

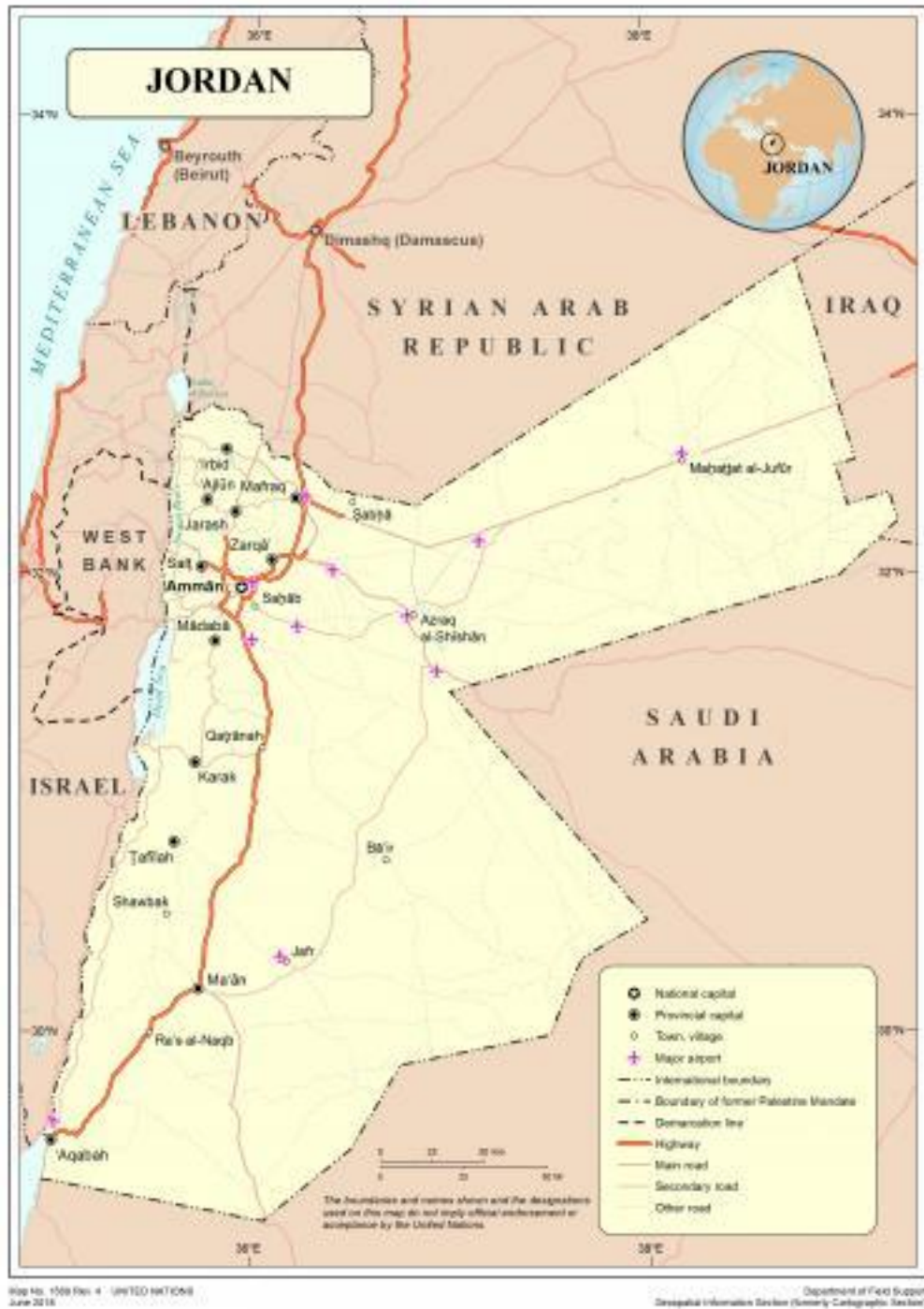


EVALUATION OF THE UNITED NATIONS POPULATION FUND (UNFPA) JORDAN 9th COUNTRY PROGRAMME (2018 – 2022)

DRAFT EVALUATION REPORT

February 2022

Map of Jordan



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Abbreviations and Acronyms

3RP	Refugee Regional Resilience Plan
ANC	Antenatal Care
ASRO	Arab States regional Office
CIP	Costed Implementation Plan
CO	Country Office
CP	Country Programme
CPE	Country Programme Evaluation
CPD	Country Programme Document
CSOs	Civil Society Organisations
DAC	Development Assistance Committee
DHS	Demographic and Health Survey
DOS	Department of Statistics
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
ESCWA	United Nations Economic and Social Commission for Western Asia
FGD	Focus Group Discussion
GBV	Gender Based Violence
GEWE	Gender Equality and Women Empowerment
GoJ	Government of Jordan
GDP	Gross Domestic Product
HPC	Higher Population Council
ICPD	International Conference on Population and Development
IUD	Intrauterine device
IMS	Information Management System
IPC	Infection prevention and control
JMICS	Jordan Multiple Indicator Cluster Survey
JRP	Jordan Response Plan JRP
JRPSC	Jordan Response Platform for the Syria Crisis
KII	Key Informant Interview
MDSR	Maternal Death Surveillance and Response
M&E	Monitoring and Evaluation
MISP	Minimal Initial Service Package
MMR	Maternal Mortality Rate
MOE	Ministry of Education
NPS	National Population Strategy
OECD	Organisation of Economic Cooperation and Development
PCI	Per Capita Income
PD	Population Dynamics
PPE	Personal protective equipment
PPM	Precede-Proceed Model

ToC	Theory of Change
ToR	Terms of Reference
SEF	UN Socio-Economic Framework
AICS	Italian Agency for Development Cooperation
CSE	Comprehensive Sexuality Education
SDG	Sustainable Development Goal
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health Rights
UNCT	United Nations Country Team
UNSCR	United Nations Security Council Resolution
UNSDF	United Nations Sustainable Development Framework
YEE	Young and Emerging Evaluator

Key Facts Table

Land	
Geographical location	Jordan is located in the heart of the Middle East, Northwest of Saudi Arabia, South of Syria, Southwest of Iraq, and east of Israel and the Occupied West Bank. Jordan has access to the Red Sea via the port city of Aqaba, located at the northern end of the Gulf of Aqaba.
Land area	89,342 sq. km
Terrain	88,802 sq. km
People	
Population	11,064,297 (January 2022) ¹
Government	Hereditary monarchy with a parliamentary form of government
Economy	
GDP Per Capita (US\$) Current Prices	4,282.77 USD (2020)
GDP Growth Rate (percent)	2.7 percent (3 rd quarter, 2021) ²
Proportion of Population below the National Poverty line (percent)	15.7 percent
GINI Index	33.7 in 2010
Social and Health Indicators	
Human Development Index Rank	102
Unemployment rate (overall)	23.2 percent (3 rd quarter of 2021)
Health Care Expenditures as Percent of GDP (percent)	7.8 percent (2018)
Literacy Rate (15 years and over) - Total	98.23 percent
Total Fertility Rate	2.69 births per woman (2019)
Infant Mortality Rate per 1000 live births	13
Under-five Mortality Rate per 1,000 live births	16
Maternal Mortality Ratio per 100,000 live births	62

¹ Jordan Department of Statistics <http://dosweb.dos.gov.jo/>

² Jordan Department of Statistics <http://dosweb.dos.gov.jo/>

Acknowledgements

The United Nations Population Fund (UNFPA) 9th Country Programme Evaluation (CPE) in Jordan (2018-2022), has been a collective journey and effort involving multi-stakeholders who, in their different capacities have made it a success amidst the COVID-19 pandemic. Against that background, UNFPA would like to thank each and every individual and institution that has contributed enormously during the evaluation process.

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EXECUTIVE SUMMARY

Background

UNFPA has been working with the Government of Jordan since 1976. The 9th Country Programme (CP) (2018-2022) was aligned with the Jordan Vision 2025 and supported the achievement of the Sustainable Development Goals (SDGs). It was structured around three thematic areas of programming, those are: Sexual and reproductive health and rights, Gender equality and women's empowerment, and Population and development. This report is an independent external evaluation of UNFPA's work in Jordan under the 9th CP.

Purpose, Objectives and Scope of Evaluation

The purpose of this Country Programme Evaluation (CPE) according to the UNFPA Terms of Reference was to demonstrate accountability to stakeholders on the performance in achieving development results and on invested resources; support evidence-based decision-making for the design of the next programme cycle; and contribute key lessons learned to the knowledge base of the organization.

The objectives were to (i) provide an independent assessment of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the 9th CP, (ii) assess the role played by the UNFPA JCO in the coordination of the UNCT towards collective contribution to national development results, and (iii) draw lessons from past and current cooperation and provide recommendations for the next programme cycle.

The scope of the CPE covered the UNFPA's implemented interventions under the 9th CP in camps and facilities of host communities within the period between 2018 and 2022. Thematically, the evaluation covered the areas of sexual and reproductive health, gender equality and the empowerment of women and girls and population and development. In addition, the evaluation covered cross-cutting issues such as youth empowerment, human rights, disability, coordination, M&E, innovation and partnerships.

Programme

The UNFPA 9th CP (2018-2022) was developed in consultation with the Government, civil society, development partners, the private sector and academia. It was structured around five interlinked outputs and contributed to three outcomes of the UNFPA Strategic Plan (2018-2021), supporting the triangulation between people, institutions and opportunity.

- Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
- Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.
- Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

Methodology

The evaluation assessed the CP using four OECD/DAC criteria (relevance, effectiveness, efficiency and sustainability) and three UNFPA criteria (coordination, coverage and connectedness). It was based on a theory-based design and a precede-proceed model, fully considering the Gender Equality and Empowerment of Women, Human Rights approach and Humanitarian-Development-Peace Nexus. Further, the evaluation considered the impact of COVID-19 pandemic on the CP and the adjustments made to support the response of the Government.

Adopting a participatory and mixed-method approach, qualitative data was collected through document review, key informant interviews (KIIs) and focus group discussions (FGDs) with implementing partners, stakeholders, beneficiaries and UNFPA staff. Data collection was based on a set of 10 evaluation questions corresponding to the aforementioned criteria, 70 people were interviewed in total. The evaluation was conducted through five phases: preparatory phase, design phase, field phase, reporting phase and dissemination phase. The Evaluation

Design Report was submitted in January 2022. It was conducted in accordance with the UNFPA Evaluation Policy, UN Evaluation Ethical Guidelines, UNEG Evaluation Code of Conduct and UN Evaluation Norms and Standards.

Key Findings

Relevance

The UNFPA Jordan 9th CP responded to the needs of young people and married women to obtain adequate SRH information, services and consultations. The CP addressed issues of gender inequalities and GBV, which remain a widespread problem in Jordan. Some beneficiary groups were still in need of targeted interventions by UNFPA to ensure full consideration of 'those furthest behind'. The CP was aligned to Jordan's National Development Vision 2025 and had a strategic fit with national strategies, such as the National Reproductive Health/Family Planning Strategy (2013–2018), the National SRH Strategy (2020-2030), the National Strategy for Health Sector (2015-2019), the Sectoral Policy for Promoting Gender Equality and Women's Empowerment (2020-2022), and the National Youth Strategy (2019-2025). The CP was committed to the UNFPA's Strategic Plan contributing to its results 1, 3 and 4 and was also aligned with the UNSDF's Strategic Priorities. Consideration was given to the principles of Human Rights, Leaving No One Behind, as well as the Development-Humanitarian Peace nexus. The CP was anchored around the goals of the ICPD and the ICPD+20 (2014) Programme of Action and contributed to the SDG Goals 3, 4, 5, 10 and 17.

In response to the COVID-19 pandemic, a business continuity plan was prepared by the UNFPA JCO, adjusting the focus of the CP in terms of financial allocations, prioritization of activities and implementation modalities. The response by the UNFPA to the crisis was fast and adequate, it addressed the arising needs and joined efforts with the Government and the UN partners in Jordan to support response efforts. New activities were designed and IPs were supported to adapt to online service provision and placed more focus on advocacy. Additionally, virtual approaches were adopted to pursue regular management and monitoring, for example: virtual follow up meetings, remote spot checks, electronic data reporting and online qualitative data collection for Midterm Review. To respond to the issue of increased child marriage rates, UNFPA supported the development of a national action plan to eliminate child marriage and availed its expertise on GBV. There are cultural and legal barriers to combat early marriage that make the UN work regress in this specific area.

Effectiveness

Outcome 1: Sexual and reproductive health and rights

UNFPA's clinics inside and outside camps moved from providing lifesaving interventions to the provision of vital and quality SRH services and information, reaching an increased number of beneficiaries from refugee camps and vulnerable host communities. Syrian refugees benefiting from UNFPA's SRH services reported that almost all SRH services and medications were available, including family planning commodities, awareness, consultations and pregnancy and infant follow-up. During COVID-19, UNFPA and its IPs continued to provide their services through mobile clinics, national SRH hotline services and remote communication tools for family planning and awareness. The national Maternal Mortality Surveillance and Response System (JMMSRS) provides accurate data on maternal death and was seen by government partners as an important achievement for Jordan by UNFPA during the CP. The innovative advocacy interventions implemented by UNFPA resulted in a changed conversation around SRHR and GBV, especially the TV shows, social media and podcasts. UNFPA piloted a comprehensive SRH school education programme and based on its success, MOE and UNFPA plan to expand nationally.

Young women, men and adolescents who had benefited from SRHR awareness shared with the evaluators some points of what they learnt. For example, both women and men became aware of the importance of family planning and duration between different births for the woman's body to recover. Women and men understand the different family planning tools and how to manage them. They learnt to consider the future and well-being of children before having more, they understood more about child rights as explained by experts to them. Pregnant women learnt how to manage their pregnancies, childbirth and their infants while ensuring good nutrition. Interviewed young men highlighted that, at first, they were ashamed to attend sessions around SRH, but when they started joining, they found a safe space to talk about sensitive matters, diffuse negative energy and change their mindsets. What they learnt helped them to improve relationships with their wives and children. The way sexual education is presented was useful and not as embarrassing, they now believe all men should attend SRH awareness sessions.

Youth FGDs in *Zaatari* camp showed their appreciation of the Youth Centre and that they benefit to a high extent from the activities provided, they mentioned participating in book clubs, sports, art courses, poetry, writing and music. Young women, men and adolescents who benefited from SRHR awareness learned about family planning, children rights, managing pregnancies and childbirth. Youth in *Zaatari* camp appreciated and benefited to a large extent from the recreational and awareness activities offered at the Youth Centre. They gained knowledge on SRH and GBV, received PSS support and improved their life-skills. They felt that their personalities changed for the better and they became better able to deal with harassment and violence. Young men who were at first ashamed to attend sessions on SRH have later been regularly attending, they found a safe space to talk about sensitive matters, diffuse negative energy and change mindsets, which improved relationships with their wives and children. The introduction of technology and digitalization supported the shift to remote implementation to overcome the adverse effects of the COVID-19 crisis and lockdown. Innovative Mobile Medical Clinics (MHC) were designed and deployed to remote areas providing access to SRH services to the hard-to-reach populations. Remote modalities allowed for higher participation of women and girls in the online SRH and GBV awareness sessions provided by the UNFPA. Further, the COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems and emphasised the communication and media outlets important role in advocacy and access to information.

Challenges to the CP included the limited financial resources, high level of government turnover at the local and national levels, and social barriers in relation to SRH and GBV. Some beneficiaries found that distances are far to reach the clinics, the Youth Centre and Safe Spaces, especially for the people with disabilities and the elderly. Needs raised by youth within the regular youth committee meetings at *Zaatari* Camp included advanced and accredited training courses.

Outcome 3: Gender equality and empowerment of women

UNFPA is well positioned as a strategic partner to the Government of Jordan on GBV and is one of the main actors within the humanitarian as well as development community. It has played a role in breaking the silence vis a vis violence, strengthened the protection system and supported the development of policies and strategies. This included the SOPs on GBV prevention and response which paved the way for developing internal guidelines within ministries. Also, as a result of the CMR protocol by UNFPA, government-run hospitals started offering CMR counselling and medicines. There is increased reporting on GBV cases and an improvement in case management and survivor responses based on anonymity and confidentiality.

Safe spaces established by UNFPA for women and girls provided different GBV awareness, social and recreational activities. This resulted in increased women's knowledge about equality, the harmful impacts of early marriage, women and children rights, dealing with harassment, where to seek services and how to access them. The Safe Spaces addressed the digital divide and built vocational capacities of women with an eye on tackling gender stereotypes, being especially empowering for some women who were not allowed to continue their education and those with social mobility restrictions. PSS provided by UNFPA helped Syrian refugees overcome war trauma, increased their self-confidence and improved their general well-being. As with the case of the SRH awareness, men were at first reluctant to join the sessions or approve for female members of their families to join. However, once they started, they trusted the Safe Spaces, made new friends and found an opportunity to be listened to.

In terms of child early and forced marriage, the evaluation noted a staggered progress nationally in this regard and a need for further concentrated efforts to tackle the increasing rates of child marriage. UNFPA JCO recognizes the need to work on early marriage behavioural change and advocacy, however limited financial resources were a challenge. Despite the achievements by the CP on GBV, there still is a lot to be done in this area to address the root causes behind inequalities and GBV in Jordan, women's low political and economic participation, cultural barriers and geographic inequalities.

Outcome 4: Population and development

UNFPA helped to increase advocacy on SRHR, focusing on data systems and policy development. It contributed to the development of the National Population Strategy (2021-2030), National Strategy on SRHR (2020-2030), and the National Youth Strategy (2019-2025). Technical and financial support was provided to Jordan Department of Statistics (DOS) on the national Demographic and Health Survey (DHS). Support was also provided to the Civil Registration and Vital Statistics system (CRVS), where UNFPA was able to add indicators on vital statistics and

civil registration within the ones collected. UNFPA supported the SDG-ICPD indicators identified by ASRO for the Arab Region through capacity building workshops on the measurement, monitoring and meta-data. It was confirmed during the evaluation that the Ministry of Planning and International Cooperation (MOPIC) and DOS were integrating these indicators within the national framework for the SDGs monitoring for Jordan. UNFPA also worked on the national plan for the ICPD commitment and on monitoring the SDG indicators.

Unintended results

The JCO was fast at adapting to the COVID-19 crisis and adjusted its operations and implementation modalities. A number of unintended results emerged, and since the eruption of the crisis, UNFPA and stakeholders took concrete strides to provide remote services, awareness and capacity building, such as the innovative Mobile Medical Clinics (MHC) deployed to remote areas providing access to SRH services to the hard-to-reach populations. The MHCs used a model of transportable healthcare that enabled community based SRH services. The COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems. Moreover, the role of communication and media in advocacy was maximized.

Efficiency

Implementation of field level interventions was done through government and NGO IPs who were monitored by the JCO, based on annual financial disbursements with agreed workplans and reporting. UNFPA supported to build their institutional and individual capacities. There has been improvement in using advanced technology tools and digital solutions. IPs faced challenges related to the insufficiency of financial allocations to cover all their administrative and M&E costs, irregularity of fund disbursements from UNFPA's side, the lengthy government clearance processes, as well as the high turnover within IPs who fail to retain capacitated staff.

Monitoring plans were developed in a participatory manner by UNFPA with the IPs, who were responsible for capturing data and reporting. An information management system was developed using WIZ monitor in 2019 and used since 2020 by IPs for real-time monitoring with higher accuracy. Data visualization tools were used by the M&E team, redeeming the data accessible by all UNFPA staff for systematized corporate and donor reporting. The technical capacities of the programme personnel are high, the JCO has specialized teams for SRHR, PD, GBV and youth in place, and maintained the positions of a Humanitarian Coordinator, Heads of Departments and support functions. Field presence in camps bolstered the efficiency of implementation. Almost all the JCO staff reflected a need for an organizational re-structure to better balance workload, support digitalization and have a stand-alone youth component.

Sustainability

Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. On the organizational level, technical training of trainers provided by UNFPA strengthened institutional capacity, coupled with information systems, tools and infrastructure, such as the CVRS and JMMSRS. UNFPA and partners were able to institutionalize CMR services with pertinent SOPs. The integration of the SRH courses within universities granted further sustainability. UNFPA invested in strengthening existing partnerships with humanitarian local actors and in establishing new ones and provided capacity building to sustain their ability to offer services beyond the CP. Enabling political environment, UNFPA contributed to the development of national policies on Combating Child Marriage, the National Youth Strategy and Population and SRH Strategy. On individual capacity building, UNFPA interventions had a positive impact on beneficiaries evident in their sustained access to SRH services and GBV support. Trained volunteers through the youth centres and the safe spaces are able to implement community and outreach activities. Refugee youth and women who benefited from the vocational trainings have gained skills to facilitate their work opportunities. The national toolkit on YPS will remain, the youth coalition formed by the Crown Prince and the Y-Peer Network.

The evaluation however found that although the systems have been improved, yet the sustainability of work on GBV within the health sector is doubtful because it is still seen as an add-on linked to projects and funding. The evaluation was not able to account for consideration by the CP to wider contextual challenges faced by Jordan, including the poor economic performance, high unemployment rates, the water deficit and food systems. Jordan's

ability to continue to provide humanitarian assistance is questioned in light of the already strained economy and infrastructure, donors' fatigue and reallocation of resources to fund other emergency crises.

Coordination

UNFPA 9th CP delivered against the UNSDF 2018-2022 and supported the different UNCT coordination groups. This included the inter-government steering committee, the UNCT team, the PCT team and the three result working groups on People, Opportunities and Institutions. UNFPA co-chaired the People's results group, but as the case with other working groups, few meetings took place in the reporting period which were called for by UNFPA. COVID-19 crisis fostered coordination between UN agencies, as UNSDF shifted focus to the socio-economic framework for response. UNFPA led the SRH sub-working group at both national and camps levels and the youth task force in *Zaatari* camp. It co-chaired the GBV working group and the compact for the humanitarian response. In addition, UNFPA also co-chaired the YPS in Jordan for two terms under the Ministry of Youth. SRH sub-working group served as a common platform to engage in joint assessments, share information and best practices and coordinate interventions.

Co-chairing the GBV sub-working group at the national level by UNFPA led to a more coordinated GBV work in Jordan and increased the number of actors engaged. The group produced joint assessments, coordinated advocacy and campaigning activities, in addition to prioritization of GBV in OCHA pool funding. UNFPA co-lead with UNHCR the GBV information management system taskforce and actively participated in different UN coordination groups, retreats and discussions. IPs partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level.

Coverage

UNFPA's assistance covered all Syrian refugees in all camps, and in host communities around Amman where most of the vulnerable population is located. Funding limitations disabled the reach at the district level, which would require more resources to collect data and implement activities. The CP coverage had an exclusion bias where not all host communities were reached with the assistance. For example the elderly did not receive particular focus. Focus of UNFPA's interventions was clearly on women, adolescents and girls, as well as refugees and vulnerable Jordanians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient enough to address all the special and increasing needs of 'those furthest behind', such as the elderly, refugees of other nationalities, LGBTQ communities, migrant workers, survivors of human trafficking and commercial sex workers. In realization, the UNFPA JCO put stronger focus on inclusion at later stages of the 9th CP. Regarding women in menopause age, it was introduced for the first time in the SRH national strategy with UNFPA's support and this would pave the way for their further consideration within future UNFPA programming.

Connectedness

Over the multiple years of the CP, capacity building efforts by UNFPA increased the ability of people, organizations and the government to address humanitarian needs, risks and vulnerabilities. Capacities of staff of IPs and National Health Facilities increased on identifying related SRH and GBV gaps and helped change their mindsets around GBV. UNFPA supported the conduct of awareness raising sessions and TOT for youth volunteers, which empowered them as educators, they further led awareness activities for youth. UNFPA contributed to improving organizational performance by supporting systems and processes. Examples include the JMMSRS, women friendly healthcare services, and establishing new laboratories and Healthy Community Clinics. UNFPA developed Reproductive Health and Health Promotion graduate courses that were integrated within universities, two Youth-Friendly Health Clinics and graduate courses for nurses. SRH awareness for adolescents was provided within the healthy school programme. In addition, national capacity was strengthened on measurement mechanisms of Demographic Dividend indicators and ICPD-SDG indicators. ON GBV response, UNFPA strengthened national systems to provide CMR and GBV services to survivors. Inter-agency SOPs were endorsed to address cases of GBV and Child Protection, along with a series of specialized ToTs to health providers. Child marriage was one of the critical issues addressed by UNFPA during the 9th CP through the implementation of a Communication for Behavioural Impact Strategy. UNFPA supported the national DHS by Jordan DOS and the national CRVS system. UNFPA contributed to improving policy frameworks in Jordan on SRHR, youth and GBV by supporting the

development of the National SRH Strategy 2020-2030, the National Population Strategy (2021-2030), as well as the National Action Plan on Early Marriage.

