



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

FINAL EVALUATION REPORT

April 2022

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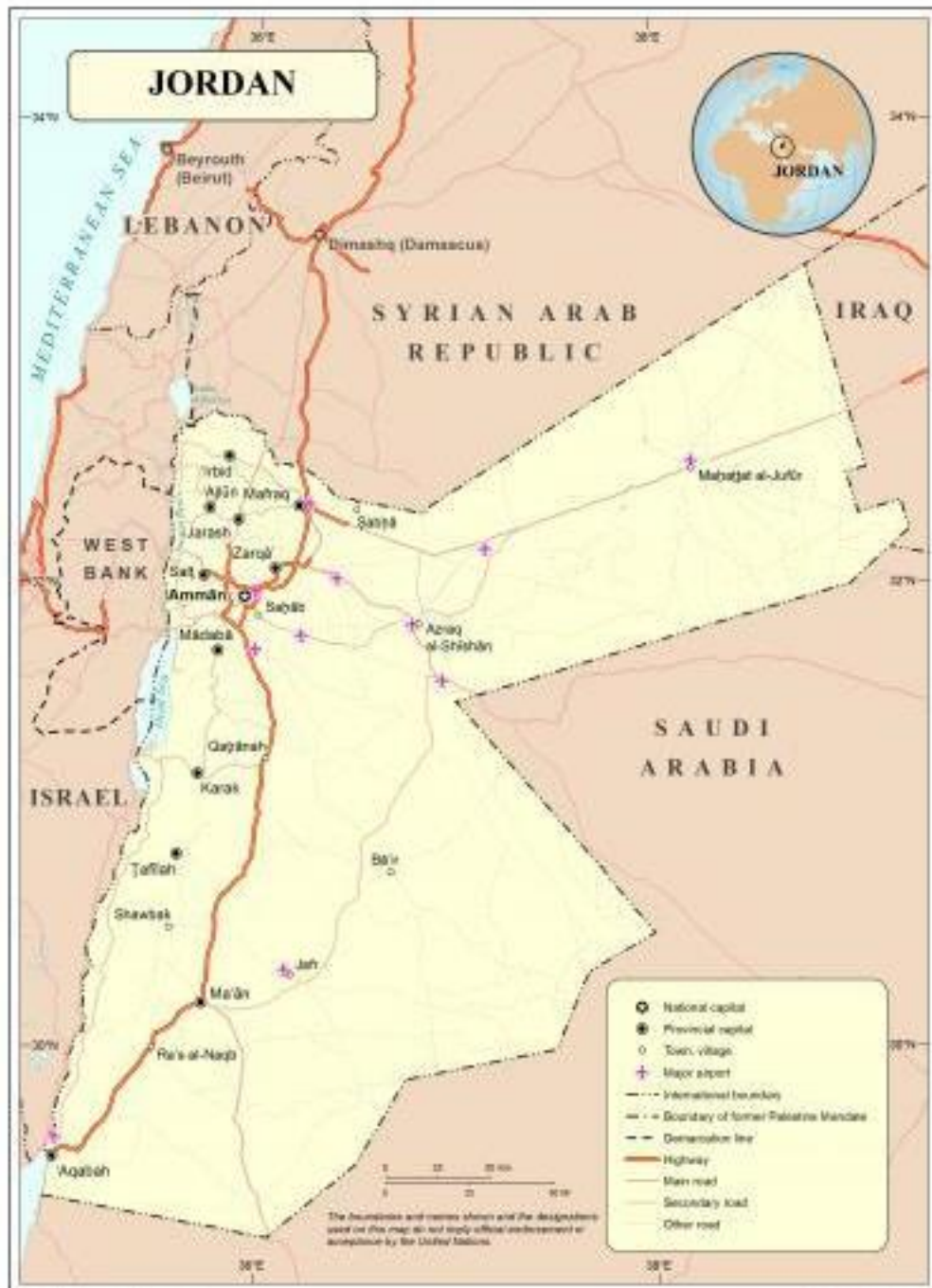
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Map of Jordan



Scale: 1:500,000 - UN/WHO/FAO/WHO
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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

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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/>

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).

Purpose, Objectives and Scope of Evaluation

The purpose of this Country Programme Evaluation (CPE) 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 target audience is the UNFPA CO in Jordan (JCO), national stakeholders, the UNFPA Arab States Regional Office (ASRO) and UNFPA Headquarters. **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 within the period between 2018 and 2022, inclusive of those in camps and facilities of host communities. 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 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). The CPE adopted a participatory and mixed-method approach, qualitative and quantitative data sourced from document reviews and status reports including CO monitoring framework and SIS My Results. The qualitative data was collected through document review, key informant interviews (KIIs) and focus group discussions (FGDs) Data collection was based on a set of 10 evaluation questions corresponding to the criteria, 70 people were interviewed in total. The evaluation 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 9th CP (2018-2022) was developed in consultation with the Government, civil society, development partners, the private sector and academia. It 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 Gender Based Violence (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 aligned 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.

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. 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 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.

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 and a protocol on the Clinical Management of Rape (CMR) for 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. 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.

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.

Efficiency

Implementation of field level interventions was done through government and NGO Implementing Partners (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.

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, trained volunteers through the youth centres and the safe spaces can implement community and outreach activities. Refugee youth and women who benefited from the vocational training 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 how the CP considered wider contextual challenges faced by Jordan that could have affected implementation of the CP, which include the relatively poor economic performance, high unemployment rates, the water deficit and food systems.

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 results 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 camp 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. 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. The CP coverage had an exclusion bias where not all categories within the 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 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 Conclusions

1.	The UNFPA Jordan 9 th CP was well aligned to national priorities and strategies, UNSDF, ICPD and SDGs, with well-articulated coordination mechanisms and a focus on gender and human-rights approaches and leaving no one behind.
2.	The Intervention logic and the results framework of the CP was robust and clear, feeding into the UNFPA strategic plan 2018-2021. These CP results were overachieved confirming a realistic Theory of Change. However, the evaluation finds that a stand-alone pillar on Young People would reflect a more logical chain of inputs and outputs to achieve the results.
3.	Achievement and over-achievement of results in the 9 th CP was bolstered by strong programme personnel in place. However, the size of the workforce compared to the size and nature of the programme was not adequate.
4.	Financial allocations made for implementing partners were modest, especially on the investments made by their capacity strengthening programmatically and technologically.
5.	Monitoring plans were developed in a participatory manner by UNFPA with the IPs, who were responsible for capturing data and reporting. Attempts to develop digital monitoring tools were modest against the magnitude of the UNFPA CP.
6.	Providing humanitarian assistance to refugees is a national priority, expecting the refugee crisis to last for at least the next three years. This would have a toll on Jordan's already strained economy and infrastructure, aggravated by the COVID-19 crisis and the Ukrainian war.
7.	UNFPA was an active agency on the UNCT level and sub-working groups in Jordan, providing strategic leadership for integrated programming and policy advocacy on all three outcome areas of SRHR, GBV and PD, with a focus on gender.

Programmatic Conclusions

8. The CP tapped on the opportunity to utilize technology and digital solutions, catalysed by the COVID-19 measures, and supported the development of electronic data and case management systems at the national level.
9. UNFPA was well recognized by national stakeholders, implementing partners and beneficiaries to have been able to respond effectively and rapidly to the repercussions of the COVID-19 pandemic. New remote and online activities were introduced, while supporting implementing partners to adapt to these modalities.
10. The evaluation accounted for the overachievement of the CP's six interlinked outputs with several unintended results and adjustments to adapt to the COVID-19 pandemic. Out of a total of 17 output indicators, seven of them were overachieved, nine were achieved and one was partially achieved. This corroborates the modest development of the expected results and indicator targets during the design phase of the CP, hence the allocated inputs and resources.
11. The evaluation owes overachievement to several factors, including that UNFPA and IPs excelled in performing despite the COVID-19 outbreak, established strategic partnerships, as well as well-operating service facilities and clinics.
12. UNFPA continued to be well positioned as a strategic partner to the Government of Jordan on GBV. 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.
13. Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. Yet, sustainability of work on GBV is doubtful because it is still seen as an add-on linked to projects and funding.
14. Focus of UNFPA's interventions was on women, adolescents and girls, as well as refugees and vulnerable Jordanians, and to an extent, people with disabilities and elderly women. However, beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', such as the elderly, refugees of other nationalities, LGBTQ communities, migrant workers.

Recommendations

Strategic Recommendations

Recommendation 1: In future programming, consider having a stand-alone logical chain on Young People connecting inputs and outputs to the outcome and with clearly defined indicators in the results framework and theory of change.	Recommendation 2: Ensure an adequate allocation of human and financial resources that would guarantee an efficient allocation and utilization of funds, and a careful review of organizational structure.
Recommendation 3: Invest in designing robust M&E tools and systems that would allow for accurate and unified data collection across different outputs and by UNFPA team and consistently by the network of implementing partners.	Recommendation 4: Increase the humanitarian funding allocations, in anticipation that the refugee crisis will last for at least the next three years and in light of the already strained economy and infrastructure in Jordan.
Programmatic Recommendations	
Recommendation 5: UNFPA should continue to align the Country Programme to national and international goals and objectives with greater emphasis on the needs of the communities furthest behind.	Recommendation 6: Strengthen the UNFPA's achievements on digitalization and remote implementation modalities to fill the gap in data availability and support evidence-based information.

Recommendation 7: Ensure realistic setting of targets and outputs during the design of the next programming cycle.	Recommendation 8: Careful consideration to inclusion of community groups who are furthest behind to ensure their unique needs are understood and addressed.
Recommendation 9: Emphasis on addressing the root causes of GBV with effective and carefully designed elements, including partnerships, resources, capacity strengthening, SBCC and advocacy.	

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 (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 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.

The brief descriptions for each criterion, in line with the ToR are provided below⁵:

Relevance: The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities, and with strategies of UNFPA.

Effectiveness: The extent to which country programme outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the country programme outcomes.

Efficiency: The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources

Sustainability: The continuation of benefits from a UNFPA - -financed intervention after its termination, linked, in particular, to their continued resilience to risks

Coordination: The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT.

Coverage: The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.

Connectedness: The extent to which activities of a short-term emergency nature, are carried out in a context that takes longer-term and interconnected problems into account.

Criteria	Evaluation Questions
1. Relevance	<p>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 groups⁶ 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 and agreements in particular the ICPD Programme of Action and SDGs.?</p> <p>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?</p>

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

⁴OECD. 2021. Evaluation Criteria <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm1>

⁵ ToR CPE Jordan final

⁶*In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.*

2. Effectiveness	<p>EQ3: To what extent have the interventions supported by UNFPA contributed to the achievement of the expected results (<i>outputs and outcomes</i>) of the CP and any revisions that may have been done in view of the COVID-19 pandemic and technology, including unintended results? <i>In particular:</i> i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?</p> <p>EQ4: To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?</p>
3. Efficiency	<p>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 the outcomes defined in the county programme,, including changes impeded CP's response to the COVID-19 crisis?</p>
4. Sustainability	<p>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?</p>
5. Coordination	<p>EQ7: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?</p>
6. Coverage	<p>EQ8: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women, adolescents and youth) reside?</p> <p>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.)</p>
7. Connectedness	<p>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?</p>

Table 2: Evaluation Questions

Few changes were made to the original Evaluation Questions for the following reasons:

- The CPE Team proposes that EQ3 (focussing on) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results. In addition, measurement of unintended results (negative or positive) has been included.
- The criterion of Technology is an add-on proposed by the ET. Resultantly, the aspect of technology has been included in EQ3 (effectiveness) and EQ5 (efficiency).
- The evaluators propose an additional aspect to the question measuring efficiency (EQ5) to include a measure of COVID-19 as follows: '...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?'
- The evaluators further propose a measure of ownership of the effects to be included in the EQ measuring sustainability as follows: '...and the ownership and durability of effects including results occasioned by the COVID-19 response?'
- In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.

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

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.⁷ This helped to properly understand needs and the root causes of vulnerability, fragility and inequality. Beyond the immediate programme location, analysis considered 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

⁷Oxfam Discussion Paper (2019). The Humanitarian Development Peace Nexus. What does it mean for multi-mandated organisations? Oxfam International. www.oxfam.org

The evaluation utilised several data collection methods, including key informant interviews (KIIs) 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 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'⁸. 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

⁸<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>

	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 Center (NWHCC)
	Gender	1	The Jordanian National Commission For Women (JNCW) – Semi-government
	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 UNEG⁹, and the United Nations Norms and Standards for evaluation in the United Nations System.¹⁰ 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 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 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.

⁹United 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

¹⁰<http://www.unevaluation.org/document/detail/102>

- 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 tools¹¹, 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 KIs and FGDs. In addition, immediate peer debriefing and in-depth internal discussions mitigated barriers associated. 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.

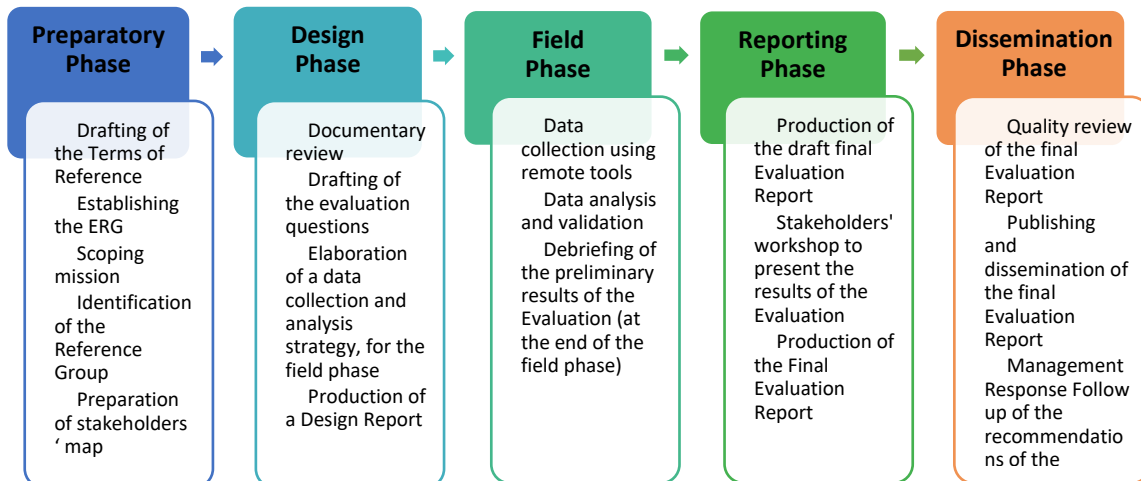
1.3.9 Process Overview

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 Process¹²

¹¹ <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

¹² Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook



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.

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, considering 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 a small and semi-arid country that is in a strategic location in the heart of the Middle East, but it is also surrounded by many countries that are characterized by political instability. Its economy is among the smallest in the region with insufficient supplies of water, oil, and other natural resources, which underlying the government's heavy reliance on foreign assistance. While significant progress was made on the Millennium Development Goals for education and health, other areas have lagged due to several factors, including global financial recession, regional instability and influx of refugees.

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 COVID-19 pandemic hit Jordan when the country was already experiencing growing socio-economic challenges. According to a multidimensional vulnerability analysis conducted by the UN in February 2020, poverty rates and unemployment were increasing in Jordan prior to the epidemic, especially among youth and women. Poverty had increased by 38 percent among Jordanians and by 18 percent among Syrian refugees. 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).

The government of Jordan faces a growing set of challenges, linked to difficulty 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 aged 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 aged 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 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 Tafela 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).

2.1.5 Achievements towards SDGs

Goal 3: Good Health and Well-being - The goal is to ensure healthy lives and promote well-being for all at all ages

UNFPA Jordan has been contributing towards the achievement of SDG 3 Good Health and Well-being. It has been chairing the Reproductive Health sub-working group and participating actively in the national and field health working groups. It is also supporting a number of government stakeholders and NGOs to provide reproductive health services in different governorates and in refugee camps within Jordan.

Goal 4: Quality Education - Ensure inclusive and quality education for all and promote lifelong learning. Towards achievements of Goal 4 Quality Education, in 2018, UNFPA led the process of developing an annual Youth Profile in Jordan as part of the UNSDF commitment to empower people including youth. UNFPA has also been working towards improving young people's ability to exercise sexual and reproductive health and rights in development and humanitarian settings, in partnership with Ministry of Education and Ministry of Health, in addition to the work with youth groups like youth networks (Y-PEER, Shababna...etc.).

Goal 5: Gender Equality - The goal is to achieve gender equality and empower all women and girls. UNFPA is promoting Gender Equality and Women's Empowerment through its work on sexual and reproductive health, reaching around 1000 beneficiaries ever week through static and mobile health units, in addition to awareness raising and outreach. UNFPA and UN Women are now working more closely together on issues of ending violence against women and girls, including a joint UNFPA/ESCWA initiative to support the Department of Statistics in a survey to estimate the costs of violence against women in Jordan which is due to report in the first quarter of 2022.

Goal 10: Reduced Inequalities - "Reduce inequality within and among countries". UNFPA is one of the leading actors that support Jordan in this area, especially in reducing gender inequality and promoting youth and women empowerment. The National Social Protection Strategy 2019-2025 sets out a vision of all Jordanians able to enjoy dignity, decent work and empowering social services, supported by a comprehensive, transparent and equitable social protection.

Goal 13: Climate Action - "Take urgent action to combat climate change and its impacts". Jordan was one of the first countries in the region to adopt a national climate change strategy, and there are references to green economy principles in a range of sector strategies. Through its National Determined Contributions under the UNFCCC, Jordan has committed to reducing its emissions by 14 percent by 2030, together with reductions in oil and water consumption.

Goal 16: Peace, Justice and Strong Institutions - "Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective and inclusive institutions at all levels". Jordan maintains a largely peaceful and stable society in the midst of a volatile region. Its homicide rate – 1.4 victims per 100,000 people – is less than a third of the regional average, and on a par with Finland, rates of other violent crime are low. Overall, Jordan ranks 50th of 128 countries on the World Justice Project Rule of Law Index, placing it second in the region. Jordan ranks 60th of 140 countries on the Corruption Perceptions Index for 2019. Its score of 48/100 is better than the MENA regional average of 39 and has remained fairly stable over the past decade.

