MULTI-COUNTRY REAL TIME EVALUATION OF UNICEF GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMMES

JORDAN COUNTRY REPORT
MULTI-COUNTRY REAL TIME EVALUATION OF UNICEF GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMME

JORDAN COUNTRY REPORT
New York, NY 10017

August 2016

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This report for Jordan is one of seven country evaluations which form part of the Multi-Country Real Time Evaluation of UNICEF Gender-based Violence in Emergencies Programmes global evaluation. The Jordan country report was prepared by Vine Management Consulting Ltd, an independent company recruited by the Child Protection Section of Programme Division to conduct this evaluation. A five-person internal UNICEF Evaluation Management Group was responsible for the management of this evaluation including inputs to quality assurance.

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The Evaluation Management Group whose responsibilities have included supervising and guiding the evaluation team in each step of the process; reviewing, commenting and approving the evaluation deliverables; approving the final report and supporting dissemination and management response process is comprised of Mendy Marsh, GBViE Specialist, CPS, Krishna Belbase, Senior Evaluation Specialist, Evaluation Office, Jennifer Keane, CP Specialist on Knowledge, Planning and Evidence, and Laili Irani, Senior Adviser, Gender & Evaluation, Gender Section and Sophie Read-Hamilton, GBViE Consultant with the CPS.
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<tbody>
<tr>
<td>3RP</td>
<td>Regional Refugee and Resilience Plan</td>
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<tr>
<td>AoR</td>
<td>Area of Responsibility (global sub-cluster of the Global Protection Cluster)</td>
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<tr>
<td>AWO</td>
<td>Arab Women’s Organisation</td>
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<tr>
<td>CAAR</td>
<td>Children and Armed Conflict</td>
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<tr>
<td>CBCRM</td>
<td>Inter-Agency Sexual Exploitation and Abuse Community-Based Complaint Referral Mechanism</td>
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<td>CCCs</td>
<td>UNICEF Core Commitments for Children in Humanitarian Action</td>
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<tr>
<td>CFS</td>
<td>Child Friendly Spaces</td>
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<td>CMR</td>
<td>Clinical Management of Rape</td>
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<td>CO</td>
<td>Country Office</td>
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<td>COAR</td>
<td>Country Office Annual Review</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CPiE</td>
<td>Child Protection in Emergencies</td>
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<td>CPIMS</td>
<td>Child Protection Information Management System</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPS</td>
<td>Child Protection Section, Programme Division, UNICEF New York</td>
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<td>Civil Society Organisation</td>
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<td>DEVCO</td>
<td>Directorate-General, DG Europe Aid Development &amp; Cooperation</td>
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<td>EMG</td>
<td>Evaluation Management Group</td>
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<td>European Union</td>
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<td>Family Protection Department</td>
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<td>GBV</td>
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<td>GBVIE</td>
<td>Gender-based Violence in Emergencies</td>
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<td>GBVIMS</td>
<td>Gender-based Violence Information Management System</td>
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<td>HRBP</td>
<td>Human Rights Based Planning</td>
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<td>Inter-Agency Standing Committee</td>
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<td>IEC</td>
<td>Information, Education &amp; Communication</td>
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<td>Information Management</td>
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<td>International Medical Corps</td>
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<td>INGO</td>
<td>International Non-Government Organization</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>Intimate Partner Violence</td>
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<td>IRC</td>
<td>International Refugee Committee</td>
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<td>ITS</td>
<td>Informal Tented Settlement</td>
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<tr>
<td>JCO</td>
<td>Jordan Country Office</td>
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<td>JOHUD</td>
<td>Jordanian Hashemite Fund for Human Development</td>
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<td>JRF</td>
<td>Jordan River Foundation</td>
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<td>JRP</td>
<td>Jordan Response Plan</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>JRPS</td>
<td>Jordan Response Platform for the Syrian Crisis</td>
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<tr>
<td>L3</td>
<td>Level 3 Emergency</td>
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<tr>
<td>Lingo</td>
<td>Local Non-Government Organization</td>
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<tr>
<td>MENA(RO)</td>
<td>Middle East North Africa (Regional Office)</td>
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<tr>
<td>MIC</td>
<td>Middle Income Country</td>
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<tr>
<td>MISP</td>
<td>Minimum Initial Service Package for reproductive health in crisis situations</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoI</td>
<td>Ministry of the Interior</td>
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<td>MoPIC</td>
<td>Ministry of Planning and International Cooperation</td>
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<td>MoSD</td>
<td>Ministry of Social Development</td>
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<tr>
<td>NatCom</td>
<td>UNICEF National Committee</td>
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<tr>
<td>NCFA</td>
<td>National Council for Family Affairs</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<td>PCA</td>
<td>UNICEF Programme Cooperation Agreement</td>
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<tr>
<td>PSEA</td>
<td>Protection from Sexual Exploitation and Abuse</td>
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<td>PSS</td>
<td>Psycho-social Support</td>
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<tr>
<td>RAM</td>
<td>Results Assessment Module</td>
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<td>RC/HC</td>
<td>Resident Coordinator/Humanitarian Coordinator</td>
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<td>Regional Office</td>
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<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
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<td>SEA</td>
<td>Sexual Exploitation and Abuse</td>
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<td>Sexual and Gender-based Violence</td>
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<td>SOP</td>
<td>Standard Operating Procedures</td>
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<td>SPTF</td>
<td>Social Protection Task Force</td>
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<td>SWG</td>
<td>Sub-Working Group</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<tr>
<td>UK Aid</td>
<td>British Aid Programme (formerly DFID)</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNHCR</td>
<td>United Nations Refugee Agency</td>
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<td>UNICEF</td>
<td>United Nations Children’s Agency</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
</tr>
<tr>
<td>USAID/BPRM</td>
<td>United States Agency for International Development/Bureau for Population, Refugees &amp; Migration</td>
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<tr>
<td>VAC</td>
<td>Violence Against Children</td>
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<tr>
<td>VAF</td>
<td>Vulnerability Assessment Framework</td>
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<tr>
<td>VAWG</td>
<td>Violence Against Women and Girls</td>
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<td>WGBM</td>
<td>Women Girls Boys and Men</td>
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EXECUTIVE SUMMARY

The Child Protection Section of UNICEF’s Programme Division, New York, is undertaking a multi-country real time evaluation (RTE) of UNICEF’s Gender-based Violence in Emergencies (GBViE) programming with the overall purpose of strengthening UNICEF’s current and future GBViE programming based on real time learning. The core of the evaluation is seven RTEs which were conducted in Pakistan, Lebanon, Jordan, South Sudan, Somalia, Nepal and Central African Republic and a brief study of the GBViE programme the Democratic Republic of Congo conducted by telephone.

This report presents the findings, conclusions and recommendations of the mission conducted in Jordan, between 28th February and 3rd March 2016.

CONTEXT

The unprecedented influx of refugees into Jordan since the onset of the crisis in Syria has eroded the significant economic gains achieved between 2000-2010. Jordan currently hosts around 635,000 Syrian refugees,1 Iraqis, Sudanese and Yemenis as well as over two million long term Palestinian refugees.2 As the refugee crisis was escalating, UNICEF took an early lead in highlighting GBV as a serious issue among refugees. Types of GBV captured by the GBViE programme include domestic violence (physical assault and psychological abuse), forced marriage, denial of resources and sexual violence. Girls and women, particularly among Syrian communities, are vulnerable to forced and early marriage because of existing customs, the increasingly perilous economic situation of many refugees, and the cultural imperative for Syrian families to 'protect' their daughters from sexual harassment and rape. Among both refugee and Jordanian communities, the stigma attached to GBV, and fear of retaliation by family and community members means that reporting levels are very low. Displacement, trauma and limited livelihood opportunities all raise risks of GBV and sexual exploitation, with attendant levels of harassment and assault.

CONCLUSIONS

Successes

1. The Child Protection (CP) Section in the Jordan Country Office (JCO) initiated and has achieved significant expansion of a GBViE programme following the declaration of the level 3 (L3) emergency for the Syria crisis in January 2013. This has been enabled, in part, by the hugely increased funding received by UNICEF as part of the Syrian crisis response.

2. Dedicated GBViE resources, both human and financial, from soon after the declaration of an L3 emergency enabled the establishment and speedy expansion of the GBV programme. Technical assistance from headquarters (HQ) and from two members of the (former) GBV Area of Responsibility (AoR) inter-agency Rapid Response Team have also strengthened the response.

3. Sustained Country Office (CO) and CP team leadership have been important factors in supporting the CO focus on GBViE and allocating funding to the programme. The CO Representative is supportive of a major campaign to address prevailing social norms which underpin the ‘epidemic’ levels of GBV in Jordan. This level of management support represents a significant opportunity for UNICEF to champion the need to address GBV as part of the crisis response.

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1 In addition to the 750,000 Syrians who were living in Jordan before the crisis.
2 Registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
4. UNICEF’s early engagement and prioritisation of GBV (particularly early marriage) as part of its response, and its co-leadership of the CP/GBV sectors as co-chair of the joint CP/GBV SWG in the first months of the response provided a platform from which to influence the content and speedy development of inter-agency CP and GBV Standard Operating Procedures (SOPs) and the Amani CP/GBV messaging campaign. These have both been key tools in the GBV response, promoting standardised messaging on CP/GBV across all sectors and providing the basis for GBV awareness raising and capacity strengthening among national and international actors and communities.

5. The programme has responded to needs assessments and context analysis and addresses GBV needs of refugees and vulnerable Jordanians. It is aligned with the targeted priorities of the UNICEF Gender Action Plan (GAP) on early marriage and GBViE. The programme is also broadly consistent with the Minimum Actions during Immediate Response to a Crisis and Expanded GBV Prevention and Response included in the draft GBViE Resource Pack. Targeting both vulnerable Jordanians and refugees is in line with the Government of Jordan (GoJ) approach as well as UNICEF’s Equity Approach.

6. The programme is also broadly in line with the corporate GBViE Theory of Change, developed as part of this evaluation. The three core roles are addressed, and most of the strategic interventions. Areas which require strengthening at the level of strategic interventions are the systematic integration of the recommendations in the 2015 GBViE Guidelines across all sections; an informed strategy on how to address barriers to accessing services; a stronger emphasis on economic and social interventions for women and girls; and more targeted and intensive programming to address underlying social norms which contribute to the current high levels of GBV.

7. The Makani model, which took over and expanded services from previous child friendly spaces (CFS) during 2015, delivers community based, integrated programming by CP, education and youth teams through which GBViE is addressed in the CP psychosocial support (PSS) component, through encouraging girls to remain in education for longer, and through the life-skills component of the youth programme. No evaluation of the effectiveness of the Makani deliverables has been conducted (one is planned for 2016) but the model draws on findings and lessons learned in the PSS evaluation published in 2015, which concluded that PSS provided in CFS during 2013 and 2014 achieved “remarkable changes in children’s wellbeing”. Partners and donors also consider that the model is providing a relevant and efficient response.

8. From the start of the L3 response, the GBV programme has invested heavily in capacity strengthening of national stakeholders at multiple levels: supporting the GoJ with funding, additional staff and training; capacitating LNGOs directly and through INGO partners; and engaging directly with communities to facilitate their ability to undertake protection monitoring. This capacity-building focus has had the dual effect of starting to address immediate needs while strengthening capacity for the longer term to address GBV at different levels. The JCO is acutely aware that the high levels of funding currently available for response are of limited duration. This has been one catalyst for the targeted focus on strengthening national systems and capacities for GBV prevention and response, with the aim of ensuring that more comprehensive service provision, greater understanding of GBV and how to respond appropriately, and stronger skill levels are in place to address GBV over the long term.

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3 Ie: Strengthen humanitarian action on GBV; Support the State and other duty-bearers to uphold responsibilities to address GBV; Support civil society to address GBV
4 Possibly based on more studies/gathering of existing evidence to highlight specific areas where gains can be made in the current socio-political-cultural context.
5 Evaluation of UNICEF’s Psychosocial Support Response for Syrian Children in Jordan, 2015, p4
9. The strategy of explicitly including responsibilities for international non-government organisation (INGO) partners to train and mentor local NGOs to a level when they can take over service provision, is a good practice; particularly given the policy of UNICEF Jordan to partner directly with LNGOs rather than international partners wherever possible. INGOs have appreciated the realistic timeframes set (1-3 years) and the multi-year funding support to achieve the desired results, and LNGOs have appreciated the enhancement of their skills for GBV response over the longer term.

10. UNICEF is highly valued for its technical expertise by other UN agencies, government, national civil society and INGOs. Drawing on its technical strength, UNICEF has leveraged its trusted partner status with the GoJ to strengthen the response by advocating and supporting the government to bring laws, policies and protocols into alignment with international good practice.

11. Building the understanding and skills of formal and informal justice sector actors to address GBV has been a focus of the CP programme through their longstanding work with the Family Protection Department (FPD) on prevention and response to violence against children (VAC) – including GBV -. This has included supporting the establishment of FPD offices in different parts of the country (including refugee camps) and capacity strengthening for police and judges, with a consistent focus on juvenile law. In tandem with ongoing strengthening the legal framework and the justice sector, support for civil society organisations to provide victim support services, including legal aid, will be needed to enable those GBV survivors who wish to access legal aid to do so successfully.

12. UNICEF has contributed to the knowledge base on GBV in the Jordanian context and led on the development of programme guidance and standards which are aligned with international good practice. The 2014 UNICEF report on Early Marriage is considered a ‘go to’ reference on this topic, and the Protocol of Care for shelters developed by the National Council for Family Affairs (NCFA), supported both technically and financially by UNICEF, provides a manual for care in shelters in line with international standards.

13. After some initial hitches, effective and collaborative coordination between UNHCR, UNICEF and UNFPA, has been the norm for this response, facilitating good cooperation across the sector, which has contributed to strengthening UNICEF’s GBV programme response and an effective GBV sector response.

14. Given the multi-sectoral nature of quality GBV prevention and response, as well as the need to integrate risk mitigation across all sectors, effective coordination is a pre-requisite for delivering effective GBV programmes. The establishment of the Technical Committee led by the NCFA provides a nationally led coordination mechanism to facilitate the transition process from the current UNHCR coordination for GBV prevention and response. For the Technical Committee to oversee an effective transition and maintain and build on the current levels of GBV prevention and response, a clear transition process will be need to be agreed well in advance of the deactivation of the SWG structure.

15. The CP section are recognised, within the JCO, as being able to absorb and use large sums of funding effectively and have therefore been allocated additional funding from unused funds near the end of the financial year.

Gaps and challenges
16. Despite considerable investment of time working with other sections by the GBViE Specialist, the ‘tipping point’ at which sectors ‘own’ GBV, and integrate GBV risk mitigation routinely across their response without proactive advocacy and support by the GBViE Specialist, has not yet been achieved, with the exception of the CP programme. Even where there are clear potential overlaps between other section programmes and GBV, such as with the education sector (eg including systematic training on GBV awareness (using the Amani messaging and SOPs) as part of teacher training; systematic programmes to raise awareness of school children of GBV including engaging boys to combat GBV through schools; and access to continuing education for married girls) and the possibility of mitigating risks of GBV among multiple vulnerabilities through the unconditional child cash grant programme being implemented by the social protection team, have not yet been realised. Given the high turnover of staff, regular training on GBV/CP for all sections in the CO would ensure that all staff are more familiar with GBV good practice and practical steps to take to integrate GBV across their programmes.

17. Currently dedicated GBViE human resources do not provide adequate capacity to lead on the GBViE specialised programme and to support all the sections to integrate GBViE across their response in the JCO. Similarly, the absence of a GBViE Advisor in the Middle East and North Africa Regional Office (MENARO) has meant that UNICEF is not represented in inter-agency GBV technical and strategy discussions with the respective advisors for UNFPA and UNHCR, which is a real gap.

18. Despite the services which have been provided as part of the response and the significant investment in building national capacity to prevent and respond to GBV, institutional capacities are still limited in terms of providing a comprehensive GBV programme. Similarly, although Jordan is a middle income country (MIC) and had a comparatively strong civil society working on women's issues pre-crisis (albeit with very limited work on GBV prevention and response), it remains extremely difficult to find qualified professions with the skill set necessary to address GBV.

19. Despite the considerable enhancement of GBV programming as part of the crisis response, assessments suggest that acceptance of GBV and levels are still very high among all communities. Reducing levels of GBV will require a deep understanding of the contributing factors within the Jordanian context and interventions which address these issues, building on existing work aimed at increased awareness of the problems, and helping them to identify and adopt alternative strategies for dealing with very real stresses of their lives.

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6 Further learning, beyond the scope of this country RTE, on what elements contribute to/are necessary to achieve the ‘tipping point’ in different settings is needed to really understand how to promote proactive ownership of GBV mainstreaming by other sectors. (For further discussion of uptake of humanitarian guidance, See also Review of IASC Products’, Silva Ferretti, December 2009.)

7 There is no law against married girls continuing their education, but many schools do not permit them to stay. (KII GBViE Specialist)


9 This is due to government and public institutional capacities on GBV still being relatively low as well as to the reluctance (despite some progress having been made on recognizing GBV as a significant problem) of medical and other professionals to identify and address an issue which still carries such stigma and can put those who highlight cases of GBV at personal risk.
20. Cultural/societal factors are significant deterrents for women and girls in accessing services, as well as medical practices which do not always meet best practice standards. Uptake of GBV response services remains low compared with need, despite widespread awareness raising campaigns on the problem of GBV and availability of services, and assessments have found high proportions of vulnerable girls and women are not aware of GBV services in their locality. Even when they know about them, many have reservations about seeking help because of concerns about the confidentiality of services given the deep stigma associated with seeking help.\textsuperscript{10} These concerns also face service providers trying to ensure proper coverage of those at risk and survivors, and efforts are required at high levels to catalyse sustainable societal and structural change.

21. Providing women and girls with small-scale income generating skills is key to reducing levels of some types of GBV, particularly early marriage and domestic violence. Some small scale socio-economic activities are included in Makani programmes but not on a scale to make a real difference to household finances, or to provide women and girls with independent income. Despite the legal challenges for refugees obtaining permission to work, tackling the lack of livelihood opportunities for girls is an important factor in creating real alternatives for girls and families to early marriage, and could help reduce levels of stress-related GBV which is associated with worries over household finances.

22. There is no regional or JCO GBV Theory of Change (ToC) to provide a framework and explicit logic to guide the programme in the Middle East, and more specifically in Jordan. Developing these would provide the opportunity to clarify the rationale for the choice of interventions and would anchor the imperative to address early marriage within a wider GBV programme. A Jordanian GBViE ToC would also provide a framework against which the programme rationale could be monitored and evaluated to demonstrate whether expected results are being achieved. This, in turn, would aid learning of what works and what doesn’t in this context.

23. The focus on activity based, rather than outcome level, monitoring\textsuperscript{11} means that it is challenging for the JCO to demonstrate the relationship between GBV activities and real gains in increased safety, care and protection of women and girls, and in the reduction of GBV. The sophisticated post distribution monitoring (PDM) system which has been developed and is being used to produce bi-annual reports on the unconditional child cash grant programme provides a potential model for use to capture data on behaviour change as a result of GBViE programming. The PDM system identifies trends at the outcome level, and tracks both intended and unintended results which would be useful for the GBViE programming. While exclusive attribution couldn’t be made, this would provide a much clearer idea of how behaviours are changing and which interventions are making a contribution to these changes. Donors have indicated in global interviews that they will fund the development of more sophisticated monitoring and evaluation systems for GBV interventions, and have done so in other emergency settings,\textsuperscript{12} to enable higher level results to be documented.

\textsuperscript{10} Deterrents include fear of social stigma, further forms of GBV/violence against the survivor (including honour killings, forced marriage, domestic violence, etc.), lack of control on the case management approach such as disregard for survivor centred approaches, failure to ensure confidentiality by service providers, mandatory reporting, lack of a proper support system for survivors who need further protection from the perpetrator (shelters, programs including programmes for economic self-sufficiency, etc.), difficulties and discrimination in access to justice for survivors and inefficiency of the protection systems for survivors.

\textsuperscript{11} Which is common across the GBViE section, and is not restricted to UNICEF’s programme.

\textsuperscript{12} For example the USAID funded WASH and GBV project in South Sudan which includes funding for the development of a monitoring system by a consultant.
24. Despite leadership support throughout the response, the profile of GBV is lower than other sections of UNICEF programming because of (i) the comparatively lower investment of human resources (one GBViE specialist post); (ii) the withdrawal of UNICEF from co-leading the GBV coordination mechanism with the division of the CP and GBV sub-working groups (SWGs); and (iii) lack of earmarked funding (apart from the Hemayati project). Although adequate CP funding has been made available to fund planned GBViE interventions throughout the response, when the funding levels return to normal, without dedicated GBV funding, the risk is that funding levels will decrease dramatically for GBV.

25. Before the refugee crisis, GBV was not a JCO priority. The lack of a regular GBV programme means a significant lack of preparedness for GBV when major emergencies happen, so that GBViE programming has to be initiated as an emergency response rather than being able to scale up existing programmes and partnerships.

26. Ensuring a transition to longer term, sustained action on GBV, and that gains made during the crisis response are maintained and built upon will require engagement between the government and civil society to address the situation together, with dedicated funding to support ongoing programming.

RECOMMENDATIONS

Recommendation 1: Strengthen integration of GBViE across all UNICEF sectors in line with the 2015 IASC GBViE Guidelines recommendations with the objective of each sector proactively leading the process across all phases of their emergency response programme cycle.

a. Jordan is a priority country for the roll-out of the 2015 IASC GBViE Guidelines which are planned for 2016. Use this process to ensure that all UNICEF sections adopt at least one recommendation for each part of the programme cycle from the 2015 IASC GBViE Guidelines, with one indicator per section to be monitored regularly in the Results Assessment Module (RAM), and Chiefs of Sections responsible for ensuring these are systematically integrated across their programmes.

b. Identify and maximise existing entry points for each sector to strengthen GBViE risk mitigation, e.g. WASH vulnerability assessments/safety audits; youth entrepreneurship programme; strengthening GBV elements of violence against children in schools (Ma’an) campaign particularly in light of the MoE’s plans to expand the role of school counsellors to address high levels of violence in school; use of GBV related selection criteria for child cash grant social protection programme; integrating GBV issues (e.g., the relationship between GBV and HIV/AIDS) in the health response etc.

c. Expand the child cash grant programme criteria to include high risk/survivors of GBV. Selection criteria and the cash transfer monitoring tools should be revised. Support from the GBViE Specialist, New York, should be sought to revise the selection/vulnerability criteria, and with monitoring of the GBV related elements.

d. Each section should identify one GBViE focal point who will liaise with the GBViE Specialist and their section and take the lead responsibility for catalysing systematic integration of GBViE across their section.

Lead responsibility: Chief CP; GBViE Specialist; Chiefs of Sections; Deputy Representative
When: 2016 and ongoing

Recommendation 2: Strengthen dedicated capacity for GBV within the country and regional offices.

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13 This is common across UNICEF at HQ and in other countries as well as in Jordan.
14 Again, this is common across many UNICEF COs, and there is no dedicated staffing for non-crisis GBV at UNICEF HQ.
a. Increase the number of dedicated GBV staff to two officers (two P3 or one P3 and a senior national GBV specialist), with one staff member dedicated to supporting other sections to integrate GBV across their programmes in line with the recommendations in the 2015 IASC GBViE Guidelines, to the point where each section ‘owns’ the mainstreaming of GBV. The other staff-member would continue to focus on the GBViE specialised programme.

b. Establish a dedicated GBV position within Middle East and North Africa Regional Office (MENARO) to provide technical support for GBV through the crisis response and longer term in regular programming (see recommendation 6 below). This role would include ensuring that UNICEF is strongly represented in inter-agency GBV fora in MENA and can advocate strongly at the regional level with national actors from all MENA countries.

*Lead responsibility: Chief CP; Deputy Representative; Regional CP Advisor; Regional Deputy Director
When: 2016*

**Recommendation 3: Contextualise established UNICEF models** for transitioning from emergency to post-emergency GBV programming, with the aim of better, not just more, programming across different levels of the response.

a. Balance NGO and GoJ capacity development, and focus on professional areas of skills shortage, when striving to bring the GBV programme to scale. Emphasise expanding support to civil society women’s groups that can be empowered to create social change.

b. Support the NCFCA and Technical Committee to develop clear processes of transitioning to nationally led coordination mechanism for (S)GBV programming to ensure continuity once the UNHCR/UNFPA co-led coordination mechanisms cease.

c. Continue to provide GBV services for girls and women in safe spaces as a key target group.

d. Strategise on how to engage with more boys and young men in activities designed to challenge the social norms which underpin current levels of GBV, to raise their awareness on the negative impacts of GBV for their families, and how then can become champions for changed attitudes within their communities.

e. At the legal and policy level, continue and strengthen advocacy for revision and reform of existing legal and policy framework to bring it fully into alignment with international standards and good practice. Provide technical support to ensure practical implementation of existing and revised laws and policies in partnership with key national civil society organisations (e.g. Jordanian National Commission for Women) as well as GoJ partners. Continue and strengthen the focus on building survivor-centred knowledge, skills and attitudes of formal and informal justice sector actors including police, lawyers, judges, court staff and customary justice custodians as well as shari’a court officials.

f. In terms of targeted prevention, undertake social norms programming to tackle underlying foundations of the myriad forms of GBV that women and girls face; including ways to tackle the entrenched culture of silence in reporting and seeking services and care for refugees and host populations.

g. Strategise on how to enhance livelihoods programming in Makani centres and other programmes targeting women and adolescent girls within the constrained legal framework for refugees working. Develop a fund raising strategy to support livelihoods programming.

*Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative*

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15 The evaluation team are aware that the RO staffing is not at the behest of the CO. This recommendation has also been included in the final synthesis evaluation report for action by the ROs. (It is understood that since the evaluation mission, a GBViE Specialist position has been created and recruited in MENARO which is great.)

16 See UNICEF Eastern and Southern and Africa Regional Office (ESARO) Strategy for the Prevention of and Response to Gender-based Violence (GBV) in the Horn of Africa Crisis, section VII
Recommendation 4: Develop MENARO and JCO GBV Theories of Change which are aligned with the UNICEF GBV ToC and which set out clearly the rationale for different programme elements in the regional and Jordanian context.

a. Based on informed analysis, develop a region wide GBV ToC to guide programming across MENARO and ensure that interventions target regional priorities and are contextually relevant and effective.
b. Undertake a study/strategy development review to establish the most effective programme approaches to prevention/reduction of GBV in the Jordanian/MENA context.
c. Identify the barriers to building capacities for GBV in the Jordanian setting (for refugees and Jordanians) and how civil society and the GoJ will address these.
d. Based on the results of the studies above and monitoring data demonstrating which interventions are most effective in this context, develop a detailed ToC identifying what interventions the JCO will prioritise in terms of service provision, prevention and systems building for sustained GBV prevention and response.
e. Ensure that Regional Advisors, JCO Section Chiefs and the CPS GBViE Specialist (New York) are involved in the development of both ToCs so that all ToCs are aligned as appropriate, and have buy in at senior level.

Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative; Regional CP Advisor/GBV Advisor; Regional Deputy Director with assistance from the GBViE Specialist, Child Protection Section, New York

When: 2016

Recommendation 5: Strengthen the evidence base to demonstrate delivery of quality programmes; programme effectiveness; support advocacy and to collate and share good programme practice regionally and globally.

a. Using existing and new data collection systems, ensure that appropriate data is collected (through a variety of methods) and can be analysed systematically to report on the quality of service provision (in line with the recommendations of the Resource Pack and in the opinion of the respective communities) and programmes delivered; increased perception and reality of safety of girls and women; reduced incidence of early marriage; etc. to strengthen reporting to donors, local and national stakeholders, and to support effective GBV related advocacy within and outside UNICEF. This may involve developing new tools to gather data, drawing – where relevant – on existing tools like the post-distribution monitoring tool developed as part of the unconditional cash transfer programme.
b. Report on GBV programme elements separately from CP as far as possible (ie unless the programmes are totally integrated).
c. Work with UNFPA and UNHCR to advocate for/support compatibility of the National Tracking System with CPIMS and GBVIMS and adheres to the same principles.
d. Ensure that JCO is involved in the MENARO study on Early Marriage being conducted during 2016 for the region, and can disseminate the good practices and experience learned through the study for use in JCO programming.
e. Dedicate resources to capturing good and innovative GBV programme practices as a routine part of GBV programming, including lessons on risk mitigation and empowerment as a result of the child cash grant programme expanded to include GBV survivors and those at risk. Use learning to facilitate cross-border knowledge exchange among IPs and INGOs.
f. Proactively seek opportunities to share learning and knowledge on GBV programme within MENARO and at HQ and at workshops and learning events outside UNICEF.
g. Research the most effective ways of influencing social attitudes on GBV to inform the planned large scale campaign on GBV to ensure that it is based on evidence of what has worked elsewhere, and achieves maximum effect.

*Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative; Chief Planning, Monitoring and Evaluation*

*When: 2016 and ongoing*

**Recommendation 6:** Maintain GBV as a JCO regular programming priority based on the achievements of the emergency programme. Include preparedness for future emergencies within the regular programme in recognition that many forms of GBV are highly likely to increase in incidence as a result of crises.

a. Building on existing achievements through mentoring of LNGOs by INGOs, develop an exit strategy that ensures effective case load transfer to LNGOs. For the GoJ, include commitments on GoJ national funding and professionalization of programming to prevent and respond to GBV in the long term.

b. Building on the gains made during the crisis response, prioritise GBV response and prevention within country programme documents for Jordan as part of the regular programme, with dedicated financial and human resources.

*Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative*

*When: 2016 for exit strategy and during preparation for next Country Programme Document*
1 INTRODUCTION

1.1 UNICEF’s Approach to GBViE

UNICEF defines Gender-based Violence (GBV) as ‘an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.’\(^{17}\) This definition draws on UNICEF’s core mission to protect the health and well-being of children and women and its mandate to support states and other duty bearers, civil society and communities to prevent all forms of violence against children and women in emergencies, including GBV, and to ensure availability of appropriate systems and services for children and women survivors.

UNICEF is committed to providing comprehensive and coordinated programming across sectors to address the rights and needs of girls and women at risk of GBV holistically, leveraging UNICEF’s leadership and programming across humanitarian response, especially in Child Protection, Education, Health, HIV/AIDS, Nutrition, and WASH sectors. In addition to a programme response, UNICEF is global co-lead of the GBV Area of Responsibility (AoR), part of the Global Protection Cluster, with associated responsibilities for coordination and as a provider of last resort.

The Theory of Change (ToC) for UNICEF GBViE programming (see below) has been developed by the evaluation team and the Child Protection Section (CPS) GBViE Specialist, based on the Resource Pack and other UNICEF GBViE guidance and strategies. The ToC was used to inform the evaluation approach and tools and has been discussed during country evaluations with CO colleagues.

1.2 Impact of Armed Conflict and Natural Disasters on GBV

GBV occurs in all societies in the world. However, conflict situations and disasters typically intensify many forms of GBV with which children and women live, even in times of peace and stability. Tensions at household level can increase intimate partner violence (IPV) and other forms of domestic violence (DV) specifically aimed at females and affecting all children. The pervasive impunity which characterizes conflict settings can exacerbate sexual violence, including its use as a weapon of war. Poverty, displacement and increased dependency resulting from crises may increase the risk, for women and girls, of being forced or coerced to engage in sex in return for safe passage, food, shelter or other resources.\(^{18}\) Insufficient security in camps and informal settlements increases the risk of sexual and physical assault, as well as trafficking.

The consequences of exposure to violence are as extensive as the scope of violence itself, in terms of the myriad acute and chronic health problems that accompany many types of GBV, and because victimization can increase risk of future ill-health for survivors. In humanitarian settings, where community support systems and formal health and psychosocial services are often severely compromised, the results can be even more profound than in peacetime.

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\(^{17}\) UNICEF uses the definition included in the 2015 IASC GBV Guidelines as quoted in the UNICEF Strategy for Addressing GBViE, May 2014. UNICEF programmes to address GBViE generally focus on the rights and needs of women and girls given their high vulnerability to violence rooted in systemic gender-based inequality in all societies and the importance of developing targeted programming to address violence against them. While prioritizing the protection of women and girls within UNICEF’s GBViE programmes, UNICEF’s CP programmes may target specific protection-related rights and needs of boy survivors and those at risk, promoting their access to care and support.

PROBLEM: GBV is exacerbated in an emergency environment (women and girls are more vulnerable to GBV in an emergency)

DRIVERS: Conflict drives violence against women and girls, social systems break down, existing power imbalances increase vulnerability and lack of information for women and girls, adequate care and support is limited

SUPER IMPACT: Women and girls are able to access their rights and live with equal value and dignity to men

IMPACT: Improve the safety and wellbeing of women and girls in emergencies

OUTCOMES

THE LIKELIHOOD OF GBV OCCURRING IS REDUCED

Ongoing response and recovery: Sector programmes mitigate risk and build resilience to GBV; women and girls are meaningfully engaged in humanitarian programming; violations of IHL are identified and actions taken to address them.

Immediate: Humanitarian actors recognize the urgency of addressing GBV; GBV risks, vulnerabilities and threats are identified and action taken to address them; resources and services are available taken to meet women and girls’ specific safety, dignity and protection needs.

SURVIVORS BENEFIT FROM APPROPRIATE CARE

Ongoing response and recovery: Women and girls are safely accessing appropriate and coordinated response services; referral systems in place for all GBV survivors; coverage and quality of services strengthened; actions taken to improve access to services

Immediate: Life-saving services are put in place (health, psychological, safety) and communities are informed about them.

CONDITIONS THAT FOSTER GBV ARE TRANSFORMED

Ongoing response and recovery that starts through the... Laws and policies that promote women and girls’ rights are implemented; relevant social norms that promote equality, safety and dignity begin to take hold; communities are taking action to prevent violence against women and girls; women are empowered

BARRIERS

- Lack of traditional keynes
- Questioning the need for financial assistance
- Lack of technical expertise

STRATEGIC INTERVENTIONS

MITIGATE RISKS

- Advocate for prioritisation of GBV
- Implement and monitor essential actions outlined in the IASC GBV Guidelines across clusters/sectors

BUILD RESILIENCE

- Community safety assessments
- Distribute dignity kits
- Establish safe spaces
- Integrate GBV into DRR efforts

PROVIDE QUALITY SERVICES TO SURVIVORS

- Make health, psychological and safety services available
- Identify and addressing barriers to accessing services
- Strengthen quality of available services
- Publicize information about availability and benefits of services
- Establish and strengthening referral systems, including for victims of PSEA

LAY THE FOUNDATION FOR LONG-TERM CHANGE

- Economic and social empowerment interventions for women and girls
- Programming to shift harmful social norms
- Support legal and policy reform and build capacity of government to implement and enforce them

This facilitates strategic interventions in the following areas

UNICEF ACTIONS

- Leverage resources and supplies (procuring PEP kits, dignity kits, donor support)
- Promote accountability for PSEA
- Develop capacity
- Provide TA across sectors and clusters
- Promote GBV Guidelines and uphold standards across all sectors
- Facilitate knowledge generation and exchange
- Coordinate humanitarian actors (at national and sub-national level)
- Advocate across humanitarian system (to ensure prioritization of and action around GBV prevention and response)

UNCCD ACTIONS

- Take on responsibilities when government cannot
- Advocate for and monitor compliance with international laws and norms
- Advocacy and technical support for enactment and enforcement of appropriate laws, policies, and protocols
- Leverage connections
- Fund services and programmes
- Develop capacity

UNFPA ACTIONS

- Promote accountability for PSEA
- Fund programmes/partners
- Develop capacity
- Providing TA to enhance programme quality
- Promote GBV Guidelines and uphold standards across all sectors
- Facilitate knowledge and learning exchange

FPI ACTIONS

- Support UNFPA/GIL, SOCIETY to address GBV

Strengthen HUMANITARIAN ACTION on GBV

Support the STATE and other duty-holders to uphold responsibilities to address GBV

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The extent and impact of GBV not only affects survivors, it also limits the ability of entire societies to heal from conflict. Violence may affect child survival and development, raising infant mortality rates, lowering birth weights and affecting school participation. GBV can limit women’s access to reproductive health services including family planning, leading to unwanted pregnancies and unsafe abortions, and increasing women’s risk of HIV infection. At the same time that GBV increases costs to public health and social welfare systems, it decreases women and children’s abilities to participate in social and economic recovery.

While the primary responsibility to ensure people are protected from violence rests with the State, humanitarian actors play an important role in supporting measures to prevent and respond to GBV. According to the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, 2015, (‘2015 IASC GBV Guidelines’) “All humanitarian actors must be aware of the risk of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation” (p 14). This responsibility is supported by a framework that encompasses international and national law, UN Security Council Resolutions, Humanitarian Principles and Humanitarian Standards and Guidelines.

1.3 Background to the GBViE Evaluation
In the past decade, UNICEF has been at the forefront of efforts to prevent and respond to GBV in emergencies, both globally and at country level. UNICEF HQ is committed to supporting Regional and Country Offices (ROs/COs) to continue to deliver on UNICEF’s mandate to protect girls and women from GBV, and ensure the well-being of all children, through consistent and effective GBV prevention and response in emergencies. The Child Protection in Emergencies Team (CPiE), is currently developing a range of resources for COs to use for designing, monitoring and evaluating stand-alone GBV programmes and improved integration of GBV prevention and response across all sectors of UNICEF’s humanitarian response, in line with the Core Commitment’s for Children (CCCs) and other humanitarian standards. This includes the development of the new UNICEF GBViE Programme Resource Pack (‘Resource Pack’).

To facilitate continuous learning and improvement within UNICEF’s ongoing GBV response in emergency-affected countries and to inform the development of the Resource Pack, the CPiE Team of the CPS, in collaboration with ROs and COs, is undertaking this multi-country evaluation of UNICEF’s GBViE programming. The evaluation is being conducted between November 2015 and August 2016.

2 EVALUATION SCOPE AND METHODOLOGY
2.1 Purpose and Objectives
The overall purpose of the multi-country GBViE evaluation is to strengthen UNICEF’s current and future GBViE programming based on real time learning.

The objectives are to:
1. Assess GBViE programming in UNICEF country programmes using standard criteria for evaluating humanitarian action to generate learning that informs future UNICEF GBViE programming.
3. Develop a real-time GBViE programming evaluation methodology that can be used by UNICEF and other GBViE actors.
4. Develop recommendations to help UNICEF operationalise its organizational commitments to GBViE at HQ, regional and country levels.

During the country missions, the evaluation team focused primarily on objective 1 (above), but has also addressed objective 2, especially through the short case studies and the longer comparative
Intervention Specific component of the evaluation. Objective 3 was addressed through the inception phase when the evaluation tools were developed, and was also a particular focus of the first two missions (to Pakistan and Lebanon), after which some of the evaluation tools were revised. But through each of the country missions the team has been aware of minor revisions which were required in the evaluation tools in the light of the particular context. The final version of the tools is included in the final synthesis evaluation report as well as in the Resource Pack. Objective 4 has been addressed in the country reports with recommendations developed for the specific countries visited. The recommendations in the final evaluation report focus on agency-wide and some regional level recommendations.

This evaluation assesses UNICEF’s programming response to GBV in seven current emergencies against standard criteria for evaluating humanitarian action, namely: relevance, effectiveness, connectedness/sustainability, coordination, coverage and efficiency. Evaluation questions to be addressed under each of these criteria are included in Annex 1.

For this RTE, guidance on good programming practice from two documents is being used as the benchmarks on which UNICEF GBViE programmes should be modelled, representing current thinking on best practice for GBViE programming for specialised and integrated programming respectively:

(i) The GBViE Programme Resource Pack (the ‘Resource Pack’), currently being developed by the CPS, provides detailed guidance for conducting assessments and designing and implementing specialised GBViE programmes relevant to UNICEF’s operations. The Resource Pack (due to be finalized in 2016) includes information and resources for implementing a minimum package of essential services for GBV protection and response in the aftermath of an emergency or population displacement. It also contains guidance for expanded programming to strengthen structures, systems and services and institutionalize prevention, protection and response to GBV during ongoing response and throughout recovery. It should be noted that the Jordan CO (JCO) did comment on the draft Resource Pack at different stages of its development.


2.2 Evaluation Focus and Scope
The evaluation includes data gathering at global, regional and country levels.

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17 This component will provide a comparative study across several of the evaluation mission countries, in more depth than the short case studies, of three types of intervention: child marriage, safe spaces and capacity strengthening activities and strategies which will inform the Resource Pack and provide examples of good practice for these GBV interventions.

20 To clarify programming terms being used in the evaluation as well as the nature of GBViE programmes to be evaluated:

‘GBV specific programmes’ are understood to be:

- Multi-sectoral response and referral services for survivors focusing on health care; security (including safe spaces) and psychosocial support (including within schools);
- Dignity kits (distributed by Child Protection (CP) and Water, Sanitation and Hygiene (WASH) teams or just CP teams), economic strengthening for adolescent girls, community based protection activities;
- Prevention programming including work on social norms, economic and social empowerment of women and girls, legal and policy reforms.

‘Integrated’ programming refers to the mainstreaming of GBV prevention and risk mitigation approaches/activities across other sectors.
The core of the evaluation is seven real time evaluations (RTEs) which are being conducted in Pakistan, Lebanon, Jordan, South Sudan, Somalia, Nepal and Central African Republic, with missions lasting one to two weeks each and one brief country assessment conducted remotely for the Democratic Republic of Congo.21

The primary focus of the evaluation is on learning:

- To promote learning in each of the RTE COs on how existing programmes can be enhanced in the light of good and emergent practice as captured in the 2015 IASC GBV Guidelines and in the Resource Pack; and
- To promote learning at HQ and ROs through the CO reports and the final evaluation, as well as short case studies of good practice and a detailed comparative review of three GBViE specific interventions across three to four of the mission countries which will inform the development of the GBViE Resource Pack.

To provide an overall picture of UNICEF’s GBViE programming, a mapping exercise will be conducted by electronic survey of 39 UNICEF COs which are reporting against corporate targeted priorities within the Gender Action Plan (GAP).

Implementing Partners
Any evaluation of UNICEF programming means, de facto, an evaluation of the programming of their implementing partners (IPs). The country missions will clarify UNICEF’s role vis-à-vis their IPs and how these roles may differ in different contexts and in different types of emergencies. This will include clarification of the nature of support UNICEF staff are offering their partners, (national and international); and how UNICEF staff are overseeing partnerships and ensuring programme quality.

GBV Sub-clusters
The evaluation will not include an assessment of the global GBV Area of Responsibility (AoR), or of country level GBV sub-clusters (or other GBV coordination mechanisms) per se, as it is focused on the GBV programming function of UNICEF.22 It will, however, consider the extent/nature of UNICEF’s programming contribution in realizing sub-cluster strategy/plans for addressing identified gaps/priorities, and will address how the agency has added value to the whole GBV response (including leadership and advocacy activities) within the CO and across the response as a whole.

GBV and Sexual Exploitation and Abuse (SEA)
The evaluation ToR doesn’t specifically include SEA within the scope of this evaluation. However, in the light of the recent report on the UN response to allegations of SEA in CAR23, several donor interviewees have indicated that UNICEF, in common with all UN agencies, needs to have clear policies and guidelines in place to implement the UN Secretary-General’s October 2003 bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse.24 The evaluation scope therefore includes questions on the existence of protection from SEA (PSEA) policies and action plans, and familiarity with them by CO staff, and whether alleged victims of SEA are referred to GBV services for

21 The length of each mission is dependent on the extent of the GBV programme and access to programme areas. The mission in Somalia was longer than the others, being 15 working days.
22 An evaluation of the coordination function was not included in the ToR. Additionally, UNICEF, via the Cluster Management Unit of UNICEF EMOPS, and UNFPA HQ undertook a Review of the GBV AoR leadership function in early 2016.
24 ST/SG/2003/13, 9 October 2003
care and support services.\textsuperscript{25,26}

**Audience**
The primary audience for the overall evaluation findings and collated good practice is the CPS, (who commissioned the evaluation and will use the findings to inform future priorities as well as the GBViE Resource Pack). Findings for the overall report will also be used by GBV specialists, CP specialists and Gender Advisors in Regional and Country Offices who are implementing, managing and providing support to GBV programmes. The secondary audience includes other sectors and UNICEF senior management at headquarters (HQ), Regional Offices (RO) and COs. The primary audience for this country report is the CO.

Given the paucity of evaluations on GBViE programming, it is hoped that the final evaluation report will also be of interest and use to non-UNICEF actors implementing and/or resourcing GBViE programmes.

**2.3 Methodology**
The evaluation is based on collection and analysis of primary\textsuperscript{27} and secondary data. Data collection includes document review (at global level and for each mission country); key informant interviews (KIIs) with stakeholders at global, regional and country levels; focus group discussions (FGDs) with programme beneficiaries in country; and field observation by the evaluation team. As a learning tool for country office personnel, staff are being asked to assess their programming against good practice checklists based on the 2015 IASC GBV Guidelines and the Resource Pack that were distributed prior to and during the field trips. National consultants were recruited to support the evaluations in each country to ensure that approaches and tools used were culturally sensitive and appropriate, and to support the team with language translation.

The evaluation team are visiting a selection of projects in each mission country to make field observations, interview IP staff and conduct FGDs with different groups of beneficiaries. Criteria have been developed for the selection of projects to be visited, but, in practice, final decisions have been taken by the CO evaluation focal point and CP Chief in advance of the evaluation team mission in light of accessibility, willingness of IPs to host visits and arrange FGDs, those projects with the most learning potential, and safety of beneficiaries, in-country staff and partners, and the evaluation team.

Tools developed by the evaluation team guide country mission preparation and data collection and analysis. These tools were reviewed the Evaluation Management and Reference Groups and were tested and refined during the first two missions. The final versions of the evaluation tools will be included in the Resource Pack to support future GBViE evaluations.

\textsuperscript{25} UNICEF and all other protection actors are obliged to mainstream prevention of GBV within all programmes. Along with mainstreaming GBV prevention, UNICEF also delivers targeted programming where possible to address identified risk factors for GBV. All of these efforts will contribute to protection against SEA.

\textsuperscript{26} SEA committed by UN/UNICEF staff or related personnel against any persons of concern is based on abuse of power and—in the case of women and girls, who are the primary victims of SEA—gender inequality and gender discrimination. The SG’s Bulletin requires that all humanitarian personnel ensure action is taken to prevent SEA in their areas of operation, and report it when they observe any risks or abusive behaviour. PSEA should link with GBV programming to ensure survivors’ rights are respected and to improve victim assistance and the development of community-based complaints mechanisms. SEA agency focal points should link with GBV actors to develop referral systems that support survivor-centred care. While CP and GBV staff in UNICEF country programmes should know and promote the key principles and standards of conduct outlined in the Secretary-General’s Bulletin, the accountability for PSEA lies with senior management (Country Representatives) and human resources (Heads of Human Resource Departments). The 2015 IASC GBV Guidelines fully support the mandate of the SG’s Bulletin and provide several recommendations within each sector guidance chapter on programming that mitigates SEA, including incorporating PSEA strategies into agency policies and community outreach.

\textsuperscript{27} Including both self-reported data by mission CO staff and data gathered by the evaluation team.
In line with RTE methodology, a workshop was held at the end of each country mission to share and validate the initial findings and reflect, with CO colleagues, about how the findings can be used to enhance GVBiE programming in that setting.

A country mission report, based on the workshop presentation and discussion has been drafted for each country visited by the evaluation team, and reviewed by the relevant COs and the Evaluation Management Group. The findings section of the country mission reports addresses the evaluation questions relating to each of the evaluation criteria. The country reports have informed the final, overall evaluation report.

2.4 Evaluation Management
The evaluation was commissioned by the Child Protection Section of UNICEF Programme Division, which also selected the case study countries and has closely overseen the process throughout.

A five-person UNICEF EMG was formed with responsibility for ‘daily management of the evaluation’ including supervision of the evaluation team, review of all products (Inception Report, tools, workplan, country and final reports), coordinate with the Evaluation Reference Group (ERG) and to disseminate the final evaluation findings.

The Evaluation Reference Group (ERG) was composed of internal and external experts who provided quality oversight to the evaluation. Responsibilities included reviewing and commenting on the Inception Report, two early country reports and the draft final report, and sharing the final report with partners and networks. The ERG included the following individuals: Mary Ellsberg, Director, Global Women’s Institute at George Washington University; Mazeda Hossain, Social Epidemiologist, London School of Hygiene and Tropical Medicine; Jina Krause-Vilman, Senior Area Practice Lead, Refugees, Gender and Livelihoods, Near East Foundation; Diana Jimena Arango, Senior GBV and Development Specialist, World Bank; Verena Phipps, Social Development Specialist, World Bank; Maha Muna, Regional Gender Advisor, UNICEF CEE-CIS; Michael Copland, Regional Child Protection Advisor, UNICEF ESARO; Laurent Chapuis, Regional Child Protection Advisor, UNICEF MENARO; and Kate Alley, Emergency Specialist: Assessment, Planning, Monitoring and Evaluation, Humanitarian Policy Section, UNICEF EMOPS.

28 EMG Terms of Reference
3 JORDAN MISSION OVERVIEW

3.1 Mission Overview
The country mission to Jordan was conducted between 28th February and 3rd March by two consultants from the evaluation team supported by two national consultants. The final workshop was attended by nine UNICEF staff members, the national consultants and the evaluation team.

3.1.1 Data Collection
A country document review was compiled by the evaluation team before the mission, to provide background on the Jordanian and Jordan Country Office (CO) contexts as well as the emergency response and the current GBViE programme. During the mission and the writing of this country report, additional documentation was provided by the CO and clarification was sought from the CO on a number of issues. Data was collected in line with the methods for each of the RTEs outlined above (section 2.3).

A total of 46 interviews (61% female, 39% male) were conducted with UNICEF staff and partners in government, UN agencies, INGOs, civil society organisations (CSOs)/Implementing Partners (IPs) and with one donor representative. Following the mission, an additional telephone interview was conducted with the GBViE Specialist, who worked with JCO between January 2014 – December 2015. Four focus group discussions (FGDs) were conducted in Za’atari Camp with four groups of adolescent girls including one group who were all married before they were 18. Self-assessments on integrated programming were received from the CP, Education, Health, Nutrition, and WASH sections as well as on GBV-specific programming from CP Section.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF staff</td>
<td>14</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Government</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>UN Agencies</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>INGO</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>CSO</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Donor</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total KII</strong></td>
<td><strong>28</strong></td>
<td><strong>18</strong></td>
<td><strong>46</strong></td>
</tr>
<tr>
<td>FGD – adolescent female (15-24)*</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td><strong>Total FGD and KII</strong></td>
<td><strong>66</strong></td>
<td><strong>18</strong></td>
<td><strong>84</strong></td>
</tr>
</tbody>
</table>

* The team estimate that 8 of these girls could have been under 15 years old (12 – 14)

Data from all these sources has informed the findings, conclusions and recommendations of this report.

3.1.2 Limitations
Limitations of this mission included: (1) Cancellation of field trip on day 2 because of security concerns, limiting field visits to one refugee camp; (2) Participants in all four FGDs were adolescent girls reflecting that the projects visited by the team were those focused on adolescent girls and children.

29 Six members of the CP team including the Chief CP, Chief Education, Social Protection staff member and a member of the WASH team.
30 See Annex 4 for bibliography
31 Of these 7 girls, 5 of them were married in the Za’atari refugee camp and 2 before they left Syria. The selection of participants for FGDs was made by the IPs, in conversation with the JCO. During preparations for the commissions, the evaluation team discussed FGD as well as other mission arrangements and indicated that a range of participants was what we were aiming to engage with. However, in Jordan, this was not what was arranged.
32 The FGD were arranged by the IPs leading the projects visited.
3.2 Country Overview

3.2.1 Country Context

The Hashemite Kingdom of Jordan is a constitutional monarchy with a parliamentary system consisting of an elected lower house and an upper House of Senate, the membership of which is appointed by the King. Jordan is a Middle Income Country (MIC) and had impressive economic indicators in the first decade of the 21st century. However, hosting large numbers of refugees has heavily impacted Jordan’s fiscal position, eroding development gains, increasing government expenditure on utilities, and further inflating the budget deficit. Trade has been severely disrupted, and demand for housing and other basics has contributed to rising inflation.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has registered 2,117,361 Palestinian refugees in Jordan, including 13,836 Palestinian refugees from Syria who have sought support from United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The United Nations Refugee Agency (UNHCR) had registered 633,644 Syrian refugees as of 25 November 2015, in addition to the 750,000 Syrians who were living in Jordan before the crisis; a total of around 1.4 million. 55,162 Iraqis, 3,055 Sudanese and 4,071 Yemeni refugees are also registered with UNHCR in Jordan. In all, UNHCR has registered refugees from over 40 nationalities, but over 90% of refugees registered with UNHCR are from Syria. Refugee numbers entering Jordan decreased considerably during 2015 compared with past years as a result of the government’s border policy.

There are three main refugee camps: Azraq, Emirati Jordanian Camp and Za’atari, with populations of approximately 34,000, 6,000, and 80,000, respectively; a total camp population of around 120,000. 83% Syrian refugees are living in non-camp settings in urban and rural areas.

Five years into the crisis, many refugees’ savings are exhausted and their levels of debt are increasing. Non-Jordanians are not allowed to work without a valid work permit, and they compete with the poorest Jordanians for low-paid casual work in the informal employment sector. The inter-agency Vulnerability Assessment Framework (VAF) Baseline Survey found that, in the first half of 2015, 86% of refugees were living below the Jordanian poverty line of JOD68 per capita per month. According to the VAF, 80% of refugees report engaging in ‘crisis or emergency’ negative coping strategies (including

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33 An average of more than 6% growth in GDP between 2000-2009 and 5% in 2010. (Jordan Response Plan for the Syrian Crisis 2015)
34 The main trans-regional route to European markets was through Syria. Trade with Iraq (20% of total exports in 2013) has fallen by around 90% since armed groups seized the main Iraqi border crossing in June 2014. (Jordan Response Plan for the Syrian Crisis, JRP 2015)
35 JRP
36 As of December 1st, 2015 (http://reliefweb.int/sites/reliefweb.int/files/resources/Jordan%20Fact%20Sheet%20May%202016_0.pdf)
37 As of April 2014 (CO comments)
38 23.5% are women, 20.7% are men, 27% are boys and 25.5% are girls. This is equivalent to almost 10% of the population of Jordan (GoJ Department of Statistics: http://www.dos.gov.jo/dos_home_e/main/index.htm). As of May 2016, the total number of Syrian refugees registered with UHHCR in Jordan is 646,329 but there is no breakdown by sex/age of this total. (www.reliefweb.int)
39 JRP
40 http://reliefweb.int/sites/reliefweb.int/files/resources/Jordan%20Fact%20Sheet%20May%202016_0.pdf
41 UNHCR also identified King Abdallah Park and Cyber City, and informal tented settlements as sites for encamped refugees.
42 As of September 2015, there were 519,228 registered refugees living outside camps, with the highest concentrations in northern and central Jordan: Amman (28%), Irbid (22.7%), Mafrak (12.2%), and Zarqa (8%). This percentage breakdown had not changed significantly between 2013 and 2015 (Jordan Response Plan for the Syria Crisis 2016-2018)
43 Which accounts for approximately 44% of employment in Jordan. (Jordanian Response Plan to the Syrian Crisis, 2015)
Reducing food intake, taking children out of school, early marriage, child-labour and exploitative sex. Limited livelihood opportunities for refugees have raised risks of sexual exploitation.