Main Conclusions

Strategic Level

Conclusion 1. The CP9 is well aligned to national and international development priorities including government strategies, strategies of UNFPA Jordan and the United Nations Sustainable Development Framework (UNSDF) 2018-2022. The CP9 effectively responded to the changing environment and needs including humanitarian settings in Jordan and in the region and the COVID-19 pandemic. UNFPA is a strategic partner to the Government of Jordan, other UN agencies and leading bilateral agencies.

Conclusion 2. UNFPA Jordan provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind.

Conclusion 3. UNFPA Jordan is an active member of the UNCT and is a valued strategic partner of the Government of Jordan and other key stakeholders. UNFPA embraced Delivering as One (DaO) under the UNSDF 2018-2022 more so within the context of UN Joint Programmes. The CP9 had a well-articulated coordination framework for the implementation of the programme at both national and sub-national levels in Jordan.

Conclusion 4. UNFPA Jordan has a robust financial management and tracking system that facilitated programmatic and financial accountability. However, in some instances there were delays between requisition of funds by IPs and disbursement by UNFPA due to the differences in the financial years between the Government of Jordan and the UNFPA. This at times affected the timely implementation of interventions.

Conclusion 5. The Intervention logic in the results framework for SRHR, GEWE and PD in CP9 is clearly robust and clear.

Conclusion 6. Data as a foundation for evidence-based programming was well articulated in the CP9. The support rendered by CP9 towards the creation of: (PD component) (i) monitoring and evaluation system to monitor and track ICPD and SDGs, (SRHR component) (ii) maternal death reports compliant with the Maternal Death Surveillance and Response (MDSR) protocol, and (GEWE) (iii) system for monitoring and tracking of family violence cases; and (iv) Gender-Based Violence Information Management System (GBVIMS) analytical products is commendable and should be scaled up.

Programmatic Level

Conclusion 7: UNFPA successfully invested in (i) availability of and accessibility to high quality comprehensive and integrated SRH services in camps and host communities, (ii) launched the Sexual and Reproductive Health (SRH) strategy 2020 – 2030 to mobilize the commitments to fully implement the comprehensive package of SRHR services and the ICPD agenda, with a specific focus on achieving the “three zeros” by 2030: zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices, (iii) strengthened and maintained fruitful partnerships between SRH Sub-Working Group (SRH SWG) members, including in camp settings, to ensure the implementation of a comprehensive quality package of SRHR interventions, (iv) conducted various capacity-building trainings targeting different SRH providers inside both the refugees’ camps and in the host community, (v) endorsed the MM guidelines as one of the ways to tackle the main causes of maternal mortality in Jordan, (vi) increased awareness on SRH issues through dissemination of IEC materials at MCHs at national level, conducted Emergency Obstetric and New-born Care Needs Assessment consultation workshops and (vi) in response to the COVID-19 crisis, UNFPA Jordan in cooperation with the National Women Health Care Center and other governmental and non-governmental SRH actors, established the national SRH hotline services and managed this system throughout 2021.

Conclusion 8: UNFPA supported the ability of young people to exercise SRH rights, and in partnership with the Royal Health Awareness Society (RHAS) expanded its work to cover several public and private universities in Jordan to provide elective reproductive health courses. The UNFPA also accelerated its efforts towards people

with disabilities as a way of promoting inclusion. The UNFPA also rolled out adolescent girls focused programming with women and girls' safe places being introduced. In addition, the UNFPA supported several youth Y-PEER networks members in Jordan as a youth led network on SRHR issues.

Conclusion 9: In GEWE, UNFPA continued to co-lead the GBV WG at the national level, which resulted in increasing number of active members and a more coordinated GBV work in Jordan. The UNFPA also strengthened national policy and governmental capacity systems in the multi-sectorial response to GBV. It also supported the nationwide campaign for the promotion of gender equality and women empowerment. In addition, UNFPA continued the advancement of the SRHR agenda in the country .

Conclusion 10: In population and data, one of the most notable achievements was the development and advocating of the national population strategy. In addition, UNFPA led the development of the National Action Plan to Implement Nairobi Commitments. UNFPA also supported the advocacy for the integration of population dynamics in policies and programs at the governorate level and supported the strengthening of the CRVS data system. This was done by conducting capacity building and on the job training to staff from the Civil Status and Passport Department, CSPD, Department of Statistics and Ministry of Health that have direct role in the provision of vital statistics

Conclusion 11: The evaluation also identified that although CP9 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions.

Conclusion 12: Significant progress was achieved in strengthening legal, policy and strategies and other capacities on GEWE. Through partnership with the government, civil society organizations and other partners, UNFPA has been able to strengthen the capacity to support, prevent and address GBV and strengthen the response for elimination of GBV. UNFPA continued to be well positioned as a strategic partner to the Government of Jordan on GBV. It strengthened the protection system and supported the development of policies and strategies. It developed a protocol on CMR that led to government-run hospitals start offering CMR services. There is increased reporting on GBV cases and an improvement in case management. Moreover, safe spaces established by UNFPA for women and girls increased women and girls' GBV awareness, where to seek services and how to access them. PSS provided by UNFPA helped Syrian refugees overcome war trauma, increased their self-confidence and improved their general well-being.

Conclusion 13: Significant progress was achieved in advocating for evidence-based information by creating monitoring and evaluation system to monitor and track ICPD and SDGs; the National Population Strategy; system for monitoring and tracking of family violence; Gender-Based Violence Information Management System (GBVIMS) analytical products; and maternal death reports compliant with the Maternal Death Surveillance and Response (MDSR) protocol. Challenges remained particularly about adequate funding and capacity building initiatives, especially due to the impact of shift in service delivery and programming due to COVID-19.

Conclusion 14: The vocational training and skill development activities that were provided to young women proved to have the potential to increase livelihood opportunities through jobs, volunteering or small projects. They also were socially empowering for participating women. This could be designed into an activity to promote economic participation and livelihoods support for women, .which potentially could change household dynamics and contribute to addressing root cause of GBV.

Recommendations

Strategic Level

1. During the design and implementation of the 10th CP, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to changing environment and needs in the development and humanitarian settings, including COVID-19.

2. The next CP (CP10) should consider sustaining partnerships and resource mobilization for JCO in order to ensure support to UNFPA's programmes in Jordan and sustain the remarkable evident achievement of results and outcomes in all thematic sub-programmes that has been observed for CP9.

3. There is a need for UNFPA Jordan CO to continue strengthening partnerships under the UN framework of DaO. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should further strategically partner with institutions and MDAs that have mandate to address drivers of Gender-Based Violence/ Domestic Violence) (GBV/DV), and Child Early and Forced Marriage (CEFM) and harmful practices related to the effects of emergencies such as COVID-19 and the humanitarian crises.

4. There is a need to further strengthen the financial management system in the UNFPA Jordan CO to facilitate programmatic and financial accountability by paying particular attention to innovative strategies aimed at reducing the time between requisition and disbursement of funds to IPs. The UNFPA Jordan CO should have a dialogue with IPs on strategies of streamlining financial systems and ensuring that there are no delays in disbursement of funds.

5. Establishing partnerships with a wider array of partners and entities is critical to enable UNFPA to address the root causes of GBV, ensuring a preventive and transformative approach. For example, with religious entities and with partners who focus on economic empowerment and livelihoods.

5. The continuation of strong strategic leadership and the thrust on capacity building in the Jordan CO is needed to support integrated programming at national and the sub-national levels in the Kingdom of Jordan.

6. To strengthen equity, South-South and triangulated cooperation, gender and human rights-based approaches, and leaving no one behind, the next CP should actively advocate for use of the differentiated service delivery (DSD) model to facilitate an effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in view of humanitarian emergencies and the COVID-19 situation. The DSD approach is meant to address the specific needs of different needs of especially vulnerable and hard-to-reach populations and communities.

7. UNFPA CO and its partners should ensure that the next CP continues to strengthen the logical framework of results and focus on SRHR, GEWE, Adolescents and Youth and Population and Development, including data and evidence-based programming to ensure acceleration of the achievement of the 3 transformative results. This will increase the comparative advantage of UNFPA in Jordan and further increase its credibility among multi lateral and bilateral donors as well as among the key government sectors.

Programmatic Level

8. In order to sustain the high level of achievement, UNFPA should continue to align the Country Programme to national and international goals and objectives with regards to SRHR, GEWE and PD with greater emphasis on the needs of the communities that UNFPA supports including most-at-risk populations and vulnerable communities furthest behind, assessing and addressing their unique needs.

9. The UNFPA Jordan CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale up investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information.

10: Further build the Capacity of UNFPA CO Gender Unit and Implementing Partners to effectively address issues on GBV by using Evidence Based Information. GBV responses and interventions should be evidence-based to properly and effectively track the progress of the programmes.

11. The CO should advocate for significant investment and systems strengthening to support evidence-based information for SRHR; GEWE and PD and in line with international standards and norms that enable the integration of ICPD-SDGs monitoring and reporting systems.

12. Introduce economic empowerment programmes for women, youth and men to increase their entrepreneurial skills, link to job/work opportunities, TVET for youth, entrepreneurship/small projects, which could be also specifically empowering to GBV survivors.

CHAPTER 1: INTRODUCTION

1.1 Purpose and Objectives of the Country Programme Evaluation

The purpose of the Country Programme Evaluation (CPE), according to the UNFPA Terms of references (ToRs) in Annex 1, was to provide an independent assessment of the UNFPA Jordan 9th CP (2018-2022) and to demonstrate accountability to stakeholders on the performance towards achieving development results and on invested resources. In addition to supporting evidence-based decision-making and contributing key lessons learned to the knowledge base of the organization and the next programming cycle. Specifically, the objectives of this CPE were:

- i. Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, coordination, coverage and connectedness of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the country programme.
- ii. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results.
- iii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The main audience and primary users of the evaluation are: (i) The UNFPA Jordan Country Office; (ii) Government of Jordan (GoJ); (iii) the United Nations Country Team (UNCT) in Jordan; (iv) Arab States regional Office (ASRO); (v) and donors operating in Jordan. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA Jordan CO; (ii) UNFPA headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organizations (CSOs) and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth).

1.2 Scope of the Evaluation

Geographical scope: The evaluation covered Za'atari and Azraq camps, and facilities of host communities where the UNFPA interventions were implemented.

Thematic scope: The evaluation covered the thematic areas of the 9th Country Programme (CP), namely: sexual and reproductive health, gender equality and the empowerment of women and girls, and population and development. In addition, the evaluation covered cross-cutting issues of youth empowerment, human rights and gender equality, disability, and transversal aspects of coordination, monitoring and evaluation (M&E), innovation and strategic partnerships.

Temporal scope: The evaluation covered interventions implemented within the time of the current 9th CP between 2018 and 2022.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation criteria and guidance used in this evaluation report was provided in the UNFPA Evaluation Handbook, and related UNFPA guidance on conducting Evaluation in the Covid-19 Era. The evaluation systematically used the four OECD/DAC criteria³ of relevance, effectiveness, efficiency and sustainability, in

³UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation www.unfpa.org/EvaluationHandbook

addition to three UNFPA criteria of coordination, coverage and connectedness.⁴ The aspect of technology was an add-on by the Evaluation Team and included in the criteria measuring effectiveness and efficiency. The design for the evaluation was also modelled on previous country-level evaluations led by members of this evaluation team.

Criteria	Evaluation Questions
1. Relevance	EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements? EQ2: To what extent has the country office been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes such as the on-going COVID-19 pandemic? What was the quality of the response?
2. Effectiveness	EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results of the CP and any revisions that may have been done in view of the COVID-19 pandemic and technology, including unintended results? EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?
3. Efficiency	EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used appropriate policies and procedures to achieve of the outcomes, including changes impeded CP's response to the COVID-19 crisis?
4. Sustainability	EQ6: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the ownership and durability of effects including results occasioned by the Covid-19 response?
5. Coordination	EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?
6. Coverage	EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside? EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups (women, adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations etc.)
7. Connectedness	EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors to better prepare for, respond to and recover from humanitarian crisis?

Table 2: Evaluation Questions

1.3.2 Evaluation Approach

Complementary approaches and guiding principles were used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, to the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries of UNFPA support.

Theory-based approach

The theory of change played a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation verified the theory of change (ToC) underpinning the UNFPA Jordan 9th CP (Annex 6) and used it to determine whether changes at result levels occurred (or not) and whether assumptions about change hold true.

Participatory approach

⁴OECD. 2021. Evaluation Criteria <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

The CPE was based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. Out of the shared stakeholders map (Annex 5), participants in this evaluation included representatives from government, civil society organizations, IPs, academia, UN organizations, donors and beneficiary women, adolescents and youth. The UNFPA Evaluation Manager established an ERG comprised of key stakeholders of the CP who provided inputs throughout the evaluation.

Mixed-method approach

The evaluation primarily used qualitative methods for data collection, including document review, interviews, focus group discussions and observations that ensured adequate and appropriate collection of data in spite of the Covid-19 restrictions. Data collection was conducted using remote and virtual means. Quantitative data was compiled from existing data sources, through desk review of documents, websites and online databases.

Gender Equality and Women Empowerment

Using a gender lens, the evaluation considered gender equality and empowerment of women (GEWE) as a guiding principle in data collection using the mixed-method approach, analysis and reporting. Questions were specifically asked on different marginalised and vulnerable groups relevant to Jordan, including women, adolescents and children exposed to gender-based violence, out-of-school children, persons with different abilities, refugees living in camps or internally displaced people and others based on socio-economic and geographical dimensions.

Humanitarian-Development Peace Nexus

The Evaluation considered the work of the UNFPA Jordan from a humanitarian-development peace nexus lens.⁵ This helped to properly understand needs and the root causes of vulnerability, fragility and inequality. Beyond the immediate programme location, analysis took into account the broader political implications of intervening. The humanitarian-development-peace context challenges and opportunities were considered while assessing effectiveness and sustainability of programmes.

Precede-Proceed Model (PPM)

Utilizing the PPM model (Figure 2), the evaluation accounted for the complex nature of population health issues and considered the socio-ecological factors impacting health and social outcomes among the population being studied. PPM model considered people's knowledge, skills and behaviour as well as their environment (interpersonal and community) for potential intervention targets. The use of this model enabled a comprehensive evaluation of the UNFPA Jordan 9th CP from a structured multi-component perspective.

Impact of COVID-19 on the CP

The COVID-19 global pandemic created a public health, economic and social emergency in Jordan since early 2020 with an anticipated two years needed for recovery of the lost opportunities. The evaluation took into consideration the impact of COVID-19 in tandem with the government response policies and emerging situation of the pandemic and assessed the and the additional activities supported and adjustments made by UNFPA CO in Jordan through the 9th CP to support the COVID-19 response of the Government of Jordan.

1.3.3 Methods of Data Collection

The evaluation utilised a number of data collection methods, including key informant interviews (KIs) with stakeholders, national and sub-national level implementing partners (IPs) and focus group discussions (FGDs) with programme beneficiaries. Sequenced simultaneously, all the data was collected remotely over Microsoft Teams, Zoom or Google Meet in line with COVID-19 restrictions following semi-structured interview guides that were prepared for each group of the target evaluation participants. The CO facilitated the appointments with the targeted evaluation participants according to the agreed evaluation agenda provided in Annex 2. The specific data sources are provided in the Evaluation Matrix (Annex 3).

Desk Review: The CPE involved the on-going extensive review of documents which informed the evaluation design and established an understanding of the implementation framework for the CP, management and

⁵Oxfam Discussion Paper (2019). The Humanitarian Development Peace Nexus. What does it mean for multi-mandated organisations? Oxfam International. www.oxfam.org

monitoring and evaluation processes. Review of documents was done continuously during the CPE phases, including during report writing, it was used to triangulate with data provided by primary sources, enriched the evidence base and content of the report. The reviewed documents were identified as per UNFPA Evaluation Handbook guidelines, whereas additional documents included planning, monitoring and evaluation reports on programme thematic areas.

Key informant interviews: KIIs were conducted with stakeholders at national and sub-national levels using semi-structured schedules based on the agreed evaluation questions. This methodology was useful in getting feedback and inputs on the processes and results of the CP from those who interacted with the programme both at field and policy levels based on the objectives of the CPE.

Focus Group Discussions: FGDs with the selected programme beneficiaries were held remotely, in line with national and local regulations and restrictions for COVID-19 pandemic. The target beneficiaries included women, adolescents, youth, men, most-at-risk populations (MARPs) and refugees. The FGDs were facilitated by one of the three main evaluation consultants, assisted by a trained translator or a senior research assistant. Each FGD comprised between 6-12 participants who provided qualitative insights into the respective interventions, bearing in mind that the 9th CP interventions are implemented as integrated packages. The FGDs were conducted, where possible, in the local language of the beneficiaries and transcribed verbatim into English.

1.3.4 Sampling Plan of Evaluation Participants

The CPE adopted a participatory approach in selecting the stakeholders who participated in the KIIs and FGDs. They were identified based on the stakeholders' map provided by the UNFPA Jordan and the initial review of programme documents and discussions with the UNPA team during the design phase. The selection of the sample took into consideration the gender and diversity factors and vulnerability, guided by the UNFPA Evaluation Handbook which instructs well about the criteria to identify the stakeholders for data collection including types of interventions, financial allocation, national and regional coverage and inclusion of all types of stakeholders. The sample selected also followed the Handbook in the sense that it was illustrative, not statistically representative. It was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'⁶. Table 3 provides a list of institutions of the stakeholders and beneficiaries interviewed.

Institution	Relevant Outcome / Interviewee	Number of people interviewed	Specific Stakeholder
UNFPA	Overall program	1	UNFPA
	SRHR	3	UNFPA
	Youth	1	UNFPA
	PD	1	UNFPA
	Overall / CD	1	UNFPA
	Azraq Camp Coordinator	1	UNFPA
	Field and Zaatari Camp Coordinators	2	UNFPA
	Resource Mobilization Specialist	1	UNFPA
	Operation Manager	1	UNFPA
	Program Support	2	UNFPA
	GBV team	4	UNFPA
Government Partners	Gender	1	National Council for Family Affairs (NCFA)
	SRHR	1	Ministry of Health (MOH)
	PD	1	Civil Status And Passports Department (CSPD)
	PD	2	Higher Population Council (HPC)
	SRHR	1	National Women Health Care Centers (NWHCC)
	Gender	1	The Jordanian National Commission For Women (JNCW) – Semi-government

⁶<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>

	PD	1	National Council for Family Affairs (NCFA)
	Gender	1	Ministry of Health (MOH)
National and International NGOs	Gender	1	Institute of Family Health (IFH) / NHF
	Youth/SRHR	1	Royal Health Awareness Society (RHAS)
	Gender & SRHR	2	Jordanian Women's Union (JWU)
	SRHR	1	Jordan Health Aid Society (JHAS)
	Youth/SRHR	2	Questscope Social Development (QS)
	SRHR	1	International Rescue Committee (IRC)
	SRHR	1	Health Care Accreditation Council (HCAC)
	Gender	1	Jordanian Women's Union (JWU)
	SRHR	1	Institute of Family Health (IFH) / NHF
	Youth/SRHR	1	Generations for Peace (GFP)
	GBV	1	Institute of Family Health (IFH)
	Gender	2	International Rescue Committee (IRC)
	Youth	1	Institute of Family Health (IFH)
	Youth/SRHR	1	Y-PEER
International Development Organizations	Head of Office	1	UN Agency / RC Office
	SRHR	1	UN Agency / WHO
	SRHR	1	UN Agency / UNHCR
	SRHR	1	UN Agency / UNICEF
	Overall	1	UN Agency / RC Office
	SRHR	1	UN Agency / UNHCR
	Gender	1	UN Agency / UNICEF
Beneficiaries (direct and indirect)	SRHR beneficiaries	6	International Rescue Committee (IRC)
	Youth interventions beneficiaries	8	International Rescue Committee (IRC)
	Gender interventions beneficiaries	9	International Rescue Committee (IRC)
	SRHR beneficiaries	4	Institute of Family Health (IFH)
	Gender interventions beneficiaries	7	Institute of Family Health (IFH)
	Youth interventions beneficiaries	7	Institute of Family Health (IFH)
	SRHR beneficiaries	8	Jordan Health Aid Society (JHAS)
	Gender interventions beneficiaries	8	Institute of Family Health (IFH)
	Youth interventions beneficiaries	7	Questscope Social Development (QS)
	Medical professionals	6	Ministry of Health (MOH)

Table 3: Stakeholders and beneficiaries consulted

1.3.5 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG⁷, and the United Nations Norms and Standards for evaluation in the United Nations System.⁸ The evaluation team adhered to the accepted codes of conduct: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were respected by ensuring

⁷United Nations Evaluation Group, UNEG Ethical Guidelines, http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system.: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

⁸<http://www.unevaluation.org/document/detail/102>

that each member of the evaluation team maintain an ethical behaviour. Prior to the start of the data collection phase, internal brainstorming sessions were held specifically to ensure that each member of the team was aware of the ethical standards and code of conduct principles and was well equipped to deal with ethical issues during the conduct of the evaluation. In addition, in accordance with the ToRs, the evaluators signed the UNEG Code of Conduct prior to starting the evaluation process. Oral consents were obtained from all participants who took part in this evaluation. For adolescents below the age of 18 years, the evaluation team obtain both parental permission and child assent in order for them to participate in the interviews or FGD sessions. The special needs around GBV, and disability-related work were considered, while ensuring confidentiality with adequate and informed consent.

1.3.6 Data Validation and Analysis

The data for the evaluation of the 9th UNFPA Jordan CP (2018-2022) was necessarily qualitative in nature, organized around three main thematic areas: sexual and reproductive health and rights, gender equality and women's empowerment, and population and development. The Evaluation Team used an iterative, multi-phased approach to analyse the data.

Review of the documents provided both contextual information and data that, in combination with primary data from online fieldwork, permitted the evaluators to provide detailed and credible answers to all the evaluation questions. The analysis was done by the team jointly, as well as individually.

Qualitative data from primary sources was analysed using the content and thematic analysis framework, which involved organizing data according to themes related to the evaluation objectives, evaluation questions and the criteria. Some quotes and human stories were cited verbatim in the findings to support the thematic analysis.

Quantitative data from secondary sources was analysed using descriptive statistical methods involving tabulations and graphing of the data. The raw data was obtained primarily from the Jordan Department of Statistics (DOS) and the UNPA online dashboard, ensuring up-to-date data and indicators.

Data validation was a continuous process, the evaluators checked the validity of data and verified the robustness of findings at each phase throughout the evaluation. All findings of the evaluation were firmly grounded in evidence. The evaluation team used a variety of mechanisms to ensure the validity of the collected data, including:

- Triangulation techniques that reinforced the credibility and validity of the findings, judgements and conclusions obtained on the basis of the primary qualitative data.
- Regular exchange with the evaluation manager at the UNFPA Jordan CO.
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence.
- The debriefing meeting with the CO and the Evaluation Reference Group (ERG) at the end of the field phase. Feedback will allow for further refinement of the evaluation recommendations and conclusions.

1.3.7 Data Quality Assurance

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) for this CPE was undertaken in accordance with the guidance and tools⁹, and with roles and responsibilities described in the evaluation ToRs (Annex 1). The quality assurance system for the draft and final versions of the evaluation report covered elements including the report structure and clarity, design and methodology, reliability of data, analysis of findings, validity of conclusions and usefulness of the recommendations, as well as alignment with the integration of gender and human rights.

1.3.8 Evaluability Assessment, Limitations and Risks

The COVID-19 restrictions have impacted researchers globally since 2020. Therefore, the evaluation team took into account mobility restrictions when developing the CPE design. The team was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily rely on face-to-face interactions for data collection. The team therefore used Microsoft Teams/Zoom/Skype/ social media to conduct the KIIs and FGDs. In addition, immediate peer debriefing and in-depth internal discussions mitigated barriers associated.

⁹ <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

Restrictions related to COVID-19, requires that some data to be collected remotely and therefore depended on respondents having access to Internet and telephones enabling remote communication, which may limit engagement from participants residing in remote and less resourced settings.

