. GBV services in associated WGSS (provided next to clinical services for ease of access for women and girls) are of reportedly high standards with the important exception that the WGSS are not currently used exclusively for women and girls.

Through the integration of SRH services with WGSS UNFPA have increased trust and consequently the utilisation of both SRH and GBV services. Out-of-camp service provision, for both Syrian refugees and Jordanian host community women and girls is significantly more limited and geographic proximity and affordability issues affect the quality of services out-of-camp refugees and Jordanians can access.[86] Out-of-camp there is no CMR, limited GBV services, and SRH services are not all free, and those that are only free for registered refugees. In 2016 (latest consolidated figures available) UNFPA directly provided SRH and GBV services to 262,442 women and girls, through 30 WGSS (in and out of camp) and associated health clinics, and supported 5 service delivery points for CMR (in Za'atari and Azraq camps).[87]

Since UNFPA services began in the Berm in December 2016, 6000 women and girls have accessed family planning services, ANC and PNC, and infant vaccinations.

The cross-border operation into southern Syria has expanded over the relevant period[88] to increase services being delivered through six hospitals and 16 WGSS in Quneitra, rural Damascus, and Daraa. The services include SRH services (ANC, EmOC, PNC and access to family planning) and GBV services (clinical management of rape and psychosocial counselling services). Whilst the quality of the services is hard to judge given the remote management operations, there is evidence that UNFPA has managed

[86] UNFPA, Government, and Implementing Partner key informants and FGDs (Sweillah clinic, Amman).
[87] https://www.unfpa.org/data/emergencies/jordan-humanitarian-emergency
[88] the period under evaluation is the start of the Syria crisis in 2011 until 2017. Cross-border operations only began in 2014. The Operation in The Berm began in 2016.

the provision of integrated services to the extent possible, providing training and capacity building to partners, and switching partners in an efficient manner when required to do so by donor demand.[89]

The cross-border operation is under the jurisdiction of the Jordan Country Office, but with Hub technical inputs across resource mobilisation, programme design, and programming monitoring and reporting. More information and quantitative data can be found in the Hub case study report and cross-border case study report as data is consolidated across the Jordan, Turkey, and Damascus Hubs for WoS response and results.

UNFPA support has contributed to social norm change for women and girls in Za'atari and Azraq camps, but less so for Syrian women and girls out-of-camps in Jordan and host communities, and inside Syria. There has been no opportunity at all to provide social norm change programming in the Berm.

Prevention, risk reduction, and community outreach social norm interventions are strong in Za'atari and Azraq camps, with women and men reporting benefits from the programming.[90] These interventions include awareness-raising sessions within WGSS on family planning, child marriage, GBV, negotiation, and gender equality. FGD participants in both Za'atari and Azraq camps confirmed to the evaluation team the utility and impact of these sessions. UNFPA Jordan summarised results highlight reaching approximately 3,400 beneficiaries with RH-related messaging each month in 2016 and 2017.[91]

Za'atari Youth Centre and associated youth activities, including the UNFPA leadership of the Youth Task Force, provides quality and necessary prevention, risk reduction, and social normal change programming for youth, including counselling, life skills, and GBV and SRH information services. There is no corresponding comprehensive youth programming in Azraq. There are currently approximately 3,000 youth who have accessed the full course of activities and support through Za'atari Youth Centre, with a further 5,000 youth across Za'atari camp who have indirectly benefited from the Youth Centre outreach and awareness activities (conducted by youth themselves).[92]

There is limited social norm change, prevention work being undertaken through the cross-border operation and it is more difficult to assess the impact of any social norm work as direct monitoring is not possible. There are third party monitoring assessments which monitor access to servcies and empowerment benefits of UNFPA-supported services to Syrian women and girls inside Syria: *whilst this under the management jurisdiction of the Jordan Country Office they Hub has accountability for technical inputs across resource mobilisation, programme design, and programming monitoring and reporting and results are consolidated across the three Hubs (Jordan, Turkey, and Damascus). As above, as results are consolidated across the three hubs, effectiveness will be discussed as the WoS response comprehensively within the cross-border case study.*

There has been clear UNFPA contribution to ensuring that SRH and GBV have visibility in the Whole of Syria response as life-saving interventions: however, the resourcing for this has been predominantly through the Hub (dedicated GBV Coordinator and IM function) rather than JCO and this will be discussed further in the Hub Case Study.