Jordan has a strong civil society, with many NGOs working on women’s equality. Despite this, many challenges exist in achieving women’s empowerment and gender equity because of economic pressures and socio-cultural barriers, including conservative patriarchal structures and gender stereotypes. Jordan has a social protection system including social assistance and social insurance. However, Jordanian women face higher levels of unemployment and lower wages than men, and are less protected by Social Security.

3.2.2 GBV Context

Jordan adopted legislation to protect victims of domestic violence (DV) in 2008 in the Family Protection Law, giving victims, for the first time, access to protection orders, direct compensation, confidential proceedings and procedures to detain alleged abusers. The Family Protection Department (FPD) of the Ministry of Interior (MoI) was established to implement the reform, providing access to multiple services, including complaints/investigation, medical care and social counseling.

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46 Violence Against Women: Assessing the Situation in Jordan, Nada Darwazeh, 2008? (no date)
47 Cash transfers, in-kind transfers for education, housing and health support, labour support market programmes, social care services, services for those at risk or surviving violence and general subsidies.
48 Work related social insurance including pensions and health insurance.
49 GoJ Dept of Statistics, Population and Health Survey Jordan, 2012
50 Social Protection Review, 2011, UNICEF and & Hashemite Kingdom of Jordan
51 The Family Protection Law deals with all DV and sexual violence within families.
52 Gender-based Violence and Child Protection among Syrian refugees in Jordan, with a focus on Early Marriage, UN Women, 2013
Sexual violence outside the family is dealt with under the penal code rather than the Family Protection Law, but is dealt with by the FPD. Two Ministry of Social Development (MoSD) run shelters have been opened since 2013; one supported by UNHCR in Amman and the other supported by UNICEF in Irbid. Survivors of rape can face abusive legislative reparations. In Jordan abortion is illegal, with the exception of therapeutic abortion, so survivors of sexual violence do not have the right to access abortion services. Mandatory reporting requirements by health service providers on sexual violence are a major deterrent to survivors accessing medical care, and mitigate against promotion of access to confidential services, which is in line with established good practice.

Given this legislative and policy framework, and despite the 2008 DV law, and the championing of the need to address DV by Her Majesty Queen Rania Al Abdullah, attitudes and behaviors that condone and/or support violence against women and girls in Jordanian society and inhibit survivors’ access to care are still widespread. Pre-crisis, and despite the comparatively large number of CSOs addressing women’s issues, few CSOs provided case management for GBV. Even now with the progress made since 2013 in service provision, a small percentage of Jordanian women seek help from medical providers, police, lawyers or social service organizations for GBV.

Post declaration of the L3 emergency, the 2013 inter-agency assessment of GBV and CP among Syrian refugees in Jordan, found that GBV remains a private and sensitive issue that is largely addressed within the home, and that that sexual violence is significantly under-reported owing to stigma and fear of retaliation by family and community members. At the time of the 2013 assessment, specialized, confidential, and supportive services currently available to Syrian women and children survivors of GBV were not sufficient and, even when available, 83% of those surveyed didn’t know about GBV services available for survivors in their community. Refugee women were more likely to report any form of violence to other family members, than to service providers or the police. Many felt more comfortable reaching out to a religious official to resolve such matters discretely. However, in by early 2016 the situation has improved with 10 INGOs/local NGOs providing GBV prevention and response services in the three main refugee camps, and 20 international and national organisations providing a range of GBV prevention and response programming and services in all the governorates for host and refugee communities.

53 No survivors have been turned away by MoSD the for lack of space in shelters since these two were opened. (JCO comments)
54 Until April 2016, Article 308 of the Penal Code determined marriage with the perpetrator as one a form of reparation for women survivors of rape, which negatively affected survivors’ access to legal remedies and constituted an abuse in itself. Article 308 was amended in April 2016, but additional advocacy is still required to align it with international law. The DV law has been tabled for discussion in the next session of Parliament. See further discussion in section 3.3.1.
55 According to the GoJ Population and Family Health Survey, 2012 which collected data on social norms, roughly 70% of Jordanian women thought that there were circumstances that justified a husband beating his wife. Over one-third (34%) of Jordanian women reported that they had experienced some form of physical violence since the age of 15; one in three Jordanian women had experienced some form of emotional, physical, and/or sexual violence from their spouse, and almost 1 in 10 had experienced sexual violence at least once in their lifetime. 47% of the women reporting violence did not seek any type of help, with less than 5% reporting sexual violence.
56 KII, INGO IP
57 Inter-agency assessment: Gender-based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage, UN Women, 2013
58 Women and girls, but also boys and men who have suffered sexual violence, face significant obstacles in seeking support owing to a widespread culture of shame.
According to Gender-Based Violence Information Management System (GBVIMS) data covering the period from 1 January to 30 June 2015, most survivors reporting violence and receiving specialized services were women and girls (92%), but men and boys also reported and received services (8%). 52% of survivors receiving services were children (the majority 12-17 years old) and 48% adults. The data indicated that DV is the main type of GBV for which survivors receive support. 49.5% of survivors were subjected to physical assault and psychological abuse, 36% to forced marriage, 8.2% to denial of resources and 6.3% to sexual violence.

In addition to acts of violence, verbal harassment is reportedly common, with a result that a high number of female refugees are not allowed to leave their shelters unaccompanied, and 41% of women and girls report never leaving their shelter, constraining participation in social and informal economic activities as well as access to basic services. These constraints on movement were confirmed by FGD participants, who said that, to their great frustration, parents and mothers-in-law greatly restricted their movements outside the household. Some girls said they thought they would have more freedom if they were married, only to find that this was not the case.

Early marriage, particularly among Syrian refugees, is recognised as a prevalent form of GBV, which has been exacerbated by the crisis. A comprehensive assessment of early marriage conducted by the JCO found that, in 2012, 13% of all registered marriages for Jordanians and 18% for Syrians in Jordan were early marriages. Numbers rose sharply among Syrian refugees in 2013 and the first quarter of 2014, with early marriage as a percentage of all registered marriages for Syrians increasing from 25% in 2013 to 31.7% in the first quarter of 2014. The assessment concluded that the crisis had exacerbated existing pressures believed to encourage early marriage, and had increased the danger that girls married early may end up in abusive or exploitative situations. The GBVIMS data shows that married children reported other types of GBV including domestic and sexual violence. During the first half of 2015, 3.1% of them reported physical assault as the most commonly experienced form of GBV, and 2.2% reported psychosocial/emotional abuse.

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59 The online GBVIMS was created in Jordan by UNHCR in June 2013. UNHCR and UNFPA co-chair the GBVIMS task force with UNICEF providing technical support. GBVIMS data is being gathered in the governorates of Amman, Mafraq (including Za’atari camp), Irbid (including Cyber City and King Abdullah Park) and in Emirates Jordanian Camp and Azraq camp. (Strategy for the Prevention and Response to SGBV, SGBV Sub-Working Group Jordan, 2015-2017)

60 GBVIMS data is only from reported cases, and is in no way representative of the total incidence or prevalence of GBV in Jordan. This consolidated statistical report is generated exclusively by GBV service providers who use the GBVIMS for data collection in the implementation of GBV response activities in a limited number of locations across Jordan that target the population affected by the Syria crisis and with the consent of survivors. The statistics don’t distinguish between refugees and host communities.

61 22.3% psychological/emotional and 27.2% physical assault

62 2.4% rape & 3.9% sexual assault

63 Inter-Agency Assessment of Gender-based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on Early Marriage, UN Women 2013

64 One husband promised his wife a mobile phone before marriage which didn’t materialise once they were married (FGD participant, Za’atari camp)

65 Before the age of 15. Children aged below 15 cannot be legally married in Jordan and the marriage of a child aged 15-17 is possible in exceptional circumstances, and only with special approval from a Shari’a court judge.

66 An Assessment of Early Marriage in Jordan, 2014, UNICEF. The data assessed covered Jordanians and Palestinians and Syrians living in Jordan. Nearly all the data used was from Shari’a courts, so figures do not include unregistered marriages or those of couples not married in Shari’a courts.


68 Of all Syrian girls who married between the ages of 15 and 17, 16.2% married men who were 15 or more years older than them, compared with 6.3% for Palestinian girls and 7.0% of Jordanian girls who married early. Reasons for early marriage included economic hardship for the girl’s family, protection for the girl, and maintenance of cultural tradition.

69 GBV and CP among Syrian refugees in Jordan, with a focus on Early Marriage, UN Women, 2013.
FGD participants mentioned physical violence from husbands and brothers. These girls were also concerned about verbal harassment from outsiders although none had experienced physical attack from someone outside the family. UN Women report that violence against women and girls (VAWG) is increasing in camp settings, despite interventions by UN and INGO partners.

3.2.3 General and GBV-specific Humanitarian Response

The Jordan Response Plan for the Syrian Crisis (JRP), 2016-2018, consolidates all major national and international efforts to address the Syria crisis in Jordan. It builds on the results achieved in the JRP and the Regional Refugee and Resilience Plan (3RP) of 2015 and the Regional Response Plans before that. The objective of the JRP is to provide protection and emergency response to Syrian refugees and strengthen the resilience of affected Jordanian people, communities and institutions, while mitigating the ongoing impact of the crisis, sustaining social and economic stability and preserving the development gains achieved in past decades.

The Social Protection element of the JRP includes providing case management and psychosocial support (PSS) provision for children, women, adolescents and youth survivors and those at risk of violence including SGBV, as well as investing in those national institutions which support survivors of violence such as the Family Protection Department (FPD), Ministry of Social Development (MoSD) and National Council for Family Affairs (NCFA). The 2015 appeal was for a total of USD2.9 billion, including USD106.2 million for social protection resilience for host communities, and USD282.4 million for social protection for refugees. Of the refugee budget, USD12,369,607 was dedicated to addressing and mitigating ‘risks and consequences of SGBV experienced by women, girls, boys and men (WGBM) for Syrian refugees.’

At the level of response priorities, for host communities these include “maintain(ing) a focus on strengthening referral pathways for protection cases with particular attention to extremely vulnerable cases, such as victims and survivors of GBV, psychosocial needs, children without parents care, etc; and response priorities for refugees include maintain(ing) and scal(ing)-up current CP and SGBV services, ensuring safe reception and community integration of WGBM.” By September 2015, 297,194 individuals had accessed psycho-social support services; 8,202 survivors of SGBV had accessed case management and multi-sectorial services; and 8,907 children at risk (including unaccompanied and separated children) had accessed case management and multi-sectorial services. The 2016-2018 JRP notes that, despite the gains made, “There is a need for expansion of programmes focused on community-based, multi-sector and case management services to survivors of violence, in particular survivors of SGBV and children at risk. Such programmes need to improve targeting of individuals with specific needs and vulnerabilities, including persons with disabilities.” (p115). The Social Protection component of the 2016-2018 JRP will (among other interventions): “Strengthen early identification, referral and comprehensive multi-sector response to SGBV and trafficking cases, including: early and comprehensive clinical management of rape and follow up; psychosocial support (PSS), protection and other legal services; material assistance and other programmes to promote self-reliance and positive coping mechanisms.”

70 RRP 1-6. The Regional Refugee and Resilience Plan (3RP) was firstly launched in December 2014. The 3RP brings together plans developed under the leadership of national authorities, namely, the Arab Republic of Egypt, the Republic of Iraq, the Hashemite Kingdom of Jordan, the Lebanese Republic and the Republic of Turkey to ensure protection, humanitarian assistance and strengthen resilience. The 3RP is aligned with existing national plans, including the Jordan Response Plan to the Syria Crisis 2016 – 2018. (Jordan Refugee Response: Inter-Agency Coordination Briefing Kit)
71 Jordan Response Plan for the Syria Crisis, 2015 Appeal
72 ibid, pp 36, 37
73 Source: Activity Info 2005 Monitoring Database quoted in the 2016-2018 JRP, p114
The Jordan Response Platform for the Syrian Crisis (JRPSC)\textsuperscript{74} was established in September 2014\textsuperscript{75} and is chaired by the Minister of Planning and International Cooperation (MoPIC). Within the JRPSC, eleven Task Forces\textsuperscript{76} lead the refugee response and build resilience for Jordanians, under GoJ leadership.\textsuperscript{77} The Social Protection Task Force (SPTF) is led by the Ministry of Social Development (MoSD) with UNHCR and UN Women serving jointly as the Secretariat.\textsuperscript{78} To date the SPTF has focused on GBV planning by mapping needs and current interventions, highlighting gaps and articulating a coherent response.

In parallel to the JRPSC structures, the UNHCR-led Inter-Agency Refugee Coordination mechanism has sectoral Working Groups for the coordination of international, national and local stakeholders’ response to the refugee crisis. A joint CP/GBV sub-working group (SWG), co-led by UNFPA and UNICEF, was established at the end of November 2012, reporting to the Inter Agency Task Force (IATF). By the end of 2013, UNHCR had decided on separated CP and SGBV\textsuperscript{79} SWGs at national level, with UNFPA co-leading the SGBV SWG with UNHCR,\textsuperscript{80} UNICEF co-leading the CP SWG\textsuperscript{81} with UNHCR. UNICEF also co-chairs with UNHCR the Early and Forced Marriage Task Force.\textsuperscript{82}

### 3.3 UNICEF GBV Programme

UNICEF has worked in Jordan since 1952. The Jordan Country Office (JCO) massively scaled up during 2013 to respond to the influx of Syrian refugees, with the CO staff numbers more than doubling from 40 in 2012 to 90 by the end of 2013. The budget increased from USD 4 million in 2012 to USD 150 million in 2013. UNICEF Jordan has adopted a vulnerability approach across all sections to the identification of children in need of support, including both vulnerable Jordanian children and refugees of different nationalities.\textsuperscript{83}

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\textsuperscript{74} The JRPSC replaced the the Host Community Support Platform (HCSP) which was established in 2013 as the coordinating mechanism to initiate policy dialogue, provide strategic guidance, and to develop a new National Resilience Plan that addressed the emerging needs of the host communities. (Needs Assessment Review of the Impact of the Syrian Crisis on Jordan, HCSP, November 2013)

\textsuperscript{75} The JRPSC includes government representatives, donors and UN agencies under one planning and coordination framework, and was established to coordinate, guide and provide oversight for the comprehensive humanitarian and resilience-based response to the Syria crisis, set out in the 2015 JRP.

\textsuperscript{76} For Education, Energy, Environment, Health, Livelihoods & Food Security, Justice, Local Governance & Municipal Services, Shelter, Social Protection, Transport and WASH. Task Forces include humanitarian and development partners from government, UN agencies and NGOs.

\textsuperscript{77} MoPIC criteria for approval of emergency response projects states that vulnerable Jordanians as well as refugees should be targeted at a ratio of 40% Jordanians and 60% refugees.

\textsuperscript{78} Membership of the SPTF includes all relevant government bodies including members of the armed forces, the UN, INGOs and NGOs. (Inputs to the SG’s Report on Sexual Violence in Conflict, SGBV SWG Protection Working Group, Jordan, December 2015)

\textsuperscript{79} GBV is the term used throughout this report in accordance with language adopted by UNICEF and the IASC. UNHCR, exceptionally among UN agencies, uses the term “Sexual and Gender-based Violence” which has informed the naming of the ‘SGBV’ Sub-Working Group.

\textsuperscript{80} The SGBV SWG has developed a 3-year inter-agency GBV strategy. The SWG supports good policy, legislation and practice based on principles of human rights and a survivor-centred approach for the prevention and response to GBV; supports and builds upon the national system and aims to improve the quality of, and access to, services; and encourages adherence to international and national standards for safe and ethical data collection and information sharing. It also advocates for more funding for GBV prevention and response supported by evidence collection for GBVIMS, CPIMS and qualitative analysis. As part of the global GBV Capacity Development Project, and in line with the capacity development strategy and identified gaps, two specific modules (one on disabilities and one on early marriage) have been added in the case-management training curriculum. The pilot sessions were conducted in June and July 2016 and have been mainstreamed in the regular case-management training.

\textsuperscript{81} Which has prioritised the prevention of child marriage.

\textsuperscript{82} Which strengthens further the inter-agency coordination and prevention and response activities for early and forced marriage.

\textsuperscript{83} Jordan Country Office Annual Report (COAR) 2015 (draft)
Before the crisis, violence against children (VAC) was already a JCO priority, but not GBV.\textsuperscript{84} However, as Syrian refugees started to arrive in Jordan in significant numbers, the CP team recognised that high rates of early marriage was one of the negative coping mechanisms of displacement. The JCO was the first UN agency to recruit a GBViE specialist, with a dedicated staff member in position from April 2013, (taking over from a surge deployment GBViE Specialist who had been in Jordan for the preceding six months).

The current GBV programme is part of Outcome 5 of the JCO Results Assessment Module (RAM) for 2015 (CP): “Protective environment that prevents exploitation, abuse and neglect and responds to the needs of vulnerable children”. UNICEF’s GBV results are reported under:

Output 5.1: Improved legal and policy framework prevents and responds to violence, exploitation and neglect;

Output 5.2: Institutional and community based CP systems offer quality prevention and responsive CP and GBV services; and

Output 5.4: Urgent needs of vulnerable children and women are met through equitable CP, GBV and PSS.

The same outputs are in place in the Annual Work Plan for 2016, with targets, indicators and baselines against which progress will be measured.

3.3.1 GBViE Specific Interventions

In the early months of the L3 response, there was one, joint CP/GBV SWG, and CP and GBV actors worked very closely together, developing joint resources, primarily the CP/GBV Standard Operating Procedures (SOPs) and the related Amani Messages on CP/GBV (see below). Separate SWGs were established by UNHCR in 2014, but CP and GBV interventions have remained closely integrated. Therefore, the distinction between GBViE specific and integrated programming in the CP section in the JCO is a ‘soft’ distinction rather than being between separate programmes. In this part of the report on GBViE Specialist interventions, early marriage, shelters and capacity building on GBV have been highlighted because these have a strong GBV element. However, all of these could be discussed as part of the wider CP programme.

Case Management, Awareness Raising

Through a partnership with the International Refugee Committee (IRC), UNICEF is addressing case management and awareness raising in three governorates (Mafraq, Irbid and Zarqa). A total of 1,183\textsuperscript{85} GBV Survivors were reached through awareness raising and 203 received case management.\textsuperscript{86} Awareness raising is based on the Standard Operating Procedures and the Amani campaign messaging (see below).

Early Marriage

The JCO conducted and published a study on Early Marriage in Jordan, (2014), looking at Jordanian, Palestinian and Syrian populations. The survey shows trends pre- and post- the activation of the L3 emergency and has been a seminal resource for the GBV sector. The SGBV SWG developed an early marriage action plan in 2014.

\textsuperscript{84} CPD 2013-2017 approved in September 2012 (i.e. before the activation of the L3 emergency): “The (CP) programme will work to strengthen the capacity of stakeholders at all levels to prevent violence against children and women and to manage cases of violence against them.” (p8)

\textsuperscript{85} 103 Syrian males, 17 Jordanian males, 541 Syrian Females and 522 Jordanian females the of which 99+\% in each group were 18years +. (IRC Implementing Partner Report for January – December 2015) and

\textsuperscript{86} 8 Syrian males, 2 Jordanian males, 68 Syrian females and 125 Jordanian females (ibid).
UNICEF also has a plan of action to address early marriage which spells out the agency’s contribution to implementing the sector action plan by empowering adolescent girls at risk through life skills and vocational training\(^87\) and by engaging parents and communities through advocacy messaging, targeting refugee community leaders, religious leaders (advocating with the Shari’a court for legal reform) and with families. UNICEF and partners promote the right to education among Syrian, Jordanian and Palestinian youth and adolescents as part of preventing early marriage by keeping girls at school for longer. Religious court judges are also targets for capacity strengthening as well as government institutions and civil society.\(^88\) Response for those under 18 who are already married includes case management, PSS and referrals to appropriate services, including supporting married girls with education and reproductive health care. Advocacy to government institutions and civil society organisations is also undertaken to allow married girls to finish their education and access specialised services.\(^89\)

**Shelters**

Since 2014, JCO has supported the establishment and operation of a MoSD-managed shelter for GBV survivors in Irbid, north Jordan. This is one element of a joint project on Hemayati: Promoting Women and Girls’ Health and Well-Being which is being jointly implemented by UNICEF, UN Women and UNFPA.\(^90\) One of three shelters in Jordan,\(^91\) ‘Dar al Wifaq’ shelter in Irbid\(^92\) opened in 2015 and has the capacity to host 25 women and girls and their children (Syrian, Palestinian and Jordanian) at one time. Project responsibilities are divided between the three agencies based on each agency’s comparative advantages. UNICEF, UNFPA and UNHCR are partnering with the GoJ (MoSD) and on the development of a Protocol of Care for the MoSD shelters in support of the NCFA, ensuring that it is aligned with international standards.\(^93\),\(^94\) The Protocol of Care is part of the pilot project for the accreditation and quality control criteria for delivering services to DV victims - one of the main priorities for raising standards in institutions working in the field of the family protection and provision of services to DV cases. While there are no reports of survivors being turned away from shelters, there is ongoing need to train staff so that services are improved and survivors are provided with a dignified response.

**Systems strengthening**

UNICEF Jordan has invested heavily in capacity strengthening of all partners for GBV as part of the emergency response.\(^95\) Since 2014, UNICEF has been conducting a programme to establish standards and build national capacity to improve the quality of CP and GBV services and to institutionalise the SOPs through training master and core trainers (community volunteers, key national actors (MoSD, FPD, Ministry of Health (MoH)), with UNFPA and UNICEF supporting the MoH to integrate the SOPs into their standard training package and harmonise MoH procedures with SOPs where relevant. Training on the SOPs has also been provided to Health and Education staff in their respective

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\(^{87}\) More detailed discussion of what these activities entail is included under Makani centres below  
\(^{88}\) Early Marriage and the Syria refugee crisis in Jordan, UNICEF briefing note prepared by the CP team, July 2015  
\(^{89}\) UNICEF Jordan, Plan of Action, Early Marriage  
\(^{90}\) The project has three objectives: (i) GBV survivors have safe and confidential access to non-stigmatising response services (psychosocial, legal and case management) through safe spaces and a community based approach; (ii) GBV survivors and vulnerable women and girls have increased access to quality health and reproductive health services adapted to their age and gender; (iii) survivors of GBV are protected from further harm and have safe and confidential access to shelters. (UNFPA comments)  
\(^{91}\) The MoSD runs another shelter in Amman. A second shelter in Amman is run by the Jordan Women’s Union  
\(^{92}\) The project is called Hemayati, but the shelter itself is called Dar al Wifaq.  
\(^{93}\) UNFPA is the lead on liaison with NGOs, and UN Women is supporting case management and capacity building in GBV prevention. (Hemayati Project Report, 1 September 2014 – 30 June 2015)  
\(^{94}\) Protocol of Care, Service Delivery draft, 230315  
\(^{95}\) In part, this is done through the PCA with IRC who are training and mentoring the Arab Women’s Organisation (AWO) which has a separate PCA with UNICEF, to build their capacity in case management.
Ministries. In addition, UNICEF has been a key actor (directly and through IPs) in the development and implementation of interagency case management trainings. 25 Staff in the Irbid MoSD run shelter were also trained during 2015 on the national family protection framework and on dealing with cases of DV and GBV, as well as on confidentiality and professional work practices. UNICEF is the UN agency investing most funding and time in strengthening the GoJ response.

UNICEF, UNFPA and UNHCR have worked to support the FPD within the police force and, at the request of the FPD, to review the FPD mandate and develop a manual on GBV and CP specifically for the FPD’s work with refugees. The Minimum Initial Service Package for reproductive health in crisis situations (MISP) has been included in the FPD training and the related manual to increase knowledge among department staff about sexual violence care and treatment. The JCO supported the establishment of three new branches of the FPD in 2015, including one in Ma’an.

To support the MoSD to address the backlog of unaddressed GBV cases, UNICEF has financed the hiring and training of an additional 29 FPD staff members.

JCO is leading eight UN agencies which have been supporting the development of a National Family Violence Tracking System (‘National Tracking System’) since 2011. Once finalised and launched, the National Tracking System will be the first national information management system to provide an overview of all CP and GBV cases for Jordanians and refugees, including timeliness of response and quality of care provided for survivors. Currently it doesn’t have the capacity to share information with either the Child Protection Information Management System (CPIMS) or the GBVIMS, although UNICEF is currently updating their software so that this may be possible in the future. After a hiatus in its development, the second phase is underway in coordination with National Council for Family Affairs (NCFA) and the FPD. The system has been developed, but inter-departmental challenges between NCFA and FPD have slowed progress. UNICEF is currently leading on developing a minimum access protocol for information to address these concerns and move the project forward.

During 2015, addressing RAM output 5.1: Improved legal and policy framework prevents and responds to violence, exploitation and neglect, UNICEF, with other partners, supported the revision of the National Framework for DV to bring it more closely into alignment with international standards, in particular regarding a survivor-centred approach. The DV draft law has been developed and submitted to the Legislative Bureau for a final review before submitting it to Parliament. This law has now been tabled for the next session of Parliament. UNICEF and other partners also supported amendments to Article 308 of the Penal Code which involve major changes including no pardon for rape perpetrators if they marry the victim. However, this amendment faced considerable opposition from conservative elements of society, and the amendment was modified to contain new provision allowing for pardon after marriage if the relationship was ‘consensual’ for girls between 13-18 years old (unless the marriage is dissolved within five years without a legitimate reason.) It should be noted that according to the Penal Code, the age of consent is 18 years, and that during the Universal Periodic

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96 See also below, integrated GBViE programming.
98 KII, MoSD
99 This represents a shift from the previous training which was more heavily focused on CP with less on GBV (KII UN partner)
100 This signifies a major breakthrough in the norm governing family violence, as Ma’an is one of the most conservative areas of Jordan (Jordan COAR, 2015, draft)
101 KII, IP
102 Which will host the National Tracking System
103 FPD are concerned about NCFA having access to information relating to the speed at which they process cases.
104 KII, UN partner
105 KII, UN partner
Review of Jordan at the Human Rights Council in 2013, Jordan committed to completely dissolving Article 308 of the Penal Code, so the current Amendment is not in line with these commitments. Additional advocacy is, therefore, still required to ensure that the penal code is consistent with international law.