Goal 17: Partnerships for the Goals - bring peace and prosperity to all people by 2030. Jordan has a good commitment to the 2030 Agenda for Sustainable Development. It was hailed as "champion of the SDG agenda regionally and globally". Through the Voluntary National Review published in July 2017, MOPIC had set out a nine-step plan for implementing the 2030 Agenda. Progress since then, however, has slowed. Some ministries have gone on to incorporate SDG targets into their policies and strategies. However, most SDGs are cross-cutting in nature, requiring collaboration across sectors and institutions.

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

OVERALL PERFORMANCE

COUNTRY RANKING

Jordan
72 / 165

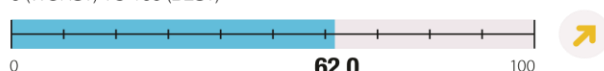
COUNTRY SCORE



REGIONAL AVERAGE: 67.1

STATISTICAL PERFORMANCE INDEX

0 (WORST) TO 100 (BEST)



AVERAGE PERFORMANCE BY SDG

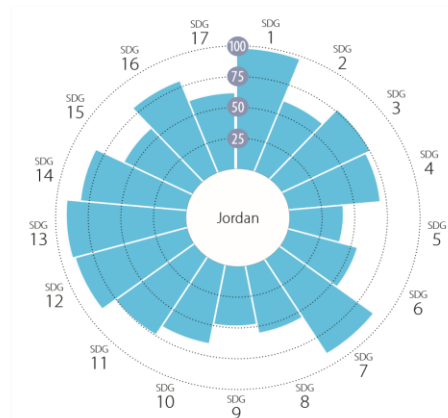


Figure 4: Jordan SDG overall performance

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 ...etc.¹³.

	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 Jordan¹⁴

¹³ UNHCR - <https://globalcompactrefugees.org/article/jordan>

¹⁴

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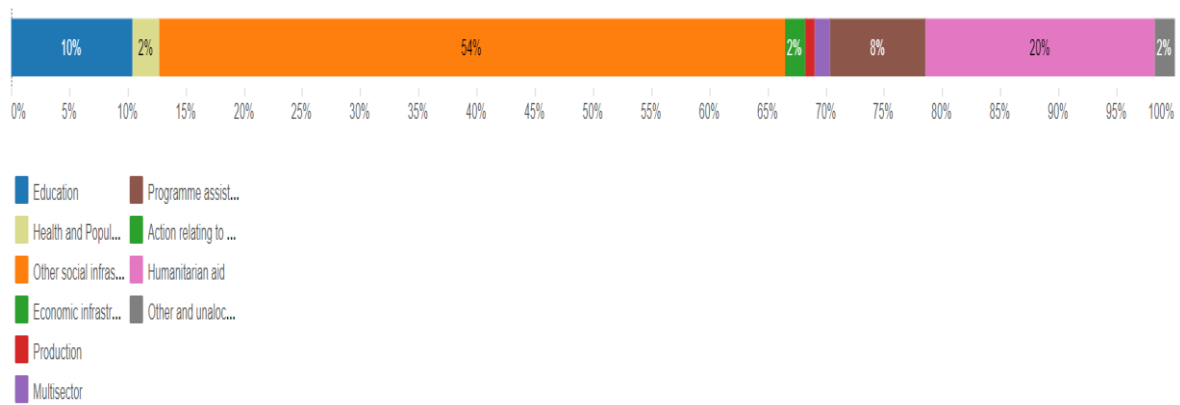


Figure 6: Bilateral ODA to Jordan by Sector¹⁵

The data in Figure 5 shows that the net ODA disbursed to Jordan fluctuated from 2017 to 2019, that is, from USD2,979.7 million (2017), USD2,526.0 million (2018) and increasing to 2,797.2 million during 2019. A similar trend is observed regarding the total net receipts as well, that is USD 3,597.5 (2017), 3,172.3 in 2018 and an increase to USD 3,941.7 in 2019. This data on the overall suggests an upward trend in net ODA inflows to Jordan over the most recent years.¹⁶

The data in Figure 6 provides bilateral ODA to Jordan by sector (2018-2019) averages. The social infrastructure and services sector attracted more than half of the share of bilateral ODA (54%) followed by humanitarian aid sector which received 20% of the bilateral ODA. Notably the education sector received a tenth of the bilateral ODA to Jordan.¹⁷

¹⁵https://public.tableau.com/views/OECDACaidataglacebyrecipient_new/Recipients?:embed=yand:display_count=yesand:showTabs=yand:toolbar=no?and:showVizHome=no

¹⁶

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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 fully aligned 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:

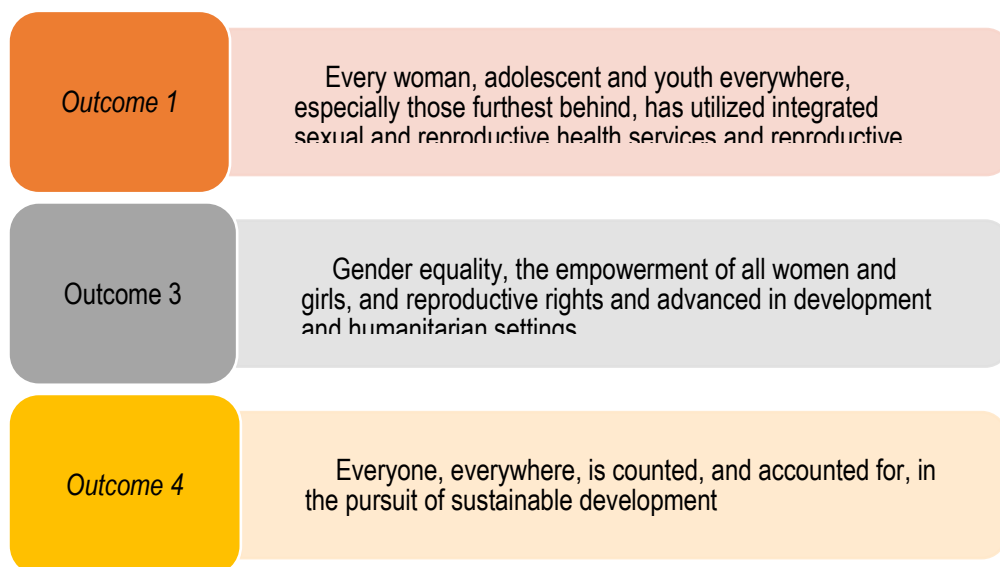


Figure 7: UNFPA 9th Country programme Outcomes

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.

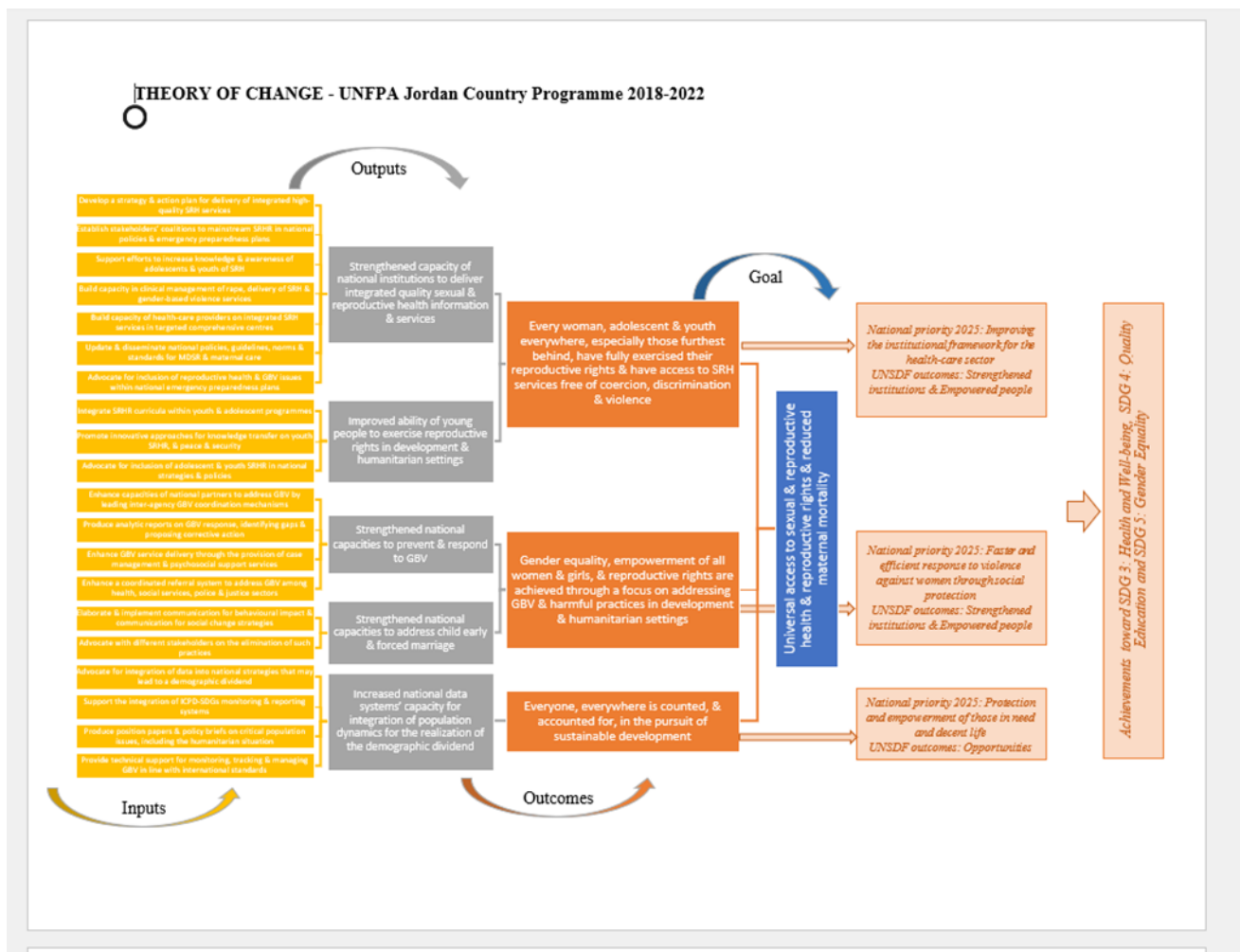


Figure 2: ToC for activities planned under CP9

3.2.3 Country Programme Financial Structure

Allocation of Budget, 2018-2022

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.¹⁸ UNFPA committed US\$51.3 million over the five years of CP9 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.

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

¹⁸UNFPA Jordan Country Programme Document (2018-2022).

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)¹⁹

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

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 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 this allocation coming from regular funding.

Evolution of Overall Budget and Expenditure, 2018-2021

Programme Cycle Output	2018			2019			2020			2021*		
	Project Budget	Budget Utilization	Utilisation Rate	Project Budget	Budget Utilization	Utilisation Rate	Project Budget	Budget Utilization	Utilisation Rate	Project Budget	Budget Utilization	Utilisation Rate
Ability of young people to exercise SRH rights	1 084 551,74	1 058 189,33	97,6%	1 049 687,52	990 388,61	94,4%	1 146 140,07	1 085 731,22	94,7%	1 099 629,21	1 051 715,74	95,6%
Child early and forced marriage	143 501,00	118 707,08	82,7%	9 829,52	20 387,96	207,4%	13641,24	10 611,42	77,8%	99 603,74	87 889,23	88,2%
Integrated quality SRH information and services	6 150 982,13	6 067 224,28	98,6%	7 083 664,69	6 987 380,22	98,6%	6839505,86	6 506 384,80	95,1%	5 783 664,43	5 741 380,35	99,3%
National data systems	252 161,53	252 155,45	100,0%	239 521,78	238 513,12	99,6%	277 670,30	260 336,07	93,8%	289 952,39	287 296,99	99,1%
Prevention and response to gender-based violence	2 775 157,44	2 724 318,62	98,2%	3 523 763,16	3 397 744,06	96,4%	3674311,44	3 445 811,90	93,8%	3 826 377,34	3 797 965,00	99,3%
Total for Project JOR09	10 406 353,84	10 220 594,76	98,2%	11 906 466,67	11 634 413,97	97,7%	11 951 268,91	11 308 875,41	94,6%	11 099 227,11	10 966 247,31	98,8%
Overall Total	10 406 353,84	10 220 594,76	98,2%	11 906 466,67	11 634 413,97	97,7%	11 951 268,91	11 308 875,41	94,6%	11 099 227,11	10 966 247,31	98,8%

Table 5: Summary of Budget Expenditures

The evolution of the budget and expenditure over the review period is shown in Table 5. Overall, the utilisation rates CP9 outputs were relatively high at over 80 percent. For the total budget and expenditure, during the review period, the utilisation rates have been steadily declining up to 2020 that is from 98.2% (2018), 97.7% (2019) and 94.6% (2020). The overall programme utilisation rates took an upward spike to 98.8% during 2021. The trend over the review period shows that National Data Systems (NDS) has had relatively higher utilisation rates, that is,

¹⁹UNFPA Jordan Country Programme Document (2018-2022).

100.0% (2018), 99.6% (2019), 93.8% (2020) and 99.1% (2021). On the contrary, the Child and Early Marriage (CEM) output experienced relatively lower utilisation rates except for year 2019, at 82.7% (2018), 77.8% (2020) and 88.2% (2021). Overall, the year 2020 also experienced the least utilisation rates throughout the review period. 2018 and 2019. This could have been caused by the impact of the onset of the COVID-19 pandemic on programming.

Collected/Cash Available and Utilisation of Funds

Year	Total Programme Funds Available for Budgeting	Budget Allocated	Budget Utilization	Budget Utilisation Rate
2018	14 269 459,97	13 895 239,86	13 599 779,65	97,9%
2019	11 720 169,40	11 933 727,10	11 650 907,92	97,6%
2020	11 380 337,68	11 951 268,91	11 315 069,91	94,7%
2021	12 565 801,79	11 245 704,35	11 106 559,88	98,8%

Table 6: Summary of Funds Received and Actual Expenditures 2018-2021

The data in table 6 provides the collected / cash available and utilisation of funds. The utilisation of funds that is provided is consistent with that observed earlier in table 5. It is observed that the utilisation rates are all high at above 90 percent and that they declined over the review period from 2018 to 2020. However, the rates increased in 2021 from 94.7% in 2020 to 98.8% in 2021. The bigger picture shows that the increasing trend in utilisation rates as observed from 2020 is expected to continue into the year 2022 which is the terminal year for CP9.

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.

Summary

The UNFPA Jordan 9th CP responded to the needs of the women who are unable to obtain adequate SRH information or services. 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. The CP addressed issues of gender inequalities and GBV. 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'. 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.

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 planning²⁰. 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.

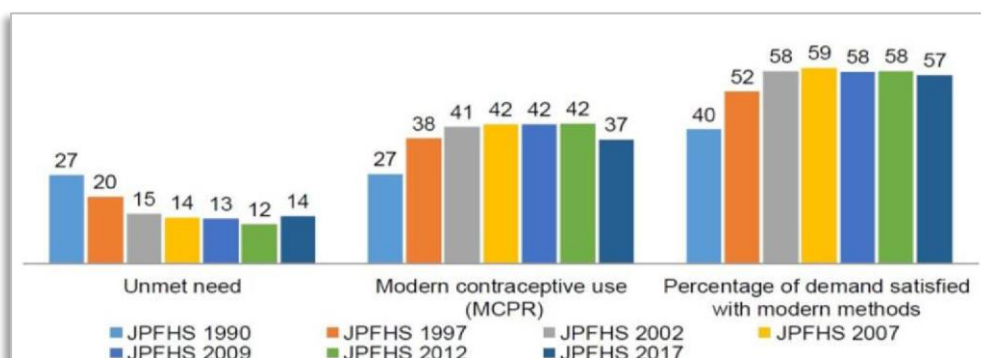


Table 7: Unmet Need and Modern Contraceptive Use

²⁰ Ministry of Health and USAID. 2019. Family Planning Costed Implementation Plan https://pdf.usaid.gov/pdf_docs/PA00WB19.pdf

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 as mentioned by interviewees) and family planning IUD types different than what is offered²¹. 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.²²

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 15.²³ 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.²⁴ 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.

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

²¹ Some types of IUD birth control implants could be inserted into the arm.

²² The Hashemite Kingdom of Jordan. 2019. Jordan Population and Family Health Survey 2017-2018. <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>.

²³ 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

²⁴ 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

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 2025²⁵, 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 scenarios²⁶.

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)²⁷ 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 (2020-2030), 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)²⁸ which identified issues of SRH as a priority component for the Health Sector in Jordan.

Further, the CP contributed to Jordan’s Sectoral Policy for Promoting Gender Equality and Women’s Empowerment (2020-2022)²⁹, 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

²⁵ 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>

²⁶ 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>

²⁷ Higher Population Council. 2012. National Reproductive Health/Family Planning (RH/FP) Strategy 2013–2018 <https://data2.unhcr.org/en/documents/download/39905>

²⁸ 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>

²⁹ 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

to the National Youth Strategy (2019-2025)³⁰ 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 2016-2025³¹, the National Strategy for Senior Citizens (2018-2022)³² and the National Action Plan on Child Marriage (2018-2022)³³, 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)³⁴, 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.

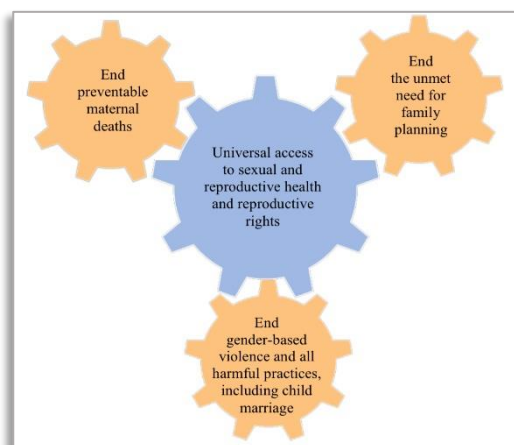


Figure 8: UNFPA Strategic Plan 2018-2021 Transformative Results
Source: UNPA Strategic Plan, 2017

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.

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

³⁰ 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

³¹ 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

³² National Council for Family Affairs. 2017. National Strategy for Senior Citizens (2018-2022) <https://ncfa.org.jo/uploads/2020/08/970baf52-f28a-5f2ff3af3b05.pdf>

³³ 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>

³⁴ 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

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)³⁵

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?

Summary

As a response to COVID-19, UNFPA Jordan instituted a business continuity plan which sought to adjust the CP in terms of financial allocations, prioritization of activities and implementation modalities. 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. Evaluation participants substantiated the ability of UNFPA to respond to changes in beneficiary needs and national priorities.