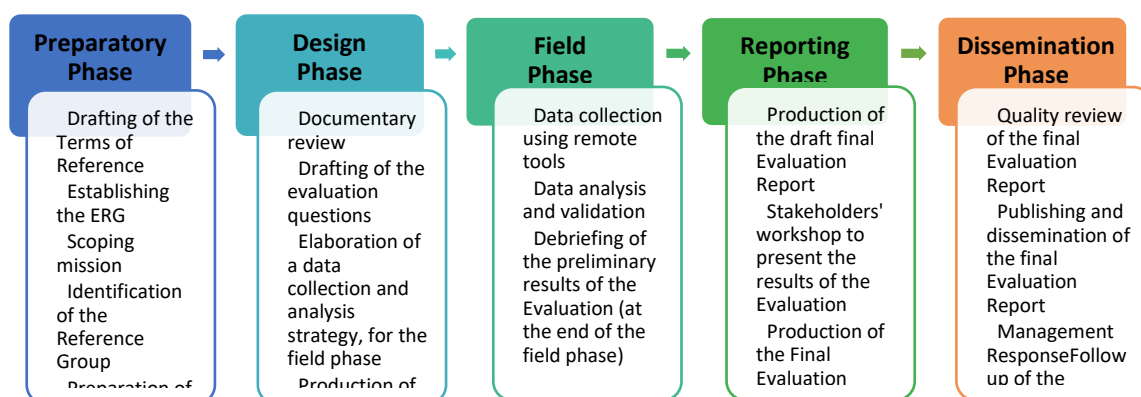
As noted earlier, the universe for the evaluation was all stakeholders engaged in the implementation of UNFPA interventions. These stakeholders, particularly implementing partners (IPs), were the major source for the generation of the required information. Some of the limitations of the proposed approach for data collection were: First, since most of the UNFPA interventions were implemented at national and sub-national levels, it was challenging to identify the direct beneficiaries of the interventions. The information generated through the IPs of UNFPA could have been biased to show their achievements. The second limitation of data generation is the use of remote access for interviews of participants, which may have affected the quality of data compared to face-to-face interviews.

The ToC was an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that UNFPA intervention in SRHR and gender equality was one of the factors affecting the change. Through the qualitative approach it would not be possible to isolate the exact contribution of a UNFPA intervention in a particular change. To minimize these data bias or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; (ii) an effective use of technology and good quality interviews of the selected stakeholders generated the required information/data.

1.3.9 Process Overview

The CPE was conducted through five phases, namely: preparatory phase, design phase, field phase, reporting phase and dissemination phase, as shown in Figure 3. The composition of the evaluation team as well as their roles and responsibilities are included in Annex 5. However, the team worked in a complementary manner in order to obtain and analyse data that answers the evaluation questions and facilitate a credible and reliable evaluation.

Figure 3: Phases of CP Evaluation Process¹⁰



Preparatory Phase

The preparatory phase of the CPE was led by the evaluation manager at the UNFPA Jordan CO, which included:

- Establishment of the ERG and drafting of ToRs with support from the UNFPA ASRO M&E advisor, which was approved by the Evaluation Office.
- Selection and recruitment of consultants by the CO to constitute the evaluation team.
- Compilation of background documents which were shared with the evaluation team for desk review.
- Preparation of a first stakeholders map (Annex 5) and list of Atlas projects.

¹⁰Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

Design Phase

The evaluation team conducted the design phase in consultation with the Evaluation Manager and the ERG. The Design Report was submitted in January 2022. This phase included:

- Desk review of initial background information and documents on the country context and CP.
- Formulation of a final set of evaluation questions based on the preliminary questions provided in the ToRs.
-
- Development of a comprehensive stakeholders' map and sampling strategy.
- Development of data collection methods and tools and identifying limitations. In addition to the development of an analysis strategy and work plan for the field and reporting phases.
- Development of the evaluation matrix (Annex 4).

Field Phase

- The evaluation team undertook valid and reliable data collection required to answer the evaluation questions over three weeks during January 2022.
- Towards the end of the field phase, the evaluation team conducted a preliminary analysis of the data with emerging findings and conclusions.
- A debriefing meeting with the CO and the ERG was held where the preliminary findings and emerging conclusions were presented and validated.

Reporting Phase

- Analytical work continued, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.
- A draft evaluation report was prepared and underwent an internal quality control.
- The draft report was reviewed for quality assurance by the UNFPA evaluation manager.
- consolidated comments and feedback provided by the members of the ERG.
- On the basis of the comments, the evaluation team made appropriate amendments and the final evaluation report was submitted to the evaluation manager.

Facilitation of Use and Dissemination Phase

- A PowerPoint presentation for the dissemination of CPE results was developed by the evaluation team.
- The Evaluation Manager and the CO communications officer will implement the communication plan to share the evaluation results and collect feedback.
- The Evaluation Manager will ensure that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses in a final management response document.
- The evaluation manager, in collaboration with the communications officer at the UNFPA Jordan CO, develop an evaluation brief that makes the results of the CPE more accessible to a larger audience
- The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

Jordan is an upper middle-income country that has a recent history of rapid population growth due to instabilities in the region and subsequent movements of people. Jordan ranks in the top ten countries in the world for the volume of ODA grants. Jordan faces the challenge of rapid urbanization and the challenges of inequalities that come with it. 91.2 percent of the population are urban dwellers, with 70 percent of its urban population living within a 30 km perimeter of Amman.

The government of Jordan faces a growing set of challenges, linked to a long-running failure to adopt meaningful political, financial and economic reforms. Democratic processes remain shallow. The House of Representatives is elected by proportional representation, with guaranteed seats for women and religious and other minorities. Political parties are weak and parliament serves more as a forum for bargaining among tribal and other sectional interests than for representing the public interest. It has limited ability to hold the executive to account.

The government has responded to continuing regional instability, popular protest at home and, most recently, the COVID-19 crisis by tightening restrictions on freedom of speech and assembly. There has been a crackdown on dissenting voices in the traditional and online media. While Jordan has a relatively strong framework of human rights on paper, there are substantial gaps in basic rights when it comes to women and girls and non-citizens. Jordan has a strong and largely unaccountable security state, and there are growing concerns about mistreatment of individuals in conflict in law, particularly those accused of public security offences.

2.1.1 Population and Development

According to the Jordan Department of Statistics, Jordan's population in 2019 was 10.5 million and is estimated to increase to 12.9 million by 2025. Syrian refugees account for more than 10 percent of the total population. The vast majority live in urban areas instead of camps. The large presence of Syrian refugees has put tremendous pressure on the country's overstretched resources at one of the most difficult economic periods in its history. Jordan also hosts 67,000 Iraqis, 15,000 Yemenis, 6,000 Sudanese and 2,500 refugees from a total of 52 other nationalities. 50 percent of Syrian refugees are women and they live mostly in urban setting (81 percent). 80 percent of refugees live below the poverty line. Around 350,000 migrants are registered with the Ministry of Interior, and many more who are unregistered, mostly in low-paid and vulnerable employment.

Jordan has one of the youngest populations in the world, with 63 percent of its population under the age of 30 (UNICEF, 2020). Youth aged (15-24) are at 19.8 percent (DOS 2018). As of 2018, disability prevalence in Jordan is estimated to be between 11 and 15 percent. Unemployment reached 24.7 percent in the fourth quarter of 2020 and youth unemployment rates reached an unprecedented 50 percent.

In 2019, it was estimated that 1 million Jordanians live under the poverty line and around 300,000 Jordanians live just above the poverty line and could only remain there because they received support from the government (Cash support, food assistance, etc.). It is also estimated that the number of Jordanians living below the poverty line almost doubled in the first three months of COVID-19 (from 15.4 percent to 26 percent).

2.1.2 Sexual and Reproductive Health and Rights

Jordan has accepted refugees from successive conflicts, evidenced by a non-Jordanian population of three million. Starting in 2013, the Syrian crisis has changed the country's population dynamics and investment priorities. Jordan hosts 1.3 million Syrians, of which 660,000 are refugees (78 percent within host communities; 22 per cent in camps). There are 325,000 women of reproductive age; 55,000 of those are pregnant. These factors have created a burden on service delivery systems, particularly the health care system. In the whole Kingdom women in reproductive age represent 25 percent of the total population. Currently, women in Jordan have an average of 2.7 children. Fertility declined steadily from 1990 to 2002, stabilised from 2002 to 2012, and decreased again between 2012 and 2017-18.

Access to health services is high, latest figures show Maternal Mortality Ratio (MMR) of 32.4/100,000 live births (The National Maternal Mortality Report, 2019), and high ANC Coverage-Institutional deliveries 99 percent (DHS, 2018). The percentage of currently married women age 15-49 currently using any contraceptive method is at 52 percent (DHS, 2018). Unmet need for family planning is 14 percent of currently married women (DHS, 2018), and 57 percent of the total demand for family planning is satisfied by modern methods (DHS, 2018).

These gains need to be sustained through improved obstetric and postnatal care, addressing adolescent reproductive health and strengthening maternal death surveillance and response (MDSR). Demand for sexual and reproductive health services will increase, as the number of women of reproductive age is projected to rise from 1.5 to 2 million by 2020 and focusing on the most vulnerable women is key for the success of SRH programmes.

Just over one-third (37 percent) of married women age 15-49 currently use a modern method of family planning; 14 percent use a traditional method. IUDs are the most popular modern method, used by 21 percent of married women, followed by the pill (8 percent). Withdrawal is the most commonly used traditional method, used by 13 percent of married women. Use of modern methods ranges from 25 percent in Ma'an to 43 percent in Jerash. Married women with no education are least likely to use a modern method (22 percent). Use of modern methods is relatively even across wealth groups. Trends in Family Planning Use in total, use of family planning has declined slightly since 2012, when 42 percent of women were using a modern method.

However, the decrease is seen primarily for temporary methods such as male condoms, while use of long term methods such as IUDs and the pill have remained steady. Use of traditional methods has also declined since 2012, from 19 percent to 14 percent in 2017-18. UNFPA supports the [national Costed Implementation Plan \(CIP\) for family planning](#) which is a multi-year actionable roadmap designed to help the GoJ achieve their family planning goals—goals that when achieved will improve the health and wellbeing of women, families and communities. CIPs are a critical tool in transforming ambitious family planning commitments.

Advocacy on human rights in relation to SRH remains a priority for UNFPA and its partners. The most recent significant success in upholding human rights was the repeal of Article 308 of the Penal Code that allowed charges to be dropped against a rapist if he married his victim. UNFPA succeeded in advocating for three national strategies to take into account the realization of the demographic dividend. UNFPA also supported the provision of reproductive health consultations and the promotion of a model facility with zero maternal deaths in Zaatari Camp that is now recognized as a centre of excellence by the Health Care and Accreditation Facility in Jordan. The country office supported the Ministry of Health to develop and endorse protocols for hepatitis and gender-based violence that have helped promote an integrated, rights-based approach in the health system. A youth centre in Zaatari, supported by UNFPA, is the foundation of a participatory approach by youth that utilizes SRH as the main catalyst for improved civic engagement, community leadership and the ability to negotiate conflict constructively, including for addressing gender-based violence.

2.1.3 Adolescents and Youth

Increasing the ability of young people to exercise their sexual and reproductive health and reproductive rights (SRHR) is critical to reverse negative trends, such as child, early and forced marriage, gender-based violence and women's limited access to formal employment. Many young people seek information and services related to their SRHR outside of public health facilities, according to a perception survey of youth in Zaatari camp and the UNFPA

Y-Peer network. Using youth-centred programmes and services is a more viable option for Jordan where adolescent and youth SRHR services are taboo in many communities.

The adolescent birth rate: 22.4 percent (World Bank, 2015), Reproductive and sexual health awareness is significantly limited among youth especially under 18 years due to cultural restraints on SRH topics with youth under 18, this comes relatively late especially with a preceding period of physiological changes and puberty. For Jordan, the Youth Development Index is 0,586 (UNDP 2018). Five percent of ever-married adolescent women age 15-19 have begun childbearing; that is, they are already mothers or are pregnant with their first child. Teenage childbearing is most common in Mafrq (13%) and least common in Tafiela and Karak (2%). Young women with only elementary education are most likely to have begun childbearing (27%). Young Syrian women are more likely to begin childbearing between ages 15 and 19 (28%) than Jordanians (3%) (DHS 2017)

Private sector is the main employer of youth, which emphasizes the necessity of involving the private sector in all youth employment interventions. Any real change without their active participation is doubtful. Mobility and transportation impact on youth unemployment has been indicated as a significant barrier to youth opportunity of employment. Jordan's landscape of scattered cities makes transportation a crucial element to take into consideration when highlighting what affects employment. The poor public transportation network paired with expensive transportation alternatives stands in the way of youth employment. This requires further policy attention as a means to realize equitable opportunities for youth in all governorates.

2.1.4 Gender Equality and Empowerment of Women

Gender disparities have led to Jordan having one of the lowest rankings in the region on the Gender Development Index 0.864 (95/189) (UNDP 2018), the Gender Inequality Index 0.857 (95/189) (UNDP 2018), and the Global Gender Gap Index (134/145). There is a high prevalence of violence against women; According to the Jordan Population and Family Health Survey (2018) by the DOS, 26 percent of ever-married women aged 15-49 have ever experienced spousal physical, sexual or emotional violence. Of which, 21 percent of women have experienced emotional violence, 18 percent have experienced physical violence, and 5 percent have experienced sexual violence. 20.4 percent of ever-married women and girls aged 15 years and older indicate having been subjected to physical, sexual or psychological violence by a current or former intimate partner for the last 12 months.

Current husbands are the most common perpetrators of physical violence, followed by former husbands, brothers, and fathers (GBV IMS Annual Report, 2020). During the first month of the lockdown, the Public Security Directorate reported a 33 percent increase in GBV reporting. Emotional and physical abuse, often perpetrated by an intimate partner or member of the family, were named as the most common types of GBV (UNFPA Joint Assessment, April 2020). Reducing incidence of child marriage, delaying childbirth and improving opportunities for women's meaningful livelihood will be necessary to ensure better reproductive health outcomes for young women. Furthermore, underage marriages still represent 13.4 percent of all marriages in Jordan according to a study issued by the Higher Population Council. The policies that promote women in the formal workplace need to integrate sexual and reproductive health (SRH) strategies to sustain lower fertility rates and decrease incidence of gender-based violence, especially child marriages, thus laying ground for demographic dividend.

Female labour force participation is among the lowest in the world, at just 14.2 percent in 2020 (DOS, 2020), where women unemployment rose from 24.3 percent in the first quarter of 2020 to 32.8 percent in the fourth quarter. Women have limited voice within the political system: In recent 2020 conducted elections, even though women constituted 360 of 1,674 parliamentary candidates, only the 15 reserved seats were filled by women and only one of the 20 previous women MPs was re-elected. Women's share of seats in parliament 15.4 percent (UNDP 2018).

Annex 6 Provides a table of analysis of the Jordan SDG performance

OVERALL PERFORMANCE

COUNTRY RANKING

Jordan
72/165

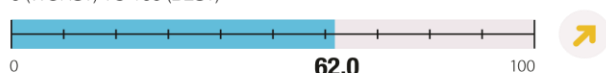
COUNTRY SCORE



REGIONAL AVERAGE: 67.1

STATISTICAL PERFORMANCE INDEX

0 (WORST) TO 100 (BEST)



AVERAGE PERFORMANCE BY SDG

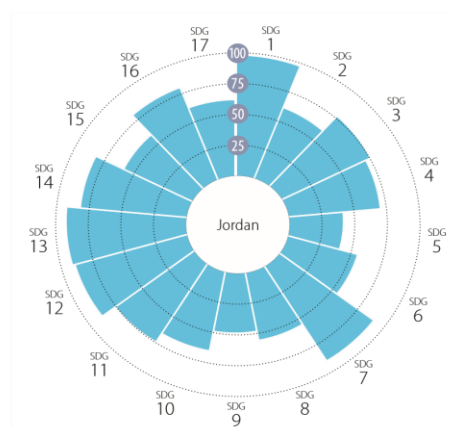


Figure 4: Jordan SDG overall performance

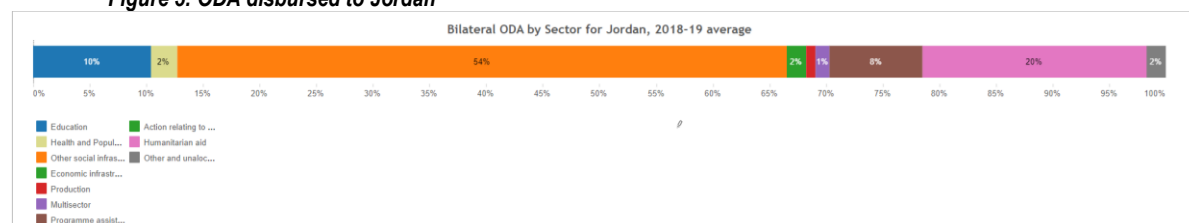
2.3 The Role of External Assistance

Jordan's economy is very small with insufficient supplies of water, oil, and other natural resources, which underlies its stability by heavy reliance on foreign assistance. The impact of the crisis in Syria on Jordan has been recognized by the international community and multiple initiatives encourage 'burden sharing', including several Brussels Conferences, organized by the European Union, to mobilize political support and humanitarian funding, alongside the 2019 London Initiative, a joint endeavour between the British and Goj, supporting investments, growth, and jobs in Jordan. The Jordan Compact has guaranteed refugee access to health services, education, and work permits for certain labour sectors ...etc¹¹.

Receipts for Jordan			
	2017	2018	2019
Net ODA (USD million)	2,979.7	2,526.0	2,797.2
Net ODA/GNI (%)	7.4	6.0	6.4
Gross ODA (USD million)	3,255.5	2,804.2	3,048.3
Bilateral share (gross ODA) (%)	83.9	85.5	83.0
Total net receipts (USD million)	3,597.5	3,172.3	3,941.7

For reference			
	2017	2018	2019
Population (million)	10	10	10
GNI per capita (Atlas USD)	4,020	4,200	4,300

Figure 5: ODA disbursed to Jordan¹²



¹¹ UNHCR - <https://globalcompactrefugees.org/article/jordan>

¹²

https://public.tableau.com/views/OECDACAidataglanbyrecipient_new/Recipients?:embed=yand:display_count=yesand:showTabs=yand:toolbar=no?and:showVizHome=no

Figure 6: Bilateral ODA to Jordan by Sector¹³

13

https://public.tableau.com/views/OECDDACAidataglacebyrecipient_new/Recipients?:embed=yand:display_count=yesand:showTabs=yand:toolbar=no?and:showVizHome=no

CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA Strategic Response

UNFPA Jordan CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs. The core priorities of the UNSDF 2018-2022 are to: Deepen peace, stability, protection of human rights, social cohesion and the social contract, by strengthening institutional capacities and systems, empowering people, and expanding opportunities for women, youth and the most vulnerable. Pursue balanced, sustainable and inclusive economic growth, through support to a more diversified and competitive economy. Secure a stronger and more equal stake for women in the political, economic and social spheres, without discrimination or fear of violence.

The UNSDF aligned fully with the Government's overall strategy Jordan Vision 2025, and with other key policy documents. These include the Jordan Response Plan for the Syria Crisis (JRP), successive Executive Development Programmes (EDP), the Economic Growth Plan, and numerous national strategies (e.g., National Strategy for Human Resources Development 2016-2025, Education for Prosperity: Delivering Results). For its part, the Vision 2025 articulates four interlinked pillars as instruments intended to lead to a "prosperous and resilient Jordan": (1) Citizen: Active citizens with a sense of belonging; (2) Society: Safe and stable society; (3) Business: Dynamic and globally competitive private sector; and (4) Government: Efficient and effective Government. The UNSDF reflects a very similar structure – focused on institutions, people, and opportunities – and supports specific components of each Vision 2025 pillar under each of three UNSDF Outcomes.

3.2 UNFPA Response through the Country Programme

3.2.1 UNFPA Previous Cycle Strategy, Goal and Achievements

UNFPA has been working with the Government of Jordan since 1976 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 9th CP in Jordan. The previous programme cycle (2013-2017) focused on three areas namely; Population Dynamics, Maternal And New Born Health, and Gender Equality and Reproductive Health. It is worth pointing out that in addition to the Regular Country Programme; UNFPA Jordan started its Emergency Program in Jordan early 2012, to respond to the reproductive health needs of Syrians women and girls and to ensure providing them with high quality life-saving protection services. As part of its Emergency Programme, UNFPA works with national and international partners to provide services in three specific areas: - Providing reproductive health services and promoting reproductive rights; Gender based violence prevention and response; Promoting healthy lifestyles, involving and responding to the needs of Young People.

3.2.2 Current UNFPA Country Programme

The 9th CP (2018-2022) is aligned with National Development Plans and strategies, UNFPA Strategic Plan 2018-2021, the United Nations Sustainable Development Framework (UNSDF) 2018-2022, the United Nations Partnership Development Framework (UNPDF) 2018-2022, It was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The 9th CP (2018-2022) contributes to three outcomes of the United Nations Sustainable Development Framework (UNSDF) 2018-2022, supporting the triangulation between people, institutions and opportunity. Within the refugee coordination structure, UNFPA continues to co-lead the gender-based violence subsector and the gender-based violence information management system task force. This strengthens synergies with United Nations entities in their areas of comparative advantage through joint advocacy, project implementation, monitoring and tracking, while ensuring that a mechanism for multi-sectoral provision to gender-based violence prevention is in place.

The programme focuses on strengthening the resilience of public institutions and communities to support ICPD goals on SRHR and gender-based violence, and in the broader context the sustainable development agenda. It is aligned with the Jordan Vision 2025, and supports the achievement of the SDGs, with a focus on the ICPD in improving the health and well-being of women, adolescents, youth and the vulnerable, by reaching those farthest behind. The Government leadership role and commitment to SDGs achievement and UNFPA comparative advantage and strategic positioning was leveraged through joint programming initiatives.

Bridging the development-humanitarian nexus is vital particularly in light of the Syrian crisis and continued instability in the region. The Jordan Response Plan 2017-2019, a multi-year rolling humanitarian plan, serves as the key reference point for resilience planning, emergency preparedness and response, including targeted capacity-building and service delivery supporting vulnerable populations in refugee camps and in host communities.

The UNFPA partnership with the Ministry of Planning and International Cooperation was strengthened to ensure that the national plans are aligned with population and development priorities. The Ministries of Health and Social Development are also partners, as are the Ministry of Youth, the National Council for Family Affairs, the Higher Population Council, Department of Statistics, Family Protection Department and Royal Medical Services, as well as NGO, INGOs, academic institutions and United Nations agencies.

The UNFPA Jordan CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) partnerships and coordination, and (iv) service delivery. The overall goal of the UNFPA Jordan ninth CP (2018-2022) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following outcomes of the UNFPA Strategic Plan 2018-2021:

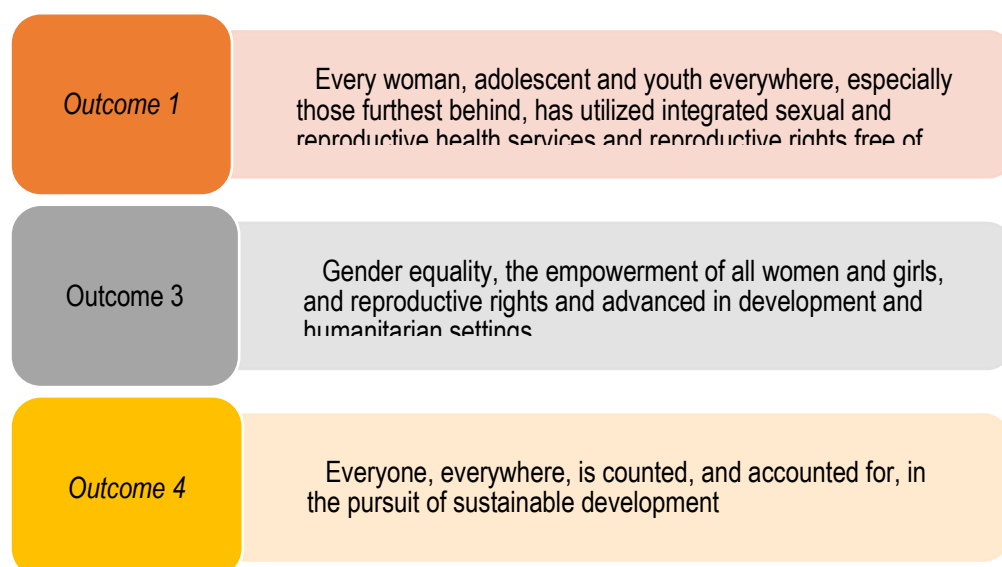


Figure 7: UNFPA 9th Country programme Outcomes

The UNFPA Jordan 9th CP (2018-2022) has three thematic areas of programming with distinct outputs that are structured according to three outcomes in the Strategic Plan 2018-2021 to which they contribute.