UNFPA Jordan has, to a certain extent, been able to embed SRH and GBV as life-saving interventions within the JRP, although being a culturally conservative Government, there has been resistance to

[89] Evidence from cross-border partners, third party monitoring reports, and UNFPA staff.
[90] Evaluation team focus group discussions in Za'atari and Azraq camps, January 2018.
[91] Summarised results provided to evaluation team by UNFPA key informants.
[92] Za'atari Youth Camp key informants.

fundamental components of SRHR (specifically the first ‘S’ for ‘sexual’ and the last ‘R’ for ‘rights’ and GBV.[93] UNFPA’s engagement at UNCT/HCT level has driven the SRH and GBV agenda.[94] JCO’s coordination[95] roles have been impeded by a lack of dedicated coordinator positions, as well as by the complex coordination structure of of Jordan under a UNHCR-led refugee response.

[93] UNFPA key informants.

[94] UN agency key informants.

[95] There are six core functions of cluster coordination as outlined in the Cluster Coordination Reference Module (IASC, 2015) which include informing HCT/UNCT strategic direction (‘informing’ meaning contributing to, and influencing), supporting robust and unified advocacy, supporting service delivery, supporting capacity building, information management, and monitoring,

Conclusions

Key conclusions are split between conclusions for the UNFPA Jordan Country Office and conclusions to be considered more broadly across UNFPA.

Key conclusions for the **UNFPA Jordan Country Office** cut across Findings for Evaluation Questions 1, 2, and 5 (Key Conclusion A); Evaluation Question 3 (Key Conclusion B); Evaluation Question 4 (Key Conclusion C); Evaluation Question 6 (Key Conclusion D); Evaluation Questions 8 and 9 (Key Conclusion E); and Evaluation Question 10 (Key Conclusion F).

A. The UNFPA Jordan programme across the refugee response, the cross-border response, and The Berm operation is aligned with needs and reaches those most in need as much as context, GoJ regulations, and donor priorities will allow. JCO have been actively engaged in contributing to and aligning with WoS and JRP priorities. Both specialised and integrated SRH and GBV programming speak directly to UNFPA's comparative strength as an agency and in the case of integrated programming has allowed a higher level of GBV services to be offered than would have happened without GBV services being provided under the covering umbrella of 'RH'.

B. Coverage (geographically) of SRH and GBV services is inequitable between refugees in camps and out-of-camp refugees and host communities. Coverage (demographically) has expanded beyond women and girls to include men and boys in GBV programming in a manner that potentially dilutes access of women and girls to services and has expanded beyond 15-24 for youth in a manner that potentially dilutes impact of services targeted to a youth group.

C. UNFPA's leadership of RH, GBV, and youth coordination functions has been inconsistent across both refugee response / WoS cross-border response, and across RH / GBV sectoral areas. This has been due to technical capacity and double-hatting positions which in turn relates to resourcing. [See *Conclusion 2* for UNFPA global consideration below for more information].

D. A lack of linkages between the refugee response and the cross-border operations is detrimental to facilitating the continuum across the humanitarian-development continuum. There is increasing recognition of the criticality of better linkages, particularly if and when refugees start returning with significant benefits for women and girls returning from one set of services in Jordan which are coordinated with the similar services being provided in Syria.

E. JCO's partnership strategy has been influenced by the Jordanian context of few 'middle ground' NGOs and this has implications for both issues of sustainability and localisation of aid (in relation to partnerships with INGOs), and issues of efficiency in relation to Implementing Partner ability to adhere to strict UNFPA financial processes and procedures and to function within strict UNFPA indirect cost parameters.

F. F. JCO's contribution to SRH and GBV for Syrian refugees has been high in camp settings, less visible and effective in out-of-camp settings, and extremely basic in the Berm due to specific contextual circumstances. UNFPA's contribution to cross-border work is highly dependent on the Hub and WoS modality of intervention.

Two key conclusions for **UNFPA global consideration i**nclude themes emerging from the Jordan evaluation visit which require reflection at a more corporate level.

1. Demographic Targeting – women, girls, men, boys, adolescents and youth – requires more careful consideration and a clear and consistent articulation.