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.³⁶ 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.

³⁵ 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.>

³⁶ 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

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 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. 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?

Summary

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. 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 NXT³⁷ 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.

³⁷ 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.

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 professors from the three universities. Moreover, UNPA 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"³⁸, "*Ashartash*" Show, "*Fee-Alamama*" 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)³⁹, Questscope⁴⁰, "*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)⁴¹ 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 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 Jordan⁴² 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

³⁸ ROYA's website: https://roya.tv/search_website?searchFor=%D9%85%D8%B4+%D8%AA%D8%A7%D8%A8%D9%88

³⁹ IFH website: <https://www.kinghusseinfoundation.org/en/EntityPage/Institute%20for%20Family%20Health/2>

⁴⁰ Questscope website: <https://questscope.org/en>

⁴¹ IRC website: <https://www.rescue.org/country/jordan>

⁴² Facebook page: <https://www.facebook.com/YPEERJo/>

programmatic services. Y-PEER has played a major role in building the capacity of young people as peer educators to raise awareness about SHRH. 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 Zeib, No Shame*” discussing taboos around SRHR and GBV.

- 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 Week⁴³. 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 8 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-19 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.

⁴³ The documentary film for the week can be accessed from [this link](#).

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.
<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 	<i>Baseline:</i> 2; <i>Targets:</i> 5 Overachieved	This was overachieved on a cumulative basis during the review period.

	and policies, including emergency preparedness plans		
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Table 8: Outcome 1: achieved versus planned indicators: SRHR

4.2.1.3 Evaluation of breadth and depth of SRHR outputs

UNPPA 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'⁴⁴ 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.

⁴⁴ <https://fb.watch/2SvmAAo7qn/> - <https://fb.watch/2Svo6J-RVfi/> - <https://fb.watch/2SvpYHYSf>

- 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.
- 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 NCFW 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 9 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 performed well despite the emergency situation and this was despite the COVID-19 pandemic that led to shifts in resources during programming of CP9.

**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
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<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 	<i>Baseline:</i> 2; <i>Target:</i> 6 <i>Overachieved</i>	Cumulatively the target was overreached during the review period.
<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 <i>Overachieved</i>	On a cumulative, the target number of advocacy initiatives for this indicator were overreached in the review period.

Table 9: 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 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 10 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:</i> No; <i>Target:</i> Yes ● Youth's development index. - <i>Baseline:</i> 0.586 (2016); <i>Target:</i> 0.60 (2022) 			
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
● National Population strategy developed.	● Advocating and providing support for the development of a national population strategy.	<i>Baseline:</i> No; <i>Target:</i> Yes Achieved	The draft population strategy was during 2021 endorsed by line ministries.
● Monitoring and evaluation system to monitor and track ICPD and SDGs in place.	● Supporting the integration of ICPD-SDGs monitoring and reporting systems	<i>Baseline:</i> No; <i>Target:</i> Yes Achieved	The guidelines for measurement of indicators for ICPD and SDGs were developed.
● A system for monitoring and tracking of family violence	● Producing position papers and policy briefs on critical population issues, including the humanitarian situation		Training and IEC materials provided

cases in place and functional at national level.		<i>Baseline:</i> No; <i>Target:</i> Yes Achieved	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:</i> No; <i>Target:</i> Yes Achieved	A data system for ICDP is available online.

Table 10: 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 several 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)⁴⁵ 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. Several 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.

⁴⁵ Department of Statistics (DOS) and ICF. 2019. Population and Family Health Survey 2017-18 <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>

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.

4.2.5 Theory of Change (ToC)

UNFPA Jordan contributed to the UNFPA Strategic Plan 2018-2021 through three transformative results implemented based on the assumption that **if**, woman, adolescent and youth everywhere has utilized integrated SRH services and rights; if gender equality, the empowerment of all women and girls, and reproductive rights are advanced; and if everyone, everywhere is counted and accounted for in the pursuit of sustainable development, **then**, women and girls are enabled to realize their sexual and reproductive rights and have equal access to health services, with strengthened institutional capacities available to support and protect them against gender-based violence. These results were overachieved **because of** interventions that worked on systems development, advocacy, policy dialogue, capacity strengthening, strategic partnerships, and other modes of engagement with key stakeholders. Specifically, through (i) strengthened capacity of national institutions to deliver integrated quality sexual and reproductive health information and services; (ii) improved ability of young people to exercise reproductive rights in development and humanitarian settings; (iii) strengthened national capacities to prevent and respond to gender-based violence; (iv) strengthened national capacities to address child early and forced marriage; and (v) increased national data systems' capacity for integration of population dynamics for the realization of the demographic dividend, including in humanitarian contexts.

Theory of Change holds realistic on connecting the programme to its outcomes, with relatively efficient processes and utilization of resources. Feedback from KIIs and document review and analysis show a need to focus a stand-alone pillar on Young People would reflect a more logical chain of how the programme inputs and outputs achieve the results. This would have also presented a structured alignment with the UNFPA strategic plan with its four interlinked outcomes by considering Outcome 2: 'Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts'. The youth component would focus on child marriage, adolescent pregnancy, comprehensive sexuality education, as well as youth leadership and participation. Looking at the new UNFPA strategic plan 2022-2025, a pillar on Young People would follow the logical framework of the six expected outcomes, with one specifically focusing on adolescents and youth.

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

GEWE was mainstreamed by UNFPA at the programmatic and organizational levels of the CP. Addressing the needs of girls, adolescents and women have been considered across all activities, since the design of the CP, throughout implementation and monitoring. 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. The UNFPA's CP reflected a strengthened humanitarian-development-peace nexus approach across its three outcomes and all the work it undertakes.

4.2.6 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 approach⁴⁶. 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.

4.2.7 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.

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 considering sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups.

⁴⁶ 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

It is worth noting that, out of the UN@75⁴⁷ 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.

4.2.8 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.⁴⁸ 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.

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 country 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?

⁴⁷ 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.>

⁴⁸ 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.

4.3.1 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 tripartite arrangements for funding were beneficial to CP9. For example, the Jordan CO is one of a few COs that receive funding from the Islamic Development Bank through the strategic partnership between the Government of Jordan, The Islamic Development Bank and UNFPA Jordan CO. There are also partnerships with the private sector in Jordan although they are more for in-kind support. For example, the partnership with Zein, a telecommunications company, on interventions regarding access to technology and online harassment and how to deal with GBV. The success that has been experienced from these partnerships with private sector could be leveraged going into the next country programme through a private sector engagement plan and via the UN Delivering-As-One Approach. The support from ASRO will continue to be crucial to the Jordan CO regarding modalities and capacities on developing relationships with and mobilizing resources from the private sector.

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. The evaluation also found that there is support from ASRO provided to the CO regarding training and presentation modalities on funding.

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 considering 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.

4.3.4 Monitoring and Evaluation

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

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?

Summary

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. Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. 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.

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 JHAS 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 several 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?

Summary

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. IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups. UNFPA was well positioned and actively participating where possible within the UN coordination groups. However, 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.

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 groups 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

UNFPA is seen as an organization that focuses on reaching the most vulnerable groups who need assistance the most. Notably, a mobile approach will be indispensable in being able to reach different communities including the furthest left behind populations.

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 communities⁴⁹.

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 (Zaatri 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.)

Summary

UNFPA's interventions were focussed on women, adolescents and girls, as well as refugees and vulnerable Jordanians, and to an extent, people with disabilities. However, marginalized and vulnerable groups were left behind with unmet needs. An internal action plan for disability inclusion was developed to guide the CP's work.

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 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.

⁴⁹ UNHCR data portal <https://data2.unhcr.org/en/situations/syria/location/36>

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?

The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels. Through comprehensive training packages, UNFPA improved individual skills, knowledge and capacities and UNFPA supported the conduct of awareness raising sessions and TOT for youth volunteers. UNFPA contributed to improving organizational performance by supporting systems, processes, plans and guidelines. Finally, UNFPA contributed to improving policy frameworks in Jordan on SRHR, youth and GBV and provided necessary technical input and assessments.

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 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

1. The UNFPA Jordan 9th CP was well aligned to national priorities and strategies, as well as to the UNSDF, the ICPD and the SDGs. It had well-articulated coordination mechanisms at both national and sub-national levels, and with other UN and leading bilateral agencies, with a focus on gender and human-rights approaches and leaving no one behind.

Origin: Evaluation questions 1, 2 and 4
Evaluation criteria: Relevance and Effectiveness
Associated recommendations: 5 and 8
2. The Intervention logic and the results framework of the CP was robust and clear, feeding into three of the four transformative results of the UNFPA strategic plan 2018-2021. These CP results were overachieved confirming the assumptions of the Theory of Change that held true on connecting the programme to its outcomes. The evaluation has concluded that perhaps the set targets were modest and could have been more ambitious. Additionally, the evaluation finds that a stand-alone pillar on Young People would reflect a more logical chain of how the programme inputs and outputs achieve the results. This would also present a structured alignment with the UNFPA strategic plan with its interlinked outcomes and outputs.

Origin: Evaluation question 3;
Evaluation criteria: Effectiveness
Associated recommendations: 1 and 3
3. Achievement and over-achievement of some results in the 9th CP was bolstered by strong programme personnel in place, with specialized technical capacities in areas of SRHR, PD, GBV and youth, as well as management and support functions. However, the size of the workforce compared to the size and nature of the programme was not adequate for a balanced workload, advancement on digitalization and coping with the contextual challenges or coordination and reporting requirements.

Origin: Evaluation question 5
Evaluation criteria: Efficiency
Associated recommendations: 2 and 7
4. Financial allocations made for implementing partners were modest compared to the potentiality of implementing interventions of higher level of complexity and size that they could implement, especially with the investments made by UNFPA in their capacity strengthening programmatically and technologically. This challenge was also coupled with irregularity of fund disbursements from UNFPA's side and a lengthy government clearance process.

Origin: Evaluation question 5
Evaluation criteria: Efficiency
Associated recommendation: 2
5. Monitoring plans were developed in a participatory manner by UNFPA with the IPs, who were responsible for capturing data and reporting. A digital electronic information management system was developed for real-time monitoring with higher accuracy. Yet, this is found modest by the evaluation and inconvenient to support data collection, monitoring information sharing or data visualization against the magnitude of the UNFPA CP and the network of implementing partners and national partners.

Origin: Evaluation question 5
Evaluation criteria: Efficiency
Associated recommendation: 3
6. 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. This would have toll on Jordan's ability to continue to provide humanitarian assistance considering the already strained economy and infrastructure, aggravated by the COVID-19 crisis and the Ukrainian war. The work UNFPA has been doing

would continue to provide the needed humanitarian assistance, yet with careful consideration by UNFPA and UNCT in Jordan on tackling durability of the humanitarian work.

Origin: Evaluation question 6

Evaluation criteria: Sustainability

Associated recommendations: 4 and 5

7. UNFPA was an active agency on the UNCT level and sub-working groups in Jordan, providing strategic leadership for integrated programming and policy advocacy on all three outcome areas of SRHR, GBV and PD, with a focus on gender. Specifically, 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.

Origin: Evaluation question 7

Evaluation criteria: Coordination

Associated recommendation: None

5.2 Programmatic Conclusions

8. In relation to conclusions 4 and 6, the CP tapped on the opportunity to utilize technology and digital solutions, catalysed by the COVID-19 measures, and supported the development of electronic data management systems at the national level. This included M&E system to monitor and track ICPD and SDGs (PD outcome), maternal death reports with the MDSR protocol (SRHR outcome), and system for monitoring and tracking of domestic violence cases (GEWE); and GBV Information Management System (GBVIMS) (GEWE outcome). As such, UNFPA is well positioned to scale-up its support on digital information management systems as a key element for digital transformation and enhancing data accuracy on SRH, GBV and PD in Jordan.

Origin: Evaluation question 3

Evaluation criteria: Effectiveness

Associated recommendation: 6

9. UNFPA was well recognized by national stakeholders, implementing partners and beneficiaries to have been able to respond effectively and rapidly to the repercussions of the COVID-19 pandemic. New activities were introduced reliant on mobile service provision, virtual activities, online coordination and monitoring, while supporting implementing partners to adapt to these modalities. This pinpointed the potential benefits behind utilization of virtual and online implementation approaches and paves the way for more emphasis on advocacy and social media platforms in future programming.

Origin: Evaluation questions 2 and 3

Evaluation criteria: Relevance and Effectiveness

Associated recommendation: 6

10. The evaluation accounted for the overachievement of the CP's six interlinked outputs with several unintended results and adjustments to adapt to the COVID-19 pandemic. Out of a total of 17 output indicators, seven of them were overachieved, nine were achieved and one was partially achieved. This corroborates the modest development of the expected results and indicator targets during the design phase of the CP, hence the allocated inputs and resources.

Origin: Evaluation questions 3 and 5

Evaluation criteria: Effectiveness and Efficiency

Associated recommendations: 3 and 7

11. The evaluation owes overachievement to several factors, including that UNFPA and IPs excelled in performing despite the emergency and COVID-19 outbreak. UNFPA's flexibility, expertise and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena. High level of targets achievement is also owed to the strategic partnerships established by UNFPA with key government partners on SRH, GBV and PD. Similarly, with civil society organisations of strong on-ground presence, as well as well-operating service facilities and clinics.

Origin: Evaluation questions 2,3 and 10

Evaluation criteria: Relevance, Effectiveness and Connectedness

Associated recommendation: 9

12. UNFPA continued to be well positioned as a strategic partner to the Government of Jordan on GBV. 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. Cultural and legal barriers to combat early marriage make the UN work regress in response to the issue of increased child marriage rates and calls for a more concrete action in this regard.
Origin: Evaluation questions 1, 2 and 3
Evaluation criteria: Relevance and Effectiveness
Associated recommendation: 9

13. Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies. The evaluation however found that although the CP supported to improve systems within the health sector, yet the sustainability of work on GBV is doubtful because it is still seen as an add-on linked to projects and funding.
Origin: Evaluation question 6
Evaluation criteria: Sustainability
Associated recommendation: None

14. Focus of UNFPA's interventions was on women, adolescents and girls, as well as refugees and vulnerable Jordanians, and to an extent, people with disabilities and elderly women. However, beneficiary support had not been sufficient 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. Further, the CP coverage had an exclusion bias where not all host communities were reached with the assistance.
Origin: Evaluation questions 1 and 9
Evaluation criteria: Relevance and Coverage
Associated recommendation: 8

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 Recommendations

Recommendation 1

In future programming, consider having a stand-alone logical chain on Young People connecting inputs and outputs to the expected outcome(s), with clearly defined indicators in the logical framework and theory of change.

Priority: High

Target level: Country level

Based on Conclusion: 2

Operational implications: Based on the achievements and lessons learned from the 9th CP, UNFPA should place a specific focus on early/child marriage, adolescent pregnancy, comprehensive sexuality education, as well as youth leadership and engagement. Hence, having a stand-alone logical chain on young people confirms the realization that people have different and changing needs throughout their lives. This should be done with a structured alignment to the ICPD Programme of Action and the UNFPA strategic plan 2022-2025⁵⁰, which aims to achieve six interconnected outputs, including a specific output on adolescents and youth (Figure 11). Achieving the three interconnected transformative results of the new UNFPA's strategic action plan requires that young people realize their rights to make informed choices about their own bodies and their lives. This recommendation also comes in consideration of the youth bulge in the population demographics of Jordan.

Recommendation 2

Ensure an adequate allocation of human and financial resources and a careful review of the JCO organizational structure.

Priority: High

Target level: ASRO

Based on Conclusions: 3 and 4

Operational implications: Adequate financial and human resources would guarantee an efficient allocation and utilization of funds. It is necessary to undertake a careful review of organizational structure and personnel size for each programme and support area. This should be considered for both the UNFPA JCO and for implementing partners budget allocations and hired staff to allow for the implementation of interventions of higher level of complexity and size.

Priority: Medium

⁵⁰ UNFPA Strategic Plan 2022-2025 https://www.unfpa.org/sites/default/files/admin-resource/PROG_SP_2022_2025.pdf

Recommendation 3

Invest in designing robust M&E tools and systems that would allow for accurate and unified data collection, monitoring and reporting.

Target level: Country level

Based on Conclusions: 2, 5 and 10

Operational implications: A robust M&E framework should be designed, including: (i) tools for M&E planning (ToC, logical framework and M&E calendar), (ii) tools for data collection (surveys, databases, sampling, surveys and FGDs for process and output monitoring, and (iii) data analysis (qualitative and quantitative analysis and data visualization and management response. This should be adopted across different outputs and by UNFPA team and consistently by the network of implementing partners. Innovative digital tools for data collection, analysis and visualization should be adopted. Investments include the design of tools, software and digital equipment, as well as building capacities on M&E at different levels and evidence building.

Recommendation 4

Increase the humanitarian funding allocations for JCO.

Priority: Medium

Target level: HQ

Based on Conclusions: 1 and 6

Operational implications: Increase the humanitarian funding allocations for Jordan is inevitable in anticipation that the refugee crisis will last of at least the next three years and considering the already strained economy and infrastructure in Jordan. This needs to be carefully considered given the donor's fatigue after 10 years of response to the Syrian refugee needs, as well as the rising emergencies of the COVID-19 crisis and the Ukrainian war. It is worth noting that humanitarian priorities for UNFPA prioritizes the crises in Yemen, Syria, DR Congo, Afghanistan, Sudan and Nigeria⁵¹.

6.2 Programmatic Recommendations

Recommendation 5

UNFPA should continue to align its Country Programme to national and international goals and objectives

Priority: High

⁵¹ UNFPA website <https://www.unfpa.org/HAO2022>

Target level: Country level

Based on Conclusions: 1 and 6

Operational implications: In order to sustain the high level of achievement reached by the 9th CP, UNFPA should continue to align its Country Programme to national and international goals and objectives with regards to SRHR, GEWE and PD. Greater emphasis on the needs of the most-at-risk populations and vulnerable communities furthest behind, assessing and addressing their unique needs to achieve universal access to sexual and reproductive health and reproductive rights.

Recommendation 6

Strengthen and build on the UNFPA's achievements on digitalization and remote implementation modalities.