The Results Framework UNFPA Jordan 9th CP (2018-2022) is presented in Annex 6.

Outcome 1: Sexual and reproductive health and rights

Output 1: Strengthened capacity of national institutions to deliver integrated high-quality SRH information and services, including for maternal death surveillance and response, in humanitarian and development settings. This is achieved by: (a) developing a strategy and action plan for delivery of integrated high-quality SRH services, focusing on maternal, neonatal, adolescent and youth health; (b) establishing stakeholders' coalitions for mainstream SRHR issues in national policies and emergency preparedness plans; (c) supporting efforts to increase knowledge and awareness of adolescents and youth of SRH; (d) building capacity in clinical management of rape, delivery of SRH and gender-based violence services, including the Minimal Initial Service Package (MISP), an efficient supply-chain management system; (e) building capacity of health-care providers on integrated high-quality SRH services in targeted comprehensive centres; (f) updating and disseminating national policies, guidelines, norms and standards for MDSR and maternal care, in line with global guidelines and local conditions, including for maternal and perinatal death reporting; and (g) advocating for inclusion of reproductive health and gender-based violence issues within national emergency preparedness/response plans.

Output 2: Improved young people's ability to exercise SRH rights in development and humanitarian settings. This includes: (a) integrating SRHR curricula within youth and adolescent programmes; (b) promoting innovative approaches for knowledge transfer on youth SRHR, and peace and security; and (c) advocating for inclusion of adolescent and youth SRHR in national strategies and policies, including emergency preparedness plans.

Outcome 3: Gender equality and women's empowerment

Output 1: Strengthened national capacities to prevent and respond to gender-based violence, with focus on advocacy, data and coordination in development and humanitarian settings. This includes: (a) enhancing capacities of national partners to address gender-based violence through a multisectoral, survivor-centred approach by leading and supporting inter-agency gender-based violence coordination mechanisms; (b) producing analytic reports on gender-based violence response, identifying gaps and proposing corrective action, capitalizing on the UNFPA leadership role in the gender-based violence information management system task force; (c) enhancing gender-based violence service delivery through the provision of specialized case management and psychosocial support services to safe spaces; and (d) enhancing a coordinated referral system to address gender-based violence among the health, social services, police and justice sectors by providing support to the rollout of the essential services package.

Output 2: Strengthened national capacities to address child, early and forced marriage. This includes: (a) elaborating and implementing communication for behavioural impact and communication for social change strategies engaging key stakeholders and decision-makers to address deep-rooted norms perpetuating practices such as child, early and forced marriage; and (b) advocating with different stakeholders on the elimination of such practices.

Outcome 4: Population and development

Output 1: Increased national data systems' capacity for integration of population dynamics for the realization of the demographic dividend, including in humanitarian contexts. This includes: (a) advocating for integration of data into national strategies that may lead to a demographic dividend; (b) supporting the integration of ICPD-SDGs monitoring and reporting systems; (c) producing position papers and policy briefs on critical population issues, including the humanitarian situation; and (d) targeted technical assistance to support monitoring, tracking and managing gender-based violence in line with international standards and norms. In addition, the UNFPA Jordan CO takes part in activities of the UNCT under the leadership of the United Nations Resident Coordinator, with the objective to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs.

The ToC that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Figure 2. The ToC was an essential building block of the evaluation methodology.

3.2.3 Country Programme Financial Structure

Allocation of Budget, 2018-2022

UNFPA committed US\$51.3 million over the five years of its 9th Country Programme (2018-2022) with US\$2.3 million dollars from regular resources and US\$49.0 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA Jordan CP9 (2018-2022) is provided in Table 1 and is as follows by thematic programme: (a) Sexual and Reproductive Health (US\$32.0 million); (b) Gender Equality and Women's Empowerment (US\$16.0 million); (c) Population and Development (US\$3.0 million). In addition, an amount of US\$0.3 million was allocated for programme coordination and assistance.¹⁴

Strategic Plan Outcome Area		Type of Funding			Funding Source Allocation		Total as percent of Total Budget
		Regular Resources (US\$)	Other Resources (US\$)	Total (US\$)	Regular	Other	
1.	Sexual and Reproductive Health and Rights	1.0	31.0	32.0	3.1 percent	96.9 percent	62.4 percent
2.	Gender Equality and Women's Empowerment	0.5	15.5	16.0	3.1 percent	96.9 percent	31.2 percent
3.	Population and Development	0.5	2.5	3.0	16.7 percent	83.3 percent	5.8 percent
Programme Coordination and Assistance		0.3	-	0.3	100.0 percent	0.0 percent	0.6 percent
Total		2.3	49.0	51.3	4.5 percent	95.5 percent	100.0 percent

Table 4: Proposed Indicative Assistance (in millions of \$), Jordan 9th CP (2018-2022)¹⁵

Source: UNFPA Jordan Country Programme Document (2018-2022)

As further shown in Table 4, the SRHR component accounted for the highest allocation (62.4 percent) of which a significantly higher proportion, 97 percent was proposed to be financed by other resources and 3 percent by regular resources. The Gender Equality and Women Empowerment (GEWE) component followed with 31 percent, of which a significantly higher proportion 97 percent) was to be financed through other funds and the remaining 3 percent to be sourced from regular funds. The PD component was allocated 6 percent of the budget allocation, with a significant proportion (83 percent) financed by other funds and the remaining third (17 percent) to be financed using regular resources. Finally, programme coordination and assistance were allocated 0.6 percent of the budget with all of this allocation coming from regular funding.

Evolution of Overall Budget and Expenditure, 2018-2021

2018			2019			2020		
Project	Project Budget	Budget Utilization	Project	Project Budget	Budget Utilization	Project	Project Budget	Budget Utilization
GBV	3,289,364	3,208,132	GBV	3,596,822	3,464,703	GBV	3,763,312	3,436,651
PDS	252,162	252,155	PDS	239,522	238,513	PD	295,964	287,192
SRH	10,336,435	10,122,215	SRH	8,107,942	7,947,691	SRH	8,039,785	7,453,070
Total for Project JORM0809	171,142	162,839	Total for Project JORM0809	140,925	137,573	Total for Project JORM0809	146,203	124,381
Total	14,049,103	13,745,342	Total	12,085,211	11,788,480	Total	12,245,265	11,301,294

Table 5: Summary of Budget Expenditures

¹⁴UNFPA Jordan Country Programme Document (2018-2022).

¹⁵UNFPA Jordan Country Programme Document (2018-2022).

Collected/Cash Available and Utilisation by Origin of Funds

Total allocated and expenditures / Funds and Years - without the indirect cost for UNFPA				
Fund Code	Total Programme Funds Available for Budgeting	Budget allocated	Budget Utilization	Budget Utilization Rate
2018				
Total	14,269,459.97	13,895,239.86	13,599,779.65	97.87%
2019				
Total	11,720,169.40	11,933,727.10	11,650,907.92	97.63%
2020				
Total	11,380,337.68	11,951,268.91	11,315,069.91	94.68%
2021				
Total	12,565,801.79	11,245,704.35	11,106,559.88	98.76%
2022				
Total	6,662,786.14	7,725,877.07	28,223.69	0.37%

CHAPTER 4: EVALUATION FINDINGS

4.1 Relevance

EQ1: To what extent has the country office been able to adapt to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups including people with disability; ii) national development strategies and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks, in particular the ICPD Programme of Action and SDGs.

4.1.1 Addressing the needs of diverse populations

4.1.1.1 Sexual and reproductive health and rights

Although Jordan has laws and policies on SRH and health indicators are steadily improving in some areas, there is still room for improvement in some components. The UNFPA Jordan 9th CP responded to the needs of the women who are unable to obtain adequate SRH information or services. The 2017-18 Population and Family Health Survey showed that 52 percent of married women use some method of family planning, with 57 percent of the demand being satisfied by a modern method. Contraceptive use among married women aged 15-49 declined from 61 percent in 2012 to 52 percent in 2017-2018, linked to low use among refugees and shift to traditional methods, and 14 percent of currently married women have unmet need for family planning¹⁶. Comprehensive knowledge about SRH among young people is limited, particularly among girls, and it is not taught in schools. According to the Department of Statistics of Jordan, adolescent fertility (15-19 years) reached 27/1,000 in 2017, given substantial rates of underage marriage, with differences in fertility levels by governorate and nationality.

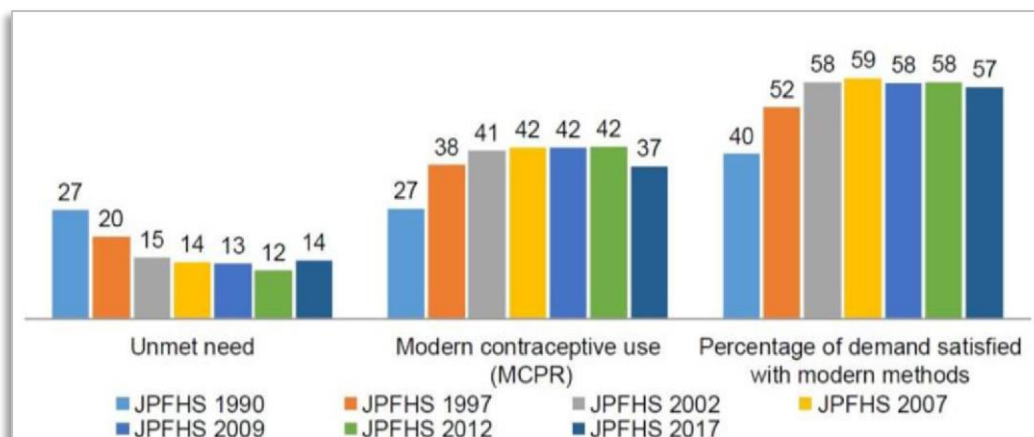


Figure 10: Trends in unmet need, modern contraceptive use, percentage of demand satisfied with modern methods
Source: Family Planning Costed Implementation Plan

These unmet needs were addressed through the CP's integrated interventions, mainly under (Output 1.1): Strengthened capacity of national institutions to deliver integrated high-quality SRH information and services, including for maternal death surveillance and response, in humanitarian and development settings. Also, through (Output 2): Improved young people's ability to exercise SRH rights in development and humanitarian settings.

All beneficiaries who participated in the evaluation FGDs confirmed that the UNFPA activities and services that they received addressed their needs to access quality SRH and healthcare services, as well as access to information. Married women expressed they needed access to family planning services and to contraceptives, safe spaces, learning and awareness on SRH. SRH services were pinpointed by beneficiary Syrian refugee women as imperative to follow-up during and after pregnancies, provide family planning commodities and receive information and awareness. Of the additional services that beneficiary women find necessary are the ultrasound devices and some specific medications (e.g. inflammations, vitamins and medicines only served in bigger hospitals).

¹⁶ Ministry of Health and USAID. 2019. Family Planning Costed Implementation Plan https://pdf.usaid.gov/pdf_docs/PA00WB19.pdf

as mentioned by interviewees) and family planning IUD types different than what is offered¹⁷. Discussions with the evaluation participants showed that youth activities in relation to SRHR awareness and training were designed in a participatory approach ensuring responsiveness to their needs and concerns. Youth participation in the design of the advocacy activities ensured that the stereotypes are identified and addressed. National partners interviewed have identified the participatory manner through which the UNFPA's annual workplans used to be developed as one of the best practices that bolsters working with UNFPA. They further recommended to ensure participatory multi-year planning in future collaboration between the Government of Jordan and UNFPA to be able to achieve outcomes and impacts.

4.1.1.2 Gender equality and women's empowerment

GBV remains a widespread problem in Jordan as it is in the Middle East and Arab states in general. The CP addressed issues of gender inequalities and GBV. According to the Jordan Population and Family Health Survey 2017-2018, around a third of ever-married women (15-49) have experienced physical violence in their lives and the level of violence is particularly high for refugee women living in camps. Social attitudes remain permissive of gender-based violence, with 68.7 percent of men and 42 percent of women believing it is justified for a man to beat his wife in some circumstances.¹⁸

The prevalence of child marriage is persistent in Jordan; more than 1 in 4 children are married before the age of 18 and nearly 1 in 10 are married before the age of 15.¹⁹ This problem is particularly acute in refugee communities. Controlling behaviours reported by girls include denial of access to school and tertiary education, limitations of movement and social contacts as well as access to reproductive health services for unmarried girls. Husbands or male relatives also prevent girls from attending girls' empowerment activities and other services. Denial of resources is normalized within communities, women and girls are often unaware these incidents constitute GBV. The most reported form of violence in Jordan is psychological and emotional abuse (48.4 percent) in the context of domestic violence, whilst the least reported is rape, with only 1.3 percent of reported cases, suggesting a high level of stigma and silence around this crime.²⁰ The 'leaving no one behind' analysis shows a number of groups at particular risk of marginalisation, including women and girls, refugees, migrant workers, informal sector workers, unemployed youth, LGBTQ+ and people in conflict with the law.

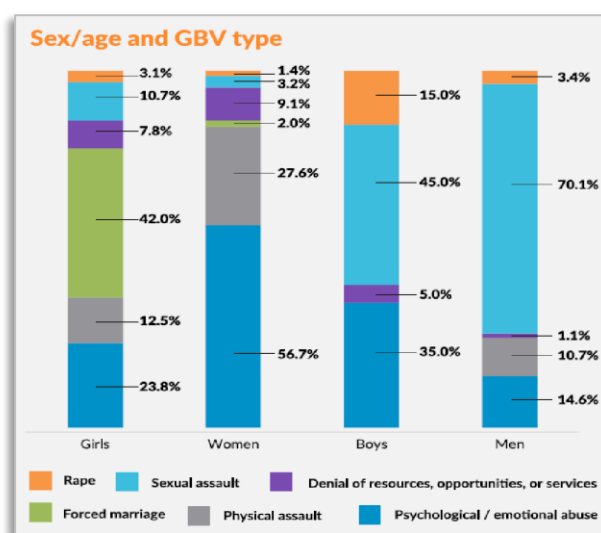


Figure 9: Jordan Sex/age GBV type

Source: GBV IMS report 2020

¹⁷ Some types of IUD birth control implants could be inserted into the arm.

¹⁸ The Hashemite Kingdom of Jordan. 2019. Jordan Population and Family Health Survey 2017-2018. <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>.

¹⁹ Jordan GBV IMS Task Force. 2020. Annual Report 2020 https://jordan.unfpa.org/sites/default/files/pub-pdf/jordan_gbv_ims_task_force_-_2020_annual_report_-_v04.pdf

²⁰ Jordan GBV IMS Task Force. 2020. Annual Report 2020 https://jordan.unfpa.org/sites/default/files/pub-pdf/jordan_gbv_ims_task_force_-_2020_annual_report_-_v04.pdf

The CP contributed to gender equality and women's empowerment through (Output 3.1): Strengthened national capacities to prevent and respond to gender-based violence, with focus on advocacy, data and coordination in development and humanitarian settings, and (Output 3.2): Strengthened national capacities to address child, early and forced marriage. Beneficiaries in refugee camps specifically mentioned their need for additional psychological support as a result of the distress, violence and fear experienced during the war. The awareness about harassment, gender and communications and learning new skills was necessary for them to be able to find work or volunteer opportunities. Awareness about early marriage was specifically critical to protect girls against risks of early and child marriage. Through the CP, UNFPA addressed the needs of various groups, with focus on girls, adolescents and girls. Some beneficiary groups are still in need of further interventions, perhaps through specific and ongoing specific interventions that target the unique needs in future UNFPA programming, to ensure full consideration of the special and increasing needs of 'those furthest behind'.

4.1.1.3 Population and Development

Recommendations from reviews, assessments and evaluations during the development of the UNFPA Jordan 9th CP identified the need to strengthen national gender equality mechanisms, policy frameworks and protection systems, exercise creativity in financing development, and strengthen the capacity of service provision at local levels and strengthen the systems' preparedness. The CP strengthened national capacities and provided technical support on data and information management systems in relation to SRH and GBV through (Output 4.1): Increased national data systems' capacity for integration of population dynamics for the realization of the demographic dividend, including in humanitarian contexts.

4.1.2 Alignment with national development strategies and policies

Jordan has an overarching National Development Vision 2025²¹, supported by a range of progressive laws and policies. The UNFPA Jordan 9th CP was in alignment with the Society and Citizenship development areas of the Jordan Vision 2025, primarily with the priority initiatives of the Healthcare, Families and Communities, and Poverty and Social Protection targeted scenarios²².

The CPD indicates contribution to the following national priorities through the programme outputs:

- **Sexual and reproductive health and rights** outputs contributes to improving the institutional framework for the health-care sector
- **Gender equality and women's empowerment** outputs contributes to faster and efficient response to violence against women through enhanced social protection
- **Population development** outputs contributes to Protection and empowerment of those in need and providing decent life

The CP had a strategic fit with the National Reproductive Health/Family Planning (RH/FP) Strategy (2013–2018)²³ through its three intermediate results of (i) enabling policies supporting RH/FP issues, (ii) equitable and high-quality RH/FP information and services made accessible, and (iii) positive change in reproductive health beliefs and behaviours in the community. It is coherent with the National RSH Strategy (2020-203), which the UNFPA Jordan CO has supported in its development and launch. It came in alignment with four strategic objectives by supporting an enabling legislation and policies for SRH issues, providing integrated SRH services and quality information, achieving positive societal trends, beliefs and behaviours towards SRH issues, in addition to developing integrated, institutionalized and sustainable SRH services and information within effective sector partnerships. The CP was coherent to the National Strategy for Health Sector in Jordan (2015- 2019)²⁴ which identified issues of SRH as a priority component for the Health Sector in Jordan.

²¹ Government of Jordan. 2014. National Development Vision 2025. Part I <https://www.greengrowthknowledge.org/sites/default/files/downloads/policy-database/JORDAN%29%20Jordan%202025%20Part%20I.pdf>

²² Government of Jordan. 2014. National Development Vision 2025. Part II <https://www.greengrowthknowledge.org/sites/default/files/downloads/policy-database/JORDAN%29%20Jordan%202025%20Part%20I.pdf>

²³ Higher Population Council. 2012. National Reproductive Health/Family Planning (RH/FP) Strategy 2013–2018 <https://data2.unhcr.org/en/documents/download/39905>

²⁴ Higher Health Council and WHO. 2014. The National Strategy for Health Sector in Jordan 2015- 2019 <http://www.hhc.gov.jo/uploadedimages/The%20National%20Strategy%20for%20Health%20Sector%20in%20Jordan%202015-2019.pdf>

Further, the CP contributed to Jordan's Sectoral Policy for Promoting Gender Equality and Women's Empowerment (2020-2022)²⁵, which calls for the prevention of any unethical acts, practices or actions that deepen gender discrimination and ensuring non-discrimination on the basis of gender in the services provided. It also contributed to the National Youth Strategy (2019-2025)²⁶ which aims for a healthy lifestyle and awareness for all youth. The CP was also aligned with the National Comprehensive Action Plan for Human Rights 2016-2025²⁷, the National Strategy for Senior Citizens (2018-2022)²⁸ and the National Action Plan on Child Marriage (2018-2022)²⁹, to which UNFPA CO provided support, and the "Executive Plan for the National Priorities for strengthening the response to Gender-Based Violence, Domestic Violence, and Child Protection 2021-2023".

4.1.3 Alignment with the strategic direction and objectives of UNFPA and UN in Jordan

The UNFPA Jordan 9th CP was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia. It was aligned with the UNFPA Strategic Plan (2018-2021)³⁰, focusing on the goal to achieve universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. The CP was committed to the UNFPA's three transformative and people-centred results of:

- a. An end to preventable maternal deaths.
- b. An end to the unmet need for family planning.
- c. An end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

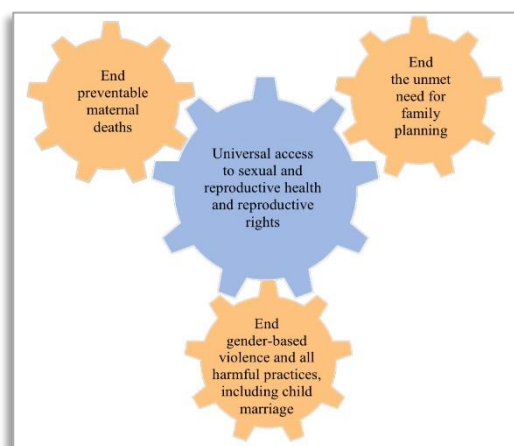


Figure 8: UNFPA Strategic Plan 2018-2021 Transformative Results

Source: UNFPA Strategic Plan, 2017

Incorporating the ToC of the UNFPA Strategic Plan, the Jordan 9th CP contributed directly to three out of its four outcomes; (Outcome 1): Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. (Outcome 3): Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings. (Outcome 4): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. Consideration was given to the principles of the Human Rights, Leaving No One Behind, Gender Responsiveness, as well as Development-Humanitarian action and sustaining Peace. However, the extent to which this was done is in question as will be discussed during the evaluation findings. The alignment of the Jordan 9th CP to the UNFPA Strategic Plan was also evident in the monitoring and reporting system by the Jordan CO, which was anchored around the outcome and output indicators of the UNFPA Strategic Plan. Finally, the Jordan 9th CP adopted the essence of the Business Model of the UNFPA Strategic Plan by employing different approaches of engagement, strengthening national capacities and promoting dialogue and knowledge sharing.

²⁵ Jordanian Ministry of Social Development and UN-Women. 2019. Sectoral Policy for Promoting Gender Equality and Women's Empowerment. https://jordan.un.org/sites/default/files/2021-09/Gender%20Policy%20E_f.pdf

²⁶ Jordanian Ministry of Youth. 2018. National Youth Strategy. https://moy.gov.jo/sites/default/files/jordan_national_youth_strategy_2019-2025_english_compressed_1.pdf

²⁷ Government of Jordan. 2015. Comprehensive National Plan for Human Rights 2016-2025. https://jordanembassy.or.id/_2file_obj/pdf/Comprehensive-National-Plan-for-Human-Rights.pdf

²⁸ National Council for Family Affairs. 2017. National Strategy for Senior Citizens (2018-2022) <https://ncfa.org.jo/uploads/2020/08/970baf52-f28a-5f2ff3af3b05.pdf>

²⁹ Higher Population Council. 2017. National Action Plan for Implementing the Recommendations of the Child Marriage in Jordan 2018-2022 <https://www.hpc.org.jo/sites/default/files/marige%20work%20plane%20book%20english%20final.pdf>

³⁰ UNFPA. 2017. UNFPA – Strategic Plan, 2018-2021 https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

Moreover, the CP Outcomes were aligned with the strategic priorities of the UNSDF, CP Outcomes 1 and 2 contribute to the UNSDF Strategic Priority 1: Institutions in Jordan at national and local levels are more responsive, inclusive, accountable, transparent and resilient, and also to UNSDF Strategic Priority 2: People, especially the vulnerable, proactively claim their rights and fulfil their responsibilities for improved human security and resilience. Whereas CP Outcome 3 contributes to UNSDF Strategic Priority 3: Enhanced opportunities for inclusive engagement of all people living in Jordan within the social, economic, environmental and political spheres. The CP outputs are also aligned with the outcomes and outputs of the UNFPA Humanitarian Response Strategy (2012)³¹

4.1.4 Alignment with the ICPD Programme of Action and SDGs

The Jordan 9th CP was anchored around the goals of the ICPD Programme of Action and the ICPD+20 (2014) actions as follows:

- **Sexual and reproductive health and rights** outputs contributes to the actions (i) Achieve universal access to SRHR as a part of universal health coverage by striving for zero unmet need for family planning, zero preventable maternal deaths and maternal morbidities, access for all adolescents and youth to comprehensive and age-responsive information, education and adolescent-friendly services. (ii) Uphold the right to SRH services in humanitarian and fragile contexts by providing access to comprehensive SRH health information, education and services.
- **Gender equality and women's empowerment** outputs contributes to the action: Address sexual and gender-based violence and harmful practices, in particular child, early and forced marriages and female genital mutilation. This was by committing to strive for zero sexual and gender-based violence and harmful practices.
- **Population development** outputs contributes to the action: Draw on demographic diversity to drive economic growth and achieve sustainable development. This was through the meaningful participation of adolescents and youth, supporting investments for their education, employment opportunities, family planning and SRH services and data systems.