Whilst the use of WGSS in Jordan for male activities arose from a concern that men and boys were not being adequately reached, and partially from a demand from (men and boys) in the camp community, this is not considered good practice and is not considered to be aligned with genuinely meeting the needs of women and girls. With men accessing a female safe space, even if activities are segregated, there will be some women and girls who will not be able to access that space. Whilst engaging men and boys through social norms work is important for GBV prevention and involving them as allies, this should be done through community outreach, trainings etc. at the community level rather than infringing upon the integrity of a female safe space. Any more targeted programmatic focus on men and boys in terms of service provision including PSS is better positioned within existing youth, MHPSS and Child Protection / Protection programming. UNFPA SRH and GBV programming should remain focused on the provision of direct services to women and girls.

At a global level, UNFPA's strong voice for women and girls is based on a historical sense of purpose. UNFPA was established by ECOSOC in 1973 and reaffirmed in 1993[96], as the designated UN Agency for the implementation of the International Conference for Population and Development (ICPD), 1994, and the associated Programme of Action (PoA). UNFPA has re-articulated this mandate in various forms, but always with the same basic adherence to the core purpose of the Agency, articulated in the new 2017-2021 Strategic Plan as:

> "[To] Achieve universal access to sexual and reproductive health, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development, to improve the lives of women, adolescents and youth."
>
> *UNFPA Strategic Plan, 2017-2021*

Assuming global responsibility for the GBV AoR in 2017 adds strength to a focus on women and girls. This focus must be articulated clearly and consistently within all levels of UNFPA.

A similar issue arises with youth programming, and how 'youth' are defined and subsequently targeted for programming interventions. Globally, adolescence is defined as 10-19 (the second decade of life) and youth is defined, for statistical purposes through the UN system, as 15-24. Not all countries and organisations adhere to these definitions. The combination of these two groups – adolescents and youth – is a demographic referred to as 'young people', but in many contexts 'youth' and 'young people' are used interchangeably.

In principle, youth activities within a centre are intended to provide specific support for those who fall between being a 'child' and being a mature 'adult' – usually 15-24. Increasing the maximum age and decreasing the minimum age limit reduces the effectiveness of positive impact on the core demographic target of youth (15-24) Whilst this change in age range has occurred due to demands from communities, this is perhaps based on a lack of quality alternative services provided by other actors (such as child-friendly spaces) which should address the needs of children up to early adolescence at least, and recreational, vocational, and informal education options for adult males.

[96] http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf

UNFPA's expansion of – and potential dilution of – the target age group for the Youth Centre, and the inclusion of male activities in WGSS suggest that a more careful consideration of, and stronger defence of UNFPA's target population would be useful.

In regard to both the issue of women and girls*, and* the issue of 'youth' age ranges, UNFPA must consider balancing their own comparative advantage and strengths, and alignment with UNFPA global strategies, with demands from communities and from partners. In Jordan, UNFPA programming across both issues suggest a reaction by UNFPA to *a lack of provision of services for men from other actors*, rather than concentrating resources on UNFPA's core demographic targets. There is clear pressure (for example, from donors such as ECHO, and from UNHCR's pressure that GBV programmes should include services for male survivors) for an expansion of services to those outside of UNFPA's core demographic, but this is harmful both in terms of consistent and clarified understanding of the terminology of GBV (for the issue with men and boys) and in terms of the best use of UNFPA's finite resources (for women and girls, and for youth). Given the limited number of services available for women and girls, those organisations with a strong focus on women and girls should remain focused. Given the expansion of youth services from an initial (and UN-wide recognised) age definition of 15-24, to 10-30, services for the core demographic of 15-24 have been diluted in order to include younger children and older adults based on a perceived need but not necessarily based on a coherent defense of which populations fall under a clear UNFPA mandate and which fall under the mandate of other organisations.

2. UNFPA core, corporate investment with regular resources has not been commensurate with the size and scale of the Jordan response, for either programming or coordination responsibilities.

Coordination Responsibilities:

UNFPA has had, since 2017, a formal responsibility under IASC for GBV coordination. Whilst the Jordan refugee response is managed under UNHCR and not as a clusterised response under OCHA / IASC protocols, the sectoral accountabilities held by UN Cluster Lead Agencies (CLA) remain relevant.