Priority: Medium

Target level: Country level

Based on Conclusions: 8 and 9

Operational implications: Emphasis should be given in future programming on the production of self-learning or digitized training material, online consultations for PSS, as well as a bigger role for social media and online information platforms. The programme may continue to support national entities on information management systems and case management and tracking. This will fill the gap in accurate data availability on SRH, GBV and PD in Jordan and will support evidence-based information to enable the integration of ICPD-SDGs monitoring and reporting systems.

Recommendation 7

Ensure realistic setting of targets and outputs during the design of the next programming cycle.

Priority: High

Target level: Country level

Based on Conclusions: 3 and 10

Operational implications: In the realization of UNFPA's expertise, technical capacities, strategic position and national trust, meaningful and realistic targets and expected outputs should be formulated during the design phase of the programme to pursue successful interventions and maximize its results. Learning from the 9th CP, UNFPA should not shy out from setting more ambitious targets given the realities of the context in Jordan for both the humanitarian and development settings and acknowledging the value proposition UNFPA presents.

Recommendation 8

Leaving no one behind, careful consideration should be given to inclusion of community groups who are furthest behind.

Priority: High

Target level: Country level

Based on Conclusions: 1 and 14

Operational implications: Inclusion of those furthest behind entails participatory needs assessments and engagement of various stakeholders, duty bearers and right holders in the intervention designs to ensure their unique needs are understood and addressed. Specific activities should be part of UNFPA's programming to assist the elderly, people with disabilities, refugees of other nationalities, LGBTQ communities, migrant workers, survivors of human trafficking and commercial sex workers.

Recommendation 9

Addressing the root causes of GBV with effective and carefully designed elements.

Priority: Medium

Target level: Country level

Based on Conclusions: 11 and 12

Operational implications: Emphasis on addressing the root causes of GBV through partnerships with women protection national bodies, civil society organizations and UN and development partners. This could also be achieved through addressing social norms through SBCC and advocacy through social media and face to face activities. Consider integrating complementary activities to address women's low political and economic participation, cultural barriers and geographic inequalities. Adequate allocations of resources is necessary, as well as focussing on capacity strengthening through assessments, studies information and case management systems, and individual capacity building.

Annex 1: Terms of Reference*

Terms of Reference

**United Nations Population Fund (UNFPA)
Jordan Country Office
9th Country Programme
2018-2022**

Country Programme Evaluation

October 2021

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Acronyms

ASRO	Arab States Regional Office
CO	Country Office
CP	Country Programme
CCA	Common Country Analysis/Assessment
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
DSA	Daily subsistence allowance
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
GBV	Gender-based Violence
GOJ	Government of Jordan
ICPD	International Conference on Population and Development
M&E	Monitoring and Evaluation
RO	Regional Office
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
ToR	Terms of Reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNPDF	United Nations Partnership for Development Framework
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA expands the possibilities of women and young people to lead healthy and productive lives. The strategic goal of UNFPA as stated in its global strategic plan (2018-2021), is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”.⁵² In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one will be left behind and that the furthest behind will be reached first.

UNFPA has been operating in Jordan since 1976. The support that the UNFPA Jordan Country Office (JCO) provides to the Government of Jordan (GoJ) under the framework of the 9th Country Programme (CP) 2018-2022 builds on national development needs and priorities articulated in:

- Jordan 2025: A National Vision and Strategy
- Jordan Response plans for Syrian Crisis (2017-2019), (2018-2020), and (2020-2022)
- Demographic Dividend in Jordan “policy document”, 2017.
- National Youth Empowerment Strategy (2019-2025)
- National Women Strategy (2020-2025)
- National Strategy for women (2020-2025)
- National Action Plan on Child Marriage (2020-2024)
- National Framework for Family Protection
- Comprehensive National Human Rights Plan (2016–2025)
- National Reproductive Health/Family Planning Strategy (2013–2017)
- The Ministry of Health Strategic Plan (2018-2022).
- United Nations Sustainable Development Framework (2018-2022).
- UN Common Country Assessments, for the years from 2017 to 2020.
- United Nations Partnership Development Framework (UNPDF) 2018-2022.
- The United Nations Development Assistance Framework (UNDAF), 2017
- UNFPA Global Youth strategy “My body, my life, my world”, (2019)
- UN Youth strategy, (2030)
- United Nations Security Council resolution (UNSCR) 2250, (2015).
- The Compact for young people in humanitarian action, 2018

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated every two programme cycles “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred”. The country programme evaluation (CPE) will provide an

⁵² UNFPA Strategic Plan 2018-2021.

independent assessment of the relevance and performance of the UNFPA Ninth CP (2018-2022) in Jordan, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw key lessons and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct Country Programme Evaluations at UNFPA* (UNFPA Evaluation Handbook), which is available at: <https://www.unfpa.org/EvaluationHandbook>. The handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key evaluation stakeholders at all stages in the evaluation process. The handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the Evaluation Manager perform in the different evaluation phases.

The main audience and primary users of the evaluation are: (i) The UNFPA Jordan CO; (ii) 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 and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology.

The evaluation will be managed by the Evaluation Manager within the UNFPA Jordan CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the ASRO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference.

2. Country Context

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% of the population are urban dwellers, with 70% 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.

Population of Jordan

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% 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 Sudanis and 2,500 refugees from a total of 52 other nationalities. 50% of Syrian refugees are women and they live mostly in urban sitting (81%). 80% 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% of its population under the age of 30 ([UNICEF, 2020](#)). Youth aged (15-24) are at 19.8% ([DOS 2018](#)). As of 2018, disability prevalence in Jordan is estimated to be between 11 and 15%. Unemployment reached 24.7% in the fourth quarter of 2020 and youth unemployment rates reached [an unprecedented 50%](#).

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% to 26%).

While significant progress was made on the Millennium Development Goals for education and health, other areas have lagged behind due to a number of factors, including global financial recession, regional instability and influx of refugees. Given the interconnected political, economic, social and institutional aspects of development, strengthening the resilience of systems and institutions are critical for the implementation of Sustainable Development Goals (SDGs) and the Programme of Action of the International Conference on Population and Development (ICPD).

Sexual and Reproductive Health

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% 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% ([DHS, 2018](#)). The percentage of currently married women age 15-49 currently using any contraceptive method is at 52% ([DHS, 2018](#)), unmet need for family planning: Unmet need for family planning is 14% of currently married women ([DHS, 2018](#)), and 57% 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 million to 2 million by 2020, and focusing on the most vulnerable women will be key for the success of SRH programmes.

Just over one-third (37%) of married women age 15-49 currently use a modern method of family planning; 14% use a traditional method. IUDs are the most popular modern method, used by 21% of married women, followed by the pill (8%). Withdrawal is the most commonly used traditional method, used by 13% of married women. Use of modern methods ranges from 25% in Ma'an to 43% in Jerash. Married women with no education are least likely to use a modern method (22%). 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% 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% to 14% 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.

Gender-Based Violence

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 Department of Statistics (DOS), 26% of ever-married women aged 15-49 have ever experienced spousal physical, sexual, or emotional violence. Of which, 21% of women have experienced emotional violence, 18% have experienced physical violence, and 5% have experienced sexual violence. 20.4% 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.

Nearly 150,000 consultations for gender-based violence have been administered to girls and vulnerable women. The uptake of these services has been steep, providing an indication of the need. Female labour force participation is among the lowest in the world, at just 14.2% in 2020 (DOS, 2020), where women unemployment rose from 24.3% in the first quarter of 2020 to 32.8% 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% ([UNDP 2018](#)). 46% of ever-married women and 69% of men age 15-49 believe a husband is justified in beating his wife ([DHS, 2018](#)), and 21% of ever-married women aged 15-49 have ever experienced physical violence since age 15 ([DHS, 2018](#)).

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% 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.

Youth and adolescents

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% (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](#)).

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.

3. UNFPA Country Programme

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 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, the United Nations

Development Assistance Framework (UNDAF), 2017. It was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

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 academic institutions and United Nations agencies.

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 National Strategy 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 will be 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 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:

- **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.*

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

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 **theory of change** 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 Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Jordan 9th CP (2018-2022) is based on the following results framework presented below:

Jordan/UNFPA 9th Country Programme (2018-2022) Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. : Sexual and Reproductive Health and Rights	II. Gender Equality and Women's Empowerment	III. Population Dynamics
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UNFPA Strategic Plan Outcomes

<p>Every woman, adolescent and youth everywhere, especially those furthest behind, have fully exercised their reproductive rights and have access to sexual and reproductive health services free of coercion, discrimination and violence</p>	<p>Gender Equality, empowerment of all women and girls, and reproductive rights are achieved through a focus on addressing Gender Based violence and harmful practices in development and humanitarian settings.</p>	<p>Everyone, everywhere is counted, and accounted for, in the pursuit of sustainable development.</p>
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UNFPA Jordan 9th CP Outputs

<p>Output 1: Strengthened capacity of national institutions delivering integrated quality SRH information and services, in humanitarian and development settings</p> <p>Output 2: Strengthened national maternal death surveillance & response (MDSR) system.</p> <p>Output 3 : Improved young people's ability to exercise SRH rights in development and humanitarian settings</p>	<p>Output 1: Strengthened national capacities to prevent and respond to GBV with a focus on advocacy, data and coordination in development and humanitarian settings.</p> <p>Output 2: Strengthened national capacities to address Child Early and Forced Marriage (CEFM)</p>	<p>Output 1: Increased national capacities for the production, analysis and use of disaggregated data to inform policy formulation development planning and evidence based advocacy, with the focus on youth.</p>
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4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **purpose** of this CPE is:

- i. to provide the UNFPA CO in Jordan, national stakeholders, the UNFPA ASRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Jordan 9th CP (2018-2022)
- ii. to broaden the evidence base for the design of the next programme cycle.

The **objectives** of this CPE are:

- i. Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability 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 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.

4.3. Scope

Geographical Scope

The evaluation will cover Za'atari and Azraq Camps, and facilities of host communities, where UNFPA implemented interventions.

Thematic Scope

The evaluation will cover all/the following thematic areas of the 9th CP: sexual and reproductive health; gender equality and the empowerment of women and girls and population and development. In addition, the evaluation will cover cross-cutting issues such as 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 will cover interventions planned and/or implemented within the time of the current CP (2018-2022).

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess cooperation and partnerships of UNFPA within the UNCT and whether UNFPA interventions promote synergy and avoid gaps and duplication. As the UNFPA country office has been operating in humanitarian settings, the evaluation will also use the humanitarian-specific evaluation criteria of coverage and connectedness to investigate to what extent UNFPA has been able to reach affected populations with life-saving services and work across the humanitarian-peace-development nexus and contribute to building resilience.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of, and contributor to existing coordination mechanisms of the UNCT
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

5.2. Preliminary Evaluation Questions

The country programme evaluation is expected to provide answers to a number of evaluation questions which are derived from the above criteria. The evaluation questions will delineate the thematic scope of the CPE and are meant to formulate key areas of inquiry that are of interest to various stakeholders, thereby optimizing the focus and utility of the CPE.

The evaluation questions presented below are indicative and the evaluators are expected to develop a final set of evaluation questions based on these preliminary questions, in consultation with the Evaluation Manager at the UNFPA Jordan CO and the Evaluation Reference Group (ERG).

Relevance

1. To what extent is the country programme adapted to: i) the needs of diverse populations, including the needs of marginalized and vulnerable groups; ii) national development strategies

and policies; iii) the strategic direction and objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.

2. 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 including the ongoing Covid-19 Pandemic? What was the quality of the response?

Effectiveness

3. 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? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and the empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?
4. To what extent has UNFPA successfully integrated gender and human rights perspectives in the design, implementation and monitoring of the country programme?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme?

Sustainability

6. 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 durability of effects *including results occasioned by the Covid-19 response*?

Coordination

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

Coverage

8. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations (women and adolescents and youth) reside?
9. To what extent have UNFPA 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; LGBTIQI populations etc.)

Connectedness

10. 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?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Methodology and Approach

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO in Jordan are expected to contribute to a series of results (outputs and outcomes) that lead to the overall goal of UNFPA. The theory of change also identifies the causal mechanisms, risks and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why, as it focuses on the analysis of causal links (assumptions) between changes at different levels of the results chain described by the theory of change, and explores how these assumptions and contextual factors affected the achievement of intended results.

The theory of change will play 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 team will be required to verify the theory of change underpinning the UNFPA Jordan 9th CP (2018-2022) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Jordan was during the period of the ninth CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Jordan ninth CP (2018-2022) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Jordan CO has developed a stakeholders map (Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include representatives from government, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, beneficiaries (women and adolescents and youth). They can provide insights and information, as well as referrals to data sources that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of programming of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized communities.

The Evaluation Manager in the UNFPA Jordan CO has established an ERG comprised of key stakeholders of the CP including governmental and non-governmental counterparts at national level, the UNFPA ASRO M&E Adviser. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations through innovative means that ensure the adequate and

appropriate collection of data in spite of travel restrictions and other social measures required to limit or prevent the Covid-19 Pandemic. Where appropriate, and in line with National guidelines on Covid-19, field visits may be conducted, as appropriate. Otherwise, data collection and other forms of interviews will be conducted using remote means and other virtual measures as much as possible. The qualitative data will be complemented with quantitative data to minimize bias. Quantitative data will be compiled from existing data sources, through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be 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 (women and adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook and other such guidance provided by the UNFPA Evaluation Office including adapting Evaluation to Covid-19 pandemic context among others.. The handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Jordan CO, the evaluators acquire a solid knowledge of the handbook.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*⁵³, *Ethical Guidelines for Evaluation*⁵⁴, *Code of Conduct for Evaluation in the UN System*⁵⁵, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*⁵⁶. When contracted by the UNFPA CO Jordan, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Jordan. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed work plan.

The evaluation team is strongly encouraged to refer to the Handbook at all times and use the provided tools and templates at all stages of the evaluation process.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 and the evaluation matrix template in Annex C). It contains the core elements of the evaluation: (i) what will be evaluated (evaluation questions for all evaluation criteria and key assumptions to be examined as part of the

⁵³ <http://www.unevaluation.org/document/detail/1914>

⁵⁴ <http://www.unevaluation.org/document/detail/102>

⁵⁵ <http://www.unevaluation.org/document/detail/100>

⁵⁶ <http://www.unevaluation.org/document/detail/980>

evaluation questions), and (ii) how it will be evaluated (data collection methods, sources of information and analysis methods for each evaluation question and associated key assumptions). By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the matrix helps evaluators to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and direct observation at sites visited. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected for all evaluation questions and that data is documented in a structured and organized way. At the end of the field phase, the matrix is useful to verify whether sufficient evidence has been collected to answer all evaluation questions and identify data gaps that require additional data collection. In the reporting phase, the evaluation matrix facilitates the drafting of findings per evaluation question and the identification and articulation of conclusions and recommendations that cut across different evaluation questions.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the Evaluation Manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes to the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and assumptions

Based on the preliminary evaluation questions presented in the present terms of reference (see section 5.2), the evaluators are required to finalize the set of questions that will guide the evaluation. The final set of evaluation questions will need to clearly reflect the evaluation criteria and key areas of inquiry (highlighted in the preliminary evaluation questions). The evaluation questions should also draw from the theory of change underlying the CP. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur based on the theory of change of the CP. This will allow evaluators to assess whether the preconditions for contribution to results at output and, in particular, outcome levels are met. The data collection for each of the evaluation questions and assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Due to the ongoing Covid-19 pandemic that has necessitated travel and entry restrictions in many countries across the region and the world at large, a substantial part of this evaluation may be conducted remotely. While the prevailing local conditions and social distancing restrictions may limit person-to-person direct contact, it is expected that specific approaches would be adopted by the evaluation team to ensure that key stakeholders and beneficiaries are reached through innovative means including but not limited to remote data collection, document reviews, online interviews, zoom sessions for FGDs, among others.

Sampling strategy

The UNFPA Jordan CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Jordan CO has produced a stakeholder mapping to

identify the whole range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B)

Based on information gathered through desk review and discussions with the CO staff, the evaluators will refine the initial stakeholders map and develop a comprehensive stakeholders map. From this stakeholders map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Jordan CO will provide the evaluators with information on the accessibility of different locations, including logistical requirements and security risks and concerns. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA in terms of thematic focus of programming and context.

The final sample of stakeholders to be consulted and sites to be visited will be determined in consultation with the Evaluation Manager based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and beneficiaries (women and adolescents and youth) and direct observation during visits to programme sites.

Secondary data will be collected through desk review, primarily focusing on annual and mid-year reviews of the CP, progress reports and monitoring data, evaluations and research studies (incl. previous CPEs, assessments of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations etc.), housing census and population data, and records and data repositories of the UNFPA Jordan CO and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Jordan CO during the period of the 9th CP (2018-2022).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions (e.g., disability status) to the extent possible.

The evaluation team is expected to dedicate a total of 3 weeks for data collection, **this will be only online due to COVID19 health and safety measures**. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews, group discussions, a

checklist for direct observation at sites visited or a protocol for document review shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. Once all data will have been entered into the evaluation matrix for each evaluation question, the evaluators should identify common themes, patterns and relationships in the data, as well as areas that should be further explored to answer the evaluation questions (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data, including (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2., pp. 94-95);
- Regular exchange with the Evaluation Manager at the CO;
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence (an important internal validation mechanism will take place when the evaluation team gets together to prepare the debriefing with the CO and the ERG); and
- The debriefing meeting with the CO and the ERG at the end of the field phase where the evaluation team presents the preliminary findings and emerging conclusions.

Additional validation mechanisms may be established, as appropriate. Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of data and verify the robustness of findings at each stage in the evaluation, so they can determine whether they should further pursue specific hypotheses or disregard them when there are indications that these are weak (contradictory findings or lack of evidence).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and facilitation of use and dissemination phase. Quality assurance must be performed by the Evaluation Manager and the evaluation team leader throughout all phases to ensure the production of a credible, useful and timely evaluation.

7.1. Preparatory Phase

The Evaluation Manager at the UNFPA Jordan CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Drafting the terms of reference (ToR) for the CPE with support from the UNFPA ASRO M&E Adviser and in consultation with the ERG, and approval of the draft ToR by the Evaluation Office.

- Selection of consultants by the CO, pre-qualification of the consultants selected by the Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.
- Compilation of background information and documents on the country context and CP for desk review by the evaluation team.
- Preparation of a first stakeholders map (Annex B) and list of Atlas projects (Annex D).
- Development of a communication plan by the Evaluation Manager in consultation with the communications officer at the UNFPA Jordan CO to support dissemination and facilitate the use of evaluation results. This plan should be updated as the evaluation process evolves, so it is ready for immediate implementation when the final evaluation report is issued.