Coherently with the SDGs, the CP contributed to SDG Goal 3: Good Health and Well-being, SDG Goal 4: Quality Education, SDG Goal 5: Gender Equality, SDG Goal 10: Reduced Inequalities and SDG Goal 17: Partnerships for the Goals.

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to shifts caused by crisis or major political changes such as the on-going COVID-19 pandemic? What was the quality of the response?

COVID-19 pandemic: Overall, COVID-19 and associated restrictions have affected Jordanian women disproportionately, with greater uncertainty, stress and health and psychological risks, compounding entrenched inequality. Women have not been adequately represented or consulted in planning the response and their concerns have been widely overlooked. Emotional and physical abuse of women and children, including online, are thought to have increased sharply under COVID-19 pandemic conditions, while women have faced reduced access to support services and safe spaces.³² With COVID 19 pushing more families into poverty, forcing girls to marry may be a negative coping mechanism. Government partners indicated during the evaluation that there was a clear decrease in the indicators related to SRH due to closure of clinics, reduced staff load and their engagement in COVID-related work.

In response, a business continuity plan was prepared by the UNFPA JCO, adjusting the focus of the CP in terms of financial allocations, prioritization of activities and implementation modalities. A new Head of Office, International SRH Specialist and International Resources Mobilization Specialist were recruited The JCO also enhanced its

³¹ UNFPA. 2012. Humanitarian Response Strategy. <https://www.unfpa.org/resources/humanitarian-response-strategy#:~:text=It%20ensures%20that%20UNFPA's%20humanitarian,young%20people%20in%20crisis%20situations>.

³² UNFPA et al. 2020. Daring to ask, listen, and act: a snapshot of the impacts of COVID-19 on women and girls' rights and sexual and reproductive health. https://reliefweb.int/sites/reliefweb.int/files/resources/20200511_Daring%20to%20ask%20Rapid%20Assessment%20Report_FINAL.pdf

capacity to be at the frontline of humanitarian response during the COVID-19 pandemic and subsequent government-imposed business closures and movement restrictions. Feedback from interviewees during the evaluation confirmed that the COVID-19 response by the UNFPA was fast and adequate, it addressed the arising needs and joined efforts with the Government and the UN partners in Jordan to support the COVID-19 response efforts. New activities were designed to address the crisis, for example, mobile health clinics providing SRH services, distribution of PPE kits, shifting to online capacity building and providing beneficiaries and IPs with access to digital devices and internet cards. UNFPA and IPs succeeded in covering the gap related to medication shortage and closure of health facilities via the timely detection of positive cases of COVID-19 among medical staff in primary healthcare clinics. UNFPA supported IPs to adapt to online service provision and placed more focus on advocacy. When the spread of the pandemic slowed and the lockdown ended, some activities returned to the face-to-face implementation by UNFPA, especially those engaging adolescents who preferred physical activities rather than online.

Further, UNFPA produced an advocacy paper on SRHR in times of crisis to demonstrate challenges around women's wellbeing during the pandemic and its impact on the accessibility to SRH services. The brief provided recommendations to policymakers on SRHR and GBV, youth and population data. Of the response measures by UNFPA to COVID was the establishment of partnerships with private-sector health care providers to provide counselling and contraceptive services to relieve pressure on the public health system and ensure availability of family planning commodities to ensure their availability during their regular counselling services at the private clinics all around Jordan. Finally, radio segments of a show called "Ailtak Amanak" on a popular radio station were sponsored by UNFPA with focus on SRH, where UNFPA's Programme Analyst was featured as the main speaker on family planning, highlighting UNFPA's supported interventions during COVID-19.

Increased child marriage rates: Evaluation participants substantiated the ability of UNFPA to respond to changes in beneficiary needs and national priorities. This was apparent with regards to the issue of increased child marriage rates in recent years affecting both Syrians and Jordanians. UNFPA CO sponsored and supported the development of a national action plan to eliminate and fight child marriage. Also, the CO was readily available to provide its expertise on GBV in response to the increased national interest and pressure by the international community for Jordan to do better in this regard. Despite all the changes and all the inputs, there are cultural and legal challenges to implementation of early marriage that make the UN work regress in this specific area. We have in Jordan the personal status law is a challenge because we are unable to progress better on this issue.

4.2 Effectiveness

EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (outputs and outcomes) of the country programme and any other revisions that may have been done in view of the COVID-19 pandemic and technology?

The evaluation accounted for the contribution of the six interconnected outputs of the UNFPA Jordan 9th CP to the three outcomes of the UNFPA strategic Plan 2018-2021. The outputs were fully achieved with several unintended results, as outlined below (final figures to be adjusted at the end of the evaluation). Implementation modalities of some interventions were adjusted to adapt to the COVID-19 restrictions and response measures.

4.2.1 Outcome 1: Sexual and reproductive health and rights

4.2.1.1 Degree of achievement of SRHR outputs

As set in the CPD, outcome 1 on SRHR was set to be achieved through (Output 1.1): Strengthened capacity of national institutions to deliver integrated high-quality SRH information and services, including for maternal death surveillance and response, in humanitarian and development settings, and (Output 1.2): Improved young people's ability to exercise SRH rights in development and humanitarian settings.

In relation to **Output 1.1**, UNFPA Jordan 9th CP achieved the following on SRHR:

- Technical and financial support was provided for the implementation of Jordan Maternal Mortality Surveillance and Response System (JMMSRS) that tracks the number of maternal deaths and provides information about

the underlying contributing factors and how to be tackled. In relation, UNFPA trained selected focal points in secondary and tertiary MOH health facilities, forensic medicine doctors, and the members of the Directorate Advisory group (DAG).

- A national capacity strengthening programme was implemented providing high quality, integrated and up to date information and services for SRH in humanitarian and fragile settings. Both developmental and humanitarian partners were supported to identify the main gaps and exchange knowledge on SRH and GBV services within the primary health level. The UNFPA capacity strengthening programme encompassed topics of family planning and counselling, provision of Clinical Management of Rape (CMR) and the Minimum Initial Service Package (MISP) in case of emergency. The topics provided through the programme also included infection control and prevention, obstetric ultrasound and long-acting reversible contraceptive insertion and removal, and Implanon NXT³³ training. In addition, UNFPA created a pool of trainers on CMR who cascaded on the job training at their organizations. Some of the specialized trainings were accredited by the Jordan Medical Council. UNFPA also introduced Maternal Nutrition focusing on anaemia in pregnancy, in alignment with the national campaign “Check your blood and Avoid Anaemia. You are the Life”.
- For the first time in Jordan, UNFPA launched the initiative of women friendly healthcare services at the National Women Healthcare Centres (NWHCC). This initiative provided women with a safe, comfortable and sensitive environment to access integrated quality comprehensive SRH and GBV services. This initiative was piloted in 9 centres, then expanded to 15, covering the Jordan three geographical areas. UNFPA provided technical support to the Community Training Centre in Zaatari Camp (CTC) where community awareness raising sessions and TOT for youth volunteers and service providers were offered by an IP. This covered different SRH and GBV topics, such as psychological/anxiety disorders and psychological First Aid, SGBV-Safe Referral, National Standards for Youth-Friendly SRH services. Those were implemented in alignment with national campaigns were possible. In addition, UNFPA developed a comprehensive SRH education toolkit used for informal SRH education by IPs who work with the young population. The toolkit builds on the available resources on SRH used by different partners, such as UNFPA and UNICEF.
- UNFPA provided integrated quality SRH services in both refugee camps and host communities, including pregnancy follow-up, postnatal care, family planning and critical lifesaving services for women stranded at the borders. Family planning commodities and SRH medications were made available at the clinics. At the onset of the COVID-19 crisis, UNFPA continued to support basic and comprehensive SRH services to affected population through its facilities inside the camps, 16 public health clinics, as well as four mobile clinics. In addition, laboratory services were supported to promote health of Syrian refugees and vulnerable Jordanians living in the host communities. A new laboratory facility was established in *Zaatari* camp as part of improving quality SRH services to women and girls in the maternity clinic. UNFPA supported the establishment of another Lab at *Sweileh* comprehensive centre in host community in Amman.
- Through the Youth led centre in Zaatari camp ‘A Space for Change’, UNFPA provided Syrian adolescents and youth with essential SRHR and GBV training, in addition to activities in sports, arts, music, library, computer, language and other services.
- UNFPA Jordan continued to lead the SRH sub working groups at both national and at camps levels in Zaatari and Azraq. Furthermore, UNFPA actively participated international coordination forums on SRH issues. This is further discussed under EQ 7 on Coordination.

In relation to **Output 1.2**, UNFPA Jordan 9th CP achieved the following on SRHR:

- Adopting a socio-ecological model, UNFPA JCO in partnership with the Royal Health Awareness Society (RHAS) supported three universities to provide Reproductive Health and Health Promotion elective courses, including, Jordan University (JU), Jordan University for Science and Technology (JUST) and Hashemite University (HU). The courses were unified as one official curriculum and were validated by a committee of

³³ Implanon NXT is a contraceptive implant preloaded in a disposable applicator. The implant contains an active substance resembling progesterone female hormone, a small amount of the hormone is continuously released into the bloodstream for three years.

professors from the three universities. Moreover, UNFPA advocated for the rollout of the courses in ten more universities through high level meetings with nursing deans. More universities showed interest to adopt the courses. Moreover, two Youth-Friendly Health Clinic (YFHC) were established as a pilot at Hashemite University.

- UNFPA, in collaboration with RHAS and the Jordanian Nursing Council (JNC), established an accredited course for graduated nurses in Jordan that focus on young people's SRHR. JNC listed the course as one of their mandatory courses rolled out in 2020. Through RHAS's established Healthy Community Clinics (HCC) in partnership with MoH, UNFPA supported young people to mainstream SRHR and GBV within HCC through training on various issues of concern. UNFPA supported RHAS and MoE to integrate SRHR awareness within the established healthy school programmes. The main outcome is to develop an outline for Adolescents Development and Characteristics and SRH that target both male and female students from 5th to 10th grades, which reached an additional 2,000 students in 2021.
- Promoted innovative approaches for knowledge transfer on SRHR and Youth Peace and Security (YPS), utilizing different platforms including a TV show on ROYA TV on SRHR under the name of "*Mesh Taboo*, Not a Taboo"³⁴, "*Ashartash*" Show, "*Fee-Alamamar*" and "*Eib*" podcasts. The televised segment aims to raise awareness of "women and young people living in Jordan through the media to enhance capacity to exercise SRH Rights. During COVID-19 another segment was broadcasted called '*Aieltak Amanak*'. SRHR information provided via social media platforms. As part of the preparation, content was validated and enriched by SHR experts, youth, academia and representatives from MoH and MoY. RHAS and UNFPA conducted a campaign targeting parents with the aim of promoting Parent-Child Sexual Health Dialogue with an Intergenerational messaging for parents "See it with their eyes" showcasing how parents are viewed by their children during adolescence if they are not listening or taking care of risks during this phase.
- National partners were supported by UNFPA to conduct SRHR, GBV and life skills awareness, introducing the National Standards for youth friendly reproductive health services. UNFPA provided technical and financial assistance to partners to hold youth-led initiatives in refugee camps and host communities, which reached young people. Partners included the Institute for Family Health (IFH)³⁵, Questscope³⁶, "*Shababna*" youth network in universities and the Youth Centre, the latter established the "Creativity Fund" that provides small seed-funding for creating youth-led initiatives. Further, marginalized girls were reached with life skills programmes that build their health, social and economic assets with integrated SRH and GBV services, where UNFPA provided technical and financial contribution to the International Rescue Committee (IRC)³⁷ to support the 'Adolescent Girls Shine' life skills curriculum in *Azraq* camp. Due to COVID-19 the health workers shifted the awareness sessions virtually via Whatsapp groups and also provided phone counselling. UNFPA and RHAS developed animated videos covering adolescents and youth SRHR and GBV issues.
- UNFPA supported the creation of the Y-PEER Network in Jordan³⁸ and facilitated a national TOT, engaging Syrian and Palestinian refugees, as well as provided a specialized training on theatre techniques. UNFPA is also supporting the network by providing technical support to ensure sustainable transition process from a non-formal non-registered network to a registered organization with full independent operational and programmatic services. Y-PEER has played a major role in building the capacity of young people as peer educators to raise awareness about SRHR. They participated actively in international campaigns, including the 16 Days of Activism and the International Youth Day celebrations in collaboration with the Ministry of Tourism and Antiques and the National Center for Culture and Arts (NCCA). The NCCA facilitated the production of an interactive theatre called "*Mesh 3eib*, No Shame" discussing taboos around SRHR and GBV.

³⁴ ROYA's website: https://roya.tv/search_website?searchFor=%D9%85%D8%B4+%D8%AA%D8%A7%D8%A8%D9%88

³⁵ IFH website: <https://www.kinghusseinfoundation.org/en/EntityPage/Institute%20for%20Family%20Health/2>

³⁶ Questscope website: <https://questscope.org/en>

³⁷ IRC website: <https://www.rescue.org/country/jordan>

³⁸ Facebook page: <https://www.facebook.com/YPEERJo/>

- 2250 YPS agenda moved forward in Jordan with support by UNFPA who chaired the secretariat of The National 2250 YPS in Jordan with Crown Prince Foundation (CPF) under the umbrella of MoY and launched the YPS Coalition during the Peace Week³⁹. Moreover, with active youth engagement and participation, UNFPA supported youth participation in national, regional and global events including ICPD +25 Nairobi, ICPD Youth Model in Egypt, the regional Arab youth forum, the Global Compact meeting in Geneva, Regional Youth Workshop Ending Violence against Women and Girls in the Arab States Region, Beirut, and others.
- UNFPA continued leading and supporting technical and financial support coordination mechanisms. These included chairing the UNSDF People's Group' to advance the national youth index, areas of support for MoY and the National Youth Empowerment Strategy, where Jordan is selected as one of the fast-track countries for implementation. Additionally, UNFPA supported the RC office in organizing the UN Youth Envoy visit to Jordan. UNFPA also led the Youth Task Force (YTF) in *Zaatari* Camp, in collaboration with the Norwegian Refugee Council. A policy paper was published on sustainable transition building for youth services, among the German Council on Foreign Relations (DGAP) peer-reviewed policy papers. UNFPA led the piloting process of the Compact for Young People in Humanitarian Action in Jordan.

4.2.1.2 Achieved versus planned SHRH outputs in CPD

The data in table 6 showcase a high level of achievement across SRH output indicators. Out of a total of 7 output indicators, five of them were overachieved and two were achieved. The five that were cumulatively overachieved over the review period were on women, girls and youth served at facilities that provide integrated SRH services, maternal death reports compliant with the MDSR protocol, high-level national advocacy events on MDSR supported, national and humanitarian institutions adopting UNFPA SRH curriculum, and national strategies and policies that mainstream youth and adolescent SRH issues in humanitarian and development contexts. The two output indicators that were achieved in the review period were concerning the development of the National Strategic Plan on the delivery of quality integrated SRH services in place, and national emergency plans, including MISP, and for youth and adolescents.

Against the targets measured by the selected indicators, UNFPA and IPs excelled in performing despite the emergency situation and COVID outbreak. Interviewed key informants owed this to UNFPA's diligence, expertise, loyalty and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena, whose substantial part falls within UNFPA's mandate area anyways. This in fact enabled the UNFPA to keep going with its plans with high flexibility despite the COVID-19 pandemic, it was argued. Others made a connection between this high level of targets achievement and the strategic partnerships UNFPA has with civil society organisations whose presence on the ground is strong with as well as well-operating service facilities and clinics.

UNFPA Strategic Plan Outcome 1 (SRHR): Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Outcome indicators for Jordan CP9

- Family planning unmet need Baseline: 12%; Target: 10%
- Adolescent birth rate Baseline: 22.64; Target 20 (by 2022)

Output 1:

Strengthened capacity of national institutions to deliver integrated high-quality SRH information and services, including for maternal death surveillance and response, in humanitarian and development settings.

Indicators, baselines and targets	Key interventions	Achievement	Remarks
<ul style="list-style-type: none"> • National Strategic Plan on the delivery of quality integrated SRH services in place. 	<ul style="list-style-type: none"> • Developing a strategy and action plan for delivery of integrated high-quality SRH services, focusing on maternal, neonatal, adolescent and youth health 	<i>Baseline:</i> No; <i>Target:</i> Yes Achieved	The National Strategic Plan was launched in December 2021.

³⁹ The documentary film for the week can be accessed from [this link](#).

<ul style="list-style-type: none"> Number of women, girls and youth served at facilities that provide integrated SRH services. 	<ul style="list-style-type: none"> Establishing stakeholders' coalitions for mainstream SRHR issues in national policies and emergency preparedness plans. 	<i>Baseline:</i> 20,000; <i>Target:</i> 220,000 Overachieved	UNFPA managed to support over 16 health facilities in camp and host communities, reaching nearly 82788 clients with comprehensive SRH services and counselling, including family planning.
<ul style="list-style-type: none"> Percentage of national emergency plans (preparedness, response, contingency) that include MISP, including for youth and adolescents. 	Supporting efforts to increase knowledge and awareness of adolescents and youth of SRH.	<i>Baseline:</i> 0%; <i>Target:</i> 100% Achieved	100% of national emergency including MISP, and for youth and adolescents.
<ul style="list-style-type: none"> Percentage of maternal death reports compliant with the Maternal Death Surveillance and Response (MDSR) protocol. 	<ul style="list-style-type: none"> Building capacity in clinical management of rape, delivery of SRH and gender-based violence services, including the Minimal Initial Service Package, efficient supply-chain management system. 	<i>Baseline:</i> 0%; <i>Target:</i> 95% Overachieved	100% of maternal Death reports are compliant with MDSR protocol.
<ul style="list-style-type: none"> Number of high-level national advocacy events on MDSR supported. 	<ul style="list-style-type: none"> Building capacity of health-care providers on integrated high-quality SRH services in targeted comprehensive centres. Updating and disseminating national policies, guidelines, norms and standards for MDSR and maternal care, in line with global guidelines and local conditions, including for maternal and perinatal death reporting. Advocating for inclusion of reproductive health and gender-based violence issues within national emergency preparedness/response plans. 	<i>Baseline:</i> 0; <i>Target:</i> 5 Overachieved	During November 2021 the Maternal Mortality Guidelines were endorsed by the National Advisory Group in Jordan.
Output 2: Improved young people's ability to exercise SRH rights in development and humanitarian settings.			
Indicators, baselines and targets	Key interventions	Achievement	Remarks
<ul style="list-style-type: none"> Number of national and humanitarian institutions adopting UNFPA SRH curriculum 	<ul style="list-style-type: none"> Integrating SRHR curricula within youth and adolescent programmes 	<i>Baseline:</i> 1; <i>Target:</i> 5 Overachieved	This was overachieved on a cumulative basis if measured over the review period.
<ul style="list-style-type: none"> Number of national strategies and policies that mainstream youth and adolescent SRH issues in humanitarian and development contexts. 	<ul style="list-style-type: none"> Promoting innovative approaches for knowledge transfer on youth SRHR, and peace and security Advocating for inclusion of adolescent and youth SRHR in national strategies and policies, including emergency preparedness plans 	<i>Baseline:</i> 2; <i>Targets:</i> 5 Overachieved	This was overachieved on a cumulative basis during the review period.

Table 6: Outcome 1: achieved versus planned indicators: SRHR

4.2.1.3 Evaluation of breadth and depth of SRHR outputs

UNFPA Jordan is well acknowledged as the main SRH service provider, especially inside the humanitarian camps. UNFPA's clinics inside and outside camps moved from providing lifesaving interventions to the provision of quality of SRH services. Of the vital services that were provided are antenatal care (ANC), postnatal care (PNC), family planning (FP), post-abortion care, management of Sexually Transmitted Infections (STIs), early detection of breast cancer, maternal nutrition, psychosocial support and safe deliveries with zero maternal deaths. Towards achieving zero unmet needs of family planning in Jordan and to address the potential shortage in this regard, family planning commodities and medications were made available at the clinics, such as long-acting reversible contraceptives, oral contraceptives and male condoms. National implementing partners interviewed during the evaluation confirmed that they have been reaching an increased number of beneficiaries through the SRH service package and awareness activities. Syrian refugees benefiting from UNFPA's SRH services within camps reported during the evaluation that almost all SRH services and medications were available. Staff working at clinics meet beneficiaries with respect and follow up on cases as needed. Some women expressed that it felt more embarrassing for them to talk about their pregnancies and SRH needs to primary health facilities than it was to staff in these clinics.

Partners interviewed by the evaluation noted that the innovative advocacy interventions implemented by UNFPA resulted in a changed conversation around SRHR and GBV. Partners specifically mentioned the show aired on national TV, social media and podcasts, which opened the door for principles of leaving-no-one behind, whether LGBTQ or people with disabilities. During this CP, UNFPA also initiated a comprehensive SRH school education programme that was piloted in 20 schools following a 2-years dialogue with MOE about its importance. A comprehensive toolkit on adolescents' development and characteristics and SRH was developed, reviewed and approved by MOE. Based on the success of the pilot, more schools will join the programme, aiming to expand nationally in the next 10th CP. Of note is the changing behaviours of parents towards sending their girls to attend awareness sessions on SRHR and violence, which was highlighted by UNFPA IPs. Even more, following the first year of implementation, parents started to ask for more awareness realizing that these SRH issues are not tackled at schools.

Young women, men and adolescents who had benefited from SRHR awareness shared with the evaluators some points of what they learnt. For example, both women and men became aware of the importance of family planning and duration between different births for the woman's body to recover. Women and men understand the different family planning tools and how to manage them. They learnt to consider the future and well-being of children before having more, they understood more about child rights as explained by experts to them. Pregnant women learnt how to manage their pregnancies, childbirth and their infants while ensuring good nutrition. Interviewed young men highlighted that, at first, they were ashamed to attend sessions around SRH, but when they started joining, they found a safe space to talk about sensitive matters, diffuse negative energy and change their mindsets. What they learnt helped them to improve relationships with their wives and children. The way sexual education is presented was useful and not as embarrassing, they now believe all men should attend SRH awareness sessions.

Youth FGDs in *Zaatari* camp showed their appreciation of the Youth Centre and that they benefit to a high extent from the activities provided, they mentioned participating in book clubs, sports, art courses, poetry, writing and music. They gained knowledge on SRH and GBV, they mentioned learning about family planning, sexually transmitted diseases, AIDS, while they knew nothing about these topics before. Some became volunteer trainers in programs related to UNFPA, such as the *Sadeeq* Initiative and the Y-PEER Network. The life-skill trainings that was provided to them through the Centre enabled them to better communicate, approach their problems and some confirmed that the Centre has helped them to deal in a better way with harassment and violence in the camps. Some said that they feel that their personalities changed to the better. They also got the opportunity to volunteer to provide PSS support, awareness raising on SRH and GBV and entertaining activities to children, which they found to be meaningful. When asked to rate the benefits of the Youth Centre to them, all youth said 10 out of 10 or a 100 percent. Yet, few areas for improvement were drawn by the evaluation team from the FGDs, for example, the far distance for some, the inability to borrow books from the library, needs raised within the regular youth committee meetings were not resolved, staff job rotation inside the Centre was not favourable by some of the youth. They also mentioned the need for advanced and accredited training courses for older youth, for example on ICT and languages.

Challenges mentioned by beneficiaries included the commute distances of for some, the difficulty for people with

special health or physical conditions to reach the clinics. Clients with disabilities faced specific barriers accessing healthcare due to the lack of physically equipment to enter the facilities. Clients who suffered from mental, auditory, and visual disabilities are unable to communicate effectively with healthcare providers. People with disabilities are hence at higher risk of being subjected to GBV. Women interviewed during the evaluation also mentioned that many of them were not comfortable with the vaginal IUDs, the most common form of long-acting reversible birth control provided at the clinics. They also wished to find the medications and vitamins available at clinics all year round so as not to have to pay for them on their own expense. Some had concerns about treatment incidents and others about delayed appointments to receive the services. During COVID-19, access by women to SRH services and information was hindered due to mobility restrictions, closure of clinics and fear of infection. Therefore, UNFPA and its IPs provided alternative interventions to facility-based visits through mobile clinics and national SRH hotline services under the auspices of NWHCC and in collaboration with other UNFPA implementing partners. Remote approaches such as telephone, digital applications, SMS text messaging, voice calls and interactive voice response were initiated for relevant family planning consultations and delivering supplies to beneficiaries. In addition, remote awareness sessions were conducted through Zoom or Teams.