3.3.2 Integrated GBViE Programming

Child Protection

As noted above, UNICEF CP and GBV interventions are very closely integrated in Jordan. The previous GBViE Specialist developed a GBV and gender equality checklist for CPIE proposals, with the aim of promoting alignment with good practice on promoting gender equality. The introduction to the 2-page checklist clarifies that GBV is a lifesaving measure in emergencies to realise the rights of children and women, and also clarifies UNICEF’s GBViE priorities as responding to survivor needs and reducing risk and vulnerability to GBV and actively preventing children and women from being harmed. It also stresses that a key outcome of GBViE programming is to ensure that GBV is prioritised, integrated and coordinated across the response. It identifies five issues relating to GBV to be reflected in CPIE proposals relating to: staff and volunteer capacities; the need for clear strategies to deal with boys/girls at risk of early marriage and case management for those who are married; awareness raising on GBV; a focus on adolescent girls; and PSEA. The checklist also includes a further eight points relating to gender mainstreaming.

CP/GBV Standard Operating Procedures and Amani Campaign

Since 2012, Save the Children, IRC, UNICEF, UNHCR, NCFA and UNFPA have worked together to establish standards and build capacity to improve the quality of child protection and GBV services. Key areas of collaboration have included the development of and training on interagency child protection and GBV Standard Operating Procedures for Prevention of and Response to GBV and Violence, Abuse, Neglect and Exploitation of Children in Jordan (SOPs), development of interagency case management trainings, support to establishment of alternative care guidelines and formalization of foster care, development of and training on interagency community based child protection tools such as “Safe You, Safe Me” and child protection sessions for parents, and revision of CP and GBV messages and development of tools for the Amani CP and GBV campaign. The SOPs were first produced in 2014 and were revised in June 2015 and again in January 2016. The SOPs include three components: 1) Procedures; 2) Annexes; 3) Referral Pathways and describe guiding principles, procedures, roles and responsibilities for the prevention of and response to GBV and CP in Jordan; provide minimum procedures and more comprehensive interventions and indicate which organisations are responsible for actions in the four main response sectors: health, psychosocial support, law/justice and security. The SOP project has a number of by-products. Phase II of the project (starting May 2014) involved training a core team of 12 SOP trainers and focus points from UN and NGOs working on CP, who supported inter-agency training and acted as focal points within their own organisations; also the provision of technical support to organisations to integrate orientations on the SOPs into their own training packages for their staff and partners. A total of 113 people were trained during 2014 from INGO and local NGO partners across different sectors, and

106 Briefing note on Article 308 of the Jordanian Penal Code, UN Women, April 2016
107 KII, CP team, checklist included as Annex 5
108 The SOPs and AMANI campaign are the subject of a brief case study for good practice in Jordan. For more detailed description of the projects, see these case studies attached to this country report.
109 Revisions were made to ensure that the SOPs remain consistent with the revised understanding of national laws and government services, updating the CP and GBV contacts in the referral pathways and including endorsements by additional organisations.
110 SOP related products: 1) SOPs; 2) Amani campaign including messages, posters, videos, training and implementation guide for Amani; 3) Case management training material for CP and GBV; 4) Case management standards for CP and GBV; 5) SOPs institutionalisation checklists; 6) Trainings for SOPs and case management.
111 6 of these had already been trained and participated in training of trainers for SOPs, + 6 additional trainers.
across different governorates with a comprehensive 3-day training course translated in Arabic. In addition, in Za’atari camp, 300+ members of sector coordination groups were also trained in 2014 with a shorter (3 hour) training on the SOPs. Training was integrated into internal training packages within the FPD and MoSD, as well as the MoH and MoE during 2014. A checklist for institutionalising the SOPs was developed to set out practical steps to ensure the procedures are fully implemented.

While SOPs are typically developed in all emergencies as a priority for GBViE response, in Jordan they are seen as a flagship achievement and have been a core resource which have been actively communicated and used as the basis for training/capacity strengthening for both international and national humanitarian actors throughout the crisis response.

The Amani (‘My Safety’) Campaign was developed and rolled out in 2014. Bringing together all key GBV and CP partners, the Amani project developed standard messaging related to GBV and CP in line with the key principles outlined in the SOPs. The messages were developed by the CP and SGBV SWGs, in collaboration with women, girls, boys and men in Za’atari camp and in urban settings, drawing from best practices and examples from other contexts. They are designed to provide a common approach across different modes of service delivery and with different audiences in ways which are accessible to targeted populations (ie using pictures and videos among communities with high levels of illiteracy), so that all CP and GBV actors are reinforcing the same messages in their response. The messages are also intended to be incorporated across different organisations’ tools and resources.

The overall message of Amani is: “Let’s work together to make our communities safer. Everyone has a role to play in keeping girls, boys, women and men safe;” and the overall slogan is: “Our safety is everyone’s responsibility.” The objective of the campaign is to raise awareness in refugee and Jordanian communities on how to stay safe, and what to do if you or someone you know experiences violence, abuse or exploitation. Messages with particular emphasis on/relevance to GBV-related issues are:

Message 1: ‘Your hands are to help me, not to beat me’ - which includes the right to safety from all kinds of violence and abuse including physical, sexual and emotional abuse;
Message 2: ‘If you were harmed, don’t stay silent. Ask for help from someone you trust’ - promoting accessing appropriate services while recognising the survivors’ right to privacy;
Message 3: ‘Marriage after 18: Better for me and you’ - which highlights risks for mothers and babies of early pregnancies, as well as the legal age of marriage in Jordan of 18 except under special conditions and with permission of a Jordanian judge, and also highlights the benefits of finishing education before marriage;
Message 4: ‘Whatever happened to you, we are here to listen and support you’ - promoting PSS as an appropriate service to access following violence and stress;
Message 9: ‘Humanitarian aid is free. Nobody has the right to demand anything from you in exchange for aid’ – which also highlights complaints mechanisms and the right to remain anonymous if incidents take place.

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113 42 people trained in the MoE in 2014.
114 This checklist has been included in Annex 5.
115 Save the Children has led the project, together with IRC, UNFPA, UNICEF and UNHCR as part of the inter-agency project ‘Strengthening GBV and CP services and systems’. (Amani Campaign: Inter-agency CP and GBV campaign, 2014)
116 With due consideration to safety, security and cultural appropriateness, and used by staff trained in the basics of communication tools and methodologies, the content of the messages and the referral pathways. (Amani Campaign: Inter-agency CP and GBV campaign, 2014)
117 Eg. adults/children; refugees/Jordanian affected populations. (Amani Campaign: Inter-agency CP and GBV campaign, 2014)
Relevant, current contact details for all local GBV/CP services are included in the different media (e.g. on Amani posters). Complete information on services and contacts per governorate are also available in referral pathways in the CP and GBV SOPs. Associated tools including an implementation guidance note, videos and other communications materials have been developed as part of the project. Messages are revised in the light of new information developed through the response.

Amani messaging was also promoted repeatedly across all UNICEF sections during 2014 as part of the systematic roll out during which dedicated staff/consultants attended different sector meetings to talk about Amani messages and explain how sectors could use them alongside their programmes, and to share local referral information to survivors they became aware of.

An interagency case management capacity package was also developed together with the Jordan River Foundation (JRF) and IRC, which was consistent with global CP and GBV case management tools. This provides for 11 days of face-to-face training for case managers from the FPD, NGOs, UNHCR and the MoSD in specific geographic locations followed by at least three mentoring sessions for each participant. Pre- and post-test evaluations against agreed inter-agency case management standards was also conducted with those individuals and organisations which met the agreed standards included in updated CP and GBV referral pathways in the SOPs. CSOs and NGOs in Zarqa governorate and the north which had previously participated in case management training were assessed to identify those with potential for developing case management capacity, with the aim of identifying at least one local organisation per governorate which could provide case management. A module on early marriage was also developed and piloted in June/July 2016 as part of the global GBV Capacity Development Project and will be incorporated into the case-management training curriculum.

Makani (‘My Space’: I am safe, I can learn, I connect).

The flagship Makani model was introduced in 2015 to provide a comprehensive approach to service provision covering alternative education, skills building programmes, PSS and community support, outreach and engagement. It builds on the lessons learned from CP programmes implemented during 2013 and 2014, including the results of the Evaluation of UNICEF’s Psychosocial Support Response for Syrian Children in Jordan, published in 2015, and is mainly aimed at (regarding the GBViE components) on prevention and empowerment.

PSS is provided for children and adolescents (6-18 years), life-

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118 Strengthening child protection and GBV services and systems, Phase II, May – December 2014
119 Conducted by IMC, Save the Children and IRC
120 Assessments included both organisational capacity as well as staff skills using inter-agency case management standards.
121 The JCO have advocated for the case management tools developed in Jordan to inform the development of global case management tools, with additional modules being developed and piloted globally for people with disabilities and early marriage. (KII GBViE Specialist)
122 Makani is included under ‘integrated GBViE programming’ because they integrate CP/GBV, Education and Youth programmes within one location. During 2016, JCO services are being expanded to ‘Makani-plus’ with the addition of an integrated hygiene promotion and household WASH support, to promote positive practices around health and hygiene. (Jordan COAR, 2015, draft; UNICEF sitrep: Syria Crisis February 2016, Humanitarian results)
123 Key findings/conclusions of the PSS evaluation include:

- The provision of free, safe and confidential PSS for Syrian children is highly relevant; an integral part of the overall CP response and is socially and culturally acceptable and age appropriate.
- Overall, slightly more girls were accessing CFS (53%) than boys; however in Za’atari camp this was reversed. 35% of children accessing CFS in Jordan were non-Syrian.
- 60% of community members reached were female and 70% of volunteers trained were female
- Numbers of beneficiaries reached were usually higher than planned, with nearly double the number of children accessing PSS in 2014 compared with 2013. Adult/caretakers reached with awareness activities in 2014 was nearly twice as high as planned.
- PSS interventions were much more cost-effective in 2014 than in 2013 (USD66 as compared with USD84 respectively)
- Provision of PSS went hand in hand with system strengthening and efforts to strengthen community resilience, creating synergies.
skills (for 10 – 24 year olds) and learning support/alternative education services (for 6-18 years). The component on PSS includes appropriate services in PSS, CP and GBV; and the life-skills component, which aims to provide adolescents with soft and hard skills for life, includes ‘productive work skills’ which includes supporting young people to conceptualise initiatives which could be the basis for establishing small businesses. Within these three components activities include:

- Structured, supervised PSS which is community supported and conducted in a safe space
- Adolescent and youth empowerment through the life skills model
- Alternative (‘informal’) education that meets with minimum standards of education in emergencies
- Services and activities which directly engage caretakers
- Community outreach supported by community committees, with involvement of youth who have completed the life skills module
- Established referral/case management systems

Target participants are the most vulnerable groups of children and young people from all communities, including girls and boys who are school dropouts or unable to enrol in schools, disabled individuals, children involved in labour, GBV survivors (in particular those in early marriages), unaccompanied minors, and those heading households. As well as services for children and young people, structured awareness raising sessions for parents and the community around key education, child protection, corporal punishment, child labour, early marriage and violence against children are conducted.

The underlying approach, integrated in all the components of Makani, is community mobilisation and social cohesion. Each Makani centre is the reference point for the community, with a community

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124 Case management is not part of the model. A handful of partners (IMC, JRF, IRC) provide specialist CP and GBV services, and the rest refer cases when they come across them.
125 Self management skills, cognitive skills, social skills and productive work skills.
126 "Makani child protection / psycho-social support programme guarantee that the vulnerable and refugee children at risk, along with their families and host communities affected by the state of emergency, have access to appropriate services in the areas of psycho-social support, child protection, and gender-based violence." (Makani SOP p5)
127 "Life skill activities aim to enhance the role of youth by enabling them to use their voice, participate in their communities, and introduce creative and critical thinking about their role in society, making conscious decisions and generally discovering unexploited resources within themselves. Additionally, create opportunities for the most marginalized groups and the vulnerable youth who cannot access the appropriate information, knowledge and necessary skills to enable them to make effective life choices and achieve their full potential as adults." (Makani SOP p18)
128 For those children who are either too old to qualify for entrance into formal education or cannot access formal education systems because of the overload on the current facilities. Of 220,000 Syrian refugee children who are school age, 130,000 are enrolled in the public school system. An additional 30,000 attend non-formal or informal education. Approximately 60,000 children are not participating in any education. (UNICEF Jordan figures, consultancy advertisement, June 2016)
committee of volunteers formed in the catchment area. Committee members,\textsuperscript{130} including both Jordanians and Syrians, are trained to facilitate and strengthen outreach to vulnerable children in the surrounding areas, to refer identified children in need to appropriate services, and to raise awareness on child rights.\textsuperscript{131} Parenting sessions, also based around Amani messaging, have several objectives including addressing harmful social norms with the aim of promoting social change. These sessions also serve to bring parents into the Makani centres, so that they are reassured that they are safe places for their children to spend time and learn. Both mothers and fathers are included in the awareness raising/parenting sessions.\textsuperscript{132}

Outreach is a critical component of Makani centres. Outreach is conducted by trained teams of males and females who know the cultural context and have good relationships with the community. Outreach includes individual and community engagement (including community and religious leaders), public information, and working with institutions to which referrals are made. Information is shared on the services available in Makani centres, and the support of community leaders is sought to encourage children and parents to engage. The model maximises existing partnerships with non-governmental and community-based organisations and incorporates training\textsuperscript{133} and ongoing mentoring of staff conducting PSS, life skills and informal education courses in Makani centres.\textsuperscript{134}

Referrals are made from the Makani to the regional specialised service providers (schools, non-formal education centres, clinics, hospitals or organisations which provide PSS). Makani staff and volunteers are trained in education, CP/GBV SOPs and referral pathways and have access to current service providers for their area.

As part of the effort to strengthen capacity of national partners’ monitoring and accountability, to ensure fulfilment of each child’s rights and standardise information collection at all Makanis, a web-based monitoring and IM system - ‘Bayanati’ (my data) - was developed and piloted during 2015. Bayanati enables IPs to monitor, in real time, the attendance figures for numbers of children, adolescents and youth attending different components of Makani programming. This system replaces paper-based reporting and record-keeping on excel used by CSOs and aims to improve dramatically their capacity to collect, store and report on data. The system is being rolled out in 2016, and will store individual information on 200,000 children and young people.\textsuperscript{135}

Based on consultations with UNICEF and partner staff to collect experience of Makani partners to gather best practices and lessons learned, SOPs for establishing and running Makani centres are being developed (currently in draft) to provide practical guidance on the structural, programmatic, managerial and organisational aspects of the Makani programme.

Ma’an “Together” Campaign
The Ministry of Education (MoE) led Ma’an campaign, supported by the CP team, to highlight and tackle violence against children in schools (primarily corporal punishment) has been running since

\textsuperscript{130} Which typically have 12-15 members chosen from the community by the IP running the Makani, and can include religious leaders, teachers, social workers, members of CBOs, women activists, youth and children (Makani SOPs)
\textsuperscript{131} KII CP team
\textsuperscript{132} KII CP team
\textsuperscript{133} PSS facilitators much complete both a five-day training course on PSS by UNICEF or an IMC employee and a five day training course on the SOPs conducted by Jordan River Foundation or a UNICEF consultant; life-skills trainings are conducted by UNICEF partner JOHUD; and basic literacy training by Save the Children Jordan.
\textsuperscript{134} Makani centre staff receive intensive training over 1 month on case management, SOPs, concepts of CP (including GBV), facilitation and mobilisation skills to ensure they can conduct activities with children, adolescents and youth. (KII LNGO IP)
\textsuperscript{135} COAR 2015 draft
Students in selected schools complete a monthly online survey reporting the prevalence of verbal and physical violence and use of positive behaviour management techniques. Forms are completed and submitted to the MoE relating to cases of violence (disaggregated for the different types of violence, including GBV), and serious cases are also referred to the CP team in UNICEF. School counsellors have been trained on GBV/CP recognition and the SOPs in order to equip them to refer relevant cases. The percentage of children who experience verbal or physical violence fell from 44.8 per cent (verbal) and 40.3 percent (physical) in 2009 to 25.4 per cent and 15.8 per cent respectively in the school year 2013-2014. Students and teachers are also family members and community leaders and, building on the success of the Ma’an campaign at schools, can be a force for reversing societal acceptance of violence against children.138, 139

The Ma’an campaign now covers all schools, including those in Syrian refugee camps and double-shift schools.140 The Ma’an campaign was scaled up significantly during 2015 with the roll-out of the ‘Tarbiyeh’ - transformative behaviour programme - to 50 schools. In the programme students in different ‘houses’ compete for merits and points for positive behaviour. 399 training sessions were conducted during 2015, conducted by 97 facilitators and reaching 12,407 School Advocacy Group members on their roles and developing school plans to create a violence-free environment. 40 school counsellors have been trained as trainers (ToT) on the CP/GBV SOPs to enable them to be able to identify cases of abuse, neglect or GBV and refer them to the appropriate services. They, in turn, have delivered roll-out trainings to 1,808 counsellors (60% female). The next round of trainings of trainers will focus on the inter-agency CP/GBV Case Management Training. Associated with the tool, Advisory Committees of parents, students, advisors and the principal meet to discuss how to reduce violence in schools.141

Monitoring and Reporting Mechanism (MRM)142: JCO co-chairs the MRM through which information is collected on the six grave violations against children in Syria, including rape and other sexual violence against children.143 The MRM is unique in Syria, with information being collected in Jordan, Iraq, Lebanon and Turkey as well as in Syria through refugee populations feeding into the regional management system rather than in the country where the incidents took place.144 Given the extreme reticence to discuss sexual violence in Jordan and among the refugee communities, information on sexual violence is very challenging to collect for Syria, and the JCO is looking at different ways to document what they are certain is occurring but that people are not reporting.

Education
To address the loss of a generation of children deprived of their right to education due to the Syrian crisis, UNICEF Jordan’s strategy has been to support the formal education system while scaling up alternative education as an immediate stop-gap solution for the refugee children out of school in

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136 UNICEF supported a national survey in 2007 which revealed high levels of emotional and physical violence in schools and at home.
137 Who represent 25 percent of the overall population.
138 KII, CP Team
139 KII, (Together) Towards a Safe School: Protecting Children from Violence in Jordan
140 One shift for Jordanian children and the second for refugee children.
141 KII, JCO staff; Jordan COAR 2015 draft, Ma’an (Together) Towards a Safe School: Protecting children from violence in Jordan, Briefing Note, June 2015
142 In 2005, the Security Council requested in Resolution 1612 the UN Secretary-General to establish a monitoring and reporting mechanism on grave violations of children’s rights in situations of armed conflict (MRM), managed by country-based task forces co-led by UNICEF and the highest UN representative in the country, to provide timely and reliable information on six grave children’s rights violations. Violation 4 is rape or other sexual violence against children. (http://www.unicef.org/protection/57929_57997.html)
143 COAR 2015 draft
144 i.e. Syria.
Jordan. Encouraging adolescents, and particularly girls, to remain in education is believed to be an important contributing factor to reducing early marriage.

The previous GBViE Specialist attended Education Working Group meetings and encouraged the Education actors to exploit the overlaps between the violence against children (VAC) agenda and GBV. Training on the SOPs has also been provided within the Ministry of Education (MoE) including the provision of technical support to integrate orientations on the SOPs into their own staff and partner trainings.

During 2015, a Violence Against Children (VAC) Task Force was established as part of the Education Working Group and CP SWG, but this has not yet yielded many results.

Health
As part of the process of revising the National Framework on DV, the JCO and UNFPA have been working with the MoH and other health service providers to strengthen the imperative for them to provide services to DV survivors by highlighting their responsibilities. Family Protection Committees (FPC), including paediatricians, gynaecologists, nurses, midwives and other staff members have been set up as a result, in part, of UNICEF/UNFPA advocacy as a mechanism of the GoJ’s multi-sectoral response for GBV survivors, and also to mitigate against reprisals on individual staff members providing services to survivors and reporting cases of DV. UNICEF has also been instrumental in obtaining approval from the National Committee of Protection (part of the NCFA) to establish a Technical Committee, chaired by the NCFA, to strengthen links between the humanitarian response and ongoing national work on DV. The Technical Committee is a key mechanism in terms of preparing to transition to a nationally led coordination mechanism for GBV prevention and response once the UNHCR-led coordination mechanisms are de-activated.

WASH
Segregating WASH facilities by gender is a key programming principle for the WASH section. During 2014, the CP section worked with WASH colleagues on developing safety audits in Za’atari and Azrak refugee camps and Zarqa governorate, and discussed subsequent recommendations including ensuring sufficient distance between female and male WASH facilities, and adequate solar-powered lighting. The layout and principles of WASH facilities in Azraq camp were designed to learn lessons from those in Za’atari camp, with smaller WASH blocks for approximately every 12 shelters which meant less people sharing blocks and shorter distances to travel between shelters and WASH blocks. Efforts have been made to increase the number of females engaged in WASH committees.

The previous GBViE Specialist engaged extensively with the WASH section within the JCO, attending WASH sector national and sub-national meetings, including in Za’atari and Azraq refugee camps during

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145 KII GBViE Specialist
146 Led by Save the Children
147 Training is led by Save the Children and IRC, with UNICEF, UNFPA, UNHCR and NCFA on the project management committee. (Strengthening Child Protection and GBV Services and Systems, Phase 2, May – December 2014).
148 The Technical Committee members are the MoH, MoSD, NCFA, Ministry of Islamic Affairs, MoE, UNFPA, UNICEF and UNHCR (KII UN partner)
149 in Za’atari, initially the large scale WASH blocks were built to meet the enormous needs but it soon emerged that women didn’t want to use them (particularly for showers) as they felt that there was no privacy, they had cultural concerns (men knowing they had just bathed) and security concerns related to travelling to the blocks at night, as well as the large number of people sharing each block. As a result of this, households started to construct their own facilities.
150 One shower and one toilet for men and the same for women.
151 Despite this, most women used their own shelters to bathe in preference to the communal blocks.
2014 and 2015. Sensitization sessions raised awareness and understanding of CP and GBV; provided an overview of UNICEF and other agencies’ services and activities to respond to CP and GBV; and provided basic guidance to hygiene promoters on their role and how to respond appropriately when confronted with a case of CP/GBV concern. These sensitisation sessions were in addition to the ongoing rollout of SOP training for non-protection actors which are provided to WASH colleagues.

WASH has worked in a large number of schools ensuring appropriate WASH facilities for boys and girls, as well as their work in CFS. Family hygiene kits including sanitary pads are distributed by WASH.

Youth

In addition to the Youth elements of Makani centre programmes, and as part of UNICEF Jordan’s support to the Jordanian Hashemite Fund for Human Development (JOHUD) to institutionalise life skills programmes in their core programming for young people, a core team of 33 trainers throughout Jordan were trained on various topics related to life skills programming for youth, including relevant issues of GBV. Significant support (including tools and approaches) was provided for JOHUD to expand their outreach to the most vulnerable and marginalised young people. The 34th International Arab Congress which was launched in August 2015 by UNICEF Jordan and the National Council for Culture and Arts in cooperation with the MoE and JOHUD under the patronage of Her Majesty Queen Noor Al Hussein (founder of the Congress), addressed early marriage and reproductive health for adolescents.

Social Protection

In February 2015, JCO and UNHCR initiated a humanitarian unconditional child cash grant (CCG) for the most vulnerable Syrian refugees living in host communities in Jordan. In the context of declining humanitarian assistance and mounting financial pressure, the grant represents an efficient way to cushion immediate risks for those with limited access to livelihoods, deteriorating protection indicators and possible restricted food rations, by meeting immediate needs of 55,000 girls and boys with the aim of preventing negative coping mechanisms, including early marriage, in 15,000 of the most vulnerable Syrian refugee families with children. Grants are USD28 per child, per month, with a limit per family of JOD75 if there are more than four children. Families are identified for inclusion on the basis of a list of protection criteria which was developed by UNHCR, but which do not include

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152 In 2014, a total number of 182 participants from the WASH sector attended the sensitisation sessions on CP and GBV organized for WASH hygiene promoters (25 in May 2014 in Azraq camp, 75 in September 2014 in Azraq and 82 in September 2014 in Za’atari).
153 Child Protection and Gender-Based Violence sensitization sessions for WASH actors in Azraq and Zaatari camps May-September 2014
154 During 2014, in 164 schools reaching 117,000 students; during 2015 in 127 schools reaching 91,757 students. in addition to 109 CFS reaching 19,641 children for WASH facility rehabilitation/new construction. The WASH in Schools budget for 2016 is c USD 800,000 in addition to c 20,000 for maintenance of WASH facilities in camps. (WASH comments)
155 Currently 44 schools in four Governorates
156 In addition to constructing new toilet and water facilities, existing WASH facilities are rehabilitated (repair and cleaning and improvements to the current infrastructure), and pilot projects on water reuse and water conservation are implemented, in addition to the distribution of hygiene kits in schools and mobilization on hygiene issues. (WASH comments)
157 Between the ages of 18 and 24.
158 COAR Jordan 2015 draft
159 Participants to the congress were from Jordan (150 youth and 12 delegates), Pakistan, Lebanon, Morocco, Palestine, Tunisia, Holland, Serbia, Iraq, Kuwait, UAE and Libya. (JCO Results Assesment Module, Outcome, 2015 for Youth Section)
159 Jordan COAR 2015 (draft)
risk of incidence of GBV. Grants are provided, initially, for a period of six months.\textsuperscript{161} A core element of the programme is independent third-party monitoring of the activities, outputs and outcomes of the child cash grant programme which consists of a bi-monthly post-distribution monitoring (PDM) questionnaire to 500 selected households and qualitative data collection through FGD and case study interviews. There is no mention in the first PDM report (covering February – June 2015) of an initial baseline study.\textsuperscript{162}

3.3.3 Programme Funding

In 2015, UNICEF Jordan appealed to the international community for USD 179.5 million under the JRP and the Jordan chapter of the Regional Refugee and Resilience Plan (3RP). As of November, 80% of funding needs were met under the refugee pillar and 20% under the resilience pillar of the JRP. By November, JCO had mobilised USD 134.3 million\textsuperscript{163} with WASH being best funded (98%) and Health and Nutrition and CP being least funded (60%). However, the JCO CP programme was fully funded with carry-overs from 2014.\textsuperscript{164} The CO programme as a whole for 2015 was fully funded (103%), and the CO programme for 2016 was already 50% funded in early March 2016. Funding will remain high for the immediate future, with a total CO budget of USD 700 million for the next three years.\textsuperscript{165}

The CP budget for 2015, including GBV programming, was $24,211,907,\textsuperscript{166} of which just over $19.5 million was spent (see Table 1 below). For 2016, the estimated CP budget is $25,708,000 of which $6,225,000 was unfunded at the time the Results and Resources 2016, 2017 matrix was compiled.\textsuperscript{167}

From Table 1 it can be seen that in 2015, $17,371,278 was spent on CP/GBV programming (excluding programme monitoring). The CP team allocate funds to GBV as the funds are received, although this allocation is not a fixed % of the CP budget.\textsuperscript{168} In CO reports, the funding for GBV programming is not disaggregated from CP figures, although the JCO draft COAR for 2015 provides a partial breakdown: During 2015, UNICEF Jordan spent around USD 800,000 for GBV activities in host communities, in addition to funds for GBV mainstreaming into other programmes; the UNICEF financial contribution to the shelter in Irbid was USD 300,000, funded by the Government of Norway; and USD 80,000 was used to support to the Ministry of Health to establish stronger detecting, tracking, referral and management mechanisms for GBV and CP.\textsuperscript{169}

Most funding for CP/GBV is un-earmarked with the exception of Norwegian funds which are given to the inter-agency Hemayati project. There is a lot of donor interest in funding the Makani centres, and a strong interest in funding GBV from donors, although donors have also emphasised the need to be able to demonstrate GBV results.\textsuperscript{170}

WASH funding has been used to construct segregated WASH facilities in schools, and to pay for dignity/hygiene kits.