UNFPA falls short of other CLA in terms of not resourcing dedicated Sub-Cluster (SC) /Sub-Working Group (SWG) positions. Many other clusters – including the Child Protection Sub-Cluster under UNICEF, will often have P4 or P5 dedicated coordinators. When UNFPA fails to 'keep up' and provides double-hatting and/or lower level staff grades to GBV SC or SWG roles, it means that the GBV coordination forum has much less authority and influence within the humanitarian response; generally receiving less allocation of funding from pooled funding sources and less weight within inter-cluster coordination forum.

Coordination work is time intensive. It is possible to do basic coordination (to identify gaps and duplications in geographical areas) as a part-time role. However, genuine coordination – identifying *and eliminating* gaps and duplication; ensuring consistency of quality of services; capacity-building of partners; developing robust strategies with inputs from a range of different organisations providing GBV services and programmes from different perspectives (health, human rights, education, social protection, and gender equality); representing the GBV community at all inter-cluster forums, and ensuring adequate respect for GBV, adequate resourcing for GBV from pooled funding, and adequate coverage of GBV in HNOs and HRPs; and developing advocacy strategies so all diverse GBV partners advocate with one voice – is *not* a part-time role and requires a dedicated staff member with the requisite skills and experience. A dedicated Information Management position is also worthwhile.

UNFPA does not have an equivalent formal responsibility for Reproductive Health coordination (with RH Working Groups usually being established on an informal basis under the Health Cluster, as

opposed to the official standing of the global GBV AoR). However, UNFPA is the global lead agency for SRH and therefore should take SRH coordination responsibilities just as seriously, with all aspects highlighted above for GBV being as pertinent to SRH.

Overall investment of core funding (regular resources – RR) vs reliance on donor project funding (other resources – OR):

In 2011 UNFPA Jordan operated under a budget of $926,709 in Regular Resources (RR) and $298,907 in Other Resources (OR). This was a total budget of $1,227,627, with 75% of it being RR – core funding that can be used to ensure adequate expenditure on systems and operational support to programming.

By 2017 UNFPA Jordan operated under a total budget of $12,755,827, of which $11,975,471 was Other Resources (OR) – representing 94% of the overall budget. Other Resources represent donor funding which is usually ear-marked for specific programming projects, and restricted in use in terms of programming and operational vs programming costs.

This change in resourcing modalities has resulted in a country office with a massively expanded budget and associated accountabilities and responsibilities, but highly reliant on temporary short-term contract project staff, and without corporate support to adequate sustainable systems and staff in place to ensure connectedness, drive coverage to relevance of needs, capacity-build smaller civil society organisations for genuine localisation, adequately discharge coordination responsibilities, or advocate for better integration of humanitarian standards into longer-term Jordanian programming.

Suggestions for Recommendations

Suggestions for recommendations below – for JCO and for UNFPA Headquarters – are divided into Key Suggested recommendations (linked to Key Conclusions) and then Additional Suggested recommendations.

Key suggested recommendations at ***country level (****all recommendations are for UNFPA Jordan).*

A. UNFPA Jordan should continue with and solidify provision of integrated SRH and GBV services. UNFPA Jordan should recognise the specific mandated strength of UNFPA at the nexus of SRH and GBV, which firmly targets women and girls and resist donor or other UN Agency pressure to expand services beyond UNFPA's particular mandate and expertise.

B. UNFPA Jordan should ensure Women and Girl's Safe Spaces (WGSS) are used for female activities only.

C. UNFPA Jordan should review and clarifiy the target group for the youth centre in Za'atari camp.

D. UNFPA Jordan should advocate with UNFPA Headquarters for stronger support with coordination functions (recognising that donors are often unwilling to support this through project funding, and thus core funding through regular resources is required). Recognise the commitment UNFPA itself has made to this within the UNFPA GBV Minimum Standards (p.80).

E. UNFPA Jordan should strengthen linkages between UNFPA Jordan refugee response and cross-border programming by improving systematic communication between the programmes to achieve leverage of successes from both sides and improve alignment of programming goals as much as is possible.

F. UNFPA Jordan should strengthen linkages between Jordan refugee response RH and GBV coordination mechanisms, and WoS RH and GBV coordination mechanisms.

G. UNFPA Jordan should continue recently initiated work with cross-border partners to ensure contingency plans for continuation of services and safety of partner staff under different potential scenarios.

H. UNFPA Jordan should continue providing capacity-building support to smaller Jordanian NGO and CSO partners to increase operational capacity (including systems and increased financial reporting support) in line with a sustainability and localisation strategy, recognising this also addresses the issue of the strict % overhead cost limit which international NGO partners struggle to manage due to associated HQ costs.