The national Maternal Mortality Surveillance and Response System (JMMSRS) was seen by government and UN staff as an important achievement for Jordan by UNFPA during the CP period. They found that the system provides accurate data on maternal death in Jordan to a high extent. The system collects and analyses data about maternal death, and the report produced elaborates the trends in maternal mortality, causes and recommendations to be acted upon. UNFPA played a key role in training national health focal points. However, working on SRHR is generally not smooth, interviewees in the evaluation have noted some challenges. UNFPA staff and national partners have mentioned the high level of government turnover and changes at the level of the ministries, for example, three ministers of health were appointed during the lifetime of the CP. This poses challenges on the sustainability and ownership of interventions and makes the collaboration more difficult. The international financial institutions contribute heavily to the Government of Jordan, shifting the prioritization of the government away from the UN and the UNSDF and limits the advisory role of the UN. The Government allows more freedom to work on the humanitarian front and less on the development front.

UNFPA staff, government partners and IPs reported during the evaluation that the COVID-19 pandemic and lockdown has slowed down the efforts to fill the gap on SRHR. COVID-19 caused delays and challenges to meet the implementation targets, as expressed by IPs during the evaluation. They also added that introduction of technology and digitalization helped to overcome these issues and supported the shift to remote implementation.

"My mother goes to the clinic, so does my wife. We would not have afforded these services, especially for pregnancy follow-up and check on the embryo. There is respect and treatment are given regardless of our status as refugees. Doctors are trained and have experience". Syrian refugee beneficiary man.

"It is a safe space where I can speak about the things that are embarrassing. I believe that the SRH sessions should be for all men and women and for children. It really changes the mindset. Some of the perceptions we had were not correct and now we shift this mindset". Syrian refugee beneficiary young man

"If SRH services were not provided in the camp's women clinic, it would be a 'disaster'. Some of the pregnant women would need help and support, some might need referrals. I would not have been able to treat my haemorrhage if the women's clinic was not available". Syrian refugee beneficiary woman.

"A lot of activities and training helped me in the Youth Centre. I learned a lot and have more abilities... This all reflected on my personality, I'm stronger now, I can share my knowledge. Really, there is a huge difference between me before and me now". Syrian refugee young woman.

4.2.2 Outcome 3: Gender equality and the empowerment of women and girls

4.2.2.1 Degree of achievement of GEWE outputs

According to the CPD, Outcome 3 on GEWE was achieved through two outputs; (Output 3.1): Strengthened national capacities to prevent and respond to gender-based violence, with focus on advocacy, data and coordination in development and humanitarian settings, and (Output 3.2): Strengthened national capacities to address child, early and forced marriage.

In relation to **Output 3.1**, UNFPA Jordan 9th CP achieved the following on GEWE :

- UNFPA JCO continued to work on enhancing GBV service delivery through the provision of high quality specialized GBV services in Camps and host communities. Women and Girls safe spaces (WGSSs) supported by UNFPA had provided a place where women and girls accessed confidential services, discuss issues and concerns with other women and professional staff and provided an entry point for women and girls to access referrals to other safe and non-stigmatizing GBV response services. A GBV programme was implemented on disability inclusion, where women and Girls with Disabilities who accessed UNFPAs GBV services increased 15 times during the duration of the CP. UNFPA participated in the 'Elak o Feed'⁴⁰ National Campaign in an effort to disseminate messages and raise awareness on GBV. Moreover, as part of COVID 19 response, dignity kits were distributed by UNFPA and IFH in coordination with protection actors in *Zaatari* camp. Dignity kits, containing hygiene items discussed with women, were distributed along with credit for mobile phones to call hotlines and information on available services. Information material was produced by UNFPA on existing support during CPVID-19, including a video targeting people with different kinds of disabilities. It includes simple illustrative pictures for people with mental disabilities, 'sign language' for people with hearing impairment, and narration for people with visual impairment.
- UNFPA JCO has finalized the report "Review of Health, Justice and Police, and Social Essential Services for Women and Girls victims/survivors of Violence in Jordan" which was validated by a national team for family protection, followed by a national validation workshop. To enhance coordination at the national level, UNFPA has supported the National Council for Family Affairs to conduct a workshop on Strengthening National Coordination on Prevention and Response to Family Violence. This led to the launch of "Executive Plan for the National Priorities for strengthening the response to Gender-Based Violence, Domestic Violence, and Child Protection 2021-2023".
- Further, UNFPA supported the NCFA to launch the assessment study of the Family Counselling Centres.
- NCFA launched the inter-agency Standard Operating Procedures (SOPs) to address cases of GBV and Child Protection together with UNFPA, UNICEF and UNHCR. A series of specialized ToTs on case management and the new SOPs for Prevention and Response to Gender-Based Violence, Family Violence and Violence against Women were provided to health providers. Further, UNFPA strengthened national systems to provide CMR and GBV services to survivors following the launch of the CMR protocol in 2019. ToTs for health providers were conducted introducing new topics as Intimate Partner Violence (IPV) and Mental Health and Psychological Support (MHPSS) in line with the newly released WHO CMR training package and the national MOH protocol.
- GBV/SRH Mapping in South of Jordan was conducted by UNFPA to identify gaps in service provision across the southern part of Jordan that would provide evidence for UNFPA's future programming in the region and improving existing services. These include supporting GBV and SRH service integration, implementing a survivor centred approach to case management for government institutions, and better coordination mechanisms between international NGOs and local CBOs, expand the geographic reach of services through mobile facilities and hotlines, and improving the quality of existing SRH services, and finally developing more GBV and SRH programming for adolescents, women with disabilities, and refugees and migrants.

⁴⁰ <https://fb.watch/2SvmAAo7qn/> - <https://fb.watch/2Svo6J-RVfi/> - <https://fb.watch/2SvpYHYsf>

- UNFPA and programme IPs ensured participation in celebrations of International Women's Day and the 16 Days of Activism with activities in all field locations, in coordination with national partners and with established partnership with the Jordanian National Commission for Women (JNCW). These activities included 'She Innovates' initiative, wall graffiti campaign, broadcasting the national campaign videos on economic Violence, displaying campaign slogans on bridges, producing a rap song and short movie and other.
- UNFPA co-led the coordination of the SGBV working group at the national level in Jordan. During the duration of the CP, members of the group increased, and numerous activities were collectively implemented as outlined in EQ7 'Coordination'.

In relation to **Output 3.2**, UNFPA Jordan 9th CP achieved the following on GEWE:

- UNFPA implemented a Communication for Behavioural Impact (COMBI) Strategy that aimed to address issues of child marriages. This included holding high level national events and panel discussions with the participation of government officials, members of parliament, civil society organizations, international and local NGOs, donors, community leaders and influencers.
- UNFPA supported NCFA to monitor the implementation of the action plan of the National Strategic Action plan to end Child marriage. The plan focuses on five areas of intervention focusing on Legislations, Guidelines and Procedures; Health, Social and Psychological Services; Institutional Capacity building; Awareness raising and Education.

4.2.2.2 Achieved versus planned GEWE outputs in CPD

The data in table 7 provides a high level of achievement across GEWE output indicators. Out of a total of 6 output indicators only one on institutional capacity building on the endorsement and implementation of a communication strategy to address child early and forced marriage was partially achieved with the implementation component not being achieved in 2020 and 2021 due budget cuts that caused shifts in service delivery and programming. The endorsement of the communication strategy was achieved throughout the review period. Two were overachieved in the review period and they were concerning Gender-Based Violence Information Management System (GBVIMS) analytical products, and advocacy initiatives to address Child Early and Forced Marriage (CEFM), respectively. Three targets were fully achieved and these were on women and girls who receive gender-based violence specialized case management and psychosocial support services, the setting up of a national-level system for monitoring and tracking of family violence, and the application of the essential services package for women and girls subjected to violence. It can then be confidently said that against the targets measured by the selected indicators UNFPA and IPs excelled in performing despite the emergency situation and this despite the COVID-19 pandemic that led to shifts in resources.

UNFPA Strategic Plan Outcome 3 (GEWE):

Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Outcome indicators for Jordan CP9

SDG 5.3.1: Proportion of women aged 20-24 years who were married before 18. - Baseline: 8% (DHS 2012); (UNICEF early marriage study 2014) Target: 5% (by 2022)

Output 1: Strengthened national capacities to prevent and respond to gender-based violence, with focus on advocacy, data and coordination in development and humanitarian settings.

Indicators, baselines and targets	Key interventions	Achievement	Remarks
<ul style="list-style-type: none"> Number of Gender-Based Violence Information Management System (GBVIMS) analytical products (policy briefs/advocacy documents/reports). 	<ul style="list-style-type: none"> Enhancing capacities of national partners to address gender-based violence through a multisectoral, survivor-centred approach by leading and supporting inter-agency gender-based violence coordination mechanisms 	<p><i>Baseline: 2;</i> <i>Target: 6</i> <i>Overachieved</i></p>	<p>Cumulatively the target was overreached during the review period.</p>

<ul style="list-style-type: none"> Number of women and girls who receive gender-based violence specialized case management and psychosocial support services. 	<ul style="list-style-type: none"> Producing analytic reports on gender-based violence response, identifying gaps and proposing corrective action, capitalizing on the UNFPA leadership role in the gender-based violence information management system task force 	<i>Baseline:</i> 148,363 (2016); <i>Target:</i> 445,000 (by 2022) Achieved	Services of GBV specialized case management and psychosocial support were available to women and girls. To a large extent the target has been reached. Constraints have been associated with impact of COVID-19 due to shift in service delivery and programming.
<ul style="list-style-type: none"> A system for monitoring and tracking of family violence in place and functional at national level. 	<ul style="list-style-type: none"> Enhancing gender-based violence service delivery through the provision of specialized case management and psychosocial support services to safe spaces 	<i>Baseline:</i> 1 for humanitarian only; <i>Target:</i> 2 for humanitarian and development Achieved	Various training initiatives and IEC materials on GBV and CMR distributed in MOH facilities.
<ul style="list-style-type: none"> Essential services package for women and girls subject to violence has been applied. 	<ul style="list-style-type: none"> Enhancing a coordinated referral system to address gender-based violence among the health, social services, police and justice sectors by providing support to the rollout of the essential services package 	<i>Baseline:</i> No; <i>Target:</i> Yes Achieved	Actions Plans on Essential GBV Service Package were launched with stakeholders and donors.
Output 2: Strengthened national capacities to address child, early and forced marriage.			
Indicators, baselines and targets	Key interventions	Achievement	Remarks
<ul style="list-style-type: none"> Communication strategy to address child early and forced marriage endorsed and implemented. 	<ul style="list-style-type: none"> Elaborating and implementing communication for behavioural impact and communication for social change strategies engaging key stakeholders and decision-makers to address deep-rooted norms perpetuating practices such as child, early and forced marriage. 	<i>Baseline:</i> No; <i>Target:</i> Yes Endorsement of strategy was achieved. Implementation was not achieved in 2020 and 2021.	The reason for not achieving the implementation of the strategy in 2020 and 2021 was budgets cuts.
<ul style="list-style-type: none"> Number of advocacy initiatives to address CEFM. 	<ul style="list-style-type: none"> Advocating with different stakeholders on the elimination of such practices. 	<i>Baseline:</i> 0; <i>Target:</i> 4 Overachieved	On a cumulative, the target number of advocacy initiatives for this indicator were overreached in the review period.

Table 7: Outcome 2 - achieved versus planned indicators: GEWE

4.2.2.3 Evaluation of breadth and depth of GEWE outputs

UNFPA 9th CP focused on preventing and responding to GBV and reducing child marriage, the organization is well positioned as a strategic partner to the Government of Jordan in this regard. National partners interviewed during the evaluation confirmed that UNFPA is one of the main actors on GBV within the development community and has played a key role in breaking the silence vis a vis violence. It also strengthened and institutionalized the protection system and supported the development of policies and strategies, which were seen as a major policy change in Jordan. The SOP on the prevention and response of GBV explained the roles of each of the involved

ministries who also developed their internal guidelines on pathways of GBV response. This was seen by national partners during the interviews. Also, for the first time in Jordan, as a result of the CMR protocol by UNFPA, government-run hospitals started offering CMR counselling and medicines. MOH was not in agreement in this regard at first, however with UNFPA's advocacy this has changed, and a protocol was developed. and first ever "Executive Plan for the National Priorities for strengthening the response to Gender-Based Violence, Domestic Violence, and Child Protection 2021-2023".

In terms of child early and forced marriage, feedback received during the evaluation reflects a staggered progress nationally in this regard and a need for further concentrated efforts. The rate of child marriage is increasing, with high rates especially in *Zaatari* and *Azraq* camps, which may be attributed to the revisions in the law that allows exceptional marriages before 18. According to interviewees of the evaluation, it is therefore becoming the norm in the camps to get married at the age of 16. UNFPA staff clarified that they recognized the need to work on early marriage behavioural change and advocacy, however limited financial resources were a challenge.

Safe spaces established by UNFPA for women and girls provided different awareness, social and recreational activities that aimed for combating GBV and promoting women empowerment. The awareness sessions on GBV and gender equality added to their knowledge about equality, the harmful impacts of early marriage, women rights, children rights and the negative effects of violence on their psychology and health. Women learnt about their rights, how to deal with different types of harassment and how to protect themselves and to report GBV, noting that oral harassment is widespread. They realized the adverse impacts of early marriage. The Safe Spaces addressed the digital divide through the provision of digital literacy courses. Some vocational trainings were provided with an eye on tackling gender stereotypes, introducing trainings in vocations that are not common for women, such as mobile phone maintenance, plumbing, carpentry and electricity. Other vocational training included embroidery, weaving and spinning and mosaic. The feedback from refugee women and men who benefited from the vocational sessions found them useful to find jobs or volunteer, they were especially empowering for some women who were not allowed to continue their education. Coupled with the skill development, some mentioned finding jobs with other NGOs or organizations within the camp (eg: at Mercy Corps and in a gym). As with the case of the SRH awareness, men were at first reluctant to join the sessions or approve for female members of their families to join. However, once they started, they trusted the Safe Spaces, made new friends, found an opportunity to be listened to, they said they were indeed safe and useful. Beneficiaries also said that there were some topics they could not speak about and they now know who to approach and who to speak with at the Safe Spaces.

Almost all Syrian refugees who were interviewed highlighted that they had witnessed a lot of fear and difficulties during the war and because of their situation as refugees. PSS provided by UNFPA at the Safe Spaces helped them overcome such trauma, improved their well-being in general, increased their self-confidence and made them better able to deal with their children and with family dynamics. Moreover, they learnt how to meditate and techniques of anger management. Beneficiaries interviewed added that during the COVID-19 pandemic, UNFPA provided group counselling where beneficiaries got the chance to speak about what has happened during the crisis and how the women can protect themselves and also men. These sessions helped them deal with the situation and protect themselves and their families against infection. They added that many were thinking negatively about the situation, especially that they had lost their jobs without enough money and were getting it on their families.

The IPs interviewed during the evaluation indicated that the programme created an enabling platform for activities with focus on GBV in the locations targeted by UNFPA. Overall, there is better awareness about GBV, where to seek services and how to access them. There is increased reporting about GBV and SGBV cases, with a supportive network that is clear and accessible to all. They also see a difference in how cases are managed than few years before and the responses of the survivors. It is a merit that women can access GBV support and SRH services in the same place/centre. Feedback from beneficiaries showed that they trust there is anonymity and confidentiality of their reported cases. Despite the achievements by the CP on GBV, UNFPA staff and IPs find that there still is a lot to be done in this area to address inequalities and GBV in Jordan. There is need to widen the scope of interventions to also address the social norms and other root causes behind women's low political and economic participation. Cultural barriers are a major concern and there are geographic inequalities on gender issues. Government partners as well stressed on the need to focus on the implementation of the developed strategies and policies and to address the gaps at the local level.

Through the 9th CP, UNFPA was one of the few organizations that focused on the elderly, being one of the most marginalized groups. Especially with the COVID-19, the elder people were hit hard, their access to direly needed health services and medications was hindered. UNFPA and NCFA approached the prime minister and established an aid fund for elderly in times of crisis.

"UNFPA had a big role in breaking the silence vis-a-vis violence and they also strengthened and institutionalized the protection system and supported in policies and strategies and their development". Government representative.

"We were exposed to too much fear and learned how to deal with bullying, violence and harassment. We worked with UNFPA that has helped us a lot because of horror and fear that we experienced". Syrian refugee young man

"I always liked sewing, I benefited from the vocational training. We have no school, and we are not studying like we used to in Syria, so it was good to have something to do. Without the safe space this would not have been accessible". Syrian refugee adolescent girl

"I was not allowed to continue my education and I attended some of the sessions here. Our weapon is our education, these awareness sessions gave me some strength to continue and to convince others to continue their education". Syrian refugee adolescent girl

"Yes, I benefited from their training on GBV, if this training was not provided, I would face more psychological impact on my mental health. Also, they provide one-to-one sessions to help you with sensitive cases and issues. Syrian refugee adolescent girl

"GBV is still the same in streets, but we are now different. Now we know how to deal with it better or to mitigate its impacts. The level is the same, but people started to discard these oral harassment as they got fed up with receiving them." Syrian refugee adolescent girl

4.2.3 Outcome 4: Population development.

4.2.3.1 Degree of achievement of PD outputs

In relation to **Output 4.1**, UNFPA Jordan 9th CP achieved the following on PD:

- UNFPA Jordan played a key role in Jordan's contributions to the ICPD summit in Nairobi. The CO developed two documents related to the plan of action for the ICPD. UNFPA developed the ICPD-SDG indicators road map selecting 39 indicators as the Arab region's ICPD SDG-based indicators. Several workshops were organized by UNFPA to identify the relevant indicators for Jordan and means of measurements. Further, capacity building workshops for national partners on measurement mechanisms of Demographic Dividend indicators and ICPD-SDG indicators were conducted. Finally, an indicator matrix to follow up on the Demographic Dividend was developed.
- UNFPA supported the development of the National SRH Strategy 2020-2030. Consultation workshops were conducted with the participation of strategic partners including ministries, academia, NGOs and international development partners. The new SRH strategy adopted a comprehensive life cycle approach for RH services. UNFPA continued to support the Family Planning Costed Implementation Plan, in coordination with partners. An analysis of the Total Fertility Rate findings and trends was conducted based on the final DHS 2017-2018 survey and the final draft report was submitted, in coordination with the DOS Jordan.
- UNFPA supported the development of Jordan Population Strategy (2021-2030), primarily in coordination with the Higher Population Council. UNFPA conducted a series of consultative workshops with various relevant ministries and national institutions. The preparation of this strategy determines the priorities of population issues, in order to provide an appropriate and supportive environment for these issues to best invest in the demographic dividend and contribute to the well-being of citizens. Sexual and Reproductive Health was one of the four domains of the Strategy. The priorities outlined under this pillar include Universal Health Coverage (UHC), integrated Sexual and Reproductive Health services and information, and healthy lifestyles.

- Enhancing the Civil Registration and Vital Statistics (CRVS) system in Jordan was achieved through the ConVERGE (Connecting Vital Event Registration and Gender Equality) project for which Jordan was selected as one of the countries involved. UNFPA assessed the CRVS system, including the data records completeness and capacity of the system, and documenting the factors contributing to the registration/ under registration. Technical capacity building for the national technical staff from DOS and CRVS. UNFPA supported the establishment of a national CRVS working group and conducted several advocacy and coordination meetings.
- UNFPA celebrated the World Population Day through different activities, including national celebrations, organizing technical workshops with national partners and IPs, organizing awareness raising initiatives with universities such as an art competition on Youth and Unemployment.

4.2.3.2 Achieved versus planned PD outputs in CPD

The data in table 8 provides a high level of achievement across PD output indicators. All of the measured output indicators for the PD component were achieved during the review period. These indicators were concerning the development of the National Population Strategy, the setting up of the monitoring and evaluation system to monitor and track ICPD and SDGs, the introduction of a system for monitoring and tracking of family violence cases, and the availability of sub-national data from line ministries for ICPD indicators. In this regard, it can be confidently concluded that the PD sub-programme for CP9 excelled in meeting its targets as measured by the selected output indicators. This is despite that part of the implementation period for CP9 has been characterised by the COVID-19 pandemic with its associated negative impacts. The major reasons cited for this success has been the flexibility in the UNFPA despite the pandemic. Others also made the connection between these high levels of targets achievement and the strategic partnerships UNFPA has, and in the case of the PD component, with partners who are actively involved in population and development and data systems.

UNFPA Strategic Plan Outcome 4 Population and Development Everyone, everywhere is counted, and accounted for, in the pursuit of sustainable development.			
Outcome indicators for Jordan CP9			
<ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with fundamental principles of official statistics. - <i>Baseline: No; Target: Yes</i> Youth's development index. - <i>Baseline: 0.586 (2016); Target: 0.60 (2022)</i> 			
Output 1: Increased national data systems' capacity for integration of population dynamics for the realization of the demographic dividend, including in humanitarian contexts.			
Indicators, baselines and targets	Key interventions	Achievement	Remarks
<ul style="list-style-type: none"> National Population strategy developed. 	<ul style="list-style-type: none"> Advocating and providing support for the development of a national population strategy. 	<i>Baseline: No; Target: Yes</i> Achieved	The draft population strategy was during 2021 endorsed by line ministries.
<ul style="list-style-type: none"> Monitoring and evaluation system to monitor and track ICPD and SDGs in place. 	<ul style="list-style-type: none"> Supporting the integration of ICPD-SDGs monitoring and reporting systems 	<i>Baseline: No; Target: Yes</i> Achieved	The guidelines for measurement of indicators for ICPD and SDGs were developed.
<ul style="list-style-type: none"> A system for monitoring and tracking of family violence cases in place and functional at national level. 	<ul style="list-style-type: none"> Producing position papers and policy briefs on critical population issues, including the humanitarian situation 	<i>Baseline: No; Target: Yes</i> Achieved	Training and IEC materials provided and distributed in MoH facilities.
<ul style="list-style-type: none"> Sub-national data from line ministries available for ICPD indicators. 	<ul style="list-style-type: none"> Targeted technical assistance to support monitoring, tracking and managing gender-based violence in line with international standards and norms. 	<i>Baseline: No; Target: Yes</i> Achieved	A data system for ICDP is available online.

Table 8: Outcome 3 - achieved versus planned indicators: Population and Development

4.2.3.3 Evaluation of breadth and depth of PD outputs

UNFPA helped to increase advocacy on SRHR, evident in the development of the National Strategy on SRHR which was previously only focused on family planning. Now, it encompasses other SRH rights and was comprehensively developed based on a lifecycle approach from the age of puberty to menopause. UNFPA contributed to the Youth Strategy and supported a number of youth networks to be well represented in its development. UNFPA's work focused on data systems and on policy development. However, the evaluators noted that there is no output in the CPD related to the work on policy development. This included support to Jordan DOS on the national Demographic and Health Survey (DHS)⁴¹ published in 2019. National partners confirmed that the support by UNFPA was far beyond the financial, it focused on the technical aspects from the initial design phase of questionnaires, training data collectors, organizing workshops until the publication of the report. Support was also provided to the Civil Registration and Vital Statistics system (CRVS), where UNFPA was able to add some indicators related to vital statistics and civil registration within the national indicators collected by the CSPD and these new indicators were added to the department's annual reporting in an equitable and gender responsive context. The system capacity and completeness of records was assessed with the support of UNFPA HQ and technical capacity building for national technical staff from the Department was ensured through face-to-face training. A national coordination body was established.

On another level, UNFPA supported the SDG-ICPD indicators identified by ASRO for the Arab Region by introducing the 39 identified indicators to national stakeholders through capacity building workshops on the measurement, monitoring and meta-data. It was confirmed during the evaluation that the Ministry of Planning and International Cooperation and DOS were integrating these indicators within the national framework for the SDGs monitoring for Jordan. UNFPA focal points are aware that these indicators are being monitored. In terms of PD and development, UNFPA were supporting the national plan for the ICPD commitment and supporting the ministry of planning and DOS to develop and monitor the SDG indicators.