7.2. Design Phase

The evaluation team will conduct the design phase in consultation with the Evaluation Manager and the ERG. This phase includes:

- Desk review of initial background information and documents on the country context and CP, as well as other relevant documentation.
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a comprehensive stakeholders map and sampling strategy to select sites to be visited and stakeholders to be consulted in Jordan through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as a concrete work plan for the field and reporting phases (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that includes the results of the above-listed steps and tasks. The design report will be developed in consultation with the Evaluation Manager, the ERG and the ASRO M&E Adviser. The template for the design report is provided in Annex E.

7.3. Field Phase

The evaluation team will undertake the data collection required to answer the evaluation questions. Towards the end of the field phase, the evaluation team will also conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks is recommended, however, the Evaluation Manager will determine the optimal duration in consultation with the evaluation team during the design phase. The field phase includes:

- Meeting with the UNFPA Jordan CO staff to launch the data collection.
- Meeting of evaluation team members with relevant programme officers at the UNFPA Jordan CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the preliminary findings and emerging conclusions from the data collection. The meeting will serve as an important validation mechanism and will enable the evaluation team to develop credible and relevant findings, conclusions and recommendations.

7.4. Reporting Phase

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, 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.

This draft evaluation report will be submitted to the Evaluation Manager for quality assurance purposes. Prior to the submission of the draft report, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (Annex F). The Evaluation Manager and the ASRO M&E Adviser will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (form and substance), the draft report will be circulated to the ERG for comments and feedback. In the event that the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a new version.

The Evaluation Manager will collect and consolidate the written comments and feedback provided by the members of the ERG. On the basis of the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the Evaluation Manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Conclusions need to clearly reference the specific evaluation questions from which they have been derived, while recommendations need to reference the conclusions from which they stem.

The evaluation report is considered final once it is formally approved by the Evaluation Manager at the UNFPA Jordan CO.

7.5. Facilitation of Use and Dissemination Phase

In the facilitation of use and dissemination phase, the evaluation team will develop a **PowerPoint presentation for the dissemination of the evaluation results** that conveys the findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The Evaluation Manager, together with the CO communications officer, will implement the communication plan to share the evaluation results with the CO, ASRO, ERG, implementing partners and other stakeholders. The Evaluation Manager will also ensure that the final evaluation report is circulated to relevant business units in the CO, invite them to submit a management response, and consolidate all responses in a final management response document (see Annex G). The UNFPA Jordan CO will subsequently submit the management response to the UNFPA Policy and Strategy Division in HQ.

It is also highly recommended that 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 (see sections 8 and 10 below).

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. The final evaluation report will also be made available to the UNFPA Executive Board and will be published on the UNFPA Jordan CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) a stakeholders map; (ii) an evaluation matrix (incl. the final set of evaluation questions, indicators, data sources and data collection methods); (iii) the evaluation approach and methodology, with a detailed description of the agenda for the field phase; (iv) and data collection tools and techniques (incl. interview and group discussion protocols). For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the Evaluation Manager and the Regional M&E Adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and ERG.** The presentation provides an overview of key preliminary findings and emerging conclusions of the evaluation. It will be delivered at the end of the field phase to present and discuss the preliminary evaluation results with UNFPA Jordan CO staff (incl. senior management) and the members of the ERG.
- **Draft and final evaluation reports.** The final evaluation report (*maximum 70 pages plus annexes*) will include evidence-based findings and conclusions, as well as a full set of practical and actionable recommendations to inform the next programme cycle. A draft report precedes the final evaluation report and provide the basis for the review of the CO, ERG members, the Evaluation Manager and the Regional M&E Adviser. The final evaluation report will address the comments and feedback provided by the UNFPA Jordan CO, the ERG, the Evaluation Manager and the ASRO M&E Adviser. For guidance on the outline of the final evaluation report (see Annex H).
- **PowerPoint presentation of the evaluation results.** The presentation will provide an overview of the findings, conclusions and recommendations to be used for dissemination purposes.

Based on these deliverables, the Evaluation Manager, in collaboration with the communications officer at the UNFPA CO in Jordan will develop an:

- **Evaluation brief.** The evaluation brief will be a short and concise document that provides an overview of the key evaluation results in an easily understandable manner, to promote use among decision-makers and other audiences. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation produces for centralized (EO) evaluations.

All the deliverables will be developed English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to monitor the quality of centralized and decentralized evaluations at UNFPA through two processes: quality assurance and quality assessment. While quality assurance occurs throughout the evaluation process and covers all deliverables, quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report only.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the UNFPA Evaluation Office developed as part of the EQAA system of the evaluation function at UNFPA (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F) which defines a set of criteria against which draft and final evaluation reports are assessed to ensure the independence, impartiality, credibility and utility of evaluations. The EQA criteria will be systematically applied to this CPE.

The Evaluation Manager is primarily responsible for quality assurance of the key deliverables of the evaluation. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions and that the deliverables submitted to UNFPA comply with the quality assessment criteria outlined in the EQA grid.⁵⁷ The evaluation quality assessment checklist (see below), which is based on the EQA grid, is used as an element of the proposed quality assurance system for the draft and final versions of the evaluation report.

<p>1. Structure and Clarity of the Report</p> <p>To ensure the report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards and following the editorial guidelines of the UNFPA Evaluation Office (Annex I).</p>
<p>2. Executive Summary</p> <p>To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.</p>
<p>3. Design and Methodology</p> <p>To provide a clear explanation of the methods and tools used, including the rationale for the methodological approach. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)</p>
<p>4. Reliability of Data</p> <p>To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. reports) data established and limitations made explicit.</p>
<p>5. Findings and Analysis</p> <p>To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.</p>
<p>6. Validity of Conclusions</p> <p>To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritized and clustered and include: summary, origin (which evaluation question(s) the conclusion is based on), and detailed conclusions.</p>

⁵⁷ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

7. Usefulness and Clarity of Recommendations

To ensure recommendations flow logically from conclusions, are targeted, realistic and operationally feasible, and are presented in order of priority. Recommendations include: summary, priority level (very high/high/medium), target (administrative unit(s) to which the recommendation is addressed), origin (which conclusion(s) the recommendation is based on), and operational implications.

8. SWAP - Gender

To ensure the evaluation approach is aligned with SWAP (guidance on the SWAP Evaluation Performance Indicator and its application to evaluation can be found at <http://www.unevaluation.org/document/detail/1452> - UNEG guidance on integrating gender and human rights more broadly can be found here: <http://www.uneval.org/document/detail/980>).

The EQAA process for this CPE will be multi-layered and will involve: (i) the Evaluation Manager at the UNFPA Jordan CO, (ii) the ASRO M&E Adviser, and (iii) the UNFPA Evaluation Office, whose roles and responsibilities with regard to EQAA are described in section 11. Management of the Evaluation in this ToR.

10. Indicative Timeframe and Work Plan

The table below indicates the specific activities and deliverables and their timelines (dates) at all stages of the evaluation. It also indicates where guidance and relevant tools and templates can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column “Deliverables”: Deliverables in *italic* are the responsibility of the CO/Evaluation Manager, while the deliverables in **bold** are the responsibility of the Evaluation team.

Evaluation Phases and Activities	Deliverables	Dates/Duration	Handbook
Preparatory Phase			
This phase is completed before the commitment to the Evaluation process (by the CO and ASRO)			
<i>Design Phase</i>			
Evaluation kick-off meeting between the Evaluation Manager and the evaluation team		1 day	
Desk review of initial background information and documents on country context and the CP (incl. bibliography and resources in the ToR)		2 days	

<p>Drafting of the design report (incl. articulation of evaluation methodology, finalization of evaluation questions, development of evaluation matrix, methods and tools and indicators, development of comprehensive stakeholders map and sampling strategy, and drafting the agenda for the field phase)</p>	<p>Draft design report</p>	<p>2 days</p>	<p>Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176</p>
<p>Presentation of the draft design report to the ERG for comments and feedback</p>	<p>PowerPoint presentation of the design report</p>	<p>1 day</p>	
<p>Review of the draft design report by the Evaluation Manager, ERG and the Regional M&E Adviser</p>	<p><i>Consolidated feedback provided by Evaluation Manager to evaluation team leader</i></p>	<p>10 days</p>	
<p>Revision of the draft design report and submission to the Evaluation Manager for approval</p>	<p>Final draft design report</p>	<p>1 day</p>	
<p>Field Phase</p>			
<p>Meeting of the evaluation team with CO staff to launch data collection</p>	<p><i>Meeting between evaluation team/CO staff</i></p>	<p>1 day</p>	<p>Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183</p>
<p>Individual meetings with relevant programme officers at the CO</p>	<p><i>Meeting of evaluators/CO programme officers</i></p>	<p>4 days</p>	
<p>Data collection (incl. interviews with key informants, site visits, direct observation, group discussions, desk review etc.)</p>	<p>Entering data/information into the evaluation matrix</p>	<p>15 days</p>	<p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262</p>

Debriefing meeting with CO staff and the ERG to present preliminary findings and emerging conclusions from data collection	PowerPoint presentation for debriefing with the CO and the ERG	1 day	Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PP_T_Long_version.pdf
Reporting Phase			
Drafting of the evaluation report and submission to the Evaluation Manager	Draft evaluation report	10 days	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the Evaluation Manager, the ERG and the Regional M&E Adviser Joint development of the EQA of the draft evaluation report by the Evaluation Manager and the Regional M&E Adviser	<i>EQA of the draft evaluation report (by the Evaluation Manager and the Regional M&E Adviser)</i>	10 days	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Drafting of the final evaluation report (including annexes) and submission of the final evaluation report to the Evaluation Manager	Final evaluation report (including annexes)	5 days	
Validation of the final evaluation report by CO management		3 days	
Preparation of the management response by CO	<i>Management response</i>	5 days	Template 12: Management Response, pp. 266-267
Circulation of the final evaluation report to the Evaluation Office and the management response to the Policy and Strategy Division		5 days	
Preparation of the independent EQA of the final evaluation report by the Evaluation Office	<i>Final EQA of the evaluation report (by the Evaluation Office)</i>	5 days	
Dissemination and Facilitation of Use			
Development of the presentation for the dissemination of the evaluation results by evaluation team	PowerPoint presentation of the evaluation results	1 day	Example of PowerPoint presentation (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PP_T_Long_version.pdf
Development of the evaluation brief by the Evaluation Manager, with support from the communications officer at CO	<i>Evaluation brief</i>	5 days	Example of evaluation brief (for a centralized evaluation undertaken by the Evaluation Office): https://www.unfpa.org/sites/default/files/admin-

			resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Publication of the final evaluation report, the EQA and the management response on the UNFPA evaluation database		5 days	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the Evaluation Manager	<i>Including (but not limited to): Communication via email; stakeholders meeting; workshops with implementing partners etc.</i>	15 days	

Once the evaluation team leader has been recruited, she/he will develop a detailed work plan (see Annex J) in close consultation with the Evaluation Manager.

11. Management of the Evaluation

The **Evaluation Manager** at the UNFPA Jordan CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The Evaluation Manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of the use of the evaluation results. She/he will also coordinate the exchanges between the evaluation team and the ERG. The major task of the Evaluation Manager is to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The Evaluation Manager has the following roles and responsibilities:

- Compile a preliminary list of background information and documentation on both the country context and the UNFPA CP and file them in a Google drive to be shared with the evaluation team upon recruitment.
- Prepare a first stakeholders map and a list of Atlas projects and share them with the evaluation team.
- Prepare the ToR for the evaluation in line with the ready-to-use ToR from the Evaluation Office, with support from the Regional M&E Adviser, and submit the ToR to the Evaluation Office for approval.
- Establish the ERG.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the Regional M&E Adviser.
- Identify potential candidates to conduct the evaluation, complete the consultant assessment matrix to assess their qualifications, and propose a final selection of evaluators with support from the Regional M&E Adviser, to be submitted to the Evaluation Office for pre-qualification.
- Provide evaluators with logistical support in making arrangements for data collection (site visits, interviews, group discussions etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process (notably the design report: focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation

matrix, and the methods, tools and plans for data collection, as well as the draft and final evaluation reports).

- Coordinate feedback and comments of the ERG on the deliverables produced by the evaluation team throughout the evaluation process and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct an EQA of the draft evaluation report in collaboration with the [acronym of UNFPA Regional Office] M&E Adviser, in line with the EQA grid and its explanatory note.
- Develop a communication plan (in coordination with the CO communication officer) to guide the dissemination of the evaluation results, and update the plan as the evaluation process evolves.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the Regional M&E Adviser and the Evaluation Office.

At all stages of the evaluation process, the Evaluation Manager will require support from staff of the UNFPA Jordan CO. Specifically, the roles and responsibilities of the **Country Office staff** are:

- Contribute to the preparation of the ToR, specifically: the stakeholder mapping and the compilation of initial background information and documentation, and provide input to the evaluation questions.
- Be available for meetings with/interviews by the evaluation team.
- Provide support to the Evaluation Manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)** which is composed of relevant UNFPA staff from the Jordan CO, ASRO, representatives of the national Government of Jordan, non-governmental implementing partners, as well as other relevant key stakeholders (see Handbook, section 2.3., p.37). The ERG will serve as an entity to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and undertake quality assurance from a technical perspective. The ERG has the following roles and responsibilities:

- Provide input to the drafting of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Provide comments and substantive feedback from a technical perspective on the draft and final evaluation reports.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Assist in identifying key stakeholders to be consulted during the evaluation process.
- Participate in review meetings with the evaluation team as required.
- Contribute to learning, knowledge sharing and dissemination of evaluation results, as well as the completion and follow-up on the management response.

The **Regional M&E Adviser** at UNFPA ASRO will provide guidance and backstopping support to the Evaluation Manager at all stages of the evaluation process. The roles and responsibilities of the ASRO M&E Adviser are:

- Provide feedback and comments on the draft ToR (including annexes) in accordance with UNFPA Evaluation Handbook, and submit the final draft version to the Evaluation Office for approval.
- Support the Evaluation Manager in identifying potential candidates and assessing the qualifications of consultants, as well as review the completed consultant assessment matrix.
- Liaise with the Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the Evaluation Manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the draft evaluation report with the Evaluation Manager.
- Support the Evaluation Manager in the final review of the final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The roles and responsibilities of the Evaluation Office are as follows:

- Review and approve the final draft ToR
- Review and pre-qualification of the consultants who will constitute the evaluation team.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for the evaluation.
- Commission the independent, external EQA of the final evaluation report.
- Publish final evaluation report, EQA and management response in the evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader (international) with overall responsibility for carrying out the evaluation exercise, (ii) two team members (national) who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR, adolescents and youth, gender equality, and population and development); and (iii) a young and emerging evaluator who will provide support throughout the evaluation process including overseeing a component of the program if s/he has such expertise. The team leader shall also perform the role of technical expert for one of the thematic areas of programming under the 9th UNFPA CP in Jordan.

The evaluation team leader will be recruited internationally, while the evaluation team members will be locally recruited to promote national evaluation capacity development and to ensure adequate knowledge of the country's context. The evaluation team leader must have solid knowledge and experience in conducting evaluations of development interventions and/or humanitarian action. The evaluation team leader is expected to supervise the young and emerging evaluator and, in agreement with the Evaluation Manager, create space for her/his meaningful participation in the work of the evaluation team. In addition, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and be able to work in a multidisciplinary team in a multicultural environment.

12.1.

Roles and Responsibilities of the Evaluation Team

Evaluation team leader and SRHR Expert

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. She/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. She/he will lead and coordinate the work of the evaluation team and ensure the quality of all deliverables at all stages of the evaluation process. The Evaluation Manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, the evaluation approach, methodology, work plan and agenda for the field phase, the draft and final evaluation reports, and the PowerPoint presentation of the evaluation results. She/he will lead the presentation of the design report and the debriefing meeting with the CO and ERG at the end of the field phase. The Team leader will also be responsible for liaising with the Evaluation Manager. Beyond her/his responsibilities as team leader, **the evaluation team leader will serve as technical expert for SRHR as described below.**

The SRHR expert will provide expertise on integrated and youth-friendly SRH services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, family planning, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Jordan CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Gender equality expert

The gender equality expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as gender-based violence and harmful practices, such as female genital mutilation, child, early and forced marriage. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Jordan CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Population and development expert

The population and development expert will provide expertise on population and development issues, such as census, ageing, migration, population dynamics, the demographic dividend, and national statistical systems. She/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the expected deliverables in her/his thematic area of expertise. She/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Jordan CO staff and the ERG. She/he will hold interviews and group discussions with stakeholders, and undertake desk review, as advised by the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will work with the evaluation team in all phases of the CPE. S/he will support the evaluation team leader and members in developing the methodological design of the evaluation by contributing to the review of information and documents on the country context and the CP, and the operationalization of the evaluation approach and methodology through the validation of the theory of change, the finalization of the evaluation questions and the development of the evaluation matrix, methods, tools and indicators. The young and emerging evaluator will also participate in data collection by supporting the conduct of site visits, interviews and focus group discussions, as advised by the evaluation team leader. In addition, she/he will contribute to data analysis and the drafting of the evaluation report, including the formulation of recommendations. In addition, she/he will provide administrative support throughout the evaluation process and participate in meetings with the Evaluation Manager, UNFPA Libya CO staff and the ERG.

The modality and participation of the evaluation team members in the evaluation process, including data collection analysis, provision of technical inputs to the drafting of the design and draft and final evaluation reports will be agreed with the evaluation team leader and these tasks performed under her/his supervision and guidance.

12.2. Qualifications and Experience of the Evaluation Team

Team leader and SRHR expert

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian action.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Substantive knowledge of sexual and reproductive health and rights.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold standards for quality evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms .
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm .
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate and supervise the work of the evaluation team.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacities.
- Experience working with a multidisciplinary team of experts, including young and emerging evaluators
- Excellent analytical skills and demonstrated ability to formulate evidence-based conclusions and realistic and actionable recommendations.
- Excellent interpersonal and communication skills (written and spoken) .

- Good knowledge of the national development context of Jordan.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English. Knowledge of Arabic is an asset.