Additional suggested recommendations:

i. Review programming in relation to ensuring people with disabilities are equally able to access services. Work with youth in the Za'atari Youth Centre for potential outreach activities with youth with disabilities.
ii. On the basis of the current ongoing evaluation of the cost-effectiveness of the Za'atari Youth Centre, prepare a resource mobilisation strategy for expansion of youth activities (either based on the current model or an adapted model).

Key suggested recommendations for the ***overall evaluation****:*

1. UNFPA should urgently review it's target demographic focus in terms of women and girls vs men and boys. There is increasing pressure from other actors to dilute programming for women and girls to make it more open to all individuals – women, girls, men, and boys – and UNFPA's global position as the lead UN agency voice for SRH and GBV and its focus on women and girls must be clarified.

2. UNFPA should ensure that other demographic populations as specifically referenced in UNFPA's global strategic plan (such as youth) are clearly defined and that this definition is understood across UNFPA. Note that whilst there are no current normative frameworks or guidelines on working with and for youth in humanitarian settings, there are initiatives under the UNFPA (and ICRC)-led Compact for Young People in Humanitarian Action to address this.[97]

3. UNFPA should urgently review it's corporate commitment to humanitarian operations with a view to:
(a) Understanding and fully committing to coordination responsibilities with a clear corporate commitment to discharging those responsibilities in line with other cluster lead agencies, thus ensuring GBV and SRH receive an equal opportunity for visibility, attention, and funding as other sectors.
(b) Understanding and fully committing to guideline percentage parameters between Regular Resources (RR) and Other Resources (OR). UNFPA's corporate commitment to connectedness and longer-term sustainable, impactful programming cannot be achieved with Country Offices (COs) that must transition from a 75% RR / 25% OR country programme to a 6% RR / 94% OR country programme as JOC has done.

Additional suggested recommendations:

i. Review FTPs, particularly in terms of alignment with FTPs of other humanitarian UN Agencies.
ii. Review surge deployment profiles and purpose, with a focus on programmatic vs operational support deployment and internal vs external rosters.

[97] https://www.unfpa.org/sites/default/files/event-pdf/CompactforYoungPeopleinHumanitarianAction-FINAL_EDITED_VERSION.pdf

Annex I: List of Key Informants

Name	Title	Agency	Office	Gender
Dan Baker	Regional Humanitarian Coordinator	UNFPA	Syria Response Hub	M
Laila Baker	Country Representative	UNFPA	Jordan Country Office	F
Jennifer Miquel	Regional GBV Specialist / WoS GBV Coordinator	UNFPA	Syria Response Hub	F
Jafar Irshaidat	Communications Specialist	UNFPA	Syria Response Hub	M
Rebecca Sontag	M&E and IM Specialist	UNFPA	Syria Response Hub	F
Jason Pronyk	KT BoC	UNDP		M
Yara Deir	GBV Programme Analyst	UNFPA	Jordan Country Office	F
Lena Islam	Emergency Youth Officer	UNFPA	Jordan Country Office	F
Bouthaina Qamar	Youth Programme Analyst	UNFPA	Jordan Country Office	F
Deif Allah Al Shaikh	Azraq Camp Coordinator	UNFPA	Jordan Country Office	M
Faeza Abo Al-Jalo	RH Technical Advisor	UNFPA	Jordan Country Office	F
Ibitsam Dababneh	Operations Manager	UNFPA	Jordan Country Office	F
Andrew Pearlman	Southern Syria Humanitarian Advisor	DFID		M
Nadia Shamroukh	General Manager	JWU		F
Mays'a Faraj	Project Manager	JWU		F
Waj Al-Samayleh	Project Coordinator	JWU		F
Abeer Shraiteh	Za'atari Camp Coordinator	UNFPA	Jordan Country Office	F
Bryn Boyce	Deputy Director of Programs	IRC		M
Bahaa Mohedat	The Berm Camp Coordinator	UNFPA	Jordan Country Office	M
Farrah Zughni	Program Manager	RI		F
Emilie Page	Protection Officer	UNHCR		F
Zeinab Al Qaudi	Project Coordinator	SAMS		F
Melanie Megevand	Regional WPE Technical Advisor	IRC		F
Christina Bethke	Health Sector Working Group Coordinator	WHO		F
Ali Metleq AlKousheh	Director Of Studies and Po	HPC		M
Ghaleb Azzeh	Researcher	HPC		M
Sawsan.A	Director of Programmes	HPC		F
Adam Eltayeb Musa Khalifa	UNHCR Health Coordinator	UNHCR		M
Douglas Disalvo	Senior Protection Officer	UNHCR		M
Lena Islam	Emergency Youth Officer	UNFPA	Jordan Country Office	F
Waseem Aldeek	Coordinator	JHAS		M
Eziekiel Kutto	M&E Analyst	UNFPA	Syria Response Hub	M
Robin Ellis	Deputy Representative	UNHCR		F
Holly Berman	Senior Regional Protection Officer	UNHCR		F
Ben Farrell	Senior External Relations Officer	UNHCR		M
Tiare Eastmond	DART Syria Program Coordinator	OFDA		F
Dalia Al Sharif,	Project Manager	IFH		F
Dr. Ibrahim Aqel	Director	IFH		M
Layali Abu Sir	Pop and Development Analyst JCO	UNFPA	Jordan Country Office	F
Leila Baker	Representative	UNFPA	Jordan Country Office	F
Ahmed Nimreh	Project Manager	QS		M
Georgie Wink	Project Officer	QS		F
Ahmad Y Bawaeh	Ahmad Y Bawaeh, Director of Programmes	IMC		M
Sadia Saaed	RMB & Reporting Specialist	UNFPA	Jordan Country Office	F
Rudayna Qasem	IFH Project Coordinator, Za'atari,	IFH		F
Hiroshi Seto	First Secretary, Embassy of Japan	Gvt Japan		M
Dr Malak Al Ouri	Director of Mother and Child Health	MoH		F
Manal Al-Fataftah	WPE Manager, Azraq	IRC		F