4.2.4 Unintended Effects

The COVID-19 pandemic took its toll on the operations and implementation of the 9th CP in Jordan, nevertheless, the UNFPA JCO was fast at adopting to the crisis and adjusting its operations and implementation modalities. A number of unintended results had emerged that could be tapped on for future programming. Innovative Mobile Medical Clinics (MHC) were designed and deployed to remote areas providing access to SRH services to the hard-to-reach populations. MRCs used a model of transportable healthcare that enable community based SRH services responding to the needs of vulnerable women and girls in remote areas in seven governorates. This initiative was launched in response to the COVID-19 pandemic in coordination with the NWHCC and the Jordan Health Aid Society International. Another unintended effect was the higher participation of women and girls in the online SRH and GBV awareness sessions provided by the UNFPA. The reason behind that was substantiated during the evaluation to the fact that women and girls' mobility is usually restricted according to traditions and norms. Online sessions were more convenient as they did not require them to come out of camps or away from their locations, unlike the case with the face-to-face sessions when men had to accompany them to and from the session locations. Albeit, for adolescents, they found online sessions boring and preferred outdoor activities.

The COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems. Since the eruption of the crisis, UNFPA and stakeholders took concrete strides to provide remote services and awareness and capacity building through online sessions, phone consultations, digital applications, SMS text messaging, voice calls and interactive voice response. Government of Jordan focussed on digital transformation across different sectors including health and SRH services. UNFPA also put more emphasis on media, communication and visibility activities in emergency, where the communication and media outlets played an important role in advocacy and access to information. Further, several studies and policy papers were conducted to assess impact of COVID-19 on SRH and GBV with recommendations to government and partners.

⁴¹ Department of Statistics (DOS) and ICF. 2019. Population and Family Health Survey 2017-18 <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>

EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

4.2.5 Integrating Gender and Women's Empowerment in CP

GEWE was mainstreamed by UNFPA at the programmatic and organizational levels. Addressing the needs of girls, adolescents and women have been taken into account across all activities, since the design of the CP, throughout implementation and monitoring. More women participated in implementation of CP interventions, including within Safe Spaces and leaders in Youth Centres. Moreover, accessing services through online and digital tools allows for equitable access for women and men equally. Capacity strengthening activities targeting national partners and IPs covered GEWE and human rights issues. UNFPA JCO, on the same front, ensured using gender sensitive and transformative language in all its media material and publications, as well as in annual reports.

UNFPA staff interviewed during the evaluation indicated that the ways and extent to which GEWE considerations were integrated into the CP varied between humanitarian and development settings in Jordan. In the humanitarian setting, the programme is flexible and decision-making largely lies within the UNFPA JCO, implications of gender inequalities and GBV were seen and could be addressed. However, with development programmes, decision-making is done by the government on all aspects of the programme, including priorities and implementation approaches and design of activities and targeting. UNFPA used the successes and lessons learned from the humanitarian programme to advocate for work with the government in the development setting. This was a good entry point, yet still limited because not all actors report and not all have systems in place. An example is the GBV IMS which has influenced the national strategies and led to the development of SOPs for essential GBV prevention and response service package led by the government. The developed SRHR strategy endorsed by the government was gender-sensitive that looked at women through a lifecycle approach. Working on the CRVS, the government looked at the gender issues likely affecting registration of women deaths. In some locations, UNFPA considered the needs of men and boys according to an internal paper that clarified relevant approaches in doing so.

Some government officials interviewed showed commitment to address gender issues and focus on international standard and a survivor-centred approach⁴². There are difficulties applying the international standards at the national level in Jordan due to culture, stigmatization and protection laws. For example, reporting on gender violence and rape is mandatory by law, but this is not usually accepted at the field level. Several interviewees referred to the rape criminalization law and the amendments needed. The newly developed SOPs on GBV prevention provided a base where national actors can move forward. Internal guidelines for the different agencies for the implementation of the SOPs were developed and are aligned. Institutional challenges continue in terms of the quality and available services, as well as capacity of the staff in these institutions.

IPs working with UNFPA who were interviewed during the evaluation commended on the capacity building they received by UNFPA on GEWE and human rights approaches. The M&E plans developed by IPs in close coordination and support from UNFPA ensured that they monitor and report on gender-sensitive indicators. There were efforts to link these indicators to contribution to SDGs 3 and 5. IPs further provided trainings to their own staff focusing on different elements such as gender equality, human rights, children rights and inclusion. IPs also ensured prevention of sexual exploitation and abuse (PSEA) and developed measures for their applications.

4.2.6 Integrating Human Rights in CP

In its 9th CP, working on SRH was a priority for UNFPA guided by the human rights principles for individuals and groups. UNFPA ensured accountability and participation of different beneficiary groups and accountability to the affected populations and having incentive-based volunteers as well. UNFPA focused on the principles of Leaving No One Behind and ensured non-discriminatory and quality interventions. Besides working on SRHR at the policy level, UNFPA was one of the few organizations also working on this domain at CBOs level. Like with GEWE, working on the integration of Human Rights within the humanitarian programmes was less challenging than with the development programme.

⁴² A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services

People interviewed during the evaluation pinpointed and social barriers to work and advocate for LGBTQ groups. UNFPA provided the service regardless of any sexual orientation, yet there were incidences where staff had refused to provide the service in light of sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups.

It is worth noting that, out of the UN@75⁴³ youth dialogue in Jordan 'Building Back Better after the pandemic', Human Rights came as the number one focus area that youth living in Jordan believed it needed more focus and efforts. UN@75 was a global dialogue launched by the UN Secretary General on building the future that people want, and a one-minute survey was created to collect the voices of the people, both online and in-person discussions. UNFPA and sister UN Agencies supported the conduct of the survey within their activities. UNFPA supported youth volunteers with a capacity-building session on facilitating online dialogues and a lesson-learned session. Jordan was in 1st place in the Arab region that received the most respondents to the survey.

Throughout the implementation of the 9th CP, lack of commitment from the human rights agencies and partners on the SRHR agenda was an on-going challenge identified by the JCO team in all annual reporting.

4.2.7 Humanitarian-Development-Peace Nexus

The UNFPA's CP reflected a strengthened humanitarian-development-peace (HDP) nexus approach across its three outcomes and all the work it undertakes to ensure coherence between the three response pillars humanitarian, development and peace. This was supported with the Jordan Compact signed between the Government and the international community, which for example, extended access education and health systems for refugees. UNFPA has been active to make SRH and GBV services and products accessible to refugees and to host communities. The evaluation accounted for the UNFPA's CP contribution to the HDP nexus through elements contained within the CP, including the collaboration among peacebuilding, development and humanitarian actors through the UNCT and the Humanitarian Partners Forum. The UNFPA CP and humanitarian, development and peacebuilding organizations in Jordan contributed collectively to the same outcomes and the strategic priorities of the UNSDF.⁴⁴ Collaboration included implementation of joint activities, assessments and monitoring, especially during the COVID-19 crisis.

UNFPA's assistance initiatives implemented at camps provide models of excellence and quality services that are accessible to both refugees and vulnerable populations. The CP took short, medium and long-term perspectives in its interventions that ranged between the provision of SRH services and GBV response to refugees inside camps and those in urban host communities, to strengthening national capacities, supporting PD information and data management systems, as well as development of national SRH Strategy, Youth strategy and CMR guidelines and SOPs. This was seen as convenient by the evaluation team to the Jordan protracted and complex nature of the Syrian refugee humanitarian situations, where resilience needs grow higher over time.

Although addressing the drivers of the crisis was not a primary objective of UNFPA's humanitarian programme, yet UNFPA was able to contribute by building trust among groups and between the Government and the population and by ensuring equitable access to SRH and GBV services. The safe spaces in the host communities serve everyone and there are Jordanians and Somalis and Syrians, promoting social cohesion within Jordan. Discussions during the evaluation highlighted the heavy load of the humanitarian programme on one hand, and the limited funding for development interventions on the other. It was difficult to bring momentum to the ICPD as the commitment of the Government of Jordan is not strong.

⁴³ UN. 2020. UN75 2020 and beyond, The Future We Want- The United Nations We Need.

<https://www.un.org/en/un75/presskit#:~:text=In%20January%202020%2C%20the%20UN,headed%20if%20current%20trends%20continue.>

⁴⁴ UNFPA contributed with other actors to Priority 1: Institutions in Jordan at national and local levels are more responsive, inclusive, accountable, transparent and resilient; Priority 2: People, especially the vulnerable, proactively claim their rights and fulfil their responsibilities for improved human security and resilience; and Priority 3: Enhanced opportunities for inclusive engagement of all people living in Jordan within the social, economic, environmental and political spheres.

4.3 Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, including technology, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme, including how these have fostered or, on the contrary, impeded the adaptation of the country programme response to changes triggered by the COVID-19 crisis?

4.3.1 Funding Modalities, Reporting and Administrative Arrangements

The JCO maintained a very good funding level for the 9th CP from donors. Albeit national partners find that more funding was needed to allow UNFPA to respond to needed assistance on national priorities (eg: GBV), as well as to provide further capacity strengthening to the government.

The implementation of field level interventions was done through government and NGO IPs who were managed by the JCO, based on annual financial disbursements with agreed workplans and reporting. Monthly and quarterly meetings were held between UNFPA and IPs, in addition to joint monitoring. During the evaluation, IPs reported that UNFPA supported to build their institutional and individual capacities. This includes through specialized training on SRH and GBV, as well as on M&E, project management and soft skills. They believe that they would additionally benefit from leadership and strategic managerial skills, as well as financial capacities and governance. In general, all interviewed IPs were satisfied with the technical, administrative and logistical support provided by the UNFPA teams, despite the many logistical and administrative processes required by UNFPA.

IPs found that the financial support provided by UNFPA was adequate for the implementation of service delivery activities. However, the funds were not sufficient to cover some of their administrative costs, funds were only partially enough for the needed procurement, M&E or the human resources working on the operations. Some of the interviewed IPs reported that they faced challenges with the regularity of funds quarterly and at the end of the financial year, which hindered their abilities to procure and provide medications to beneficiaries at the Reproductive Health clinics and sometimes for logistical expenses (eg: allowances and coffee breaks during activities). Another challenge for them was the inflexibility of the budget allocations provided to the IPs, where in some cases the IPs find more convenience to make budget changes according to the developments during actual implementation on ground. But when the COVID-19 pandemic started, UNFPA was responsive with budget reallocations, for example to procure necessary digital equipment for the continuation of activities (for example, laptops, internet for staff working from home).

UNFPA staff differentiated between the capacities of government IPs and those of NGO IPs, UNFPA has been working with NGOs for some years on SRH and GBV services, which enabled them to gain experience. Whereas, IPs such as the Jordanian National Commission for Women's Council (JNCW) had very limited technical capacity. Also, on child marriage, there was weak political will and decision-making power by the government IP. There were some difficulties faced by the JCO with IPs. This included the lengthy government clearance processes for their operations, some were not cleared despite support by UNFPA. IPs mentioned that such delayed approvals that are required from the Ministry of Planning for projects that are part of the Jordan Response Plan (JRP) limited the time allowed for implementation within their agreements, and in relation, increased workload to implement and respond to the UNFPA requests timely. Other difficulties included the high turnover of IPs' staff who fail to retain capacitated staff, and sometimes limited communications capacity. There has been improvement in using advanced technology tools and digital solutions (eg: kobo for assessments, data visualization and M&E dashboards), which would be beneficial to expand on in future programming with adequate investments.

"UNFPA are so efficient honestly. They are so responsive and provide us with excellent technical support. UNFPA is one of the donors that I'm always comfortable to work with. I would really highlight here that its staff is so competent, efficient, and responsive. They keep us in the loop at all levels". IP representative

"The delay and the challenge were at the end of one year and the beginning of the other. The annual plan and budget would be signed in May. Since 2019, the situation improved, and we signed in January/February. It would be better that it gets done in December so we can implement properly". IP representative

4.3.2 Utilisation of Funds

Fund allocations were made by UNFPA based on national priorities and the vision and mandate of the UNCT in Jordan (further discussion under 4.1 Relevance section). The UNFPA JCO came forward with funding and human resources, which was appreciated by the RC and UNCT during the evaluation. UNFPA was able to mobilise resources such as for communication and advocacy and for the youth in the UNCT, especially inevitable during COVID-19 and issues related to gender equality.

4.3.3 Personnel

The technical capacities of the programme personnel were high, as reflected by IPs, government partners and UN staff. The JCO has specialized teams for PD, SRHR, GBV and youth in place, and maintained the positions of a Humanitarian Coordinator, Heads of Departments and support functions. Field presence in camps bolstered the efficiency of implementation. The new organigram does not include a Country Representative in place as it was downsized to a Head of Office post, which might have affected the soundness of the JCO's advocacy and policy influence efforts. Feedback by national partners was positive about the technical capacities of the UNFPA team in Jordan. Almost all the interviewed JCO staff from the different teams found that the JCO requires organizational structure review that would allow for capacities equivalent to the funding availability and programme intended outputs. They reflected that the current total number of staff was not sufficient compared to the workload nor the amount of funding, which posed challenges and workload issues. Population and Development programme area would specifically benefit from additional staff in place to support on digital solutions in light of the national digital transformation plans by the Government of Jordan, where UNFPA has the opportunity to play a key role within the next programming. During COVID-19, the JCO capacity was strengthened to support quality humanitarian response programmes. In this regard, the UNFPA maintained the lower Recruitment and Vacancy Rate and completed the recruitment of the Head of Office, along with the international SRH Specialist and the RMP specialist.

4.4 Sustainability

EQ6: To what extent has UNFPA been able to support implementing partners and beneficiaries (women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the ownership and durability of effects including results occasioned by the Covid-19 response?

Providing humanitarian assistance to refugees was confirmed by the Government of Jordan as a national priority, expecting that the refugee crisis to last of at least the next three years. The work UNFPA has been doing would continue to provide the needed humanitarian assistance. The UNCT in Jordan recognizes that the ownership and durability of the humanitarian work is not sufficiently tackled, especially on GEWE issues, and that more sustainable solutions need to be sought. A high level of funding allocations is inevitable to ensure sustained humanitarian support continues.

Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. In the views of the interviewed national partners, UNFPA's work encompassed elements that suggest high prospects for sustainability. These included the technical training of trainers that was provided by UNFPA strengthened institutional capacity on a wide array of fields and at different levels, including on GBV response and SRH information and service provision. The information systems, tools and infrastructure, established public-private partnerships as well as the advocacy at the national level contributed to creating an enabling environment on SRHR and GBV. UNFPA and partners were able to institutionalize CMR services and SOPs, in addition to the development of national policies on Combating Child Marriage, the National Youth Strategy and SRH Strategy which were developed through a participatory process with sustainability and governance as one of four main domains. Some reforms in the laws, such as the child marriage exceptional age from 15 to 16 years. Finally, the integration of the SRH courses within universities grants further sustainability.

Ownership and durability were especially considered within the CP's work on population and development, a main strategic partner to UNFPA was the Higher Population Council. Building systems such as the CVRS and

introducing new tools for analysis now institutionalized in their annual reports. The national policies were endorsed by the Prime Minister and at executive government levels. It is worth noting also that UNFPA established a technical committee for the strategies that it supported and built capacities of its members on SRHR, population dynamics and demographic dividend. UNFPA trained media people to advocate more on issues of concern in relation to SRHR, GBV and ICPD commitment. Moreover, UNFPA established partnerships with humanitarian local actors in place, such as JIHAS and IFH. The capacity building that was provided to them ensured their sustained ability to offer the humanitarian services beyond the current 9th CP, as confirmed by these partners during the evaluation. They mentioned that they have the capacity to provide services to beneficiaries on SRH and GBV response, and to cascade the training to more staff within their agencies. Even with the phenomena of the high staff turnover, the developed pertinent guidelines provide reference for the trainings. Nevertheless, UNFPA staff and most of the partners mentioned that the issue of the high turnover was yet one of the main adversities to sustainability of UNFPA's efforts.

During the 9th CP, UNFPA invested in strengthening existing partnerships and in establishing new ones. This included implementing partners operating in camps and host communities, such as JHAS, IFH, IRC, and Questscope. A new partnership was created with Generation of Peace to support the YPS work. With donors, UNFPA was able to receive funding from FRANCE as new donor in addition to other regular donors such as ECHO, Norway, SIDA, Canada and Japan. To promote the use of technology among women and girls, a framework agreement was signed with ZAIN Jordan and a number of initiatives were carried out, such as a short course on "How to Use Mobile applications and Internet Safely". Annex 5 provides a list of the UNFPA partners.

On communities and beneficiary levels, the UNFPA interventions had positive impact evident in their sustained access to SRH services and GBV support. Trained volunteers through the youth centres and the safe spaces are able to implement community and outreach activities. In this regard, UNFPA worked with the youth to develop a strategic plan for resource mobilization and sustainability. Refugee youth who benefited from the vocational trainings have gained skills to facilitate their jobs or work opportunities in Jordan or in their home locations in Syria. The national toolkit on YPS will remain, as well as the youth coalition formed by the Crown Prince and Y-Peer Network for which UNFPA strategically reviewed its bylaws and sustainability transition process.

A challenge shared by UNFPA staff during the evaluation is that donors are competing to develop different policies, but not committing funding for their implementation. Jordan has so many policies in place, nevertheless, they are not being implemented. This calls for a coordinated action by the UN and development partners in Jordan that contribute the Government of Jordan's efforts. Looking at development SRH indicators, it appears that Jordan health facilities are providing most of the services, but the issue remains with the quality and the inequality of access. In Amman, all services are accessible, however, going to the south is where pockets of poverty exist and access is challenged. More investments are needed in health services to ensure quality and universal access where SRH is part of the medical coverage.

Feedback from national partners reflected that they believe that without UNFPA, there are services and advancements that would not continue as they are anchored around the implementation of projects by UNFPA. For example, work on GBV within the health sector is still doubtful because it is still seen as an add-on that is still linked to projects and funding. Still for example, the GBV cases that are reported and survivors provided with services is not high enough. This is unlike the work on family planning by MOSA which is more effective. During the evaluation, interviewees find that effort still needs to be done on social behaviour and attitude change and on further capacity building at all levels with innovative approaches, such as coaching and on the job-training and support.

The evaluation however was not able to account for consideration by the CP to wider contextual challenges faced by Jordan, including the poor economic performance, there we have been struggling because of the overall high unemployment rates in Jordan, the water deficit and food systems. Moreover, integration of refugees into the labour market remains challenging. These challenges would have toll on Jordan's ability to continue to provide humanitarian assistance in light of the already strained economy and infrastructure. A challenge that is aggravated by the risks of a decline international humanitarian support and the uncertainty of the range of impact of the COVID-19 global crisis. This risk to sustainability of services was realized by UNFPA (document reviews) in light with donor fatigue and reallocation of resources to fund other emergency crises.

4.5 Coordination

EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

On the humanitarian agenda within Jordan, there has been coordination through the Humanitarian Partners Forum, chaired by the RC/HC and chaired by UNHCR, UN organisations and INGOs, in addition to IFRC and IOs. There are working groups and sub-working groups regularly meeting with representation by different agencies. Some groups, such as the GBV one, had proliferation including a gender task force and the gender reference group. UNFPA 9th CP delivered against the UNSDF 2018-2022 (as detailed in the EQ1 on Relevance) and supported the different UNCT coordinating groups. This included the inter-government steering committee, the UNCT team, the PCT team and the three result working groups on People, Opportunities and Institutions. However, as highlighted by the UN staff during the evaluation, group meetings were rarely organized, which adversely affected the overall strategic leadership and implementation on the UN development agenda in Jordan. UNFPA co-chaired the People's results group, but like others, because of lack of clarity, group meetings were not taking place. Feedback during the evaluation showed that joint programming is limited between the different UN agencies, there is a sense of competition and agencies can sometimes become territorial around their specific areas of focus. COVID-19 crisis played a strong role on coordination as UNSDF shifted focus to the socio-economic framework for response.

UNFPA led the SRH sub-working group at both national and at camps levels (*Zaatari* and *Azraq* camps) and the youth task force in *Zaatari* camp. It co-chaired the GBV working group and the compact for the humanitarian response. In addition, it also co-chaired the YPS in Jordan for two terms under the umbrella of the Ministry of Youth. During COVID-19, interviewees reported that the SRH sub-working group served as a common platform to engage together in joint needs assessments, share information and best practices and coordinate interventions during extended curfew and lockdowns. UNFPA and partners succeeded to advocate for prioritizing SRH issues within government and other partners programming and policies.

The *Zaatari* Youth Task Force was an action-oriented field-level forum, it focused on youth-specific advocacy, planning and coordination to advance the youth agenda in humanitarian settings, providing technical support for mainstreaming youth and adolescents SRH issues in humanitarian and development contexts. Feedback from interviewed youth reflected that they appreciated the Youth Centre and that they benefit to a high extent from the activities provided and gained knowledge on SRH and GBV. Some became volunteer trainers in programs related to UNFPA, such as the Sadeeq Initiative and the Y-PEER Network. They also got the opportunity to volunteer to provide PSS support, awareness raising on SRH and GBV and entertaining activities to children, which they found meaningful.

Co-chairing the GBV sub-working group at the national level by UNFPA led to a more coordinated GBV work in Jordan and increased the number of actors engaged in the group, who were supported to co-lead on the group. The group produced joint papers and assessments, coordinated advocacy and activities marking international events to combat GBV. Moreover, the GBV working group championed prioritization of GBV in OCHA pool funding for several years, which resulted in having organizations of the group obtain funding to fill crucial geographical and thematic gaps before and during the COVID-19 pandemic.

IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level. Through the groups, they become updated on the procedures, tools and implementation strategies and cope within their entities at an early stage. They added that UNFPA provided technical support on the GBV working group at the policy level and at the field level, providing strategies for coordination, implementation and access to information and services.

"Honestly, my testimony is flawed because what UNFPA provides in what concerns GBV is very good and they always have a quick response and when UNFPA provides direction it is always followed. UNFPA have the highest standards and so their directions are followed and leads to positive results". IP representative

Furthermore, UNFPA was well positioned and actively participating where possible within the UN coordination groups, retreats and discussions to advocate for SRH and GBV issues where possible. For example, within the M&E group, UNFPA had been active in supporting the coordination of all the reporting and the planning of the UNCT. Also, in the Communications group, where UNFPA put forward its capacities on youth and media. In the Health Development Forum that is led by WHO, USAID and Jordan MOH, UNFPA was involved, always attending, contributing and updating the Forum with about its programmes. UNFPA co-lead with UNHCR the GBV information management system taskforce, attended regular meetings, provided capacity building and supported in data analysis and release of analytical reports by the GBV IMS. The UNFPA staff interviewed found it sometimes difficult to attend meetings of all those groups. There were challenges for UNFPA to have presence and coordinate at the camp level in *Zaatari* because of staff capacity. At the UNFPA JCO level, it was mentioned by staff and partners that there was a good level of coordination between the components on SRHR, GBV and Youth, yet sometimes implementation was done with a level of separation from one another, with divided budgets and activities.

4.6 Coverage

EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?

The UNFPA's 9th CP focused on the inclusion of Syrian refugees and the vulnerable host communities. According to UNHCR, Jordan hosts 1.3 million Syrian refugees, making it the second largest per capita refugee hosting country in the world. Of those, around 662,200 are registered with UNHCR, 20 percent residing inside camps and the rest are within the host communities⁴⁵.

REGISTERED SYRIAN REFUGEES AS OF 18 NOVEMBER 2020	PROJECTED REGISTERED SYRIAN REFUGEES BY DECEMBER 2020 (AS OF DECEMBER 2019)	ESTIMATED TOTAL NUMBER OF SYRIANS	NUMBER OF IMPACTED HOST COMMUNITY MEMBERS
659,673	633,314	1,300,000	520,000

Source: *Regional Strategic Overview 2021-2022, Regional Refugee & Resilience Plan*

UNFPA's assistance covered all Syrian refugees in all camps, and in host communities around Amman where most of the vulnerable population is located. Funding limitations disabled the reach at the district level, which would require more resources to collect data and implement activities. Implementing partners, from government and IPs mentioned that UNFPA granted them the flexibility to work in areas where they see need, so geographically they were able to work in the North, Middle and Southern regions of Jordan. According to feedback from almost all interviewees of different groups, UNFPA is seen as an organization that focuses on reaching the most vulnerable groups who need assistance the most. UNFPA established 19 women Safe Spaces for GBV support, 12 of them in different locations around Amman and *Tafilah*. Also support was provided to clinics in 2 locations inside camps (*Zaatari* and *Emirati*), as well as in *Karak*, *Madba*, *Al-Salt*, *Al-Zarqaa* and *Amman*. Target locations are identified by UNFPA together with IPs at the beginning of each year according to need.