Gender Equality expert

The competencies, skills and experience of the gender equality expert should include:

- Master's degree in Women/Gender Studies, Human Rights Law, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on gender equality and the empowerment of women and girls, gender-based violence and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of Jordan.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken English and Arabic languages

Population and development expert

The competencies, skills and experience of the population and development expert should include:

- Master's degree in Demography or Population Studies, Statistics, Social Sciences, Development Studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law, and principles as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and prevention of harm to evaluation subjects.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both quantitative and qualitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent communication (written and spoken), facilitation and knowledge-sharing skills.
- Good knowledge of the national development context of **Jordan**.
- Familiarity with UNFPA or other United Nations organizations' mandates and operations will be an advantage.
- Fluent in written and spoken **English and Arabic Languages**

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public Health, demography or population studies, social sciences, development studies or a related field.
- In possession of a certificate in evaluation or equivalent qualification.
- Less than five years of work experience in conducting evaluation or M&E in the field of international development.
- Solid analytical and problem-solving skills.
- Demonstrated ability to work in a team
- Strong organization skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA and other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Arabic.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon satisfactory completion of the draft final evaluation report	40%
Upon approval of the final evaluation report and PowerPoint for dissemination of evaluation results	40%

The provisional allocation of workdays among the evaluation team will be the following:

	Team Leader	Team Members (Thematic Experts and the Young Emerging Evaluator)
Design phase	7	5
Field phase	21	21

Reporting phase	15	15
Dissemination and facilitation of use phase	1	0
TOTAL (days)	44	41

The exact distribution of the number of workdays and distribution of the workload will be finalized by the evaluation team in the design report, subject to approval by UNFPA Evaluation Manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

Global UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
<https://www.unfpa.org/resources/strategic-plan-2014-2017>
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
<https://www.unfpa.org/strategic-plan-2018-2021>
3. UNFPA Evaluation Policy (2019)
<https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>
4. Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)
<https://www.unfpa.org/EvaluationHandbook>
5. Relevant centralized evaluations conducted by the UNFPA Evaluation Office – available at:
<https://www.unfpa.org/evaluation>

Jordan national strategies, policies and action plans

6. National Poverty Reduction Strategy
7. National Development Plan
8. United Nations Partnership for Development Framework (UNPDF)
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
10. Relevant national strategies and policies for each thematic area of programming

UNFPA CO programming documents

11. Jordan Country Office/UNFPA 9th Country Programme Document (2018-2022)
12. United Nations Common Country Analysis/Assessment (CCA)
13. Jordan Country Office/UNFPA 9th Country Programme needs assessment
14. CO annual work plans
15. Joint programme documents
16. Mid-term reviews of interventions/programmes in different thematic areas of programming
17. Reports on core and non-core resources
18. CO resource mobilization strategy

UNFPA CO M&E documents

19. Jordan Country Office/UNFPA 9th Country Programme M&E Plan
20. CO annual results plans and reports
21. CO quarterly monitoring reports
22. Previous CPE of Jordan Country Office/UNFPA 7th Country Programme Document (2008-2012) available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

23. Implementing partner work plans and progress reports
24. Implementing partner assessments
25. Audit reports and spot check reports
26. Meeting agendas and minutes of joint United Nations working groups
27. Donor reports

ANNEX 2: LIST OF PERSONS/ORGANIZATIONS/ INSTITUTIONS 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
	Gender	1	UNFPA
	Gender	1	CARE Jordan
	Overall / CD	1	UNFPA
	Azraq Camp Coordinator	1	UNFPA
	Field and Zaatari Camp Coordinators	2	UNFPA
	Resources Mobilization Specialist	1	UNFPA
	Operation Manager	1	UNFPA
	Program Support	2	UNFPA
	GBV team	3	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)
	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
	FGD-Medical professionals	6	Institute of Family Health (IFH)
Gender	1	The Jordanian National Commission For Women (JNCW)	
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

ANNEX 3: LIST OF DOCUMENTS CONSULTED/ REVIEWED

- ToR_CPE - Jordan_CO_Final_withouth annexes
- Evaluation Handbook - FINAL_spread
- 7 JOR - CPD - Country programme document for Jordan – 2018
- Final Draft CCA (Common Country Analysis - Oct 2021)
- 1_CCA 2020 Final (Common Country Analysis - Feb 2021)
- 2020 IMPACT ASSESSMENT REPORT OF THE UNFPA MULTI-COUNTRY RESPONSE TO THE SYRIA CRISIS.
- Jordan Response Plan for the Syria Crisis 2021 – MOPIC
- UNSDF - Evaluation of the United Nations Sustainable Development Framework Jordan 2018-22
- SOCIO-ECONOMIC FRAMEWORK FOR JORDAN COVID-19 RESPONSE - July 2020
- UNFPA COUNTRY OFFICE - JORDAN - MID-TERM REVIEW - JORDAN 9th COUNTRY PROGRAMME - DECEMBER 2020
- Evaluation of the United Nations Sustainable Development Framework Jordan 2018-22 -Draft report - 2 September 2021
- UNFPA - Covid-19 - SRHR in Times of Crisis
- YOUNG PERSONS WITH DISABILITIES: GLOBAL STUDY ON ENDING GENDER-BASED VIOLENCE, AND REALISING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
- UNFPA Multi-Country Response to the Syria Crisis: January-June 2020
- Adolescent Girls - The Importance of Building the Health, Social and Economic Assets- Amman Presentation – 2019
- CPD - Format for the Country Programme Performance Summary-Final Jordan
- UNFPA strategic plan, 2018-2021 - Annex 4
- UNFPA-BUSINESS CONTINUITY PLAN-Updated 15 March 2020
- UNFPA, HACT FINANCIAL AUDIT REPORT, IRC, PN6394 -2020.
- 2019 Annual Report - Jordan - 10 Jan, 2020
- UNFPA strategic plan, 2018-2021 - Annex 2
- UNFPA strategic plan, 2018-2021 - Annex 7
- Indicator Metadata Strategic Plan 2018-2021
- Women Friendly Health Services Program – Situational Analysis

- Family Planning Costed Implementation Plan (2020-2024) - Performance Monitoring Plan
- Evaluation of the United Nations Population Fund's 7th Country Program
- UNFPA Jordan Country Programme 2018-2022 - Partnership Plan - Annex 6
- UNFPA - IPs 2019 Mid Year Consultation meeting -10 July 2019
- UNFPA - IPs 2019 Mid Year Consultation Meeting Report - 10th of July 2019
- UN Framework for the Immediate Socio-Economic Response to COVID-19 - Indicator Methodological Note - August 2020
- 2019 Annual Review of UNSDF Implementation on EMPOWERED PEOPLE
- JORDAN ECONOMIC GROWTH PLAN 2018 – 2022
- Gender-based violence and sexual and reproductive health in the South of Jordan
- Communication for Behavioural Impact (COMBI) Plan for Decreasing Child Marriage in Jordan
- UN Youth Strategy – 2018
- "DARING TO ASK, LISTEN, AND ACT: A SNAPSHOT OF THE IMPACTS OF COVID-19 ON WOMEN AND GIRLS' RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH"
- Policies and Guiding Principles for the Prevention of and Response to Violence in Jordan (Gender-Based Violence, Family Violence, and Child Protection) – 2018
- Regional Strategic Overview: 2020-2021
- A FIELD MISSION REPORT ON CLINICAL MANAGEMENT OF RAPE (CMR) TECHNICAL SUPPORT OFFERED TO UNFPA JORDAN COUNTRY OFFICE
- A Study On Marriage Child in Jordan
- Syrians for Services Health Reproductive Jordan in Camps Outside Living – 2016
- The National Strategy for Health Sector in Jordan 2016- 2020
- The National Maternal Mortality Report 2018
- NATIONAL YOUTH STRATEGY 2019 - 2025
- Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet, 391(10140), 2642-2692.

Annex 4: Evaluation Matrix for UNFPA Jordan CP9 (2018-2022)

RELEVANCE			
<p>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 and agreements, in particular the ICPD Programme of Action and SDGs?</p>			
Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: The Jordan 9th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming</p>	<ul style="list-style-type: none"> ● Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Jordanian population, including women and girls, and marginalized and vulnerable groups where such groups may include 	<ul style="list-style-type: none"> ● ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 9th CPD (2018-2022), COARs, UNDAF and review; AWP ● GoJ/UNFPA 8th CPE ● National policy/strategy documents ● Needs assessments 	<ul style="list-style-type: none"> ● Documentary analysis ● Interviews with UNFPA Jordan CO staff ● Interviews with implementing partners ● Interviews with key Government

<p>process, while retaining focus on human rights and gender equality and discrimination dimensions.</p>	<p>women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas, among others, prior to the programming of the four components of the CPD and AWP, as well as during program implementation (responding to changing COVID-19 emergencies).</p> <ul style="list-style-type: none"> ● The selection of target groups for UNFPA-supported interventions in the four target segment components of the programme is consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation. ● Evidence that the programmatic interventions had flexibility to respond to changing needs. ● Extent to which the interventions planned within the AWP (across the four components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. 	<ul style="list-style-type: none"> ● Surveys (including JDHS, MICS, etc.), census data, and other reports ● Surveys showing sex disaggregation, urban/rural divide, regional/geographical disparities for UNFPA's four components (SRHR, AY, GEWE/GBV, and PD), ● Other relevant studies used to understand the HR and GE context, ● And evidence of needs assessments, alignment of CP with Jordan UNSDF (2018-2022), and national documents till 2018 but including documents for the period 2018-2021 for programmatic changes ● COVID 19 survey reports for all four pillars of UNFPA ● UNFPA Jordan CO staff 	<p>officials in line Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Planning, etc.)</p> <ul style="list-style-type: none"> ● Interviews/focus groups with final beneficiaries ● Interviews with NGOs/ Donors, including local organisations, working in the same mandate area as UNFPA
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FINDINGS:

a. Addressing the needs of diverse populations

SRHR:

The evaluation found that 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.

CP9 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 planning. 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.

Beneficiaries 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 as mentioned by interviewees) and family planning IUD types different than what is offered.

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.

GEWE:

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.

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. 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.

The 'leaving no one behind' analysis shows several groups at particular risk of marginalisation, including women and girls, refugees, migrant workers, informal sector workers, unemployed youth, LGBTQI and people in conflict with the law.

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'*.

PD:

Recommendations from reviews, assessments and evaluations during the development of CP9 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.

b. Alignment with national development strategies and policies:

Jordan has an overarching National Development Vision 2025, supported by a range of progressive laws and policies. CP9 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 scenarios.

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) 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 (2020-2030), 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) which identified issues of SRH as a priority component for the Health Sector in Jordan.

Further, the CP contributed to Jordan's Sectoral Policy for Promoting Gender Equality and Women's Empowerment (2020-2022), which calls for the prevention of any unethical acts, practices or actions that deepen gender discrimination and ensuring non-discrimination based on gender in the services provided. It also contributed to the National Youth Strategy (2019-2025) 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 2016-2025, the National Strategy for Senior Citizens (2018-2022) and the National Action Plan on Child Marriage (2018-2022) , 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".

c. Alignment with strategic direction of UNFPA

CP9 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) , 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:

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

Incorporating the ToC of the UNFPA Strategic Plan, CP9 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 CP9 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, CP9 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.

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)

d. Alignment with ICPD Programme of Action and SDGs

CP9 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.

The evaluators found that coherently with the SDGs, CP9 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*.

RELEVANCE

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 surge of COVID-19 pandemic and the recent escalation in Gaza? What was the quality of the response?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: The Jordan 9th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming process, while retaining focus on human rights and gender equality and discrimination dimensions.</p>	<ul style="list-style-type: none"> • Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Jordanian population, including women and girls, and marginalized and vulnerable groups where such groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas 	<ul style="list-style-type: none"> • ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 9th CPD (2018-2022), COARs, UNDAF and review; AWP • GoJ/UNFPA 8th CPE • National policy/strategy documents • Needs assessments • Surveys (including JDHS, MICS, etc.), census data, and other reports • Surveys showing sex disaggregation, urban/rural divide, regional/geographical disparities for UNFPA's four components (SRHR, AY, GEWE/GBV, and PD), 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA Jordan CO staff • Interviews with implementing partners • Interviews with key Government officials in line Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Planning, etc.) • Interviews/focus groups with final beneficiaries

	<p>and from remote areas, among others, prior to the programming of the four components of the CPD and AWP, as well as during program implementation (responding to changing COVID-19 emergencies).</p> <ul style="list-style-type: none"> ● The selection of target groups for UNFPA-supported interventions in the four target segment components of the programme is consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation. ● Evidence that the programmatic interventions had flexibility to respond to changing needs. ● Extent to which the interventions planned within the AWP (across the four components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. 	<ul style="list-style-type: none"> ● Other relevant studies used to understand the HR and GE context, ● And evidence of needs assessments, alignment of CP with Jordan UNSDF (2018-2022), and national documents till 2018 but including documents for the period 2018-2021 for programmatic changes ● COVID 19 survey reports for all four pillars of UNFPA ● UNFPA Jordan CO staff 	<ul style="list-style-type: none"> ● Interviews with NGOs/ Donors, including local organisations, working in the same mandate area as UNFPA
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FINDINGS:

The evaluators found that 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. 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 SRHR 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 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. In Jordan the personal status law is a challenge because we are unable to progress better on this issue.

EFFECTIVENESS

EQ3:

To what extent were the UNFPA country programme intended results achieved, taking into account potential changes made to the initial results framework due to the COVID-19 crisis, and technology? In particular:

i) increased access and use of integrated sexual and reproductive health services?

(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is</p>	<p>Regarding vulnerable and marginalized populations, during CP6:</p> <ul style="list-style-type: none"> Evidence of change/s in policy environment at regional and national level that have markedly improved the integrated SRHR and FP information and services in the COVID-19 situation. 	<p>Regarding policy environment, at national and regional levels:</p> <ul style="list-style-type: none"> Relevant policy documents that were revised. Relevant plans that were revised in response to changes in policies; Relevant National and Regional data sources 	<ul style="list-style-type: none"> Review of Relevant Documents Policy and planning documents Relevant reports Analysis of secondary data

<p>demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.</p>	<ul style="list-style-type: none"> ● Extent to which these change/s in policy environment is/are a contribution from UNFPA interventions. ● Extent to which these improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. ● Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations. ● Proportion of sessions where SRH and FP was discussed in respective assemblies at national and regional level. ● Extent of strengthening the capacities at national and regional levels, to improve quality integrated SRH and FP information and services, during CP9: ● Proportion of policy and planning level seminars / workshops / meetings on SRHR and FP information and services, that were partially or fully supported by UNFPA. ● Proportion of training events for different cadre of workforce, that were partially or fully supported by UNFPA. ● Extent to which these interventions are informed by needs and interests of diverse groups of stakeholders; ● Evidence of consultations with stakeholders during planning phase; ● Proportion of plans for which stakeholders were consulted during planning. ● Extent to which the service delivery output / outcome indicators are improved. ● Proportion of health facilities which have recently started offering SRHR and FP services; 	<p>for service and outcome indicators:</p> <ul style="list-style-type: none"> - Jordan DHS - MICS - DHIS - UNFPA Annual Reports <ul style="list-style-type: none"> ● Monitoring and periodic reports produced by: <ul style="list-style-type: none"> - UNFPA - Implementation partners - Jordan CO staff - Regional staff - AWP and APRs ● Political support and engagement <ul style="list-style-type: none"> - Assembly records - In depth Interviews with relevant politicians. ● Strengthening the capacities <ul style="list-style-type: none"> - Reports of Policy and planning level Seminar / workshop. - Minutes of relevant policy and planning level meetings; - Training modules, that were revised - Training modules that were produced; - Training reports; - UNFPA reports on capacity building initiatives and events. ● Consultations with stakeholders for planning: <ul style="list-style-type: none"> - Reports on planning 	<ul style="list-style-type: none"> ● Political support and engagement <ul style="list-style-type: none"> - Analysis of primary data - Review of assembly records - Analysis of interviews with politicians ● Strengthening the capacities ● Analysis of relevant reports <ul style="list-style-type: none"> - training reports - Training modules - Minutes of meetings - Seminar and workshop reports ● Stakeholder consultation <ul style="list-style-type: none"> - Review of relevant consultation reports - Analysis of planning reports ● Service delivery <ul style="list-style-type: none"> - Analysis of health facilities' data - DHIS - Analysis of findings from client satisfaction survey
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	<ul style="list-style-type: none"> ● Proportion of increase in FP clients ● Proportion of clients who are satisfied with the service delivery outlets. ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<p style="text-align: center;">consultations with stakeholders</p> <ul style="list-style-type: none"> ● Service delivery improvement <ul style="list-style-type: none"> - DHIS - MICS - Health facilities' reports - Client satisfaction survey 	
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FINDINGS:

Achievements under SRHR, in relation to Output 1.1:

- 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 NXT 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 Zaatar 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.

With respect to Output 1.2:

- 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 professors from the three universities. Moreover, UNPA 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*", "*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), Questscope, "*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) 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 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 Jordan 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 SHRH. 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 Zeib, No Shame*” discussing taboos around SRHR and GBV.
- 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 Week. 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.

Achieved versus planned SHRH outputs in CPD:

The evaluation notes 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 and COVID-19 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 UNFDPA 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.

EFFECTIVENESS

EQ3.

iii) advancement of gender equality and empowerment of all women and girls?