Ola Jundi	Programme Associate	UN Women		F
Dr Lina Darras	PSS Unit Manager	IFH		F
Israi Shakboua	SGBV Officer	IFH		F
Mohammad Qatawheh	Psychologist	IFH		M
Duaia Al_Sarhany	Case Manager	IFH		F
Sheraz Nsour	Psychologist	IFH		F
Mateen Shahhen	former Syria Deputy Representative	UNFPA		M
Nawal Al-Najjar	Health Specialist	IRD		F
Marmar Sharmi	Reporting and Programme Officer	IRD		F
Ane Thea Djuve Galaasen	First Secretary, Royal Norwegian Embassy	Gvt Norway		F
Hanan Hani Shasha'a	Program Officer, Royal Norwegian Embassy	Gvt Norway		F
Yi Giljae	Consul, First Secretary, Embassy of Korea	Gvt Korea		M
Kim Jinu	Researcher, Embassy of Korea	Gvt Korea		F

Annex II: Master List of Key Informant Interview Questions

Introduction – to all:
Introduce interviewer; introduce evaluation; ensure interviewee is clear that confidentiality will be maintained and we will not be attributing any particular comment to any particular individual within the report.

Q1 – Please can you tell me a little bit about your role and how your work relates to UNFPA's Response.

Relevance – how well does the UNFPA Response address the stated needs of people, and how well does it align to humanitarian principles and a human rights approach?
Q2 – How well do you think the UNFPA response addresses stated needs of individuals and communities. How do you know this? Evidence?
Q3 – How has the UNFPA response included gender and inclusion analysis? Evidence?
Q4 – How does the UNFPA response adhere to humanitarian principles, and IHL / IRL? Evidence?
Q5 – How has UNFPA directed or supported the overall SRH response to be based on identified needs? Evidence?
Q6 – How has UNFPA directed or supported the overall GBV response to be based on identified needs? Evidence?

Relevance – how well has the UNFPA Response adapted since 2011 based on changing needs and priorities?
Q7 – How has the UNFPA response adapted to changing needs and priorities of people? How do you know this? Evidence?
Q8 – How has the UNFPA response built upon UNFPA's comparative strengths compared to other actors? How do you know this? Evidence?
Q9 – Is there evidence that the UNFPA response has adapted over time based on its comparative strengths compared to other (changing) actors? Evidence?