\textsuperscript{161} A Window of Hope: UNICEF Cash Grant Programme in Jordan post-distribution monitoring report, February – June 2015
\textsuperscript{162} When the GBViE RTE mission was conducted, two monitoring reports had been published for February – June 2015 and July – August 2015.
\textsuperscript{163} Including USD 0.9 million in ORR and USD 133.4 million in ORR (74% of the total funding appeal). (COAR Jordan 2015 draft)
\textsuperscript{164} COAR Jordan 2015 draft
\textsuperscript{165} Workshop discussion
\textsuperscript{166} JCO Results and Resources Framework, CP, 2015
\textsuperscript{167} Results and Resources Matrix (2016, 2017)
\textsuperscript{168} KII, CP team and Partnerships team
\textsuperscript{169} COAR 2015 draft
\textsuperscript{170} KII, JCO Partnerships
Table 1: Programmable CPIE Funds 2013-2015

<table>
<thead>
<tr>
<th>Programme intervention</th>
<th>Programmable CPIE Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Psychosocial Support Services</td>
<td>7,699,686.63</td>
</tr>
<tr>
<td>Community based protection (Awareness raising CP + GBV)</td>
<td>2,013,251.00</td>
</tr>
<tr>
<td>Case Management (CP/GBV)</td>
<td>2,240,715.88</td>
</tr>
<tr>
<td>Coordination and IA SOPs Project (CP and GBV)</td>
<td>58,894.38</td>
</tr>
<tr>
<td>Mine Risk Education</td>
<td>114,162.43</td>
</tr>
<tr>
<td>Programme Monitoring</td>
<td>382,556.45</td>
</tr>
<tr>
<td>Winterisation (Children’s clothes)</td>
<td>2,188,399.48</td>
</tr>
<tr>
<td>Infrastructure and playgrounds</td>
<td>2,679,950.88</td>
</tr>
<tr>
<td>CP/GBV System Strengthening SRAD, JPD, NCFA, FPD</td>
<td>304,970.34</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>17,568,425.04</strong></td>
</tr>
</tbody>
</table>

4 EVALUATION FINDINGS

This section on evaluation findings addresses the evaluation questions related to the respective evaluation criteria in the ToR and Inception Report.

4.1 Relevance

Alignment of UNICEF programming with assessed needs of beneficiaries (which may change over time), good GBViE programme practice and relevant UNICEF strategies and policies.

A number of multi-sector and GBV specific assessments have informed the GBV response, with flexible solutions being adopted to meet identified needs. The GBV programme is aligned with the Gender Action Plan, the Equity Approach and with minimum and expanded actions of the draft Resource Pack. The CP and GBV programmes are highly integrated, while other UNICEF sections have more limited integration of GBV risk mitigation into their programmes. There is no JCO GBV Theory of Change (ToC), although the programme is broadly aligned with the newly developed corporate ToC.

Alignment with assessed needs

In line with good practice for GBViE response, there has been agreement among key GBV actors in Jordan, including UNICEF, that the risk of different forms of GBV can increase during emergencies, and programmes should be implemented without waiting for ‘evidence’ of GBV. At the same time, and also according to good practice, several assessments as well as analysis of case management data were undertaken in 2013 by the GBV/CP sector to understand the nature and scope of GBV related to the refugee crisis. UN Women led the most comprehensive inter-agency assessment of GBV and CP, with a focus on early marriage, between December 2012 and March 2013 in Jordan’s twelve governorates, to understand the risks faced by Syrian refugee women and girls as well as the knowledge, attitudes and practices towards GBV for both children and adults. In 2014, the JCO added to the existing knowledge base on GBV with an Assessment of Early Marriage in Jordan. Assessment results were used to design programming to address identified needs.

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1. Funding report provided by CP team
2. KII, GBViE Specialist
5. Inter-agency assessment: Gender-based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage, July 2013, UN Women. This assessment was key in informing the UNICEF response.
Early marriage is a major focus of UNICEF CP/GBV interventions. Given the significantly increased levels of early marriage, particularly among Syrian refugees which the JCO assessment highlighted, as well as the conclusion that girls who are married early are at increased danger of being in abusive or exploitative situations, this prioritization is highly relevant to the setting.

To inform the whole humanitarian response, a multi-sector Needs Assessment Review was conducted between 20 October-10 November 2013, coordinated by the Host Communities Support Platform Secretariat with the participation of UN agencies, and in close consultation, coordination and cooperation with relevant line ministries, donors, and key international and national NGOs. Review findings underscored the need to strengthen capacities of women and youth civil society organisations to fill resource gaps (technical, financial, human resources) in GoJ provision “especially for oversight to the CRC and CEDAW ... by increasing awareness and strengthening prevention, protection, reporting and response options for addressing GBV, including early marriages, and violence against children (in home and in school)...”

In relation to programmatic interventions, UNICEF has conducted three assessments of safe space programming for refugees living in informal tented settlements (ITS), and the results of these are informing the scale up of present services (primarily with the provision of PSS and informal education) with a planned presence in 39 ITS with populations of more than 100.

The self-assessment completed by the CP section for GBV programming for this evaluation reported that assessments have covered cultural practices, social norms, community based CP mechanisms and response services/gaps (reported at 4/5, with 5/5 being 100%). Levels of participation by women, adolescent girls and other at-risk groups in designing programmes, understanding the different risk factors faced by at risk groups and reviews of existing material to ensure basic information about GBV risk reduction were reported at 3/5.

In terms of the targeting of GBV programmes, initially a lack of understanding among JCO colleagues on UNICEF’s mandate and responsibilities on GBViE meant that, although GBV was quickly recognised as a priority in the overall humanitarian response and most staff were convinced of the need for programmes to respond to early marriage, there was less clarity and agreement on the need for UNICEF to provide GBV programmes for women. However, having a dedicated GBViE Specialist meant that there has been consistent messaging around UNICEF’s mandate on GBV, including the fact that UNICEF’s GBV programming should strive to meet the needs of both girls and women. As a result, young women up to 24 years of age are now targeted for GBV services and programming as a key part of the Makani model.

Alignment with key UNICEF GBV strategies/guidance
The JCO GBV programme is aligned with the GBViE and early marriage targeted priorities of the UNICEF Gender Action Plan (GAP), although this alignment has not been made explicit in programme documents. The GBViE programme has also been implemented in line with all minimum actions during immediate response to a crisis, and with expanded GBV prevention and response actions during intermediate response to a crisis, and with expanded GBV prevention and response actions

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177 KII, CP team
178 This reflects a widespread lack of clarity within UNICEF as a whole on whether their GBViE programming targets women as well as girls. (KII with UNICEF staff members during country missions and at HQ)
179 Makani SOPs
180 The GBViE Specialist in post between January 2014 – December 2015 also acted as Gender Focal Point for the CO. She wrote a thought piece on implementing the GAP, which included recommendations to continue and expand GBV prevention and response programming, targeted health, protection, education and youth programming for adolescent girls including ending child marriage through economic activities and systems strengthening. (“Gender equality: how will UNICEF advance gender equality and the empowerment of women and girls in Jordan?”, GBViE Specialist, JCO)
recommended in the draft Resource Pack, (see Table 2 below). Risk mitigation across other sectors in line with the 2015 IASC GBViE Guidelines has been addressed to some extent.  

### Table 2: Minimum and Expanded GBViE actions as included in the draft Resource Pack

<table>
<thead>
<tr>
<th>Minimum actions during immediate response to a crisis</th>
<th>Expanded GBV prevention and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective coordination of humanitarian action to address GBV.</td>
<td>1. Effective coordination of GBV-related humanitarian and recovery action.</td>
</tr>
<tr>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
</tr>
<tr>
<td>3. Age-appropriate clinical and crisis care for sexual assault.</td>
<td>3. Strengthening coordinated multi-sectoral care and support systems and services.</td>
</tr>
<tr>
<td>4. Safe spaces for women and girls.</td>
<td>4. Ongoing protection interventions to reduce vulnerability.</td>
</tr>
<tr>
<td>5. Dignity kits.</td>
<td>5. Primary prevention initiatives to empower girls and women, address harmful attitudes and social norms and legislative and policy interventions. This includes testing and scaling up prevention initiatives.</td>
</tr>
</tbody>
</table>

**GBV integration across UNICEF sections**

The CP and GBV programmes are highly integrated. The CP/GBV SOPs and Amani messages, with associated tools, have been proactively and consistently promoted and communicated through sector meetings, training for national and international humanitarian actors, and – for the Amani messages – used as a basis for community awareness raising on CP/GBV. Within UNICEF, aside from improving immediate referral for survivors and those at risk, the dissemination of the SOPs had a secondary benefit in terms of sensitizing UNICEF staff and other humanitarian actors about the need to prioritize CP and GBV issues in humanitarian action. The dedicated and repeated training on the SOPs was widely appreciated in the context of staff rotation in the early months of the response, particularly for those staff working directly with refugees.  

This systematic training on the SOPs and Amani messages with different stakeholders has ensured that all sectors are aware of appropriate actions to take to refer those at risk or GBV survivors to appropriate services, and have access to updated information on where the local services are. The campaign has been well received by different sectors although one partner considered that, while the approach is appropriate, the execution is quite limited and simplistic.

A notable good practice offered by Makani centres is the response provided to married girls who are under 18 with the opportunity to access services across CP, health and education sections. As well as providing PSS, case management and referrals to appropriate and specialised services (including reproductive health), married girls are supported to complete education through advocacy with government institutions and civil society organisations. The co-location of services within the Makanis is highly appropriate to the context, (specifically the stigma around accessing services for GBV). Given the range of services, there is no way for outsiders to know which services children and young women are accessing providing a measure of anonymity for those accessing services on GBV.

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181 See below and section 4.2 for discussion of GBV risk mitigation through integration of GBV into other sector programming.

182 KII, CP team
The training provided to WASH hygiene promoters on GBV proved to be a good opportunity to engage WASH staff on identifying the links between WASH and Protection and discuss protection-concerns related to the WASH facilities, especially since the hygiene promoters have a good knowledge of the community-level challenges facing the beneficiaries.\textsuperscript{183} Despite hygiene promoters requesting the sensitisation sessions, hygiene messages for mothers still do not include GBV messaging.

The GBViE Specialist was also involved in discussions about the design of new water points and bathing facilities and also in the development of action plans following the safety audits conducted in Azraq camp. As a result of these audits, lighting in WASH facilities was regularly sited close to WASH facilities and facilities were provided which were closer to the households for which they were designed and for fewer households. In Za'atari camp, the audit found that 85\% of families had already created their own private latrines and that the most vulnerable households (those headed by single women) were resorting to negative coping mechanisms, like selling food vouchers, to install private latrines. As a result, the decision was made that these would be installed by the WASH sector.\textsuperscript{184} In Azraq, the safety audits resulted in a revised design for WASH facilities which allowed for greater privacy and dignity,\textsuperscript{185} and the locks on latrine doors were lowered as they were too high, particularly for children. The audit findings also resulted in upgrades to the design of water collection points, including ensuring greater ease of access and of carrying water, and not putting them close to roads.\textsuperscript{186, 187}

A recent report of one boy being physically attacked and sexually abused by another boy in school latrine facilities illustrates that sexual violence against boys is also a protection issue (which WASH, education and protection are working together to address). However, the scale of the issue (figures of prevalence) is not known for sexual violence against boys.\textsuperscript{188}

Health service providers in Jordan are frequently resistant to diagnosing and dealing with sexual assault and DV because the risk of retaliation/attacks on them from the survivors’ family members. Through the Family Protection Committees, the health section, together with UNFPA and the Ministry of Health (MoH), is assisting medical staff to address cases of GBV encountered among patients, while reducing their personal security risks.\textsuperscript{189} The JCO set a target of supporting 15 active FPCs by the end of 2015, but reported supporting only 10.\textsuperscript{190}

\textsuperscript{183} CP and GBV sensitisation sessions for WASH actors in Azraq and Za’atari refugee camps, May – September 2014, UNICEF

\textsuperscript{184} This issue was identified in 2013 in Za’atari and in 2014, planning started for the Za’atari wastewater network. However, because of the amount of funding required, it took until late 2014 for funding to be raised to cover the implementation of the wastewater network and work started in 2015. By late 2015, the first tanks were installed and household sanitation facilities for identified vulnerable households were installed. The Za’atari CCFA (Comprehensive Child Focused Assessment) of June 2015 indicated that 84.6\% of households indicated that they had built their own WASH facilities. (WASH comments)

\textsuperscript{185} ie rather than the larger WASH blocks built for many households in Za’atari, smaller blocks for c 12 households were constructed in Azraq so that householders didn’t have to walk so far to use them. (Toilet blocks were better used as a result, but most women still bathed in their own households despite these changes.) (WASH sector comments)

\textsuperscript{186} KII, CP team

\textsuperscript{187} The Azraq CCFA (June 2015) indicated that at least 99.5\% of women (and 99.6\% of girls) are using current WASH facilities for defecation purposes although c 52.8\% (for girls 0 to 16) to 62.5\% (men > 18) use the facilities for bathing. To address this, and in response to requests from the community representatives, UNICEF undertook a project to connect 48 households on a pilot basis and due to the success, will scale up the project across the camp to connect all HHs. In the meantime, UNHCR is planning to construct new shelters with HH WASH facilities for new shelters in Azraq and UNICEF will install the tanks and make the connections. (WASH comments)

\textsuperscript{188} As well as being a protection issue, this is also an issue with the school and the ability to report. In the cases where UNICEF WASH staff have heard about specific cases of sexual violence in schools, these cases were shared with CP. (CO Comment)

\textsuperscript{189} JCO Results Assessment Module – Outcome, CP Section, for 2015

\textsuperscript{190} JCO RAM, Health section, 2015
Adapting to changing needs

The Makani model itself represents a response to changing needs with the transition from an acute to a protracted emergency context: It provides a more sustainable, integrated, cost-effective, longer-term model of service provision. Key drivers for the development of the Makani model were (i) the high number of refugee children not being accepted into schools, and (ii) education and CP interventions in 2013 and 2014 were expensive, siloed and poorly coordinated. Initially, education was added to some CFS components in refugee camps during 2014, and this worked well, so CFS plus education was expanded into some of the host communities. This experience informed the more formal integration of education, CP and then youth programming which is the Makani model.\footnote{191, 192}

Given that the GoJ does not look favourably upon refugees working in Jordan, UNICEF cannot overtly provide ‘vocational training’ for refugees. However, as part of the productive work skills module, 14-24 year olds in refugee camps are trained with skills which they can use to set up small businesses which address identified needs of households in the camps, such as TV and mobile phone repairs, skills to run barber shops or beauty salons, and refrigerator repairs. Course participants, who are adolescent boys and girls and young adults (male and female) are also trained in problem solving, teamwork and creativity. These activities represent a means of generating a small amount of income to augment household finances by meeting real needs of camp residents. While this is a very positive initiative, it would need to be scaled up significantly to address the imperative in GBV response to support those at risk and GBV survivors to be able to be economically self-sufficient, so they have choices about whether they remain with perpetrators or not.

Currently, around 500 boys and girls have been trained through the productive work skills module in Za’atari camp and some have set up and run businesses, but their activities/successes after graduating from the courses are not systematically monitored, so longer-term impact cannot be assessed. Given that financial stress is one contributor to increased GBV, building skill sets is assumed to support prevention, or at least reduction of GBV. However, this assumption is not being monitored so no evidence is available to support or deny this assumption.

The focus of six Makani centres in Za’atari camp on adolescent girls in response to findings in UNICEF PSS evaluation were informed by the findings of the resultant consultation with the target group on what activities they would like to see in the Makani centres and constraints to their attendance.\footnote{193} Other adaptations include provision of transport by UNICEF and implementing partners (IPs) to address concerns by girls of harassment when walking to the centres; provision of some less structured activities which adolescent girls can drop into when they are able to attend; provision of small nurseries to encourage young mothers with children to attend\footnote{194} and strengthening community outreach to provide more information on services and programmes available, so parents and girls are both aware of what is going on at the Makani centres, and household decision makers will support their participation.\footnote{195}

A life-skills curriculum for adolescent girls (13-17 years old) was developed by IRC in 2014 which targets issues identified by Syrian and Jordanian adolescent girls. During 2015, the Arab Women’s

\begin{itemize}
\item \footnote{191} Guidance Note on Makani ‘My Space Approach’, UNICEF Jordan
\item \footnote{192} In the development of the Makani model, the PLaCES model (developed in Pakistan) was one among several which was considered, in particular for the mode of operation in terms of engaging one IP to deliver a range of CP, education and youth services in one Makani, and how was organised in terms of the three UNICEF sections engaging and providing funding to one location and one IP.
\item \footnote{193} Analysis Report of Focus Group Discussions with Adolescent Girls in Za’atari Camp, 2014, UNICEF and Save the Children International.
\item \footnote{194} Supervised by mothers in shifts
\item \footnote{195} Save the Children International PCA, January – December 2015
\end{itemize}
Organisation (AWO) and other national NGOs were trained to deliver the curriculum. Objective 3 of the curriculum is: ‘To enable girls to understand GBV, specifically risk-reduction/prevention strategies, causes of GBV and impacts of GBV’. The curriculum also aims to create a safe environment for adolescent girls, to strengthen their basic life skills and to strengthen their peer networks. Session 6 of the 11 sessions focuses on gender roles and GBV, session 7 on the impacts of GBV and on health relationships, and session 8 on ‘My body and early marriage’. The curriculum is recognised by other agencies as filling a gap in materials to engage adolescents which is positive. However, some faith based local partners are not willing to implement the full curriculum given their different views on what is culturally/religiously appropriate, and so IRC is working on an adapted curriculum with these partners. The evaluation team is not aware of any assessment of the effectiveness of the curriculum to date.

Theory of Change

There is no explicit GBV Theory of Change (ToC) either for JCO or MENARO. However, the GBV programme is broadly aligned with the global UNICEF ToC which has been developed as part of this evaluation. All ‘core roles’ within the corporate ToC have been addressed, namely (i) strengthening humanitarian action on GBV; (ii) supporting the State and other duty-bearers to uphold responsibilities to address GBV; and (iii) supporting civil society to address GBV. Most of the associated actions and strategic interventions are also being addressed in the programme. Gaps or areas which need particular strengthening at the level of strategic interventions in the Jordanian context include lack of systematic integration of the recommendations in the 2015 GBViE Guidelines across all sections (as discussed above); an informed strategy on how to address barriers to accessing services; a stronger emphasis on livelihoods interventions for women and girls (albeit in the challenging legal setting for refugees trying to work in Jordan); and more targeted and intensive programming to address underlying social norms which contribute to the current high levels of GBV.

4.2 Effectiveness

The extent to which the programme/activity is achieving or is likely to achieve its stated purposes, on the basis of outputs delivered.

The absence of a detailed pre-crisis baseline for provision of GBV services and incidence of GBV cases/numbers at risk among either the Jordanian or Syrian refugee communities, and no pre-crisis JCO GBV programme means that clear evidence of effectiveness in terms of comparison with what was available before the crisis is not possible. Additionally, the JCO (in common with most other GBV partners) doesn’t collect systematic data on the effectiveness of GBV programming per se. (See further discussion on data collection to demonstrate effectiveness below in the section on the capture and use of programme results).

However, in the evaluation team’s opinion, the establishment of and awareness raising around GBV elements of the PSS programming being delivered in Makani centres in refugee camps and host communities is resulting in increased awareness of GBV as a problem among communities, of the risks of early marriage, and the services provided as part of the emergency response have significantly augmented what was available pre-crisis for both Syrian refugees and vulnerable Jordanians.

196 Adolescent Girls Life-skills curriculum, IRC Jordan, 2014
197 IRC partner progress report, 25th February 2016
198 Possibly based on more studies/gathering of existing evidence to highlight specific areas where gains can be made in the current socio-political-cultural context
199 The inter-agency assessment of CP and GBV conducted at the start of the L3 emergency provides a general picture of levels of early marriage and child protection in early 2013, of the challenges to accessing services for Syrian females, and the availability and awareness around service provision for survivors. However, this relates only to Syrian refugees and does not provide a detailed picture against which project results can be measured.
Improved access to GBV services

Through Makani centre programmes, awareness raising on GBV, support through provision of PSS, informal education and life skills has been offered, and training on identifying and referring those in need to appropriate service providers provided. The SOP project with associated components (SOPs, AMANI, case-management standards and training) with the associated dissemination and training activities have increased the numbers of actors who are aware of and capacitated to address GBV. Additional services to those girls and women in the north who need to leave their homes following GBV are provided through the shelter element of the Hemayati project.

As of November 2015, JCO has developed a network of 151 operational Makani centres, with an additional 80 centres scheduled to become operational. By November 2015, 151,659 children (52% girls) had been registered with Makani.200 The same range of services are provided throughout Jordan through Makanis and, apart from the six Makanis focused on adolescent girls in Za’atari camp, are not differentiated in terms of target groups of different programmes in camps and host communities as the CP/GBV related needs are the same in both communities.

168,386 vulnerable girls and boys201 in camps and host communities were reached with quality PSS support services during 2015 (compared with the target of 203,308 children).202 This number includes 7,008 children (target 13,000)203 who received specialised case management services for CP, PSS and GBV, including 713 girls and boys at risk of early marriage or already married.204 UNICEF anticipates reaching a total of 218,284 children with PSS in 2016.205 To improve the quality of services provided at UNICEF Jordan-supported spaces and Makani centres, over 2,100 frontline workers and 2,900 volunteers and members of child protection committees have been trained on child protection, GBV and psychosocial support-related issues. Given that there was no UNICEF GBV programme before the L3 crisis, this is a major achievement. All CFS have become Makanis in both camps and urban areas with the exception of five locations in Azraq camp, where CFS provide CP programming (without education and youth interventions).206

In the refugee camps, case management is provided by International Medical Corps (IMC) and other IPs refer cases to IMC-run Makanis. In host communities, the Arab Women’s Organisation (AWO), a national IP trained and mentored by IRC, provides case management in the two centres which they run in host communities. Save the Children and IRC working with JRF have led the inter-agency efforts to institutionalise case-management by establishing standards and advocating for the integration of these standards in national accreditation system; developing a case management package and supporting JRF to delivery these trainings; and supporting CBO/NGOs in the north to build their case management capacity.207

FGD participants for this evaluation felt that the Makani centres provided a confidential place for them to discuss challenges they face at home, particularly communication challenges with older husbands. Some would like more life-skills courses and socio-economic empowerment activities to be provided,

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200 As noted above, Makani offer services to children, adolescents and youth up to age 24. Women over 24 years old are not targeted for GBV services/interventions by UNICEF in Jordan but are engaged as caregivers and as community members. (KII CP team)
201 80,627 boys & 87,759 girls
202 This includes numbers reached through 166 Makani centres and Child and Adolescent Friendly Spaces - 49 in camps and 117 in host communities. (JCO Results Assessment Module, CP section, 2015; COAR 2015 draft)
203 3,564 boys & 3,444 girls. This number includes 1,014 unaccompanied and separated children. (JCO Results Assessment Module, CP section, 2015)
204 Jordan COAR 2015, (draft). This number was slightly below the target figure of 8,031 boys and girls for 2015.
205 UNICEF sitrep: Syrian Crisis, February 2016, Humanitarian Results
206 This is because Azraq is still receiving refugees. During the first six months of refugees stay in Jordan, education is not offered: “You can’t talk to them about education in the first six months”, (KII CP team)
207 Report on Inter-agency Strengthening CP and GBV Services and Systems: Project Phase II: May – December 2014
but appreciate the chance the centres offer for social support as well as confidential counselling, during which some of them are prepared to discuss GBV issues: “We feel safe because of the atmosphere and because no conflicts occur at the centre.”

Referral mechanisms for CP and GBV are led by the national and sub-national CP and GBV SWGs. Referral mechanisms have been strengthened by intensive roll out and training on the SOPs and referral pathways. Given the short field trips and the RTE nature of the evaluation, the team did not have time to make an evaluative judgement on the effectiveness of the training, independent of the views collected through KIIs.

A recently released report by UN Women found that only 3% of Jordanian survivors of GBV end up accessing the whole system of justice, and Syrian refugees have less access to the justice system than Jordanians. Access to legal services is patchy. FGD participants in Za’atari camp said that there is one lawyer available for girls to talk to, and several of them said that they would speak with her if necessary, although none of them had done so to date. Refugees are unwilling to report GBV to the authorities. Apart from the stigma of reporting GBV, some are wary of deportation and are therefore not inclined to raise their profile to the civic authorities. FGD participants said that they would not report DV by husbands or in-laws even to their parents, because that would escalate the issues and might not make any real difference.

By contrast, in the two host communities with Makanis run by AWO, 120 women and 38 girls received free legal counselling in the period January – March 2016, with the cumulative total of 337 women and 93 girls from June 2015. These figures have exceeded the target of 300 women and 40 girls respectively. In the cases of women seeking legal counselling, most cases related to either husbands leaving their wives, staying away from home for several days or hitting their wives. Other cases included queries about birth and marriage registration. For girls accessing legal advice, the primary reasons were problems at school, verbal and sexual harassment in the street, and they also came on behalf of their parents, with queries on family conflicts.

In addition to those boys (children and adolescents) who are engaged in Makani activities, men are engaged in awareness raising activities, as members of community committees. IPs report some challenges in reaching men (in contrast to women who are keen to attend the sessions), but working with community and religious leaders is proving one of the more successful way of reaching men.

In addition to GBV programme delivery through Makani centres, the finalisation, trial running and opening of the UNICEF supported MoSD-run shelter has all been successfully achieved, and 31 women with 6 accompanying children had stayed in the shelter between June 2015 and September 2015.

Timely response

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208 KII, UN Women
209 ARDD (Arab Renaissance for Democracy and Development) provide legal aid services in Jordan to marginalised and impoverished people in Jordan. http://ardd-jo.org/legal-aid However, no mention was made of this NGO in the KIIs conducted by the team. Or to survivors taking their cases to Shari’a courts.
210 KII, UN partner
211 FGD, Za’atari camp
212 AWO quarterly progress report to UNICEF, January – March 2016
213 Ibid
214 Ibid
The JCO was among the earliest humanitarian actors to recognise GBV (particularly early marriage) as a significant factor in the L3 emergency response, and was among the first UN agency to recruit a GBViE Specialist. Once she was in position, the GBViE response was initiated quickly.

The pre-L3 emergency CP programme already had CFS in place, and community mobilisation programming established, and these entry points were exploited to disseminate GBV messages among communities early in the emergency response. Initial GBV programmes focused mainly on prevention, but – because cases of GBV were identified in the CFS - referral mechanisms and case management were also quickly put in place.