(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
Assumption 1:	<ul style="list-style-type: none"> ● Advocacy/Coordination Committees on 	<ul style="list-style-type: none"> ● UNFPA gender focal point and/or team 	<ul style="list-style-type: none"> ● Documentary analysis

<p>National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence (GE WE and GBV) was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme in the COVID-19 context during the programming process.</p> <p>Assumption 2: Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.</p>	<p>GEWE & GBV established/ strengthened and functioning.</p> <ul style="list-style-type: none"> ● Number of lobbying initiatives/ coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation ● Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Commissions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV ● Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level. ● Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GEWE & GBV laws and policies ● Evidence of gender focal points in national and regional institutions, IPs and NGOs trained on GE, WE and GBV ● Evidence of technical assistance provided to strengthen relevant national and regional institutions, government 	<p>working on GEWE & GBV and Jordan CO staff</p> <ul style="list-style-type: none"> ● Relevant UN, national and regional institutions, IPs and NGOs working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below: <ul style="list-style-type: none"> ➢ Relevant Government departments like Law Department, Social Welfare, Women's Development, among others. ➢ Relevant NGOs ➢ Relevant implementing partners ● Documents for analysis: <ul style="list-style-type: none"> - M&E documentation - UNFPA Annual reports (2018-2021) and Jordan 9th CPD - AWP and APRs - M&E reports - Relevant programme, project and institutional reports of stakeholders - IP partner reports ● Documents for analysis and legal analytical review of national documents/ laws: <ul style="list-style-type: none"> - National policies/ strategic documents such as, the United Nations SDG Framework for Jordan 2018-2022, and other National policy/strategy documents pertaining to AoR. including National surveys on GEWE & GBV, Jordan DHS, National Plan of Action on Human 	<p>appearing under Sources of Information, e.g.:</p> <ul style="list-style-type: none"> - Jordan 9th CPD etc - National policies/ strategic documents and laws pertaining to AoR. ● Interviews with all those appearing under Sources of Information, which includes relevant UN, donors, national and regional institutions, IPs and NGOs working in GE, WE and GBV ● Focus Group Discussion with those listed above i.e., with diverse groups of organizations, including donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community and beneficiaries if possible.
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	<p>departments, IPs and NGOs to effectively implement programmes on GEWE & GBV</p> <ul style="list-style-type: none"> ● Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including child marriage. ● Evidence of focus in programmatic interventions was retained on inclusiveness and diversity where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; poverty, out-of-school children; transgender persons; persons with different abilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas, based on socio-economic and geographical dimensions. ● Number of people with different abilities provided information, access, service or other facilities for SHR/GBV ● Evidence that UNFPA supported interventions targeted on the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRHR and GBV information and services for vulnerable and marginalized populations (e.g., 	<p>Rights (GE/ minorities / disability / children), etc.</p> <ul style="list-style-type: none"> - National / regional laws and legal framework for its implementation for conducting legal analytical review. 	
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	<p>women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind.</p> <ul style="list-style-type: none"> ● Evidence that skills acquired are being used at work by stakeholders trained under CP6. ● Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and program implementation. ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 		
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FINDINGS:

UNFPA Jordan CP9 achieved the following on GEWE, with respect to Output 3.1:

- 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’ National Campaign 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 NCFVA to launch the assessment study of the Family Counselling Centres.

- NCFCA 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.
- 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'.

Regarding Output 3.2.

- 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 NCFCA 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.

Achieved versus planned GEWE outputs in CPD:

The evaluation found 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 performed well despite the emergency, and this was despite the COVID-19 pandemic that led to shifts in resources during programming of CP9.

EFFECTIVENESS

EQ3.

iii) increased use of population data in the development of evidence-based national development plans, policies and programmes?

(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results.</p>	<ul style="list-style-type: none"> ● Extent to which M&E of programme achievements indicate timely meetings of outputs ● The extent to which outputs in CP9 are likely to have contributed to outcome results ● Intervention districts have higher (comparison from baseline) ● Evidence that data in planning and monitoring frameworks, at the national/ provincial/ UNFPA office level is disaggregated by different dimensions reflecting a variety of beneficiaries/ participants, including those furthest behind. ● Evidence of data before it was improved along disaggregation lines. ● Extent to which the LNOB approach was integrated into national data systems? ● Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc. ● Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of 	<ul style="list-style-type: none"> ● M&E documentation ● AWP's and APR's ● Relevant programme, project and institutional reports of stakeholders ● Jordan CO staff ● GoJ, and IPs ● Remote Site visits ● Provincial-district data (JDHS 2017-2018, MICS, DHIS, planning and monitoring units' data) ● IP partner reports ● UNFPA Annual reports (2018-2021) ● UNFPA monitoring framework ● P& D Government departments ● Population Planning Departments ● Federal Bureau of Statistics and other provincial statistics departments ● M&E frameworks of departments/ organisations where data was improved. 	<ul style="list-style-type: none"> ● Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data. ● Interviews with National Institute of Population Studies; Jordan Department of Statistics; Ministry of Planning and International Cooperation ● Commissions; Population Council; academic centres ● Interviews with relevant staff from M&E and planning cells of the line departments and organisations

	<p>disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and implementation of plans, programmes and policies.</p> <ul style="list-style-type: none"> ● Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 		
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FINDINGS:

CP9 achieved the following on PD, with respect to Output 4.1:

- 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.

Achieved versus planned PD outputs in CPD:

The evaluation notes a high level of achievement across PD output indicators. All 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.

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.

EFFECTIVENESS

Q 4.

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

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: CP9 programming in SRHR, Gender and Women’s Empowerment, Adolescents and Youth and Population Data, is gender sensitive and human rights-friendly: The most vulnerable population groups, including youth, marginalised groups, migrants, the Roma population, refugees and host communities are getting involved in supported interventions.</p>	<ul style="list-style-type: none"> ● Evidence of increased quantity of women’s protection services ● Evidence of increased quality of women’s protection services through strengthening of the referral network and integration of GBV prevention and response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc. ● Existence of programmes involving men and young people for combating GBV ● Evidence of effective monitoring of the National Action Plan on Domestic Violence ● Evidence-base on young people’s perception about GBV developed ● A gender sensitive curriculum developed in partnership with CSOs. 	<ul style="list-style-type: none"> ● CP9/ CPAP and Strategic Plans ● CAWPs ● National policy/strategy documents ● Needs assessment studies ● Programme evaluations ● Implementing partners and beneficiaries. 	<ul style="list-style-type: none"> ● Documentary analysis ● Data analysis ● Interviews with UNFPA Jordan CO staff ● Interviews with implementing partners ● Interviews/ Focus groups with beneficiaries

FINDINGS:

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 considered 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 approach. 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.

Integrating Human Rights in CP:

In CP9, 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.

People interviewed during the evaluation pinpointed 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 considering 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@75 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 CP9, 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.

Humanitarian-Development-Peace Nexus:

The UNFPA's CP9 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. 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.

EFFECIENCY

EQ5:

To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country 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?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
Assumption: Beneficiaries of UNFPA support received the	<ul style="list-style-type: none"> Evidence that the planned resources were received to the foreseen level in AWP 	<ul style="list-style-type: none"> AWPs Relevant Programme, Administrative and 	<ul style="list-style-type: none"> Documentary review: financial documents at the

<p>resources that were planned, to the level foreseen and in a timely and sustainable manner <i>including the situation occasioned by the Covid-19 response.</i></p>	<ul style="list-style-type: none"> ● Evidence that resources were received in a timely manner ● Evidence of adequacy of resources (Financial, Personnel etc.) to deliver the programme’s outputs /results ● Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries ● Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners ● Evidence of appropriateness of the IPs selected to deliver the results ● Evidence of timely transfer of funds ● Evidence of effective mechanisms to control waste and fraud ● Evidence that inefficiencies were identified and corrected in a timely manner ● Evidence of focus of UNFPA resources on high impact activities ● Extent to which the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others, ● Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation. 	<p>Financial Management Documents including:</p> <ul style="list-style-type: none"> ● Project standard progress reports ● And reports reflecting leverage / usage of national resources ● Financial Reports from Implementing Partners, and UNFPA (Atlas reports) ● Audit Reports for IPs ● Field Monitoring Visit Reports 	<p>UNFPA (from project documentation)</p> <ul style="list-style-type: none"> ● and interviews with administrative and financial staff ● Documentary review: annual reports from partner ministries, and implementing partners, audit reports and monitoring reports ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Interviews with UNFPA country office staff ● Interviews with beneficiaries of funding (including NGOs) ● Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.
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FINDINGS:

Funding Modalities, Reporting and Administrative Arrangements:

The JCO maintained a very good funding level for CP9 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 tripartite arrangements for funding were beneficial to CP9. For example, the Jordan CO is one of a few COs that receive funding from the Islamic Development Bank through the strategic partnership between the Government of Jordan, The Islamic Development Bank and UNFPA Jordan CO.

There are also partnerships with the private sector in Jordan although they are more for in-kind support. For example, the partnership with Zein, a telecommunications company, on interventions regarding access to technology and online harassment and how to deal with GBV. The success that has been experienced from these partnerships with private sector could be leveraged going into the next country programme through a private sector engagement plan and via the UN Delivering-As-One Approach. The support from ASRO will continue to be crucial to the Jordan CO regarding modalities and capacities on developing relationships with and mobilizing resources from the private sector.

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

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.

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. The evaluation also found that there is support from ASRO provided to the CO regarding training and presentation modalities on funding.

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 considering the national digital transformation plans by the Government of Jordan, where UNFPA can 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.

SUSTAINABILITY

EQ6:

To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the ownership and durability of effects including results occasioned by the COVID-19 response?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: Government/partners/ stakeholders capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.</p>	<p>Evidence of following:</p> <ul style="list-style-type: none"> Established sustainability mechanism for the programme. The likelihood of the programme and its benefits to be sustainable. Established systems to continue the programme. Capacity development including staff training. Community and country ownership including financial resource commitments. Partner organizations with sustainability plans. 	<p>Documents: <i>Relevant Sectoral Policies and Strategic Plans:</i></p> <ul style="list-style-type: none"> Annual Work Plans for Implementing Partners Country Programme Reports AWPs; Reports; IP progress reports, relevant sector strategic plans <p><i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.</i></p> <ul style="list-style-type: none"> National Level Stakeholders 	<ul style="list-style-type: none"> Documents review and analysis Key informant interviews Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) Interviews with implementing NGO partners who received budgetary support Focus group discussions with final beneficiaries

	<ul style="list-style-type: none"> ● Existence of Scale-up plans/strategies. ● Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others. ● Developing an enabling or adaptable environment for real change on HR & GE; ● Institutional change conducive to systematically addressing HR & GE concerns 	<ul style="list-style-type: none"> ● UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning, Relevant Field level IPs. 	
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FINDINGS:

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 CP9 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 CP9, 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 several 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 can 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 considering 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.

COORDINATION

EQ7:

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

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
Assumption: UNFPA Jordan's support was coherent with the	<ul style="list-style-type: none"> The extent to which Jordan UNFPA CO has appropriately taken into 	<ul style="list-style-type: none"> Jordan 9th CPD (2018-2022) 	<ul style="list-style-type: none"> Documentary analysis

<p>national priorities and international normative frameworks; due to coherence UNFPA CP9 has improved other UN and development partners work in Area of Responsibility (AoR) and COVID-19 interventions.</p>	<p>account the priorities of the government and key stakeholders.</p> <ul style="list-style-type: none"> ● Evidence of UNFPA's partnership/ consultation with national institutions on AoR. ● Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs on AoR. ● Evidence of active participation in UN technical working groups; ● Evidence of participation & leadership in humanitarian coordination structures, Area of Responsibility and SRHR, AY, GE/GBV, and PD working groups at national & sub-national level., ● Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas and COVID-19 program; ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. ● Evidence of projects/ outputs that actually added value to partners'/ UN agencies work in UNFPA mandated areas. 	<ul style="list-style-type: none"> ● National policies/ strategic documents such as the United Nations Development Assistance Framework for Jordan (UNSDf) 2018-2022, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development. ● Alignment of CP9 with UNSDF, and national documents till 2018 but including documents for the period 2018-2022 for programmatic changes ● Monitoring and evaluation reports ● Joint programmes and work plan and reports ● UNCT and UN programme documents ● AWP's ● APRs ● Jordan CO staff ● GoJ and key partners 	<ul style="list-style-type: none"> ● Interviews with UNFPA CO staff ● Interviews with development partners ● Interviews with UN agencies that work with UNFPA Jordan
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FINDINGS:

The evaluation found that 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 groups 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.

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 wit 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.

COVERAGE

EQ8:

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

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents and children;</p>	<ul style="list-style-type: none"> Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups. Evidence that affected communities are mapped and disaggregated 	<ul style="list-style-type: none"> AWPs UNSDF progress reports on humanitarian assistance arrangements Progress reports on beneficiary and stakeholder mapping UNFPA M&E reports on humanitarian assistance interventions Budgets allocated to SRHR and GBV in 	<ul style="list-style-type: none"> Documentary analysis Vulnerability and Geographical maps showing beneficiaries Interviews with UNFPA country office staff and humanitarian assistance cell/ staff

<p>women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions.</p>	<ul style="list-style-type: none"> ● Mapping evidence of geographical area covered for humanitarian assistance. ● Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. ● Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind. 	<p>humanitarian assistance program of UNFPA and received/ utilized by national / regional institutions and Ips</p> <ul style="list-style-type: none"> ● M&E reports on access provided to vulnerable groups 	<ul style="list-style-type: none"> ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)
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FINDINGS:

In CP9, UNFPA 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 communities.

The evaluators found that 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 (Zaatri 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.

CP9 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.

COVERAGE

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.)?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas based on socio-economic and geographical dimensions.</p>	<ul style="list-style-type: none"> Evidence of systematic target segmentation of beneficiary groups across socio-economic and geographical dimensions, so as to reach vulnerable and marginalised groups. Evidence that affected communities are mapped and disaggregated Mapping evidence of geographical area covered for humanitarian assistance. Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind. 	<ul style="list-style-type: none"> AWPs UNSDF progress reports on humanitarian assistance arrangements Progress reports on beneficiary and stakeholder mapping UNFPA M&E reports on humanitarian assistance interventions Budgets allocated to SRHR and GBV in humanitarian assistance program of UNFPA and received/ utilized by national / regional institutions and Ips M&E reports on access provided to vulnerable groups 	<ul style="list-style-type: none"> Documentary analysis Vulnerability and Geographical maps showing beneficiaries Interviews with UNFPA country office staff and humanitarian assistance cell/ staff Interviews with members of the donor / INGO clusters Interviews with other United Nations agencies Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)

FINDINGS:

The evaluation found that UNFPA's interventions were focussed 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 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.

The evaluators found that UNFPA JCO put stronger focus on inclusion at later stages of CP9, 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.

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?

Assumptions to be assessed	Indicators	Sources of Information	Methods and Tools for data collection
<p>Assumption: The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</p>	<ul style="list-style-type: none"> ● Evidence of active participation in UN technical working groups during humanitarian situation; ● Evidence of participation and leadership in humanitarian coordination structures, ● Evidence of Area of Responsibility and SRHR, AY, GBV and PD working groups at national and sub-national level., ● Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas; ● Evidence of sharing of information between UN agencies. ● Evidence of joint programming initiatives (planning) & M&E. <p><i>National/ Societal Resilience:</i></p> <ul style="list-style-type: none"> ● Evidence of National policies that support GE, SRHR, AY and PD 	<ul style="list-style-type: none"> ● UNFPA AWP ● Minutes of meetings on subject ● Correspondence with other agencies on subject ● UNDAF progress reports on coordination mechanisms ● Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning 	<ul style="list-style-type: none"> ● Documentary analysis ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response ● FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)

	<ul style="list-style-type: none"> ● Social protection schemes & safety nets ● Disaggregated data & data systems ● Positive social norms. <p><i>Community Resilience:</i></p> <ul style="list-style-type: none"> ● Prioritized rights & health of women & young people in humanitarian-development-peace through collective action <p><i>Family/ Individual Resilience:</i></p> <ul style="list-style-type: none"> ● Empowered women, girls & young people as agents of change ● Universal access to quality integrated SRHR information & services ● Safe home environment, free of violence & harmful practices. 		<ul style="list-style-type: none"> ● Site visits to refugee or internally displaced persons' camps (where relevant).
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FINDINGS:

The evaluation found that UNFPA 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.

Regarding 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 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.

Regarding 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 NCFV 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 CP9 through the implementation of a Communication for Behavioural Impact Strategy that aimed to address issues of child marriages. NCFV 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 NCFV through national workshops and assessments of the Family Counselling Centres.

The major 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.

Regarding creating an 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.

Notes

- i. The CPE Team proposed that EQ3 (focussing on Effectiveness) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results. In addition, measurement of unintended results (negative or positive) has been included.*
- ii. The aspect of technology is an add-on proposed by the ET. Resultantly, this aspect was included in EQ3 (effectiveness) and EQ5 (efficiency).*
- iii. The evaluators propose an additional aspect to the question measuring efficiency (EQ5) to include a measure of COVID-19 as follows: '...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?’

- iv. The evaluators also proposed a measure of ownership of the effects to be included in the EQ measuring sustainability as follows: ‘...and the ownership and durability of effects including results occasioned by the COVID-19 response?’*
- v. In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.*

Annex 5: Final Stakeholder Map

Key Stakeholders/Implementing Partners

SEXUAL AND REPRODUCTIVE HEALTH

1. Ministry of Health (MOH)
2. Institute of Family Health (IFH) / NHF
3. Organization for Migration PO
4. Jordan Health Aid Society (JHAS)
5. International Rescue Committee (IRC)
6. Jordanian Women’s Union (JWU)
7. Health Care Accreditation Council (HCAC)
8. International Relief & Development (IRD)
9. Relief International (RI)
10. Syrian American Medical Society (SAMS)
11. National Women Health Care Centers (NWHCC)

Beneficiaries

health staff women, adolescent and youth, Refugees and host population, OBGYN, Midwives, nurses and GPs, refugee women, women in host community

GENDER EQUALITY AND WOMEN’S EMPOWERMENT

1. CARE JORDAN
2. International Rescue Committee (IRC)
3. International Relief & Development (IRD)
4. National Council for Family Affairs (NCFA)
5. Jordanian National Commission (JNCW)
6. Institute of Family Health (IFH) / NHF
7. Relief International (RI)
8. Syrian American Medical Society (SAMS)
9. Jordanian Women’s Union (JWU)
10. Ministry of Health (MOH)

Beneficiaries

Health staff, adolescents and youth, refugees, host population, women

POPULATION AND DEVELOPMENT

1. Higher Population Council (HPC)

2. National Council for Family Affairs (NCFA)

ADOLESCENT AND YOUTH

1. Royal Health Awareness Society (RHAS)
2. Questscope Social Development (QS)
3. International Rescue Committee (IRC)
4. Institute of Family Health (IFH) / NHF
5. International Relief & Development (IRD)
6. GFP

Beneficiaries

Universities in Jordan, Adolescents and Youth (Syrian Refugees + Jordanian at the host communities)

Annex 6: Data Collection Tools

CPD Evaluation - KII Interview Protocol UNFPA Staff

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affected your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA

What has been your role with UNFPA since the beginning of the CP9?

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 groups⁵⁸ including people with disability; ii) national development strategies and policies; iii) the strategic direction and

⁵⁸*In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.*

objectives of UNFPA; and iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and SDGs.