Coverage – how well has UNFPA reached those with greatest need – geographically and demographically?
Q10 – How well has the UNFPA response reached those most in need – geographically? Evidence?
Q11 – How well has the UNFPA response reached those most in need – demographically? Evidence? – (ask specifically about adolescent girls, people with disabilities, LGBT populations).

Coordination – how well has UNFPA led, directed, supported coordination mechanisms for SRH and GBV?
Q12 – How has UNFPA led and supported the RH WG? Evidence?
Q13 – How has UNFPA led and supported the GBV SC? Evidence?
Q14 – How has UNFPA led and supported the youth WG? Evidence?

Coherence – alignment with UNCT / HCT / Government / UNFPA HQ, RO, CO strategies, national government strategies, SC and WG strategies, and normative frameworks
Q15 – How does UNFPA drive focus on SRH and GBV at UNCT and HCT levels? Evidence?
Q16 –How does the UNFPA response align with global UNFPA strategy? Evidence?
Q17 – How does the UNFPA response align with EECARO / ASRO strategies? Evidence?
Q18 – How does the UNFPA response align with the CPD? Evidence?
Q19 – How does the UNFPA response align national Government prioritisation? Evidence?
Q20 – How does the UNFPA response align with MISP and with GBV guidance?
Q21 – How does the UNFPA response align with RH WG / GBV SC strategies? Evidence?

Connectedness – humanitarian-development nexus
Q22 – How does the UNFPA response promote resilience, sustainability, and working towards the humanitarian-development continuum? Evidence?

Efficiency – Hub and other aspects (Fast-Track Procedures (FTP), surge, commodity supply, multi-year funding) and partnerships
Q23 – How has the Hub contributed to the UNFPA response? What are the benefits? What challenges have there been?
Q24 – How have FTP been used? What are the benefits? What challenges have there been?

Q25 – Has surge been used? What were the benefits? What challenges have there been?
Q26 – How has commodity procurement (ie dignity kits, and RH kits) contributed to the overall response? What are the benefits? What challenges have there been?
Q27 – What impact has multi-year funding opportunities had on the UNFPA response?
Q28 – How has UNFPA used partnerships strategically? Evidence?

Effectiveness – outcomes across WoS and regional refugee and resilience response
Q29 – How effectively has UNFPA; provided quality MNH, SRH, GBV, and HIV services inside SAR, increased the capacity of Syrian providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?
Q30 –How effectively has UNFPA: provided quality MNH, SRH, GBV and HIV services to refugee and host community populations in the regional response, increased the capacity of local providers, integrated SRH and GBV into life-saving structures, and used robust data to inform programming? Evidence?

Notes:

Questions are not defined as a formalised interview process with all questions being asked in order. The key informant interview is a semi-structured process with the questions providing
Evaluation Team Members should select questions as per relevant to specific KII, grouped as:

- UNFPA Global Colleagues
- UNFPA Regional Colleagues
- UNFPA Hub / Country Colleagues
- Other UN Agency Global Colleagues
- Other UN Agency Regional Colleagues
- Other UN Agency Hub / Country Colleagues
- NGO Global Colleagues
- Implementing Partner Country Colleagues
- Other NGO Country Colleagues
- CSO Colleagues
- Government Partners
- Donor Partners
- Academic Partners