Development of CP/GBV SOPs by the joint CP/GBV SWG was started in the first half of 2013, followed by development of the Amani messages in 2014. They were updated again in 2015 to reflect changes to domestic legislation. Having one set of agreed messages and SOPs which promote good practice on CP and GBV which have been proactively and continuously disseminated to beneficiaries and to national and international actors throughout the response is good practice. It is interesting that, even given these highly proactive dissemination strategies, other sections within UNICEF, and other humanitarian sectors more widely, haven’t ‘owned’ GBViE mainstreaming across their own programmes, and it has still required the GBViE/CP staff to drive the process.

In terms of timely response, there have been programme delays which have been beyond UNICEF’s control. In general the speed of translation of policy to programming is slow, in part because of the need for the Ministry of Planning (MoP) to ‘approve everything’. Government procedures also delayed the approval of the budget for Hemayati and first disbursement of funds, leading to delays in opening the shelter, training of staff and community awareness.

GBV prevention
There are some indications of success as a result of GBV prevention through awareness raising sessions with parents and communities in Makanis. However, overall, the monitoring systems and data currently being collected do not facilitate systematic analysis of whether prevention programming has resulted in changed attitudes to GBV.

Prevention and mitigation have been a key objective of the widespread training/awareness raising for non-CP/GBV sector national and international humanitarian actors on the SOPs and Amani messages. In 2014, 30 organisations implemented the Amani campaign through their support for dissemination of the messages throughout Jordan, in both camps and urban settings. In 2015, UNICEF Jordan, in partnership with Jordan River Foundation (JRF), trained 307 frontline staff from different working groups on the SOPs for the prevention and response to CP and GBV as well as on the inter-agency CP and GBV Case Management Training Manual. Hard evidence to support changed attitudes among national humanitarian actors on the value of preventing GBV as a result of the trainings is not available.

Awareness raising sessions for communities and care-givers are structured around Amani messages and target social norms. Initial indications that these sessions with parents and caregivers are resulting in changed attitudes to GBV is provided by pre- and post- session questionnaires being administered.

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216 KII, GBViE Specialist
217 KII, UN partner
218 A national consultant will facilitate training at the Shelter and the MoSD. (KII CP team)
219 Levels of involvement of these 30 organisations varied from dissemination of tools, implementation of activities with communities and creation of new tools. (Report on Inter-Agency Strengthening: CP and GBV Services and Systems Project Phase 2: May – December 2014)
The results showed tangible changes in the knowledge of communities on GBV issues following sessions on GBV and referral pathways. At the end of the awareness raising sessions, 95% of beneficiaries surveyed agreed on the importance of having specialised services for GBV survivors (up by 16% on the start of the session); and 98% could identify the services available for GBV survivors in their communities by the end of the relevant sessions (up by 55% on the start). While the results are based on a small number of responses (357), they do suggest that awareness sessions are an important first step towards behaviour change. However, in order to really tackle the deeply entrenched social norms which underlie acceptance and prevalence of GBV, a more detailed understanding of the complex drivers in this context, and programming which targets attitudes and behaviours which contribute to different types of GBV will be needed.

In addition to the awareness raising sessions, volunteer members of the community committees conduct outreach to vulnerable households and children in their catchment to raise awareness on child rights, child marriage, and other forms of GBV, and refer identified children in need of appropriate services to Makanis, (including abused children and to try and prevent early female marriage). No evaluation has been done to date of the degree to which this has resulted in changed attitudes to GBV.

All Makanis provide adolescent girls and their caregivers with opportunities/courses which raise awareness of the potential challenges faced by children (particularly girls) who marry under 18. FGD participants agree that raising awareness among girls is important as a way of reducing early marriage. Discussions about pregnancy and children help girls understand the responsibilities of marriage; and discussions on health risks associated with child pregnancies are aimed at influencing both the girls and their caregivers’ decisions. While the evaluation team were told anecdotally of a few instances in which early marriages were stopped (some quite dramatically on the wedding day), there is no firm evidence of how effective these courses have been in reducing numbers of early marriages overall, or of changed attitudes to early marriage.

While the assumption that encouraging girls to remain in education for longer will delay marriage, conclusive evidence is not being gathered in Jordan for this, and views expressed by different interviewees were conflicting. Anecdotal evidence reported by Makani partners suggested that if girls are engaged in activities (eg in Makanis) which their parents approve of and consider safe, they are seen as less of a burden on the family, and are therefore less likely to be married early to reduce the costs to the household. On the other hand, participants in one FGD spoke of prevailing social attitudes which brand women who reach 20 years old without being married as 'spinsters' and, therefore, not someone who a single man would consider as a bride. This, combined with the belief that marriage confers safety on adolescent girls and young women are strong motivators for continuing to marry early. In addition, in one FGD conducted, participants said that the provision of services in the refugee

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220 357 beneficiaries who benefited from GBV awareness sessions were surveyed to measure the impact of the session on their knowledge of existing services in the local communities that could meet their needs and improve their livelihoods with a focus on the services provided for the people who have been affected, or, who are at risk of GBV. 340 out of the 357 surveyed beneficiaries were women, 9 were girls and 8 were men. (IRC Partnership report to UNHCR and UNICEF, 25th February 2016)

221 IRC Partnership report to UNHCR and UNICEF, 25th February 2016

222 UNICEF’s recently developed communities’ care programme has been piloted in a few countries, and might be a useful resource for the JCO to consider as a basis for a longer-term, more in-depth prevention intervention.

223 CAR 2015 draft

224 FGD, Za’atari camp

225 Or in any of the other countries visited as part of this evaluation.

226 Older women (i.e. 20+) would be married as second wives or by a divorced man FGD participants reported.
camps is itself a contributor to early marriage, as in Syria the husband would have to provide a dowry, buy a house and pay to set it up, while in the camp “everything is provided so it saves money”.

An initiative to engage moderate religious and community leaders who are supportive of human rights and prevention of early marriage is being implemented by the AWO. The influence of these leaders in challenging prevailing social norms which underpin current levels of GBV is recognised, particularly with men and boys. However, monitoring indicators do not include data on this PCA objective, and so there is no data on the level of progress to date. While all three Makani components target boys and girls, those partners working in host communities report challenges in engaging boys, because they are either at school or engaged in economic activities to support their families. To try and reach more boys, the AWO has approached the MoE for permission to hold awareness raising sessions within schools, but no decision has been taken to date.

Risk Mitigation of GBV

GBV is very strongly integrated across the CP programme, and there has been a systematic campaign to roll out the SOPs and Amani messages across different sectors since 2014. However, GBViE integration across other sections is neither systematic nor ‘owned’ by the other sections, meaning that opportunities for risk mitigation are not being maximised.

There is very significant potential for mitigating risks of GBV by systematically integrating GBViE actions/approaches across other sections, as explained in the 2015 IASC GBViE Guidelines. Given that UNICEF leads the coordination of humanitarian response through its global cluster lead/co-lead on more sectors than any other agency, and has the largest WASH, education and CP response in Jordan, the agency has significant potential to lead systematic integration of GBViE activities across each of these sectors. Within the CP section, this responsibility is being actioned through the high degree of integration between CP and GBViE. In other sections, while there is more integration than in many of the other countries visited by the evaluation team, and the SOP/Amani campaign project has included dedicated resources and has been systematically and repeatedly rolled out since their development, the other sections have not ‘owned’ this process such that it is systematic whether or not support is proactively offered by the GBViE Specialist.

The GBV/gender equality checklist developed by the GBViE Specialist in November 2014 is an accessible and useful tool. It clarifies that GBViE is a lifesaving intervention which UNICEF should prioritise within the CPIE programme, and that UNICEF should address risks and support survivors among “children and women”. However, the specific check-points refer to girls/boys and adolescent girls and do not mention women. Given that the question of whether or not UNICEF’s GBViE response should include women in their own right, and not just as care givers, is one on which UNICEF staff are not clear, it would have been helpful to have this emphasised in the check points. Given the clarity and accessibility of the tool, it could easily be made relevant for each of the UNICEF sections rather than just CPIE which could contribute to strengthened GBViE mainstreaming across all the sections.

The MoE led Ma’an campaign, which provides systems for students from selected schools to file monthly reports on different types of violence experienced, has seen a significant reduction in levels of physical and verbal levels of violence. However, general acceptance of violence remains high and there is reluctance to report teachers for violence. This is notably the case in those governorates

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227 FGD, Za’atari camp.
228 Arab Women Organisation, quarterly progress report, September – November 2015
229 WASH, Education (co-lead with Save the Children), nutrition and CP.
230 Which was circulated within the CP team, and – as far as the GBViE Specialist can remember – around the whole CO. However, it was aimed at the CP team. (KII GBViE Specialist)
where no action has been taken against teachers who have been reported, and particularly relating to reports of sexual violence, which is strongly taboo.\textsuperscript{231} At the same time, students and teachers are a force for reversing the societal acceptance of violence to discipline children; and the training provided to school counsellors on GBV and CP and case management as well as the MoE’s intention to expand their role, offers opportunities to strengthen awareness and action in cases of GBV in schools in the future.\textsuperscript{232} Activities around results of sensitisation and training of WASH staff and volunteers have been described above in section 4.1.

UNFPA leads the health related aspects of the GBV response, including training national health professionals on clinical management of rape (CMR), delivering post-rape care procuring drugs and equipment for CMR for child or adult survivors. This is in line with the interagency agreement on division of labour within the GBV sector and means that the health section within UNICEF is not engaged on CMR, although UNICEF and UNFPA together are supporting the Family Protection Committees (FPCs) in hospitals to encourage medical professionals to address GBV when they observe it in patients presenting for other issues.\textsuperscript{233} The health section was one of the target pilot sections for the IASC GBV Guidelines in Jordan.

The UNICEF/UNHCR unconditional child cash grant (CCG) transfer programme has the potential to make a significant different to the most vulnerable households in which there are those at risk of or which include survivors of GBV. However, risk or incidence of GBV is not currently a criterion for receiving the grant. Those refugee families receiving the CCG are among the most vulnerable, and exhibit behaviours and are subject to stresses which are known to be connected with increased risks of GBV. Monitoring results for July-August 2015 found that 50% of recipient families had avoided at least one negative coping strategy that they had previously relied on, including girls leaving school, although the data showed that negative coping strategies were still being widely used. Questions on risks and vulnerabilities are included in the household questionnaire, the results of which inform household selection, but very few relate to GBV. Currently, less than 1,000 of the families receiving the cash grant have been selected on the basis of protection needs/vulnerabilities. At the time of the evaluation mission, discussions were ongoing between the social protection and CP teams on starting to use CPIIMS data to inform CCG selection criteria which could go some way to addressing this gap.

One of serendipities of the integrated programming between CP, Youth and Education sections in Makani centres is that representatives of the three sections have conducted monitoring visits together which has deepened their understanding of the interventions being implemented by each section as well as enabled them to work together to support the IPs.

Capturing and use of programme results

In common with GBV programming elsewhere, data collection focuses on activity level rather than outcome level. This means that data analysis to inform higher level results on increased perceptions of/actual levels of safety and on effective prevention of GBV and changed social attitudes which underlie GBV is challenging.

Data on all CP programme outputs and activities is collected using ActivityInfo, including on the GBV-specific indicators (related to outputs 5.1, 5.2 and 5.4 above). Analysing the data so that it can be used

\textsuperscript{231} Under the reporting system for the Ma’an project, reports are not attributed to specific teachers. The reluctance to report teachers for violence is not specific to the Ma’an project, but a more generally held view.

\textsuperscript{232} KII, JCO Education section

\textsuperscript{233} FPC are described in section 3.2.2 above
to inform progress towards higher level results (such as increased safety and protection of groups at risk of GBV) is challenging. For example, data on the numbers of people reached with Amani messages is collected, and pre- and post- training attitudes and knowledge is tested regularly at trainings, but there are no measures of behaviour change as a result of hearing the messages. There have also been challenges in consistency of interpretation of terms by IP staff in the past which have skewed results.

Monitoring of programmes delivered in Makani centres is through attendance monitoring, parental feedback and FGD with the children/adolescents. The CP team also visits Makani centres once a quarter to complete a minimum standards checklist, and JCO teams of field monitors pay unannounced visits to projects. Pre- and post- evaluations are conducted during PSS courses, and service evaluations for case management. Anecdotal feedback from parents is often that there is very positive behaviour change among children attending Makani activities (e.g. children engage more with each other and they exhibit less obviously distressed behaviour).

In part to start addressing this gap in collecting outcome level monitoring data, the JCO CP/GBV Annual Plan for 2016 includes an assessment of the SOP-related material (case management training, SOPs, Amani campaign): How the materials have been used and to what effect? An assessment of the Makani model will also be conducted during 2016. This should generate some really interesting data which will be of interest/utility for programming in other CO GBV programmes as well as in Jordan.

The CPIMS and GBVIMS both collect data on case management of GBV, and UNICEF is a member of both Task Forces. Consolidated data is circulated to members of the respective Task Forces in line with the Information Sharing Protocol each month, with joint working by the partners to prepare six monthly reports for external parties. GBVIMS and CPIMS results are used within UNICEF to inform CP and GBV programming. There is no Monitoring, Analysis and Reporting Arrangements on Conflict Related Sexual Violence (MARA) in Jordan.

Within the cash transfer programme, in-depth analysis of the post-distribution monitoring has enabled a closer review by UNHCR and UNICEF to reprioritise the target population.

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234 The previous GBviE Specialist reported finding it challenging to “make sense” of the data collected in the two-year period of her post.

235 130,000 CP and GBV materials distributed to increase awareness on prevention and response to violence, protection, referral and GBV during 2014. (PSS evaluation)

236 KII, CP team

237 Eg High numbers of boy survivors of ‘GBV’ being reported were found to result from IP programme staff including child labour as a form of GBV.

238 FGD are conducted with parents and children after the end of course cycles by the CP Specialist, the Education Specialist and the M&E team. IPs also seek anecdotal feedback from community leaders, including religious leaders. (KII CP team)

239 The JCO M&E section have a team of 8 field monitors (staff members) who make unannounced visits to partners/IPs with minimum standard checklists through which they collect extensive information. Any outstanding issues are flagged up to relevant sections of the CO to follow up.

240 Case management questionnaires are conducted with the children who had case management, and with their families about the services they accessed and the results in their lives. The focus is on whole families rather than individual children. (KII, IP Za’atari camp)

241 The CPIMS, which has been functioning in Jordan since 2014, is co-chaired by UNHCR and IMC. The GBVIMS – also in place since 2014 – is hosted by UNHCR and the Task Force is co-chaired by UNHCR and UNFPA. UNICEF's role in the Task force is focused on technical support and capacity building. At the time the GBVIMS Task Force was established, UNICEF IPs did not use GBVIMS and were not planning to start using it. Only IMC in Azraq, IRC, NHF and JRF used GBVIMS for programmes supported by UNCHR and UNFPA because of capacity constraints. UNICEF does not report through GBVIMS as the agency is not providing case management directly. (KIIs CP team)
Nationally, UNICEF, UNFPA and other partners have been supporting the development of a National Tracking system (see above section 3.3.1) which will provide an overview of all national and refugee CP/GBV related case management, providing one system with a complete view of all reported cases of GBV within Jordan. The National Tracking System is not being developed to be able to share information with either the CPIMS or the GBVIMS. However, the JCO and the NCFA (who will ‘own’ the National Tracking System for the GoJ) are working to update their respective software so that this will be possible in future. This will take at least one year to achieve.

In terms of the possibility of demonstrating GBV risk mitigation as a result of integration with other sections, the education, health and nutrition and WASH sections have no GBV related indicators in their RAM and make no reference to GBV within their narrative reporting for 2015, making this challenging. The Youth section RAM for 2015 includes a narrative report on early marriage discussions as part of the agenda at the International Arab Congress, but has no specific indicators relating to GBV.

Leadership contribution

JCO and CP leadership support is a key success factor both for the establishment and ongoing funding of the GBV programming as a JCO response priority, and for UNICEF Jordan being seen as a champion for GBV by international and national partners. Despite this support, within UNICEF Jordan, GBV has a lower profile than other UNICEF-led/co-led sectors.

UNICEF was an early advocate for the prioritisation of GBV as part of the L3 response; had the first GBViE Specialist in post of any UN agency, and JCO leadership continues to raise GBV issues at Inter-Agency Task Force level. However, the Representative considers that, despite all the good work being done by UNICEF and other partners, “GBV remains at epidemic levels in Jordan”. To address this, he is interested in conducting a large scale, nationwide media campaign to raise awareness and challenge attitudes which condone GBV.

UNICEF is working with partners to promote the development of a legal framework and policies which support a survivor centred approach and encourage survivors to seek the assistance they need. Inter-agency support for revisions of the legal code in line with international good practice have been challenged by conservative groups (particularly religious groups); but UNICEF and partners are continuing to advocate for the amendment to the Penal Code to be fully in line with international law, the new DV law which will be considered in the next Parliamentary session, and to rescind the requirement for mandatory reporting. The JCO has also provided technical advice as part of the development of the MoSD Social Protection Policy of MoSD (which includes GBV). However, self-assessments completed for justice interventions by the CP team indicate that supporting the GoJ to develop protocols for survivor-centred forensic health, policing and court procedures in GBV cases, and training of professionals on these protocols and survivor centred practice are areas in which much more could be done.

Referral, advocacy and emotional and practical support for survivors wishing to pursue justice were rated only average (3/5) as is support to NGOs and CBOs to provide victim support systems including legal aid. Building survivor centred knowledge skills and attitudes in formal and informal justice systems is rated 2/5 and is therefore an area for future focus.

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242 CP JCO Workplan, 2016-17
243 Just before the evaluation mission, JCO leadership had brought attention to the GBV crisis at the border. By closing the border between Jordan and Syria, around 50,000 refugees were reported to be stranded in a desert area near Ruqban and Hadalat. (‘Jordan Blocks 50,000 near the border’, Al Monitor, April 5th) Reports of rapes taking place were discussed while the team were on mission in Jordan.
244 KII, JCO Senior Management
245 COAR 2015 draft
246 Workshop discussions
247 Self-assessments rated these as 2/5 (where 1=not met and 5 = fully met).
The JCO GBViE Specialist was involved in setting the agenda for the visit of the SRSG for Sexual Violence in Conflict in April 2015, ensuring UNICEF was heavily involved and highlighting UNICEF’s position as a leading actor within the GBV sector response. As well as JCO being present in the discussions with the SRSG and external partners, the visit also provided the opportunity for the Representative to be briefed on the programme and UNICEF’s role, raising awareness of GBViE programming among the JCO leadership.

The GBViE Specialist also worked with the communications team to ensure that human interest stories on GBV were included in briefings and high level visits to the JCO. UNICEF Jordan supported several international media missions during 2015 to highlight increasing numbers of child marriage among Syrian refugees.248

UNICEF’s leadership of the joint CO/GBV SWG in the first months of the response, and of other inter-agency coordination mechanisms is discussed below under Coordinatio. (Section 4.4)

The prioritisation of GBViE in the crisis response in Jordan is higher than in many emergency responses within UNICEF. However, within the JCO, the profile of GBV is lower than for other sections. This is due to (i) UNICEF no longer co-leading the GBV SWG, reducing the agency’s profile as de facto leader of the GBViE sector; (ii) the low commitment of human resources to GBViE in comparison with all other UNICEF sections, ie one staff position with additional responsibilities beyond GBViE,249 compared with multiple dedicated staff members in each of the other response sections. Both of these factors signal to external and internal actors the relatively lower emphasis UNICEF places on GBV compared with the other sections.250

At the same time, it should be noted that the breadth of the GBViE response, and UNICEF being considered by partners as a leader in the GBV sector, is a testimony to the GBViE Specialist’s commitment and engagement as well as to the support provided by the CP chief, the CP section and senior CO staff. It also demonstrates how mobilising the agency’s very considerable humanitarian resources can contribute to a significant ramping up of GBViE prevention and response during crises, and – therefore - the importance of UNICEF’s focused engagement as a key partner in the wider GBV sector response.

4.3 Efficiency
Measure of outputs versus inputs in terms of having appropriate levels of financial and human resource capacity in place, both within UNICEF and via implementing partners, and how well these have been used to generate outputs.

The CP team in JCO have had adequate funding and dedicated, specialist GBViE resources for the size of the GBV specialised programming. Existing GBViE capacity has also been able to support some degree of integration of GBV risk mitigation across other sections. However, increased dedicated GBV capacity will be needed to support systematic integration across all sections until each section has the capacity and commitment to own and lead this integration. UNICEF is highly valued as a GBV partner by government, national civil society and by INGOs. As GBV programme costs are not reported separately from CP figures, it is difficult to assess value for money of the different programme components.

248 COAR 2015 draft
249 With the job description including supervision of a national, professional CP officer working on the Ma’an campaign. (KII CP team)
250 This point is repeated in other COs visited by the evaluation team and the very limited dedicated GBViE staffing within the CP team in HQ is certainly interpreted within and outside UNICEF at HQ as indicating that the agency places less emphasis on GBV than on other sectors for which it has global leadership.
Funding
The CP sector was fully funded for 2015 and already 50% funded by March 2016. The CP section are recognised as being able to absorb and use large sums of funding effectively by the Partnerships team, so if there is additional funding left at the end of financial periods, it is often allocated to the CP team: “They advocate strongly for funding and allocate it speedily once it is given to them.”

Adequate funding for the GBViE programme was provided, being allocated from the (mainly) unearmarked CP funding as necessary by the CP Chief. The Hemayati project received earmarked funding from the Norwegian government.

Human resources
The presence of a dedicated staff member throughout the response has been a significant success factor in the development of the UNICEF GBViE response; in UNICEF’s being seen by some as a champion in the sector; and in the relatively high profile of GBViE as part of the JCO emergency response (as compared with other UNICEF emergency responses). At the same time, given the scale of the GBV needs among both Jordanians and refugees in Jordan, one dedicated person could not fulfil all the needs for both specialised and supporting other sections to integrate GBViE systematically across their own responses.

The presence, throughout the response, of some members of the CP team, providing continuity, institutional memory and strong support to the joint CP/GBV activities, has also contributed to the programmes’ success. (CP team members covered the GBV portfolio in the gap between GBViE Specialists - December 2015 – March 2016).

GBViE capacity has also been provided from the RO and HQ. This support has been appreciated by the CO. However, UNICEF does not have dedicated GBViE positions at MENARO, and there had been no Regional Gender Advisor in MENARO for the year before the evaluation mission. As well as a gap in providing technical assistance, the lack of GBViE Regional Advisors means that UNICEF is not represented in inter-agency regional level technical discussions with UNHCR and UNFPA, who both have GBViE Advisors for MENA, which both Lebanon and Jordan CP teams consider to be a gap.

In addition to UNICEF staff, JCO relies heavily on IRC and other INGOs for technical support for case management, and augments CO capacity on GBV by hiring consultants to draft protocols and guidelines. Because of the multi-sectoral nature of comprehensive GBV programmes, significant time

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251 The partnerships team (one person) in the is responsible for donor reporting, donor relations and resource allocation within the JCO.

252 The GBViE Specialist who arrived in January 2014 considers that attendance at UNICEF HQ CP-led training on GBViE in Ireland immediately before taking up her position with the JCO, where training was provided on the Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, 2010 and UNICEF’s role and responsibilities for GBViE response and was “the perfect introduction” equipping her for her new role. As a result of the course, she felt confident in having the tools and information to convince senior management and head of section, partners and other members of the GBV SWG on what UNICEF can and should be doing.

253 The inter-agency Global GBV AoR Rapid Response Team (RRT) member conducted a short mission to Jordan in early 2012, and the RRT member for MENARO provided assistance on request during her period in post, based in the RO in Amman. The follower to the RRT – the inter-agency Regional Emergency GBV Advisor (REGA) was based in UNFPA’s RO in Jordan in 2013-2014 and was available to provide inter-agency support to the GBV sector also. The UNICEF GBViE Specialist from the CPS in New York has also made two missions to Jordan during the emergency response, to advise on the programme and response and how the CO response linked with the Regional Response Plan.

254 Of the present team of RO Gender Advisors, only one (CEECIS) has any GBViE experience.

255 One illustration of this could be the absence of GBViE as a UNICEF MENARO regional response priority for the Syrian response, despite its prioritisation by both Lebanon and Jordan COs, as well as both GBViE and addressing child marriage being GAP targeted priorities.
and capacity is required to support the integration of GBV activities across all the other UNICEF–led sections and the other humanitarian sectors. Where this capacity is available, results have been very positive. For example, the development of the SOPs and Amani campaign worked well because there was a dedicated team of three, focused on communicating the tools across all sectors of the response after they were developed. They attended different sector Working Group meetings and presented the Amani messages and tools throughout 2014. This was expensive but is considered an important contributing factor to the wide knowledge and use of information contained in the messaging and SOPs.

A Communication for Development (C4D) staff member will be joining the CP team during 2016, whose job description will include addressing social norms which contribute to current levels of GBV.

**Value for money**

Initially, the GBViE programme built on the existing CP programme implemented in CFS, adding GBV messaging to existing CP messaging and broadening existing CP community mobilisation to include GBV activities. This approach represented good value for money in terms of achieving results without having to invest in establishing new programmes.

The Evaluation of UNICEF’s Psychosocial Support Response for Syrian Children in Jordan, 2015 reported that case management for CP and GBV cases in both 2013 and 2014 used 9% of the total CP budget, while PSS costs were 63% and 75% for 2013 and 2014 respectively. Costs per child for delivering PSS were USD84 in 2013 and USD66 in 2014; and for case management for CP/GBV was USD215 (2013) and USD71 (2014). Reduced unit costs in 2014 are attributed to sharp increase in the numbers of girls and boys reached in 2014 as compared with 2013; higher infrastructure costs, staff recruitment, salaries and capacity building start-up costs for 2013; and possibly better use of available capacity in 2014 compared with 2013. No GBV specific costs are available and GBV funding is not reported on separately from CP funding (in part because much of it is delivered in Jordan as a package) making it difficult to calculate the specific costs of GBV programmes.

With the humanitarian crisis transitioning to a protracted emergency, greater emphasis is being placed on promoting cost efficiency and sustainability of programme interventions. One objective of implementing the Makani approach was greater efficiency with the delivery of multiple services through one centre (education, CP/GBV, and youth in 2015 with health and WASH additions planned for 2016). Unit costs for the Makani centres have been calculated at USD109 per year per child. As well as saving money, the Makani approach has “forced sections to work together”. One PCA is signed jointly between the three UNICEF sections and one IP who delivers all activities in one Makani centre, although there are three funding streams and a focal point in each of the three sections. For the first year of operation (2015), education and CP sections conducted shared programme monitoring visits to Makani centres to foster learning between the sections. While keeping costs low per beneficiary, some KIIIs felt that the multi-sector focus of the Makani has diluted the focus on GBV, with partners sometimes struggling to deliver all the different aspects of the programme. However, while acknowledging that an integrated (multiple sector) approach could dilute some aspects of GBV

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256 KII, CP team  
257 Workshop discussion  
258 USD 2.2 million (2013) and USD 2.4 million (2014).  
259 Costs per child for PSS and case management were calculated by dividing the annual expenditure on PSS by the number of boys and girls who accessed the PSS services. Likewise for case management for CP/GBV.  
260 Jordan COAR 2015 (draft)  
261 This programme also has a highly efficient third party monitoring and evaluation system. During 2015 three rounds of post-distribution monitoring were conducted so that progress could be assessed at activity, output and outcome levels
response and prevention, overall the evaluation team considers that the Makani model is an efficient way to deliver awareness raising and some socio-economic programming as part of an inter-sector model, with other services being delivered through other projects. It is also aligned with UNICEF’s emphasis across humanitarian response of delivering a more holistic response from single locations which means that beneficiaries can benefit from multiple services at one location rather than having to attend several.