How were the needs identified?

Have the needs of the target population remained unchanged over the life of the CP9? How did UNFPA respond to changes in the needs?

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?

How relevant are UNFPA programmes for the priorities of Jordan?

How has the CO responded to COVID-19 in your priority areas?

What was the quality of the response?

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? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).

What were the intended outcomes/outputs of UNFPA CP9?

What has been the achievements to date?

What were the challenges encountered?

What could be some lessons learned from the implementation? What can be replicated and what should be revised? Why?

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

How is gender being considered within your priority area?

How has human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings in Jordan?

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?

What was the management arrangement during the implementation process? What works well? What requires changes?

How efficient were disbursements of financial tranches? How has this affected implementation if at all?

What were some challenges encountered with the Ips? How were they addressed? What could be some lessons learned from engagement with Ips?

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 durability of effects *including results occasioned by the Covid-19 response?*

How effective were capacity building activities with UNFPA?

What change has occurred at the institutional level as a result of the capacity building activities?

What is likely to continue after the end of the activities with UNFPA?

What is the value added of UNFPA to the beneficiaries?

Coordination

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

What are the coordination mechanism in place? how effective are they? What could be strengthened or changed?

Coverage

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

How are intervention locations selected? How are principles of leave-no-one-behind ensured?

To what extent is there a focus on providing services to people with disabilities?

EQ9: To what extent have UNFPA 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.)

What are the outreach strategy of the programme?

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?

How do activities within the humanitarian setting influence/support the development nexus?

How are practices and methodologies used in the humanitarian settings affecting the overall approaches in the development sector?

CPD Evaluation - KII Interview Protocol

Government and Implementing Partners (IPs and others; UN and others)

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affected your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA

What are the activities/projects that you have collaborated with UNFPA RO / CO on?

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 groups⁵⁹ 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 and agreements, in particular the ICPD Programme of Action and SDGs.

How were the needs identified?

Have the needs of the target population remained unchanged over the life of the CP9? How did UNFPA respond to changes in the needs?

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?

How relevant are UNFPA programmes for the priorities of your department/government office/organization?

What other priorities in the area you believe UNFPA should be addressing?

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? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).

What were the intended outcomes/outputs of your collaboration with UNFPA CO?

What has been the achievements to date?

What were the challenges encountered?

What could be some lessons learned from the collaboration with UNFPA?

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

How is gender being considered within your collaboration with UNFPA?

How has human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings?

Efficiency

⁵⁹In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.

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?

What was the management arrangement during the implementation process? What worked well?

What requires changes?

How efficient were disbursements of financial tranches? How has this affected implementation if at all?

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 durability of effects *including results occasioned by the Covid-19 response*?

How effective were capacity building activities with UNFPA?

What change has occurred at the institutional level as a result of the capacity building activities?

What is likely to continue after the end of the activities with UNFPA?

What is the value added of UNFPA to the beneficiaries?

Coordination

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

What are the coordination mechanisms in place? How effective are they? What could be strengthened or changed?

Coverage

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

How are intervention locations selected? How are principles of leave-no-one-behind ensured?

To what extent is there a focus on providing services to people with disabilities?

EQ9: To what extent have UNFPA 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.)

What are the outreach strategies of the programme?

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?

How do activities within the humanitarian setting influence/support the development nexus?

How are practices and methodologies used in the humanitarian settings affecting the overall approaches in the development sector?

CPD Evaluation - KII Interview Protocol
Other Partners Relevant in the priority area

Name of Interviewee:

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affected your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA

What are the priority areas that your organisations is engaged in?

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 groups⁶⁰ 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 and agreements, in particular the ICPD Programme of Action and SDGs.

What would you say are the priorities of women, youth, vulnerable populations (host and refugee) communities in Jordan?

To what extent do you find that UNFPA is responding to those needs?

What else would you say is required in this priority area?

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?

How have the needs of the different populations changed over the last 4 years, especially with COVID?

What is your assessment of UNFPA's response to these changes? How they been relevant? Why/why not?

⁶⁰*In asking about marginalised and vulnerable groups we mean whether specific focus was retained on women and adolescents and youth with disabilities; those of racial, ethnic, religious and national minorities; and LGBTQI populations, among others.*

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? In particular: i) increased access and use of integrated sexual and reproductive health services; ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; iii) advancement of gender equality and empowerment of all women and girls; and iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).

To what extent do you feel that UNFPA is contributing to (choose depending on the respondent)

- *Increased access and use of integrated sexual and reproductive health services;*
- *Empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights;*
- *Advancement of gender equality and empowerment of all women and girls;*
- *Increased use of population data in the development of evidence-based national development plans, policies and programmes*

Coordination

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

What are the coordination mechanism in place? how effective are they? What could be strengthened or changed?

Focus group discussion guide

General information

Thank you for taking the time to participate in this group discussion. [Introduction] I would also like to introduce you to [Research Assistant/note-taker].

Everything you say is important to us and will help us understand better your experiences. Please feel free to speak openly and use any language or words. There are no right or wrong answers. You can choose to stop participating in the discussion at any time and you can choose not to respond to any question you don't want to answer, but we hope you will contribute because your participation will give us insight into experiences and opinions about the RH,GBV, Youth and other services you receive through UNFPA's partners [name the civil society that set up the interview].

Before we start the interview, I wanted to make sure that the guidelines surrounding consent are clear and if you have any questions, we can address them. Participating in this discussion is completely voluntary; thus, whatever you say will be completely anonymous and would NOT impact your access to UNFPA's services. We will audio-record this FGD with your consent but let us know if you are not comfortable and we will not record. [Go around and get verbal consent from each participant]

Introduction

Please go around the room and introduce yourselves. Again, in order to protect your privacy, we offer that you turn off your camera and if you want you can change your name on the screen. However, we would like you to introduce yourself, but only mention your first name. It would be great if you could also tell the group where you are from and how old you are [and when you came to Jordan, if relevant].

Opening

1. Thank you! I would like to begin now by getting a sense of what brought everyone here today. Let's go around the room and please tell me what interested you in participating in this focus group discussion.

Reproductive health service delivery: Experiences and opinions

1. Are women in your community generally satisfied with the services you receive at these places?
 - a. Probes: Why/why not
2. What are the major barriers/challenges to accessing reproductive health care and services in this area?
 - a. Probes: Cost, location/distance, language, age, accessibility issues
 - b. Probes: Maternal health/delivery care, contraception/EC, abortion/PAC, SGBV
3. What reproductive health care/services do you think need to be improved in this area?
 - a. Probes: Maternal health/delivery care, contraception/EC, abortion/PAC, SGBV
 - b. Probes: Populations
4. How do you think reproductive healthcare/services could be improved?
 - a. Probes: Location, cost, providers, language, issues of accessibility, age, discrimination
5. Is there anything else you would like to share with us about reproductive health in this area, or your reproductive health experiences more broadly?

General questions: Gender-based violence

Now I'm going to ask some general questions about issues of safety and gender-based violence in this area.

6. What safety concerns to people in your community face?
 - a. Probes: Women, girls, men, boys
 - b. Probes: Differences between populations based on age, national origin, disability status, marital status
 - c. Probes: Types of violence
7. Now I'd like to ask, what does gender-based violence mean to you?
Probes: Child marriage, sexual violence, sexual harassment, intimate partner violence, other forms of violence
8. Tell me what you know, or have heard about, services related to sexual and gender-based violence in this area.
 - a. Probes: Availability, cost, location, quality
 - b. Probes: Police, legal resources, health centers, women's groups, shelters, informal services
 - c. Probes: Experiences, perceptions, opinions

GBV service delivery: Experiences and opinions

9. Where women in your community go to seek GBV services/protection services?
 - a. Probes: Police, legal resources, health centers, women's groups, shelters, informal services, family
 - b. Probes: Experiences, positives, negatives
10. Why do women in your community choose to seek care/services from these places?
11. Do you think women in your community generally satisfied with the services they receive at these places?
 - a. Probes: Why/why not
 - b. Probes: Specific populations
12. What are the major barriers/challenges to accessing GBV services in this area?
 - a. Probes: Cost, location/distance, language, age, accessibility issues
 - b. Probes: Services for sexual violence, other specific types of GBV
13. What GBV services do you think need to be improved in this area?
 - a. Probes: Services for sexual violence, other specific types of GBV
 - b. Probes: Specific populations
14. How do you think GBV/protection could be improved?
 - a. Probes: Location, cost, providers, language, issues of accessibility, age, discrimination
15. Is there anything else you would like to share with us about GBV or safety issues in this area, or your experiences more broadly?

Conclusion

We are all done! Thank you all very much for taking the time to speak with us today. Please feel free to ask us any questions that you might have.

Annex 7: CPE AGENDA

Date and Time	Activity	Relevant Outcome	People to meet	Email /Contact
January 2nd, 2022				
10:00 - 11:00	Meeting with Country Director	Overall	Enshrah Ahmed	Enshrah Ahmed
11:45 - 12:45	Meeting with Humanitarian coordinator	Overall program	Bouchta Mourabit	mourabit@unfpa.org
13:00 - 14:00	Meeting SRHR Lead and team	SRHR	Jihan Salad Ali Al-Gharabli Dima Hamasha	salad@unfpa.org al-gharabli@unfpa.org hamasha@unfpa.org
14:00 - 15:00	Meeting Adolescents and Youth	Youth	Sanad Nawar	nawar@unfpa.org
15:00 - 16:00	Meeting PD Lead	PD	Layali Abusir	abusir@unfpa.org
January 3rd, 2022				
10:00 - 11:00	Institute of Family Health (IFH) / NHF	Gender	Ibrahim Aqel	i.aqel@ifh.org.jo
11:00 - 12:00	Royal Health Awareness Society (RHAS)	Youth/SRHR	Yazan Wardat	ywardat@rhas.org.jo
12:00 - 13:00	CARE JORDAN	Gender	Nour al saaideh	nour.alsaaideh@care.org
13:00 - 14:00	Jordanian National Commission (JNCW)	Gender	Salma Nims	salma.n@johud.org.jo
14:00 - 15:00		Gender		
15:00 - 16:00	Meeting Gender and GBV Lead	Gender	Pamela Di Camillo	dicamillo@unfpa.org
January 4th, 2022				
9:00 - 10:00	National Council for Family Affairs (NCFA) (Gender)	Gender	hakam matalqa	Hakam@ncfa.org.jo
10:00 - 11:00	Jordanian Women's Union (JWU)	Gender and SRHR	Wajd Al-Shamayleh & Maysa	wajdsh@jwu.org.jo
11:00 - 12:00	Jordan Health Aid Society (JHAS)	SRHR	Waseem Al-deek	w.aldeek@jhas-international.org
12:00 - 13:00	Questscope Social Development (QS)	Youth/SRHR	Ahmad Nimreh Hanan Abed	nimreh@questscope.org h.abed@questscope.org
13:00 - 14:00	International Rescue Committee (IRC)	Youth/SRHR	Fatima AlOmari	Fatima.Alomari@rescue.org

14:00 - 15:00	Institute of Family Health (IFH) / NHF	Youth/SRHR	Rawan Alqefan	r.alqtefan@ifh.org.jo
15:00 - 16:00	Ministry of Health (MOH)	SRHR	Dr. Hadeel Alsayeh	hadeel.alsayeh@hotmail.com
January 5th, 2022				
9:00 - 10:00	International Rescue Committee (IRC)	SRHR	Luay AbuSammour	Luay.AbuSammour@rescue.org
10:00 - 11:00	Ministry of Health (MOH)	Gender	Dr. Nasha'at Altani	Nashaattaani@yahoo.com
11:00 - 12:00	Health Care Accreditation Council (HCAC)	SRHR	Thaira Al-Madi	talmadi@hcac.com.jo
12:00 - 13:00	Y-PEER	Youth/SRHR	Salameh Habashneh	sal.habashneh@gmail.com
13:00 - 14:00	JWU	gender	Maysa	maysafarraj@jwu.org.jo
14:00 - 15:00	CSPD	PD	Loie Shyyab	loie.s@cspd.gov.jo
15:00 - 16:00	Institute of Family Health (IFH) / NHF	SRHR	Niveen Samhour	N.samhour@ifh.org.jo
16:00 - 17:00				
January 6th, 2022				
9:00 - 10:00	Higher Population Council (HPC)	PD	Sawsan al Daja Etaf alhadid	Sawsan.a@hpc.org.jo etaf.alhadid@hpc.org.jo
10:00 - 11:00	National Women Health Care Centers (NWHCC)	SRHR	Asma Abu Abed	Asma.aboabed@yahoo.com As.abuabed@nwhcc.gov.jo
11:00 - 12:00	National Council for Family Affairs (NCFA)	PD	Khadijah Alaween	KhadijahAlaween@ncfa.org.jo
13:00 - 14:00	UNFPA team	SRHR	Ali Al-Gharabli Dima Hamasha	al-gharabli@unfpa.org hamasha@unfpa.org
14:00 - 15:00	CARE jordan	Gender	Nour Saaideh	Nour.Alsaaidh@care.org 962-79-122-0440
15:00 - 16:00	UNFPA team	Youth	Nour Shashaa Sanad Nawar	nawar@unfpa.org; shashaa@unfpa.org
January 10th, 2022				

9:00 - 10:00	Generations for Peace (GFP)	Youth/SRHR	Nour Maloul	nmaloul@gfp.ngo
10:00 - 11:00	IFH	GBV	esraa Shakbouba	e.shaqpouaa@ifh.org.jo
11:00 - 12:00				
12:00 - 13:00	RC Office	Head of Office	Agense	spiazzi@un.org
13:00 - 14:00	IRC	Gender	Dina Arafeh & Zahra	
14:00 - 15:00	WHO	SRHR	Ghada Al kayyali	alkayyalig@who.int
15:00 - 16:00	JNCW	GBV	Salma Al Nims	salma.n@johud.org.jo
16:00 - 17:00	UNICEF	Health Manager	Eresso Aga	eaga@unicef.org
January 11th, 2022				
9:00 - 10:00	UNHCR	GBV	Tayba Sharif	sharif@unhcr.org
10:00 - 11:00	UNHCR	SRHR	Dr. Dina Jardaneh	khalifaa@unhcr.org
11:00 - 12:00	UNICEF	SRHR	Dr. Buthiana Al-Khateeb	balkhatib@unicef.org
12:00 - 13:00	IFH	Youth	Rawan Alqtetan	r.alqtetan@ifh.org.jo (+962-7) 86347376
13:00 - 14:00	RC Office	General	Christina	christina.meinecke-chalev@un.org
14:30 - 15:30	Meeting with Country Director	Overall	Enshrah Ahmed	enahmed@unfpa.org
13:00 - 14:00				
14:30 - 15:30				
15:00 - 16:00				
January 17th, 2022				
10:00 - 11:00	UNHCR	SRHR	Dr. Dina Jardaneh	jardaneh@unhcr.org
11:00 - 12:00	FGD	Medical professionals	Service providers	Max. 8
12:00 - 13:00	UNICEF	Gender	Suzan Kasht	skasht@unicef.org
14:30 - 15:30	UNFPA	Azraq Camp Coordinator	Bahaa Mohedat	mohedat@unfpa.org
15:00 - 16:00	JNCW	Gender	Salma Al Nims	salma.n@johud.org.jo

January 18th, 2022						
9:00 - 10:00	MOH	Gender	Dr. Wesam			
10:00 - 11:00	UNFPA	Field and Zataari Camp Coordinators	Abeer and Oudat	Oudat@unfpa.org, shraiteh@unfpa.org		
11:00 - 12:00	UNFPA	Resources Mobilization Specialist	Milou biesebroek	biesebroek@unfpa.org		
13:00 - 14:00	UNFPA	Operation Manager	Ibtisam Dababneh	Dababneh@unfpa.org		
14:00 - 15:00	UNFPA	GBV team	Yara deir, Lama Al-Saad and Rascha Albaba	deir@unfpa.org, al-sad@unfpa.org and albaba@unfpa.org		
15:00 - 16:00	UNFPA	Program Support	Deifallah Alsheikh Raed Zahrawi	Dal-sheikh@unfpa.org, zahrawi@unfpa.org		
January 30th, 2022						
9:00 - 10:00	MOH	Gender	Dr. Wesam			
11:00 - 12:00	UNFPA	Program Support	Deifallah Alsheikh Raed Zahrawi	Dal-sheikh@unfpa.org, zahrawi@unfpa.org		
14:00 - 15:00	UNFPA	GBV team	Yara deir, Lama Al-Saad and Rascha Albaba	deir@unfpa.org, al-sad@unfpa.org and albaba@unfpa.org		
Date and Time	Activity	Relevant Outcome	People to meet	Target Group		
January 12th, 2022	Camps Coordinators to be involved			Male/Female	Age Group	Number of participant in the session
9:30 - 10:30	FGD Beneficiaries - Azraq camp	SRHR beneficiaries	Refugees - camp	Female	24-50	Max. 8
10:30 - 11:30	FGD Beneficiaries - Azraq camp	Youth interventions beneficiaries	Refugees - camp	Male/Female	20-24	Max. 8
11:30 - 12:30	FGD Beneficiaries - Azraq camp	Gender interventions beneficiaries	Refugees - camp	Female	18-24	Max. 8
12:30 - 13:30	FGD Beneficiaries - Zarqa	SRHR beneficiaries	Refugees - Host communities	Male	24-30	Max. 8
13:30 - 14:30	FGD Beneficiaries - Zarqa	Gender interventions beneficiaries	Refugees - Host communities	Female	24-50	Max. 8

14:30 - 15:30	FGD Beneficiaries - Zarqa	Youth interventions beneficiaries	Refugees - Host communities	Male/Female	14-18	Max. 8
January 16th, 2022	Camps Coordinators to be involved					
9:30 - 10:30	FGD	Medical professionals	Service providers	Male/Female	-	Max. 8
10:30 - 11:30	FGD Beneficiaries - Zaatari camp	SRHR beneficiaries	Refugees - camp	Female	18-24	Max. 8
11:30 - 12:30	FGD Beneficiaries - Zaatari camp	Gender interventions beneficiaries	Refugees - camp	Female	18-24	Max. 8
13:00 - 14:00	FGD Beneficiaries - Zaatari camp	Youth interventions beneficiaries	Refugees - camp	Male/Female	20-24	Max. 8
14:00-15:00	FGD	Medical professionals	Service providers	Male/Female	-	Max. 8