Annex III: Schedule

	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700
Sunday 21st Jan	Intro meeting at UNFPA Jordan - All team	UNFPA Country Team briefing - All team	Hub Internal (Flexible)	Hub Internal (Flexible)	Hub Internal (Flexible)	Hub Internal (Flexible)	Hub Internal (Flexible)	Hub Internal (Flexible)
Monday 22nd Jan	Hub Internal (Fixed)		1H) Jafar Irshaidat (Hub Staff)	Hub Internal (Flexible)	1H) Rebecca Sonntag (Hub Staff)	1H) Eziekiel Kutto (Hub Staff) - need to reschedule	1H) Jason Pronyk, UNDP Regional	1J) Bouchta Mourabit (JCO Staff)
Tuesday 23rd Jan	1H) Jennifer and Dan	1J) Dr. Sawsan Al Dajaa (Program Director HPC-UNFPA Partner)			1J) Yara Deir (GBV Analyst JCO)	1H) Tiare Eastmond, Hub Offices	1J) Bothain/Lena (Youth Analysts JCO)	1J) Deif Allah Al Shaikh (Azraq camp coordinator)
Wednesday 24th	1J) Dr. Faeza Abu Aljou (SRH Advisoer JCO)	1J) Layali Abu Sir (PD Analyst JCO)	1J) Sadia Saaed (RMB & Reporting Specialist/ JCO) 2S)Mateen Shaheen, Former Syria Dep Rep	1J) Haidar Rasheed (M&E JCO)	1J) Ibtisam Dababneh (OM JCO)	1H) Robin Ellis, UNHCR MENA Dir Office	1J) Dr. Adam UNHCR- Health & Douglas Disalvo (GBV and Protection)	1J)Andrew Pearlman (DFID) Humanitarian Adviser, Southern Syria . (0770 405 454)
Thursday 25th	Dan Jordan CO Interview	Dan Jordan CO Interivew + Abeer Shraiteh Zaatari camp	1J) Dalia AL Sharif (Project Manager IFH) - Jbehah	1J) Nadia Shamroukh (General Manager JWU)			Bryn IRC (Want to meet)	
Friday 26th								
Saturday 27th								
Sunday 28th		Pamela Di Camillo GBV Cross Border	1J) Wassim El Deeq (JHAS Project Coordinator) Mobile: 07987871712 - [illegible]	1J)Bahaa Mohedat (Berm Camp Coordinator JCO)		1J) Farrah Zughni Program Manager Relief International Mobile: +962 (0)7 7043 2199		1J) 4.30 Emilie Page, GBV WG Coordinator UNHCR Jordan office / TBC
Monday 29th		1H) Jason Hepps, UNHCR, Director's Office, Third Floor, Jandaweel (NOT Khalda) 1J) Ashraf Abu Halawa (Project Manager QS) & Georjie (Program Coordinator QS) .QS Location is Amman - Jordan Jabal Al Weibdeh Al Baounyeh street You can call Ashraf for directions on 0795720292	1J) Zeinab Al Qadi (SAMS Project Coordinator)	1J) IMC/ Dr. Ahmad Bawaneh 1J) Ms. Ane Galaasen,Hanan shasha Royal Norwegian Ebassy in Amman	1H) Melanie Megevand, HUB	CANCELED- No feedbcak from UNICEF Meeting with UNICEF/ Suzan Kasht	CANCELED- No feedbcak from UNW Meeting with UNWomen 2J) 3pm Laila Meeting	1J) Christina Bethke- Health Sector Working Group Coordinator – Jordan Cross Border- WHO --- M: +962 (0)79 5145618 (Christina was UNFPA SRH specialist for XB response)
Tuesday 30th	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps	1) Visit to Zaatari and Azraq Camps
Wednesday 31st	1J) Meeting with Yassine from ECHO	1 J) Dr. Malak 0795873145,Dr. Hanan 0795576854 ,Dr. Iman/MoH 1J) Korea Embassy. 1H) Lisa Kim et al (SIDA) sweden, Skype call, 10:30	1J) Visit to Sweilah Clinic (IFH) DR. Maha Saheb 0790401482+ 1H) Heather Kalmbach, US Embassy 1J) 11.30 - 12-.30 Seto Hiroshi- Japan Embassy.	1J) Visit to Sweilah Clinic Institue for family health(IFH)- PART OF NourAl-Hussien Foundation. 1J) Meeting with Bouchta Mourabit 1H) Lisa Kim et al (SIDA) sweden, Skype call, 12:30 (JO time)	TEAM PREP--NO INTERVIEWS	TEAM PREP--NO INTERVIEWS	TEAM PREP--NO INTERVIEWS	TEAM PREP--NO INTERVIEWS
Thursday 1st Feb		1J) Wejdan IRD - Boulevared Al Abdali		DEBRIEF Hub	DEBRIEF Hub	DEBRIEF JCO	DEBRIEF JCO	DEBRIEF JCO
Friday 2nd Feb								
Saturday 3rd Feb								
Sunday 4th Feb		Christoph Sternat - Deputy Ambassador of Austria, Austrian Embassy				UN Women's focal point - Via Skype Ola Jundi Ola's Skype ID is ola.jundi		Sunita UNICEF GBV Regional
Monday 5th Feb			Meeting with Judith (WHO) via Skype :Judith.Starkulla		1J) Meeting with Bouchta Mourabit			
Tuesday 6th Feb							1H) Magnus Mahang, DFID, Phonecall	

Annex IV: Reconstructed Theory of Change