The CP coverage had an exclusion bias where not all host communities were reached with the assistance, in addition to the elderly and people with disabilities even in areas where UNFPA exists. An assessment of UNFPA's presence in the South region was carried out and it showed that populations in need are scattered in small villages, unlike the North areas. The evaluation notes that a mobile approach to be able to reach different communities in the South might be worth exploring.

EQ9: To what extent have UNFPA's humanitarian interventions systematically reached the most vulnerable and marginalized groups (women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; LGBTQI populations etc.)

⁴⁵ UNHCR data portal <https://data2.unhcr.org/en/situations/syria/location/36>

Focus of UNFPA's interventions was clearly on women, adolescents and girls, as well as refugees and vulnerable Jordanians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient enough to address all the special and increasing needs of 'those furthest behind', especially in development settings. Some marginalized and vulnerable groups were left behind with unmet needs. Of those, the stakeholders interviewed pinpointed that the extent of inclusion of the most vulnerable and marginalized was not fully considered. These include the elderly, people with disabilities, women in menopause age, Sudanese refugees, LGBTQ communities, migrant workers, survivors of human trafficking and commercial sex workers. These groups face challenges in access to SRH services and information, as well as GBV protection due to physical, communication and social constraints.

In realization, the UNFPA JCO put stronger focus on inclusion at later stages of the 9th CP, especially for people with disabilities. An internal action plan for disability inclusion was developed to guide the CP's work. UNFPA started working on capacity building to staff and IPs to improve the understanding of the unique needs and service provision for people with disabilities. Through monitoring and case management by IPs and in coordination with the Higher Population Council, more beneficiaries of this specific group were reached (except those hard of hearing). Physical rehabilitation was introduced to some of the facilities for a more friendly access to these groups. Dialogue also was initiated with the National Council for People with Disability. On the elderly, work at the policy level had started earlier within the CP, and appreciated by the Government of Jordan, majorly on national elderly strategy and pertinent reviews. UNFPA also supported the National Council of Family Planning on the development of the Elderly People Strategy in Jordan. To support inclusion of LGBTQ groups, UNFPA started a process for a desk review about national practices and laws concerning this group and provided training to staff and IPs on provision of assistance and case management.

The M&E system measures indicators related to beneficiaries reached through a random sample, roundtable discussions and FGDs. Sexual orientation is not part of the information requested, so it is hard to know whether LGBTQ community were reached with UNFPA's assistance. The JCO has a grievances and complaints system, an electronic application for complaints and a hotline for complaints with a policy on complaint management system.

4.7 Connectedness

EQ10: To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities etc.) to better prepare for, respond to and recover from humanitarian crisis?

UNFPA through its 9th CP took concrete strides on building capacities at local and national levels in Jordan, primarily on SRH services, GBV response, PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organizations and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity building efforts ensured to maximize effectiveness, resilience and country ownership to manage and deliver SRH and GBV products and services to the target groups at the longer term. The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels.

4.7.1 Individual capacity building

Through comprehensive training packages, UNFPA improved individual skills, knowledge and capacities, extended to multiple local and national stakeholders, implementing partners and government staff, as well as beneficiary men, women, youth and girls. Forensic doctors and DAG members were trained on the management and use of systems like the JMMSRS. Capacities of developmental and humanitarian implementing partners and staff at National Health Facilities increased on identifying related SRH and GBV gaps and needs, they learned about the provision of family planning and counselling, the Minimum Initial Service Package (MISP) in case of emergency. They were also trained on infection control and prevention, obstetric ultrasound and contraceptives and maternal nutrition. Some of the aforementioned specialized trainings were accredited by the Jordan Medical Council.

Targeting the different community groups within camps and host communities, UNFPA supported the conduct of awareness raising sessions and TOT for youth volunteers. This covered different SRH and GBV topics, such as psychological/anxiety disorders and First Aid, SGBV-Safe Referral, National Standards for Youth-Friendly SRH services. UNFPA also supported the creation of the Y-PEER Network in Jordan and facilitated a national TOT, which empowered them as educators who further led awareness for youth using specialized theatre techniques.

During the evaluation, interviewees mentioned that there is a need for more capacity building for IPs in the governance, leadership, accountability and M&E aspects. Some also indicated the need for further technical capacity building of their staff.

4.7.2 Organizational capacity building

UNFPA contributed to improving organizational performance by supporting systems, processes, plans and guidelines. Focusing on SRHR, examples include providing technical and financial support for the implementation of JMMSRS. In addition, UNFPA launched the women friendly healthcare services at the NWHCC for the first time in Jordan and established two new laboratories in *Zaatari* camp and *Sweileh* centre in Amman. Also established Healthy Community Clinics (HCC) in partnership with MoH and RHAS. Further, UNFPA promoted education on SRH through the development of Reproductive Health and Health Promotion graduate courses that were integrated within several universities, and two Youth-Friendly Health Clinic (YFHC) were established. They also established SRH graduate courses for nurses in partnership with JNC. With MOE, UNFPA integrated SRH awareness for adolescents within the healthy school programme. An SRH education toolkit was developed to be used for informal SRH education by IPs who work with the young population. National capacity was strengthened on measurement mechanisms of Demographic Dividend indicators and ICPD-SDG indicators.

ON GBV response, UNFPA strengthened national systems to provide CMR and GBV services to survivors following the launch of the CMR protocol in 2019. Health providers were trained as trainers on Intimate Partner Violence (IPV) and Mental Health and Psychological Support (MHPSS). Inter-agency SOPs were endorsed by NCFA to address cases of GBV and Child Protection, along with a series of specialized ToTs to health providers. Child marriage was one of the critical issues addressed by UNFPA during the 9th CP through the implementation of a Communication for Behavioural Impact Strategy that aimed to address issues of child marriages. NCFA was supported to monitor the implementation of the action plan of the National Strategic Action plan to end Child marriage. UNFPA supported Jordan DOS with the national DHS by providing technical and quality support in the design, data collection, analysis and reporting phases. The national CRVS system was enhanced through the conduct of an assessment of the system and providing technical capacity building for the staff from DOS and CRVS. UNFPA produced a report “Review of Health, Justice and Police, and Social Essential Services for Women and Girls victims/survivors of Violence in Jordan”. Coordination was enhanced nationally with support of UNFPA to the NCFA through national workshops and assessments of the Family Counselling Centres.

Challenges mentioned by interviewees during the evaluation were mainly related to the limited funding for development capacity strengthening. More donor investments go to humanitarian assistance. There is need for an SRH emergency response plan with appropriate training to stakeholders on its implementation at national and local levels. The evaluators note that at the level of UNFPA-supported PHC facilities, most have included SRHR service continuity in their emergency plan. However, there is a strong need to integrate SRH, including family planning and midwifery, issues into national emergency plans.

4.7.3 Enabling environment

UNFPA contributed to improving policy frameworks in Jordan on SRHR, youth and GBV. UNFPA supported the development of the National SRH Strategy 2020-2030, the National Population Strategy (2021-2030), as well as the National Action Plan on Early Marriage. UNFPA supported through consultation workshops with participation of strategic partners including ministries, academia, NGOs and international development partners. UNFPA provided necessary technical input and assessments in collaboration with partners and the Government.

CHAPTER 5: Conclusions

5.1 Strategic Level

Conclusion 1. The CP9 is well aligned to national and international development priorities including government strategies, the UNFPA Strategic Plan (2018-2021), and the United Nations Sustainable Development Framework (UNSDF) 2018-2022. CP9 effectively responded to the changing environment and needs including humanitarian settings in Jordan and in the region and the COVID-19 pandemic. UNFPA is a strategic partner to the Government of Jordan, other UN agencies and leading bilateral agencies.

The CP9 was relevant and strategically aligned to national and international development frameworks. Wide stakeholder consultation at national and sub-national levels during the design of the CP9 enhanced ownership and relevance. The CP9 was responsive to changing national needs and environment especially in emergencies, including the COVID-19 pandemic.

Origin: EQ1 and 2; Evaluation criteria: relevance

Recommendation: Strategic level R1.

Conclusion 2. UNFPA Jordan provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind.

Most national policies and guidelines mainstreamed gender and human rights-based approaches. The CP9 adopted approaches that ensured equity in programming. In addition, during the implementation of CP9, strengthening the utilization of differentiated service delivery models (specific and focused programming) that effectively respond to the unique needs and contexts of the hard-to-reach communities (people with different types of disabilities, and most-at-risk populations) reinforced gender and human rights based approaches and leaving no one behind.

Origin: EQ1 and 3 and 4; Evaluation criteria: relevance, effectiveness

Recommendation: Strategic level R6.

Conclusion 3. UNFPA Jordan is an active member of the UNCT and is a valued strategic partner of the Government of Jordan and other key stakeholders. UNFPA embraced Delivering as One (DaO) under the UNSDF 2018-2022 more so within the context of UN Joint Programmes. The CP9 had a well-articulated coordination framework for the implementation of the programme at both national and sub-national levels in Jordan.

Origin: EQ7 and 5; Evaluation criteria: coordination and efficiency

Recommendation: Strategic level R2;3

Conclusion 4. UNFPA Jordan has a robust financial management and tracking system that facilitated programmatic and financial accountability. The next country programme should continue to strengthen the financial systems at both CO and IP levels in support of the realisation of results.

This robust system however requires further mainstreaming and strengthening support of the achievement of results for both the CO and the IPs.

Origin: EQ5 and 7; Evaluation criteria: efficiency and coordination

Recommendation: Strategic level R4.

Conclusion 5. The Intervention logic in the results framework for SRHR, GEWE and PD in CP9 is clearly robust and clear.

There is a clear strategic linkage between planned interventions and the outcome and outputs, in the intervention logic for CP9. The evidence from the evaluation indicates that the outputs and strategic actions in the interventions generally contributed to the outcomes for CP9. There is a high level of achievement in the targets against the baselines for all three thematic programmes, viz, SRHR; GEWE and PD. Against this background, there is therefore sufficient evidence in this evaluation to confidently conclude that the outputs contributed positively to the attainment of the outcomes for CP9.

Origin: EQ3 and 4; Evaluation criteria: effectiveness

Recommendation: Strategic level R7.

Conclusion 6. Data as a foundation for evidence-based programming was well articulated in the CP9. The support rendered by CP9 towards the creation of: (PD component) (i) monitoring and evaluation system to monitor and track ICPD and SDGs, (SRHR component) (ii) maternal death reports compliant with the Maternal Death Surveillance and Response (MDSR) protocol, and (GEWE) (iii) system for monitoring and tracking of family violence cases; and (iv) Gender-Based Violence Information Management System (GBVIMS) analytical products is commendable and should be scaled up.

Origin: EQ3; 4, and 5; Evaluation criteria: effectiveness and efficiency

Recommendation: Strategic level R7.

5.2 Programmatic Level

Conclusion 7: UNFPA successfully invested in (i) availability of and accessibility to high quality comprehensive and integrated SRH services in camps and host communities, (ii) launched the Sexual and Reproductive Health (SRH) strategy 2020 – 2030 to mobilize the commitments to fully implement the comprehensive package of SRHR services and the ICPD agenda, with a specific focus on achieving the “three zeros” by 2030: zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices, (iii) strengthened and maintained fruitful partnerships between SRH Sub-Working Group (SRH SWG) members, including in camp settings, to ensure the implementation of a comprehensive quality package of SRHR interventions, (iv) conducted various capacity-building trainings targeting different SRH providers inside both the refugees’ camps and in the host community, (v) endorsed the MM guidelines as one of the ways to tackle the main causes of maternal mortality in Jordan, (vi) increased awareness on SRH issues through dissemination of IEC materials at MCHs at national level, conducted Emergency Obstetric and New-born Care Needs Assessment consultation workshops and (vi) in response to the COVID-19 crisis, UNFPA Jordan in cooperation with the National Women Health Care Center and other governmental and non-governmental SRH actors, established the national SRH hotline services and managed this system throughout 2021.

Origin: EQ3 and 4; Evaluation criterion: effectiveness; Programmatic Level R8.

Conclusion 8: UNFPA supported the ability of young people to exercise SRH rights, and in partnership with the Royal Health Awareness Society (RHAS) expanded its work to cover several public and private universities in Jordan to provide elective reproductive health courses. The UNFPA also accelerated its efforts towards people with disabilities as a way of promoting inclusion. The UNFPA also rolled out adolescent girls focused programming with women and girls’ safe places being introduced. In addition, the UNFPA supported several youth Y-PEER networks members in Jordan as a youth led network on SRHR issues.

Origin: EQ3 and 4; Evaluation criterion: effectiveness; Programmatic Level R8 & 9.

Conclusion 9: In GEWE, UNFPA continued to co-lead the GBV WG at the national level, which resulted in increasing number of active members and a more coordinated GBV work in Jordan. The UNFPA also strengthened national policy and governmental capacity systems in the multisectoral response to GBV. It also supported the nationwide campaign for the promotion of gender equality and women empowerment. In addition, the UNFPA continued the advancement of the SRHR agenda in the country.

Origin: EQ3 and 4; Evaluation criterion: effectiveness; Programmatic Level R8.

Conclusion 10: In population and data, one of the most notable achievements was the development and advocating of the national population strategy. The national population strategy for the years (2021-2030) was built on four axes: health, reproductive and sexual health, the socio-economic axis, the women and youth axis, and the migration, asylum and crises axis. In addition, UNFPA led the development of the National Action Plan to Implement Nairobi Commitments. UNFPA also supported the advocacy for the

integration of population dynamics in policies and programs at the governorate level and supported the strengthening the CRVS data system. This was done by conducting capacity building and on the job training to staff from the Civil Status and Passport Department, CSPD, Department of Statistics and Ministry of Health that have direct role in the provision of vital statistics

Origin: EQ3 and 4; Evaluation criterion: effectiveness; Programmatic Level R8.

Conclusion 11: The evaluation also identified that although CP9 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions.

This intervention/intervention area buttresses the importance of involving men and boys in interventions, particularly those that are meant to address issues of gender equality, domestic violence and sexual and reproductive health and rights.

Origin: EQ 3 and 4; Evaluation criterion: effectiveness; Programmatic Level R10.

Conclusion 12: Significant progress was achieved in strengthening legal, policy and strategies and other capacities on GEWE. Through partnership with the government, civil society organizations and other partners, UNFPA has been able to strengthen the capacity to support, prevent and address GBV and strengthen the response for elimination of GBV.

This includes CEFM in humanitarian and development settings. UNFPA Jordan strengthened national policy and governmental capacity systems in the multisectoral response to GBV. It supported the nationwide campaign for the promotion of gender equality and women empowerment. In addition, UNFPA Jordan supported the National Council for Family Affairs to monitor the implementation of the National Action Plan to end Child Marriage (NAP).

Origin: EQ 3 and 4; Evaluation criteria: effectiveness; Programmatic Level R10.

Medium-term period

Conclusion 13: Significant progress was achieved in advocating for evidence-based information by creating monitoring and evaluation system to monitor and track ICPD and SDGs; the National Population Strategy; system for monitoring and tracking of family violence; Gender-Based Violence Information Management System (GBVIMS) analytical products; and maternal death reports compliant with the Maternal Death Surveillance and Response (MDSR) protocol. Challenges remained particularly about adequate funding and capacity building initiatives, especially due to the impact of shift in service delivery and programming due to COVID-19.

Origin: EQ 3 and 4; Evaluation criterion: effectiveness; Programmatic Level R12.

Conclusion 14: The vocational training and skill development activities that were provided to young women proved to have the potential to increase livelihood opportunities through jobs, volunteering or small projects. They also were socially empowering for participating women. This could be designed into an activity to promote economic participation and livelihoods support for women, hence address the root causes of GBV.

Origin: EQ 3 and 5; Evaluation criteria: effectiveness; Sustainability.

CHAPTER 6: Recommendations

Based on the conclusions, the following recommendations were developed. The recommendations will be fine-tuned in a consultative process, as a result of participatory discussion with CO Jordan and follow-up rounds of validation with the Evaluation Reference Group. The timeframe for the implementation of the recommendations has been indicated under short-term, medium-term and long-term periods.

6.1 Strategic Level

Short-term period

1. During the design and implementation of the 10th CP, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in the development and humanitarian settings, including COVID-19.

Operational Implications: The next country programme, i.e., the 10th CP, should be absolutely aligned to international, national and sub-national priorities and needs as well as being responsive to the changing environment including the COVID-19 situation. UNFPA and its partners should ensure wide and continuous consultations with key stakeholders at all levels ensuring gender inclusion, hard-to-reach and marginalized as well as most-at risk populations. The strategic partnerships have worked well and should continue in the 10th CP with UNFPA making the best use of its comparative advantage in resource mobilisation from regular and new sources. Technical implication - CO to support MDAs on the adoption of appropriate methods to continuously reach and consult the marginalized, hard-to-reach and most at risk populations; Financial implication – The CO should ensure that adequate financial and human resources are available to respond to the changing environment and needs particularly due to emergencies due to climate change as well as the on-going COVID-19 response.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, MDAs, Regional and Local Government Authorities, and IPs; **Based on Conclusion:** 1.

2. The next CP (CP10) should consider sustaining partnerships and resource mobilization for JCO in order to ensure support to UNFPA's programmes in Jordan and sustain the remarkable evident achievement of results and outcomes in all thematic sub-programmes that has been observed for CP9.

Operational Implications: Successful sustainable development requires the continuation of the dynamic and inclusive strategic partnerships inherent in Jordan CO that involve a variety of stakeholders. It is imperative for the next country programme, i.e., the 10th CP, to sustain partnerships and resource mobilisation to ensure support to UNFPA's programmes and to sustain the high level of achievement of results evident for CP9.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, IPs; **Based on Conclusion:** 2.

3. There is need for UNFPA Jordan CO to continue strengthening partnerships under the UN framework of DaO. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should further strategically partner with institutions and MDAs that have mandate to address drivers of Gender-Based Violence/ Domestic Violence) (GBV/DV), and Child Early and Forced Marriage (CEFM) and harmful practices related to the effects of emergencies such as COVID-19 and the humanitarian crises.

Operational Implications: The technical implications are (a) under DaO, UNFPA should continue to optimally make use of its comparative advantage as technical expertise and thought leader in SGBV as well as data and evidence-driven agency in integrated programming anchored on gender and human rights with technical expertise in multi-sectoral programming and the humanitarian aid-development nexus; (b) UNFPA should deliberately create strategic alliances with MDAs to increase opportunities for holistic programming for Gender equality and empowerment of women and girls, GBV prevention and elimination of harmful practices. This should be preceded by formative assessments on the GBV-harmful practices, climate change and environmental degradation nexus

in development and humanitarian settings; and analysis of risk factors for GBV, gender inequality and human rights violations during humanitarian emergencies and the COVID-19 pandemic.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, MDAs and IPs; **Based on Conclusion:** 3.

4. There is a need to further strengthen the financial management system in the UNFPA Jordan CO to facilitate programmatic and financial accountability by paying particular attention to innovative strategies aimed at reducing the time between requisition and disbursement of funds to IPs. The UNFPA Jordan CO should have a dialogue with IPs on strategies of streamlining financial systems and ensuring that there are no delays in disbursement of funds.

Operational Implications: The technical implication is that there is a need for mainstreaming financial systems and coaching and mentoring of IPs on the financial management systems, procedures, and accountability and reporting requirements of UNFPA in order to do away with an eventuality of delays in disbursement of financial resources which could negatively affect implementation of programmes.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO; **Based on Conclusion:** 4.

5. Establishing partnerships with a wider array of partners and entities is critical to enable UNFPA to address the root causes of GBV, ensuring a preventive and transformative approach. For example, with religious entities and with partners who focus on economic empowerment and livelihoods.

Operational Implications: The technical implication is that there is a need for mainstreaming financial systems and coaching and mentoring of IPs on the financial management systems, procedures, and accountability and reporting requirements of UNFPA in order to do away with an eventuality of delays in disbursement of financial resources which could negatively affect implementation of programmes.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO; **Based on Conclusion:** 4.

Medium-term period

5. The continuation of strong strategic leadership and the thrust on capacity building in the Jordan CO is needed to support integrated programming at national and the sub-national levels in the Kingdom of Jordan.

Operational Implications: There is considerable appreciation and efforts to adopt strategies for integrated programming in SRHR/ HIV, GEWE and PD at the national and sub-national level. However, there are capacity gaps and challenges in leadership and implementation of the integrated programming approach at the sub-national level. The technical implication is that advocacy by the Jordan CO among the top leadership of MDAs and local government for integrated programming should be a major priority for the next CP.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, MDAs, and IPs; **Based on Conclusion:** 2.

6. To strengthen equity, South-South and triangulated cooperation, gender and human rights-based approaches, and leaving no one behind, the next CP should actively advocate for use of the differentiated service delivery model to facilitate an effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in view of humanitarian emergencies and the COVID-19 situation.

Operational Implications: Service delivery and programming models for the general population rarely effectively target hard to reach communities, persons with disabilities, people in fishing communities, people living in remote rural areas, and most-at-risk populations, to mention just a few. The technical implication is that UNFPA Jordan CO should work with MDAs, local governments and partners to make deliberate efforts to explore different specialized and context specific models that are effective in reaching these groups and communities. The CO should advocate for the application of lessons learnt from CP8 including most recently COVID-19 programming where adoption of these models has increased effectiveness of targeting and meeting the needs of hard-to-reach population groups and communities.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, MDAs, Regional and Local Government Authorities; **Based on Conclusion:** 2.

7. UNFPA CO and its partners should ensure that the next CP continues to strengthen the logical framework of results and focus on SRHR, GEWE, and Population and Development, including data and evidence-based programming to ensure acceleration of the achievement of the 3 transformative results. This will increase the comparative advantage of UNFPA in Jordan and further increase its credibility among multi-lateral and bilateral donors as well as among the key government sectors.

Operational Implications: The financial and human resource implications are that there is a need to deliberately mobilize resources to increase investment in SRHR, GEWE, and data with a focus on human and systems at UNFPA Country Office, among strategic MDAs and at local government. At UNFPA Country Office, more support is needed to ensure a balance between workload and staffing to foster effective and quality research, monitoring, learning and knowledge management.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, MDAs, Regional and Local Government Authorities; **Based on Conclusion:** 6.

6.2: Programmatic Level

Short-term period

8. In order to sustain the high level of achievement, UNFPA should continue to align the Country Programme to national and international goals and objectives with regards to SRHR, GEWE and PD with greater emphasis on the needs of the communities that UNFPA supports including most-at-risk populations and vulnerable communities furthest behind, assessing and addressing their unique needs. Priority Level: High; Time Frame: Short-term; Target: UNFPA CO, IPs; Based on Conclusion 1; 7; 8; 9 & 10.

Operational Implications: Design interventions to specifically target those furthest behind, assessing and addressing the unique needs of those marginalized and vulnerable target groups, such as the elderly, LGBTQ community, migrant workers, women in menopause age and people with disabilities.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO; IPs; **Based on Conclusion:** 7.

9. The UNFPA Jordan CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale up investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information.

Operational Implications: The technical implication is that the UNFPA Jordan CO should advocate for strengthened opportunities and platforms for adolescents and young people as effective advocates for their SRHR, for gender equality and to address their rights. This should involve capturing their priorities and insights in developing approaches to stimulate demand creation among their peers. Due to the increasing use of digital and online platforms, including social media by young people, they should be involved in the design of these platforms.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO; IPs; **Based on Conclusion:** 8.

10. The CO should advocate for significant investment and systems strengthening to support evidence-based information for SRHR; GEWE, Adolescents and Youth and PD and in line with international standards and norms that enable the integration of ICPD-SDGs monitoring and reporting systems.

Operational Implications: UNFPA should support formative research to assess the available data gaps in specific data domains which is essential to developing appropriate and effective interventions for evidence-based information systems.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, IPs; **Based on Conclusion:** 8 and 13.

11. Introduce economic empowerment programmes for women, youth and men to increase their entrepreneurial skills, link to job/work opportunities, TVET for youth, entrepreneurship/small projects, which could be also specifically empowering to GBV survivors. Access to financial services or credits could be also explored through NGOs or financial institutions. In host communities, beneficiaries could link could be established with Jordan national economic growth plans or youth employment programmes.

Operational Implications: necessary programme design through participatory needs assessments and formative research to introduce economic empowerment and livelihoods support interventions as a component of the cash-based programming to address GBV. Joint programming could be explored with UN organizations and development partners.

Priority Level: High; **Time Frame:** medium-term; **Target:** UNFPA CO, Partners; **Based on Conclusion:** 14.