The unconditional cash transfer programme to 15,000 of the most vulnerable Syrian refugee families with children leverages on the existing UNHCR system which is exceptionally secured through biometric identity verification and is unrivalled in terms of cost effectiveness and efficiency.261

Partnerships
UNICEF is universally perceived as a strong partner by NGOs, which – in addition to providing strong technical and standard setting to the GBV sector – has an “open door policy”, taking time to listen and work with IPs to address challenges (such as challenging relationships between partners, development of budgets and report writing) which is highly appreciated by the NGOs.

Senior FPD staff also consider UNICEF to be one of their “more important” international partners, for whom they make time for frequent meetings: “There are no limitations dealing with UNICEF”.262

UNICEF is seen as playing a valuable role as a “semi-neutral arbitrator” between GBV partners, including other UN partners and UNHCR.263 LNGO partners also value UNICEF’s role as a broker with other international partners: “UNICEF opens doors for us”. In a similar way, LNGO partners consider that they help UNICEF gain access to other local NGOs, for example those which are patronised by the Queen.

To strengthen coordination between UNICEF and IPs and ensure that CP/GBV programmes are reaching desired targets, a Field Officer has been recruited by the JCO. If the number of cases being referred by one IP is unusually low, the Field Officer will liaise between different partners so that those with skills in case management support those without. This represents an efficient and collaborative engagement.264

Local partners would welcome UNICEF’s facilitation of opportunities for more international exchange and experience.

Operational processes
Previously, PCAs were typically signed for six months, meaning that partners spent a significant amount of time writing extension concept notes. Gaps between follow on agreements has resulted, in the past, in IP staff being laid off with the corresponding loss of trained capacity, reducing efficiencies. However, one INGO praised UNICEF for signing the 2016 PCA in December 2015, ensuring a smooth follow on with no gaps in service delivery and, importantly, ensuring that this loss of skilled staff didn’t happen.265 The shift to Makani PCAs being signed for a year is more efficient in terms of freeing IPs to focus on delivery of programmes for more of their agreement period.

A notable good practice in Jordan is the inter-agency agreement to standardise salaries across different UN agencies to minimise the risk of staff transferring between agencies for better pay offers.266

262 KII, FPD – meaning that they will always make time to meet with UNICEF.
263 For example, UNICEF and UN Women are currently advocating together with UNHCR to release trend data of the GBVIMS. (KII UN Women)
264 KII, INGO IP
265 KII’s, LNGO and INGO IPs
266 UNICEF PSS evaluation, 2015
4.4 Sustainability / Connectedness
To what extent emergency response activities take into account and support a longer-term approach, including in connection with UNICEF’s regular development programming.

A long term, sustainable focus has been integrated in the GBV programme from the start, most notably through capacity strengthening of government and civil society with the objective of handing over service provision to national actors once they have the capacity to delivery quality services. UNICEF’s GBV advocacy is aimed at contributing to the development of a legal and policy framework which is survivor centred and which conforms with international good practice. However, to make a real difference long term, effective approaches which challenge the social norms which underlie current high levels of GBV are needed.

Linking emergency and longer-term programming
The SOP project including Amani messaging and case-management standard setting have all included very considerable investments in capacity strengthening among both international and national civil social and government ministries and bodies. Intensive training (over several days) has been provided since 2014 to develop core trainers who can continue to train their colleagues and other agencies. Training packages using a variety of media have been developed and translated into Arabic to make them accessible to different audiences (literate and illiterate). For capacity strengthening in case management, organisations were assessed for their potential to deliver case management (in terms of organisational capacity and staff skills) and then those selected were targeted for training and ongoing mentoring. This represents good practice in developing sustainable capacity to prevent and responds to GBV and CP.

At the same time, and despite this good work, GBV remains a significant issue in Jordan – both the national capacity to provide the level and range of services commensurate with the numbers of survivors, and by prevailing social norms and strong stigma surrounding acknowledging GBV as a problem. Addressing these is a long-term issue which will need ongoing engagement with influential actors within society (government and civil society), ongoing capacitation and engagement of professionals and community leaders and members, acknowledgement of the scale of the problem by the government and civil society, and sustained advocacy by influential figures at local and national level to change attitudes on acceptable levels of violence within families and society. This will require dedication of financial and human resources over the longer term.

JCO and RO CP staff acknowledge that GBViE cannot be separated from regular GBV programmes focused on strengthening national systems. The two build on and can be used to strengthen each other, and all humanitarian response should take into consideration what can be left behind in terms of legislation, policies, and national capacity strengthened for service provision and prevention of GBV across all related sectors. This view, and the awareness that the current spike in funding in response to the present crisis constitutes a limited window of opportunity, is reflected in the JCO’s major investment in capacity strengthening for GBV prevention and response at all levels, and their work on developing a legal and policy framework and standards of programming which will guide GBV interventions over the long term in Jordan in line with international good practice.267

Transition plans for service provision
As specified in their PCAs, certain INGO partners train and mentor national partners to a level when they can take over service provision. For some PCAs signed in 2016, this hand over is scheduled for 2017.268 INGOs have appreciated the realistic timeframes and sustained funding (1-3 years from the

267 KII, MENARO
268 KII CP team
start of the emergency) set by UNICEF for this process, which has allowed national partners to grow at a reasonable pace. By having a focus on handing over since the start of the emergency, and promoting targeted training on case management, UNICEF is recognised as having made a “strategic and valuable” contribution to enhanced national capacity on case management for survivors.269

The focus on capacity strengthening is highly appreciated by the LNGOs, and has been effective enough to allow for an increasing number of PCAs to be signed directly with LNGOs, with an associated reduction in the range of services being provided by INGOs, which is a stated aim for the JCO. Despite this, challenges remain with finding local qualified personnel to work on GBV and, there is still a shortage of qualified LNGOs.270 The MoSD is unwilling to provide services in refugee camps meaning that when the INGOs leave, all service provision will need to be provided by civil society.271

Building sustainable capacity for case management in the MoSD has been challenging. 65 national case workers have been trained to date, but the programme has not achieved the agreed levels because the MoSD is unable to recruit staff due to a government freeze on hiring. The JCO threatened to withdraw support from the project because the partners were not delivering on their commitments before agreement was reached and the project was extended until March 2016. After this date, the MoSD has been asked to find their own solution without depending on UNICEF funding.272 Despite this training, the MoSD remains heavily dependent on LNGOs for GBV case management. Compounding staff shortages because of the hiring freeze, the high turnover of government staff means that those staff who have received training move to different parts of the government, or leave government employment.

Building national ownership
All GBV materials are developed in detailed consultation with the GoJ. When JCO recruit independent consultants to develop materials, the GoJ are keen that materials are contextualised and sometimes recruit national consultants to work alongside the internationals. The GoJ are clear on what is needed and materials which are not GoJ-approved cannot be used in Jordan.273 This all contributes to strong ownership by the government of materials developed, which is important for their sustained use and adoption into GoJ’s own materials and training manuals.

Some GoJ representatives attend coordination meetings when invited. (For example, the FPD attends and SGBV SWG and the Protection Working Group meetings in Za’atari). A newly formed Technical Committee, chaired by the NCFA to strengthen links between the humanitarian response and ongoing national work on DV, which met for the first time the week after the evaluation team were in Jordan, is one important step in creating a process of transition for coordination and continuation of GBV programming when the UNHCR led refugee coordination mechanisms are de-activated. However, a significant challenge to longer-term sustainability of GBV prevention and response is the absence of dedicated budgets for provision of GBV programming in GoJ Ministries. This has serious implications for sustainability of the services once the current levels of humanitarian funding fall.

4.5 Coordination
The extent/nature of UNICEF CO programming contribution to realizing GBV-sector strategies/plans/priorities and how UNICEF has added value to/ben affected by the GBV sector response within the CO and across the response as a whole.

269 KII, INGO IP
270 KII, GBViE Specialist
271 The FPD is present in camps and two trainers are training FPD staff on case management, but the GoJ is not willing to provide other services.
272 KII, LNGO IP
273 KII, CP team
UNICEF has made significant contributions to the GBV sector through coordination and in their technical, standards and programme contributions. The collaborative relationship between UNICEF, UNFPA and UNHCR for most of the response has made a real contributed to the implementation of the GBV response which has significantly expanded and strengthened pre-crisis levels of service provision.

UNICEF’s added value to the GBV sector
UNICEF Jordan is a member of the SGBV SWG (which functions nationally and sub-nationally); the co-chair of the Gender focal points network with UNHCR; and the UNICEF Representative chairs the Gender Theme Group. An inter-agency Task Force on Early and Forced Marriage was established at the end of 2013 and is co-chaired by UNHCR and UNICEF, and UNICEF is a member of the GBVIMS Task Force.

When the L3 emergency was declared, there were no coordination mechanisms for CP or GBV, so UNFPA and UNICEF established, and co-chaired, the joint CP/SGBV SWG and, during the first 6 months set the agenda together for the early GBV response. The SWGs were separated following a decision by UNHCR. UNHCR co-chairs both SWG with UNICEF (CP) and UNFPA (SGBV). Mid-2015, in Za’atari camp after a vote among member agencies, the two camp-level SWGs merged again, with weekly meetings attended alternately by the CP and GBV staff of member agencies. In Za’atari, the SWG is co-led by Noor Hussain Foundation (GBV) and IMC (CP). In Azraq there is a Protection WG but no SWGs. Co-chairing the joint CP/GBV SWG in the early months of the response enabled UNICEF to influence the speed and direction of the early response and ensure that GBV was recognized as a priority from the start. Being in leadership also acted as impetus to ensure that UNICEF’s “own house was in order” in terms of strong CP/GBV programming being developed and implemented.

After a challenging period in late 2013, relationships between UNICEF, UNFPA and UNHCR have been collaborative and the three agencies have worked closely and productively to support the GBV response. UNFPA sees UNICEF Jordan’s capacity to address GBV as “huge”, and that UNICEF’s “deep understanding of social protection” is of real benefit in terms of leverage with the GoJ for the whole sector.

Contributions to the sector
UNICEF, through it’s membership of the SOP Management Committee, has contributed to developing and using the inter-agency SOPs and associated by-products. This project has contributed significantly to tools development and capacity building for CP and GBV, helping to standardise responses across organizations, share good practices across organization and facilitate interagency collaboration, maximize the use of resources and avoid duplication in programmes and tools. Through the tools and ongoing training associated with them GBV/CP procedures have been clarified for all actors, standards

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274 All sectors have been requested to nominate gender focal points to ensure gender equality in collective programme as part of the coordinated response of the inter-agency task force. Focal points are trained on gender equality measures within humanitarian action and supported by the IASC Senior Gender Capacity Advisor to the IATF and HCT (ToR for Sector Gender Points Interagency Task Force, Jordan, 2 July 2015).

275 Inputs to the SG’s Report on Sexual Violence in Conflict, SGBV SWG Protection Working Group, Jordan, December 2015

276 The PSS evaluation noted that the division of the SWG has increased in-depth knowledge and awareness, but that many stakeholders interviewed for the PSS evaluation were critical of the separation because the membership is very similar for both, and often the same staff members cover both sectors. The conclusion in the PSS evaluation was that maintaining different SWG outside Amman was inefficient. (Evaluation of UNICEF’s Psychosocial Support Response for Syrian Children in Jordan, 2015)

277 KII, CP team

278 KII CP team
for GBV/CP response and prevention established, and referrals of cases between organisations strengthened.

Regional coordination within UNICEF

Within UNICEF, there is more liaison/coordination between the CP teams in Lebanon and Jordan than with other MENA COs, with sharing on programming and lessons learned on inter-agency coordination which makes sense given the similarity of refugee profiles in both countries. The JCO participated in the global Gender Network meeting in Bangladesh in October 2015 and made a presentation on GBViE. On one occasion, the GBViE Specialist presented the Early Marriage Assessment and draft JCO Early Marriage Action Plan during a MENARO annual meeting. Apart from these instances, the evaluation team is not aware of instances where annual regional meetings included sharing of good practice or experience on GBViE programming in Jordan or Lebanon, which is a missed opportunity.

4.6 Coverage

The extent of UNICEF’s programming reach (geographic and numerical) compared with the needs of those at risk of or affected by GBV as assessed by UNICEF and/or the GBV sector as a whole.

UNICEF and other GBV sector actors have significantly expanded service provision and prevention and capacity strengthening for GBV during the emergency response, including extending the geographical coverage. At the same time, given the scale of the needs within the country, service provision by the whole sector still falls far short of the need for services; and prevention work, while showing some encouraging trends, has had limited effects in lowering rates of GBV or increasing numbers of survivors who are accessing services.

Services for survivors of GBV are provided in refugee camps, ITS and host communities in all the governorates in Jordan and to host communities and refugees, based on levels of vulnerability. In 2015, the JCO delivered PSS to 83% of the target figure, with 54% of those being children who received specialised case management services for CP, PSS or GBV.

The MoSD shelter in Irbid extended provision of a safe location for women and girl survivors to the north of the country. Both other shelters are in Amman (one government run and one NGO run). There are gaps in the referral systems outside Amman.

The one national hotline for GBV survivors covers only Amman and Aqaba. However, calls are received from all over the country even though there are no publicised hotlines yet. Full national coverage will require more staff to manage the hotline and the services. In addition to the national hotline, UNHCR, the FPD, IMC, IRC, Save the Children and Jordan River foundation (national NGO) all have hotlines which target different groups (refugees, families, and children and adults). Details of numbers for these hotlines are available in the Amani communication material.

Overall, the SGBV sector and UNICEF contribution to it represents a considerable enhancement in the geographic coverage and scale of service provision for GBV in Jordan, made possible in large part by very significant funding for this response. However, anecdotal and partner reports/assessments indicate that GBV is still a huge problem in Jordan among all communities, and that survivors are still reticent to come forward and access services.

5 PROTECTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

279 Strengthening CP and GBV Services and Systems: May – December 2014
280 See section 4.2 above for figures
As described in section 2.2 above, PSEA is outside the scope of this evaluation. However, given the recent high profile cases involving UNICEF in the Central African Republic (CAR), the team were asked to include a few questions on the existence of clear policies and guidelines in the CO, and levels of familiarity among CO staff of these, should SEA allegations be made. Also, in countries where allegations have been made of UNICEF staff and partners, whether SEA victims are referred to existing GBV services.

The Regional Director has briefed MENA Country Representatives personally and disseminated information on respective actions to be taken and responsibilities of staff members\(^{281}\) if accusations are made.

In Jordan, the Focal Point Network on Protection from Sexual Exploitation and Abuse (PSEA) was established within the Refugee Coordination Structure with close involvement by UNICEF in February 2015. The network is the primary body for awareness, prevention, coordination and oversight on PSEA. A PSEA self-audit check-list was developed to inform agencies of their responsibilities to prevent SEA, and enable them to identify gaps and provide guidance on necessary steps to take to strengthen protection of beneficiaries. The PSEA Focal Point Network is not responsible for investigation or adjudication or for dealing directly with complainants.

Over 600 humanitarian actors have been trained on PSEA principles. Consultations with 750 refugees on community-based complaint mechanisms have been initiated and completed in the Za’atari camp, Mafraq, Irbid, Amman and the South of Jordan by the Network. The consultations aimed at integrating SEA complaints mechanisms in the existing community-based and agency-based referral systems. Amani campaign messaging includes one set of messages on: ‘Humanitarian aid is free: Nobody has the right to demand anything from you in exchange for aid,’ and that if you are asked for a favour in exchange for assistance, you have the right to make a complaint anonymously (if you choose). Information is provided on a number of ways in which complaints can be made. Information on referral services for GBV is also included in the Amani communications, but not specifically related to SEA.

A focal point for PSEA was appointed in the JCO in line with UNICEF global guidelines and the UNICEF Regional CP Advisor is also a focal point providing PSEA information to CO colleagues. To date, no cases have been reported in UNICEF offices in MENA, but the existence of updated SOPs for CP and GBV as part of the response supports, which include current information on referral services in different parts of the country to which SEA victims should be referred to access appropriate services, provide for an effective response should any cases be reported.

An online survey to update the mapping of PSEA mechanisms in Jordan has also been developed by the PSEA FP Network. The increased inter-agency cooperation on PSEA has reportedly facilitated confidential referrals amongst partners, timely investigation and provision of protection for survivors and witnesses.

In May 2016, as one of the main objectives of the inter-agency PSEA Network, member agencies have established an Inter-Agency SEA Community-Based Complaint Referral Mechanism (CBCRM)\(^{282}\) with

\(^{281}\) Where to go to and who to contact.

\(^{282}\) The CBCRM has been based on the results of a PSEA survey with humanitarian agencies providing services to refugees and other persons of concern within the Refugee Response in Jordan and a series of consultations on community based complaint structures that exist within communities. A specific tool for the consultations was developed and adapted to the different contexts in Jordan, which allowed the consideration of the needs and views of refugees living in camps, urban and rural settings. Consultations were undertaken with refugee women, men, girls and boys from different backgrounds in camps, urban and rural settings, and in discussion with the PSEA Network Focal
the objective of facilitating receiving SEA allegations through the integrated complaints mechanism, and facilitating referrals between the PSEA member agencies in an effective, safe, confidential, transparent and accessible manner reducing impunity and ensuring protection of survivors and witnesses. Complaints of sexual exploitation and abuse may be brought to the attention of PSEA members by humanitarian personnel, refugees and host community members. The CBCRM is intended to enhance the implementation of each agency’s existing Code of Conduct, policy, standards and regulations that guide the behaviour of personnel.

6 GOOD PRACTICE CASE STUDY
On SOPs and Amani messages (separate).

7 CONCLUSIONS

Successes
1. The Child Protection (CP) Section in the Jordan Country Office (JCO) initiated and has achieved significant expansion of a GBVIE programme following the declaration of the level 3 (L3) emergency for the Syria crisis in January 2013. This has been enabled, in part, by the hugely increased funding received by UNICEF as part of the Syrian crisis response.

2. Dedicated GBVIE resources, both human and financial, from soon after the declaration of an L3 emergency enabled the establishment and speedy expansion of the GBV programme. Technical assistance from headquarters (HQ) and from two members of the (former) GBV Area of Responsibility (AoR) inter-agency Rapid Response Team have also strengthened the response.

3. Sustained Country Office (CO) and CP team leadership have been important factors in supporting the CO focus on GBVIE and allocating funding to the programme. The CO Representative is supportive of a major campaign to address prevailing social norms which underpin the ‘epidemic’ levels of GBV in Jordan. This level of management support represents a significant opportunity for UNICEF to champion the need to address GBV as part of the crisis response.

4. UNICEF’s early engagement and prioritisation of GBV (particularly early marriage) as part of its response, and its co-leadership of the CP/GBV sectors as co-chair of the joint CP/GBV SWG in the first months of the response provided a platform from which to influence the content and speedy development of inter-agency CP and GBV Standard Operating Procedures (SOPs) and the Amani CP/GBV messaging campaign. These have both been key tools in the GBV response, promoting standardised messaging on CP/GBV across all sectors and providing the basis for GBV awareness raising and capacity strengthening among national and international actors and communities.

5. The programme has responded to needs assessments and context analysis and addresses GBV needs of refugees and vulnerable Jordanians. It is aligned with the targeted priorities of the UNICEF Gender Action Plan (GAP) on early marriage and GBVIE. The programme is also broadly consistent with the Minimum Actions during Immediate Response to a Crisis and Expanded GBV Prevention and Response included in the draft GBVIE Resource Pack. Targeting both vulnerable

Points and contextualized according to the particular circumstances of refugees in Jordan. (Protection from sexual exploitation and abuse (PSEA) by humanitarian personnel in Jordan - Inter-agency SEA Community-based Complaint Referral Mechanism (CBCRM), May 2016)
Jordanians and refugees is in line with the Government of Jordan (GoJ) approach as well as UNICEF’s Equity Approach.

6. The programme is also broadly in line with the corporate GBViE Theory of Change, developed as part of this evaluation. The three core roles\(^\text{283}\) are addressed, and most of the strategic interventions. Areas which require strengthening at the level of strategic interventions are the systematic integration of the recommendations in the 2015 GBViE Guidelines across all sections; an informed strategy\(^\text{284}\) on how to address barriers to accessing services; a stronger emphasis on economic and social interventions for women and girls; and more targeted and intensive programming to address underlying social norms which contribute to the current high levels of GBV.

7. The Makani model, which took over and expanded services from previous child friendly spaces (CFS) during 2015, delivers community based, integrated programming by CP, education and youth teams through which GBViE is addressed in the CP psychosocial support (PSS) component, through encouraging girls to remain in education for longer, and through the life-skills component of the youth programme. No evaluation of the effectiveness of the Makani deliverables has been conducted (one is planned for 2016) but the model draws on findings and lessons learned in the PSS evaluation published in 2015, which concluded that PSS provided in CFS during 2013 and 2014 achieved “remarkable changes in children’s wellbeing”\(^\text{285}\). Partners and donors also consider that the model is providing a relevant and efficient response.

8. From the start of the L3 response, the GBV programme has invested heavily in capacity strengthening of national stakeholders at multiple levels: supporting the GoJ with funding, additional staff and training; capacitating LNGOs directly and through INGO partners; and engaging directly with communities to facilitate their ability to undertake protection monitoring. This capacity-building focus has had the dual effect of starting to address immediate needs while strengthening capacity for the longer term to address GBV at different levels. The JCO is acutely aware that the high levels of funding currently available for response are of limited duration. This has been one catalyst for the targeted focus on strengthening national systems and capacities for GBV prevention and response, with the aim of ensuring that more comprehensive service provision, greater understanding of GBV and how to respond appropriately, and stronger skill levels are in place to address GBV over the long term.

9. The strategy of explicitly including responsibilities for international non-government organisation (INGO) partners to train and mentor local NGOs to a level when they can take over service provision, is a good practice; particularly given the policy of UNICEF Jordan to partner directly with LNGOs rather than international partners wherever possible. INGOs have appreciated the realistic timeframes set (1-3 years) and the multi-year funding support to achieve the desired results, and LNGOs have appreciated the enhancement of their skills for GBV response over the longer term.

10. UNICEF is highly valued for its technical expertise by other UN agencies, government, national civil society and INGOs. Drawing on its technical strength, UNICEF has leveraged its trusted partner status with the GoJ to strengthen the response by advocating and supporting the government to bring laws, policies and protocols into alignment with international good practice.

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\(^{283}\) Ie: Strengthen humanitarian action on GBV; Support the State and other duty-bearers to uphold responsibilities to address GBV; Support civil society to address GBV

\(^{284}\) Possibly based on more studies/gathering of existing evidence to highlight specific areas where gains can be made in the current socio-political-cultural context.

11. Building the understanding and skills of formal and informal justice sector actors to address GBV has been a focus of the CP programme through their longstanding work with the Family Protection Department (FPD) on prevention and response to violence against children (VAC) – including GBV. This has included supporting the establishment of FPD offices in different parts of the country (including refugee camps) and capacity strengthening for police and judges, with a consistent focus on juvenile law. In tandem with ongoing strengthening the legal framework and the justice sector, support for civil society organisations to provide victim support services, including legal aid, will be needed to enable those GBV survivors who wish to access legal aid to do so successfully.

12. UNICEF has contributed to the knowledge base on GBV in the Jordanian context and led on the development of programme guidance and standards which are aligned with international good practice. The 2014 UNICEF report on Early Marriage is considered a ‘go to’ reference on this topic, and the Protocol of Care for shelters developed by the National Council for Family Affairs (NCFA), supported both technically and financially by UNICEF, provides a manual for care in shelters in line with international standards.

13. After some initial hitches, effective and collaborative coordination between UNHCR, UNICEF and UNFPA, has been the norm for this response, facilitating good cooperation across the sector, which has contributed to strengthening UNICEF’s GBV programme response and an effective GBV sector response.

14. Given the multi-sectoral nature of quality GBV prevention and response, as well as the need to integrate risk mitigation across all sectors, effective coordination is a pre-requisite for delivering effective GBV programmes. The establishment of the Technical Committee led by the NCFA provides a nationally led coordination mechanism to facilitate the transition process from the current UNHCR coordination for GBViE prevention and response. For the Technical Committee to oversee an effective transition and maintain and build on the current levels of GBV prevention and response, a clear transition process will be need to be agreed well in advance of the deactivation of the SWG structure.

15. The CP section are recognised, within the JCO, as being able to absorb and use large sums of funding effectively and have therefore been allocated additional funding from unused funds near the end of the financial year.

**Gaps and challenges**

16. Despite considerable investment of time working with other sections by the GBViE Specialist, the ‘tipping point’ at which sectors ‘own’ GBV, and integrate GBV risk mitigation routinely across their response without proactive advocacy and support by the GBViE Specialist, has not yet been achieved, with the exception of the CP programme. Even where there are clear potential overlaps between other section programmes and GBV, such as with the education sector (eg including systematic training on GBV awareness (using the Amani messaging and SOPs) as part of teacher training; systematic programmes to raise awareness of school children of GBV including engaging boys to combat GBV through schools; and access to continuing education for married girls) and the possibility of mitigating risks of GBV among multiple vulnerabilities through the

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286 Further learning, beyond the scope of this country RTE, on what elements contribute to/are necessary to achieve the ‘tipping point’ in different settings is needed to really understand how to promote proactive ownership of GBV mainstreaming by other sectors. (For further discussion of uptake of humanitarian guidance, See also Review of IASC Products’, Silva Ferretti, December 2009.)

287 There is no law against married girls continuing their education, but many schools do not permit them to stay. (KII GBViE Specialist)
unconditional child cash grant programme being implemented by the social protection team, have not yet been realised.\footnote{While there is little evidence yet of the relationship between cash transfers among a raft of interventions to address GBV, in the humanitarian environment where cash grants are increasingly being used, this is an untapped area related to enhancing GBV protections. See \textit{Integrating Cash Transfers into GBV Programs in Jordan: Benefits, Risks and Challenges}; IRC, November 2015: \url{http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/cash-based-interventions/erc-irc-integrating-cash-transfers-into-gbv-programmes-in-jordan_en.pdf}} Given the high turnover of staff, regular training on GBV/CP for all sections in the CO would ensure that all staff are more familiar with GBV good practice and practical steps to take to integrate GBV across their programmes.

17. Currently dedicated GBViE human resources do not provide adequate capacity to lead on the GBViE specialised programme \textit{and} to support all the sections to integrate GBViE across their response in the JCO. Similarly, the absence of a GBViE Advisor in the Middle East and North Africa Regional Office (MENARO) has meant that UNICEF is not represented in inter-agency GBV technical and strategy discussions with the respective advisors for UNFPA and UNHCR, which is a real gap.

18. Despite the services which have been provided as part of the response and the significant investment in building national capacity to prevent and respond to GBV, institutional capacities are still limited in terms of providing a comprehensive GBV programme.\footnote{This is due to government and public institutional capacities on GBV still being relatively low as well as to the reluctance (despite some progress having been made on recognizing GBV as a significant problem) of medical and other professionals to identify and address an issue which still carries such stigma and can put those who highlight cases of GBV at personal risk.} Similarly, although Jordan is a middle income country (MIC) and had a comparatively strong civil society working on women’s issues pre-crisis (albeit with very limited work on GBV prevention and response), it remains extremely difficult to find qualified professions with the skill set necessary to address GBV.

19. Despite the considerable enhancement of GBV programming as part of the crisis response, assessments suggest that acceptance of GBV and levels are still very high among all communities. Reducing levels of GBV will require a deep understanding of the contributing factors within the Jordanian context and interventions which address these issues, building on existing work aimed at increased awareness of the problems, and helping them to identify and adopt alternative strategies for dealing with very real stresses of their lives.

20. Cultural/societal factors are significant deterrents for women and girls in accessing services, as well as medical practices which do not always meet best practice standards. Uptake of GBV response services remains low compared with need, despite widespread awareness raising campaigns on the problem of GBV and availability of services, and assessments have found high proportions of vulnerable girls and women are not aware of GBV services in their locality. Even when they know about them, many have reservations about seeking help because of concerns about the confidentiality of services given the deep stigma associated with seeking help.\footnote{Deterrents include fear of social stigma, further forms of GBV/violence against the survivor (including honour killings, forced marriage, domestic violence, etc.), lack of control on the case management approach such as disregard for survivor centred approaches, failure to ensure confidentiality by service providers, mandatory reporting, lack of a proper support system for survivors who need further protection from the perpetrator (shelters, programs including programmes for economic self-sufficiency, etc.), difficulties and discrimination in access to justice for survivors and inefficiency of the protection systems for survivors.} These concerns also face service providers trying to ensure proper coverage of those at risk and survivors, and efforts are required at high levels to catalyse sustainable societal and structural change.
21. Providing women and girls with small-scale income generating skills is key to reducing levels of some types of GBV, particularly early marriage and domestic violence. Some small scale socio-economic activities are included in Makani programmes but not on a scale to make a real difference to household finances, or to provide women and girls with independent income. Despite the legal challenges for refugees obtaining permission to work, tackling the lack of livelihood opportunities for girls is an important factor in creating real alternatives for girls and families to early marriage, and could help reduce levels of stress-related GBV which is associated with worries over household finances.

22. There is no regional or JCO GBV Theory of Change (ToC) to provide a framework and explicit logic to guide the programme in the Middle East, and more specifically in Jordan. Developing these would provide the opportunity to clarify the rationale for the choice of interventions and would anchor the imperative to address early marriage within a wider GBV programme. A Jordanian GBViE ToC would also provide a framework against which the programme rationale could be monitored and evaluated to demonstrate whether expected results are being achieved. This, in turn, would aid learning of what works and what doesn’t in this context.

23. The focus on activity based, rather than outcome level, monitoring means that it is challenging for the JCO to demonstrate the relationship between GBV activities and real gains in increased safety, care and protection of women and girls, and in the reduction of GBV. The sophisticated post distribution monitoring (PDM) system which has been developed and is being used to produce bi-annual reports on the unconditional child cash grant programme provides a potential model for use to capture data on behaviour change as a result of GBViE programming. The PDM system identifies trends at the outcome level, and tracks both intended and unintended results which would be useful for the GBViE programming. While exclusive attribution couldn’t be made, this would provide a much clearer idea of how behaviours are changing and which interventions are making a contribution to these changes. Donors have indicated in global interviews that they will fund the development of more sophisticated monitoring and evaluation systems for GBV interventions, and have done so in other emergency settings, to enable higher level results to be documented.

24. Despite leadership support throughout the response, the profile of GBV is lower than other sections of UNICEF programming because of (i) the comparatively lower investment of human resources (one GBViE specialist post); (ii) the withdrawal of UNICEF from co-leading the GBV coordination mechanism with the division of the CP and GBV sub-working groups (SWGs); and (iii) lack of earmarked funding (apart from the Hemayati project). Although adequate CP funding has been made available to fund planned GBViE interventions throughout the response, when the funding levels return to normal, without dedicated GBV funding, the risk is that funding levels will decrease dramatically for GBV.

25. Before the refugee crisis, GBV was not a JCO priority. The lack of a regular GBV programme means a significant lack of preparedness for GBV when major emergencies happen, so that GBViE programming has to be initiated as an emergency response rather than being able to scale up existing programmes and partnerships.

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291 Which is common across the GBViE section, and is not restricted to UNICEF’s programme.
292 For example the USAID funded WASH and GBV project in South Sudan which includes funding for the development of a monitoring system by a consultant.
293 This is common across UNICEF at HQ and in other countries as well as in Jordan.
294 Again, this is common across many UNICEF COs, and there is no dedicated staffing for non-crisis GBV at UNICEF HQ.
26. Ensuring a transition to longer term, sustained action on GBV, and that gains made during the crisis response are maintained and built upon will require engagement between the government and civil society to address the situation together, with dedicated funding to support ongoing programming.

8 RECOMMENDATIONS

Recommendation 1: Strengthen integration of GBViE across all UNICEF sectors in line with the 2015 IASC GBViE Guidelines recommendations with the objective of each sector proactively leading the process across all phases of their emergency response programme cycle.

a. Jordan is a priority country for the roll-out of the 2015 IASC GBViE Guidelines which are planned for 2016. Use this process to ensure that all UNICEF sections adopt at least one recommendation for each part of the programme cycle from the 2015 IASC GBViE Guidelines, with one indicator per section to be monitored regularly in the Results Assessment Module (RAM), and Chiefs of Sections responsible for ensuring these are systematically integrated across their programmes.

b. Identify and maximise existing entry points for each sector to strengthen GBViE risk mitigation, e.g. WASH vulnerability assessments/safety audits; youth entrepreneurship programme; strengthening GBV elements of violence against children in schools (Ma’an) campaign particularly in light of the MoE’s plans to expand the role of school counsellors to address high levels of violence in school; use of GBV related selection criteria for child cash grant social protection programme; integrating GBV issues (eg the relationship between GBV and HIV/AIDS) in the health response etc.

c. Expand the child cash grant programme criteria to include high risk/survivors of GBV. Selection criteria and the cash transfer monitoring tools should be revised. Support from the GBViE Specialist, New York, should be sought to revise the selection/vulnerability criteria, and with monitoring of the GBV related elements.

d. Each section should identify one GBViE focal point who will liaise with the GBViE Specialist and their section and take the lead responsibility for catalysing systematic integration of GBViE across their section.

Lead responsibility: Chief CP; GBViE Specialist; Chiefs of Sections; Deputy Representative

When: 2016 and ongoing

Recommendation 2: Strengthen dedicated capacity for GBV within the country and regional offices.

a. Increase the number of dedicated GBV staff to two officers (two P3 or one P3 and a senior national GBV specialist), with one staff member dedicated to supporting other sections to integrate GBV across their programmes in line with the recommendations in the 2015 IASC GBViE Guidelines, to the point where each section ‘owns’ the mainstreaming of GBV. The other staff-member would continue to focus on the GBViE specialised programme.

b. Establish a dedicated GBV position within Middle East and North Africa Regional Office (MENARO) to provide technical support for GBV through the crisis response and longer term in regular programming (see recommendation 6 below). This role would include ensuring that UNICEF is strongly represented in inter-agency GBV fora in MENA and can advocate strongly at the regional level with national actors from all MENA countries.

Lead responsibility: Chief CP; Deputy Representative; Regional CP Advisor; Regional Deputy Director

When: 2016

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295 The evaluation team are aware that the RO staffing is not at the behest of the CO. This recommendation has also been included in the final synthesis evaluation report for action by the ROs. (It is understood that since the evaluation mission, a GBViE Specialist position has been created and recruited in MENARO which is great.)
Recommendation 3: Contextualise established UNICEF models\textsuperscript{296} for transitioning from emergency to post-emergency GBV programming, with the aim of better, not just more, programming across different levels of the response.

a. Balance NGO and GoJ capacity development, and focus on professional areas of skills shortage, when striving to bring the GBV programme to scale. Emphasise expanding support to civil society women’s groups that can be empowered to create social change.

b. Support the NCFA and Technical Committee to develop clear processes of transitioning to nationally led coordination mechanism for (S)GBV programming to ensure continuity once the UNHCR/UNFPA co-led coordination mechanisms cease.

c. Continue to provide GBV services for girls and women in safe spaces as a key target group.

d. Strategise on how to engage with more boys and young men in activities designed to challenge the social norms which underpin current levels of GBV, to raise their awareness on the negative impacts of GBV for their families, and how then can become champions for changed attitudes within their communities.

e. At the legal and policy level, continue and strengthen advocacy for revision and reform of existing legal and policy framework to bring it fully into alignment with international standards and good practice. Provide technical support to ensure practical implementation of existing and revised laws and policies in partnership with key national civil society organisations (e.g. Jordanian National Commission for Women) as well as GoJ partners. Continue and strengthen the focus on building survivor-centred knowledge, skills and attitudes of formal and informal justice sector actors including police, lawyers, judges, court staff and customary justice custodians as well as shari’a court officials.

f. In terms of targeted prevention, undertake social norms programming to tackle underlying foundations of the myriad forms of GBV that women and girls face; including ways to tackle the entrenched culture of silence in reporting and seeking services and care for refugees and host populations.

g. Strategise on how to enhance livelihoods programming in Makani centres and other programmes targeting women and adolescent girls within the constrained legal framework for refugees working. Develop a fund raising strategy to support livelihoods programming.

\textit{Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative}

\textit{When: 2016 and ongoing}

Recommendation 4: Develop MENARO and JCO GBV Theories of Change which are aligned with the UNICEF GBV ToC and which set out clearly the rationale for different programme elements in the regional and Jordanian context.

a. Based on informed analysis, develop a region wide GBV ToC to guide programming across MENARO and ensure that interventions target regional priorities and are contextually relevant and effective.

b. Undertake a study/strategy development review to establish the most effective programme approaches to prevention/reduction of GBV in the Jordanian/MENA context.

c. Identify the barriers to building capacities for GBV in the Jordanian setting (for refugees and Jordanians) and how civil society and the GoJ will address these.

d. Based on the results of the studies above and monitoring data demonstrating which interventions are most effective in this context, develop a detailed ToC identifying what interventions the JCO will prioritise in terms of service provision, prevention and systems building for sustained GBV prevention and response.

\textsuperscript{296} See UNICEF Eastern and Southern and Africa Regional Office (ESARO) Strategy for the Prevention of and Response to Gender-based Violence (GBV) in the Horn of Africa Crisis, section VII
e. Ensure that Regional Advisors, JCO Section Chiefs and the CPS GBViE Specialist (New York) are involved in the development of both ToCs so that all ToCs are aligned as appropriate, and have buy in at senior level.

Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative; Regional CP Advisor/GBV Advisor; Regional Deputy Director with assistance from the GBViE Specialist, Child Protection Section, New York

When: 2016

Recommendation 5: Strengthen the evidence base to demonstrate delivery of quality programmes; programme effectiveness; support advocacy and to collate and share good programme practice regionally and globally.

a. Using existing and new data collection systems, ensure that appropriate data is collected (through a variety of methods) and can be analysed systematically to report on the quality of service provision (in line with the recommendations of the Resource Pack and in the opinion of the respective communities) and programmes delivered; increased perception and reality of safety of girls and women; reduced incidence of early marriage; etc. to strengthen reporting to donors, local and national stakeholders, and to support effective GBV related advocacy within and outside UNICEF. This may involve developing new tools to gather data, drawing – where relevant – on existing tools like the post-distribution monitoring tool developed as part of the unconditional cash transfer programme.

b. Report on GBV programme elements separately from CP as far as possible (ie unless the programmes are totally integrated).

c. Work with UNFPA and UNHCR to advocate for/support compatibility of the National Tracking System with CPIMS and GBVIMS and adheres to the same principles.

d. Ensure that JCO is involved in the MENARO study on Early Marriage being conducted during 2016 for the region, and can disseminate the good practices and experience learned thorough the study for use in JCO programming.

e. Dedicate resources to capturing good and innovative GBV programme practices as a routine part of GBV programming, including lessons on risk mitigation and empowerment as a result of the child cash grant programme expanded to include GBV survivors and those at risk. Use learning to facilitate cross-border knowledge exchange among IPs and INGOs.

f. Proactively seek opportunities to share learning and knowledge on GBV programme within MENARO and at HQ and at workshops and learning events outside UNICEF.

g. Research the most effective ways of influencing social attitudes on GBV to inform the planned large scale campaign on GBV to ensure that it is based on evidence of what has worked elsewhere, and achieves maximum effect.

Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative; Chief Planning, Monitoring and Evaluation

When: 2016 and ongoing

Recommendation 6: Maintain GBV as a JCO regular programming priority based on the achievements of the emergency programme. Include preparedness for future emergencies within the regular programme in recognition that many forms of GBV are highly likely to increase in incidence as a result of crises.

a. Building on existing achievements through mentoring of LNGOs by INGOs, develop an exit strategy that ensures effective case load transfer to LNGOs. For the GoJ, include commitments on GoJ national funding and professionalization of programming to prevent and respond to GBV in the long term.

c. Building on the gains made during the crisis response, prioritise GBV response and prevention within country programme documents for Jordan as part of the regular programme, with dedicated financial and human resources.

Lead responsibility: GBViE Specialists; CP Chief; Deputy Representative
When: 2016 for exit strategy and during preparation for next Country Programme Document
Annex 1: Evaluation Questions

Relevance
1. To what extent is UNICEF GBVIE programming for care, support, protection, and risk reduction based on:
   a. assessed needs and data analysis? (Are the different needs of needs of women, adolescents, and children considered separately?)
   b. established good practice for GBVIE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors provided with appropriate services and support?)
2. To what extent has risk reduction been integrated into other UNICEF sector programmes?
3. To what extent do GBVIE programmes adapt to changing needs, and how well are the changing needs documented?
4. How well have views of survivors and other high risk groups (adolescent girls, women, children) been reflected in programme assessment, design, implementation and monitoring? (covers AAP)
5. Are programmes built on a clear Theory of Change for GBVIE programming? To what extent is this consistent with a corporate/regional Theory of Change and with UNICEF standards and guidelines expressed through the CCCs or elsewhere?
6. To what extent has a HRBA been taken in design, implementation, and monitoring of GBVIE programming?

Effectiveness
7. To what extent have UNICEF GBVIE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?
8. How quickly has UNICEF been able to establish services at the scale required?
9. To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents and children?
10. Are programme objectives clear and specific for different GBVIE areas of programming? How far have programme objectives been achieved / likely to be achieved?
11. Which have been the most/least effective programmes? Why?
12. How systematically have results been captured/used/learned from?
13. How and how effectively has 1) UNICEF leadership and 2) technical support from HQ, regional and country levels contributed to the effectiveness of UNICEF GBVIE programming? Including ensuring that GBVIE is included in the earliest response strategies and funding priorities?

Connectedness and Sustainability
14. How, and how effectively does UNICEF GBVIE programme design and implementation link emergency programming with UNICEF’s longer-term programming to prevent and respond to GBV? Is UNICEF’s approach to GBVIE built into its conceptualisation and implementation of sustainable resilience programming?
15. How effectively have partnerships with civil society and government been built to address planned GBVIE outcomes?
16. How and to what extent has the capacity of local and national partners been strengthened through the programme?
17. To what extent has UNICEF’s internal and external advocacy contributed to improved GBV response and prevention? (Including clarifying UNICEF’s specific programme and leadership roles?)

Coordination
18. To what extent are programmes consistent with good practice (Resource Pack and revised GBVIE Guidelines)
19. Does/how does UNICEF add value to the GBVIE response (through leadership, standard setting, coordination)?

Coverage
20. Are there any gaps in GBVIE programming (specialised and integrated) in terms of geographical and demographic coverage? - how has UNICEF (a) identified the gaps and (b) taken action to close the gaps?

Efficiency
21. To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?
22. To what extent have UNICEF inputs achieved value for money outputs?
# Annex 2: Interviews/Workshop participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Position</th>
<th>M/F</th>
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<tbody>
<tr>
<td>Robert Jenkins</td>
<td>UNICEF – Management</td>
<td>Representative</td>
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<tr>
<td>Ettie Higgins</td>
<td>UNICEF – Management</td>
<td>Deputy Representative</td>
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<tr>
<td>Maha Homsi</td>
<td>UNICEF – CP</td>
<td>Chief, Child Protection</td>
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<tr>
<td>Muhammad Rafiq Khan</td>
<td>UNICEF – CP</td>
<td>Child Protection Specialist</td>
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<tr>
<td>Mariam El-Qasem</td>
<td>UNICEF – CP</td>
<td>Child Protection Officer - UASC</td>
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<tr>
<td>Eliza Murtazaeva</td>
<td>UNICEF – CP</td>
<td>Child Protection Specialist</td>
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<td>Kaitlin Brush</td>
<td>UNICEF – CP</td>
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<tr>
<td>Maaike van Adrichem</td>
<td>UNICEF – CP</td>
<td>GBVIE Specialist (left Dec 2015)</td>
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<tr>
<td>Sima</td>
<td>UNICEF – CP</td>
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<tr>
<td>Susan Ayari</td>
<td>UNICEF – Education</td>
<td>Chief, Education</td>
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<tr>
<td>Rana Kawar</td>
<td>UNICEF – Education</td>
<td>Education Specialist</td>
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<tr>
<td>Miraj Pradhan</td>
<td>UNICEF – Communications</td>
<td>Head of Communications</td>
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<tr>
<td>Dr Samia Rizwan</td>
<td>UNICEF – Health and Nutrition</td>
<td>Health Specialist</td>
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<tr>
<td>Dr Nashmia Mahmood</td>
<td>UNICEF – Health and Nutrition</td>
<td>Health Officer</td>
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<tr>
<td>Silène Martino-Almeras</td>
<td>UNICEF – Partnerships</td>
<td>Partnerships Specialist</td>
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<tr>
<td>Michiru Mitra</td>
<td>UNICEF – PME</td>
<td>Chief, PME</td>
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<tr>
<td>Matteo Valeza</td>
<td>UNICEF – PME</td>
<td>ME officer</td>
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<tr>
<td>Fiona Ward</td>
<td>UNICEF – WASH</td>
<td>WASH Specialist</td>
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<tr>
<td>Laurent Chapuis</td>
<td>UNICEF MENARO</td>
<td>Child Protection Advisor</td>
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<tr>
<td>Fatma Khan</td>
<td>UNFPA</td>
<td>GBV Officer, Co-Chair SGBV SWG</td>
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<tr>
<td>Susan Kasht</td>
<td>UNFPA</td>
<td>Programme Analyst for RH and GBV</td>
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<tr>
<td>Ana Belen</td>
<td>UNHCR</td>
<td>SGBV Interagency SGBV Sub Working Group Coordinator</td>
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<tr>
<td>Rachel Dore-Weeks</td>
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<td>Recovery Specialist</td>
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<td>Simon Opolot</td>
<td>HC/RC Office</td>
<td>GenCap Advisor to HC/RC</td>
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<tr>
<td>Hanan Shashaa</td>
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<td>Project Officer</td>
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<tr>
<td>Ahmad Hamad Abu Haidar</td>
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<tr>
<td>Moanyah Massandeh, (m)</td>
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<td>Protection Unit, Directorate of Social Development</td>
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<td>Rasha Adwan</td>
<td>Government – MoSD</td>
<td>Fund Raising Unit</td>
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<td>Atalla F Al-Serhan</td>
<td>Government – FPD</td>
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<tr>
<td>Ahmad Jaran</td>
<td>International Medical Corps</td>
<td>Programme Manager</td>
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<tr>
<td>Dina Arafah</td>
<td>International Medical Corps</td>
<td>Child Marriage Team Leader</td>
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<tr>
<td>Alaa Abu-Subaih</td>
<td>International Medical Corps</td>
<td>CP Psychologist</td>
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<tr>
<td>Joanne</td>
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<td>Hassan Al Khawa Ideh</td>
<td>Save the Children International</td>
<td>Programme Field Officer</td>
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<td>Mohannad Iasawi</td>
<td>Save the Children International</td>
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<td>Re'ed Daboubi</td>
<td>Save the Children International</td>
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<td>National Council for Family Affairs</td>
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<tr>
<td>Yumna Abu Hassan</td>
<td>Jordan River Foundation</td>
<td>Senior Manager, Training &amp; Consultancy Division</td>
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<tr>
<td>Iman Al Aqrabawi</td>
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<td>Project Manager, CP Advisor, Training and Consultancy Division</td>
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<td>Nour Daoud</td>
<td>Jordan River Foundation</td>
<td>Projects’ Donor Relations Supervisor, Training and Consultancy Division</td>
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<tr>
<td>Tahany Alsadi</td>
<td>Arab Women’s Organization</td>
<td>Programme Coordinator</td>
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<td>Shatha Al Fayez</td>
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<tr>
<td>Mohanad Al Hami</td>
<td>National Consultant</td>
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## Annex 3: Mission Itinerary

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<th>Time</th>
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<td>0800-0830</td>
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<td>Field visit – Za’atari Refugee Camp; Save the Children International &amp; International Medical Corps</td>
<td>Field visit – Dleil; Arab Women’s Orgz; MoSD shelter Irbil (cancelled) FGD and KII with IP staff</td>
<td>Pick up from hotel Workshop preparation</td>
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<td>0830-0900</td>
<td>Meeting with CP staff – Rafiq, Kaitlin, Eliza, Mariam</td>
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<td>Laurent Chapuis – CP Advisor, MENARO</td>
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Annex 5: GBV Tools

1. Gender-based violence (GBV) and gender equality checklist for UNICEF Jordan Child Protection CPIE proposals, November 2014

Introduction
This checklist is a tool to ensure the prevention and response to gender-based violence is integrated into all Child Protection in Emergencies related PCAs. In addition, a checklist is provided on mainstreaming gender equality as a cross-cutting issue.

Gender-based violence in emergencies
Addressing GBV is a lifesaving measure in emergency contexts and realizing the rights of children and women in emergencies to safety, dignity and protection from violence cannot be achieved without addressing gender-based violence. UNICEF’s priorities for GBV in emergencies are: to respond to the needs of survivors; reduce risk and vulnerability to GBV; and actively prevent children and women from being harmed. One of the key outcomes of UNICEF GBV in emergencies programme is to ensure GBV prevention and response is prioritized, integrated and coordinated across the humanitarian response.

Checklist GBV issues to be reflected in CPIE proposals:
- Reference is made to the current level of capacity, capacity building needs and concrete activities to train staff (including volunteers) on:
  - GBV basic concepts
  - Identifying and referring GBV cases in a survivor-centred, appropriate, confidential, and safe way
  - Inter-agency CP and GBV Standard Operating Procedures and referral pathways
- Clear strategy is described for effectively dealing with individual girls/boys at risk of being married early and case management (including referrals to relevant services such as education, PSS, health) of girls/boys who are married
- GBV issues are included in all CP-related awareness raising and outreach activities, including early marriage, domestic violence, sexual exploitation and abuse, etc. Reference is made to the Amani campaign messages and materials
- Activities targeted for adolescent girls are developed, including around the prevention and response to early marriage
- Measures are described around the prevention of sexual exploitation and abuse (PSEA) by humanitarian staff, including a clear complaints mechanism that is communicated to the beneficiaries and staff awareness of PSEA measures

Gender mainstreaming
Building a protective environment for children involves understanding the distinct nature and the extent of violence, exploitation and abuse that girls and boys experience. It also involves ensuring that all response activities take into account the different needs and concerns of girls and boys.

Checklist gender mainstreaming in CPIE proposals:
- All data that is included in the analysis and reporting logframe is disaggregated by sex and age
- Girls, boys, adolescent girls, adolescent boys, women and men were consulted in separate focus groups and findings from the focus groups are included
- The situation analysis/lessons learned section includes at least one paragraph with gender analysis. This should include reference to barriers and bottlenecks for girls and boys to access the services, as well as enabling factors
- Activities designed to respond to the specific needs of girls and boys are included
- Gender equality issues, including but not limited to GBV, are integrated throughout the document
- Gender sensitive language is used (i.e. instead of generic terms like ‘children’, ‘adolescents’, ‘parents’ there is reference to ‘girls and boys’, ‘adolescent girls and boys’, ‘mothers and fathers’)
- Reference is made to women and girls’ participation in community representation structures, such as the Child Protection Committees
Staffing requirements should take into account gender balance at different employment levels and ensure recruitment of staff is in line with cultural norms and reflect appropriate diversity (for example to have mixed teams of male and female case workers and outreach workers).

Useful resources:
- Child Protection Gender Marker Tip Sheet - [link](#)
- Operational guidance for gender mainstreaming in UNICEF-supported child protection (full document) - [link](#)
- Operational guidance for gender mainstreaming in UNICEF-supported child protection (two-pager) - [link](#)
- UNICEF global gender equality action plan - [link](#)

2. **Draft Institutionalisation Checklist for Agencies/Organisations**

   **Inter-Agency Emergency Standard Operating Procedures for Prevention of and Response to GBV and violence, abuse and exploitation of children in Jordan**

   **What is institutionalization?**
   The purpose of the Inter-agency Standard Operating Procedures on Prevention and Response to Sexual and Gender-based violence and Child Protection (SGBV and CP SOPs) is to set out guiding principles, procedures, roles and responsibilities in the prevention of and response to SGBV, and child protection for those affected by the Syrian Crisis in Jordan. Organizations that endorse these SOPs stand committed to upholding and promoting agreed principles, standards, and tools, including at all levels within organizations, and with partners.

   Institutionalizing the SOPs means systematically integrating and applying them within organizational policies, procedures and practice. Institutionalization directly supports implementation of the SOPs by making them a systematic and organizational requirement, and part of their individual and organizational work.

   Properly institutionalizing the SOPs would really help improving quality and standards of care, as well as of course accountability and referrals.

   **How was the checklist developed?**
   The SOP steering committee developed the checklist in consultation with the Child Protection and SGBV sub-working groups. The drafting was guided by examples form the global Child Protection Minimum Standards Task Force and the IASC Mental Health and Psychosocial Support (MHPSS) reference groups.

   **How should it be used?**
   This checklist should not be seen as an exhaustive list of actions, but rather as core guidance for applying the SOPs at the level of each organization and of the CP and SGBV SWGs. The checklist:
   - offers suggestions to organizations that endorsed the SOPs on practical steps to ensure that the procedures are fully implemented.
   - can be used to assess the level of institutionalization within an organization and in the sector as a whole.

   The checklist is not a judgement on each organisation, is a tool for self-assessment that also allows the SGBV and CP SWGs to identify areas where support is needed and to track the use of the SOPs overall.

   Name of your Organization: ____________________________

   Type of institution/agency

   - [ ] UN Agency
   - [ ] National NGO
   - [ ] International NGO
   - [ ] Governmental Entity
   - [ ] Other (explain) ____________________________

   Useful resources:
   - Child Protection Gender Marker Tip Sheet - [link](#)
   - Operational guidance for gender mainstreaming in UNICEF-supported child protection (full document) - [link](#)
   - Operational guidance for gender mainstreaming in UNICEF-supported child protection (two-pager) - [link](#)
   - UNICEF global gender equality action plan - [link](#)
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<thead>
<tr>
<th>Criteria</th>
<th>Explanation and Comment</th>
<th>On track/ongoing</th>
<th>In progress/partly on track</th>
<th>Not on track</th>
<th>Not applicable</th>
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<td><strong>Policies and Procedures</strong></td>
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<td>1. Senior management is aware of the SOPs</td>
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<td>2. SOPs are incorporated into organization’s strategies/policies</td>
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<td>3. Standard forms are adopted and regularly used</td>
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<td>4. Referrals are regularly made using the referral pathways and relevant formats</td>
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<td>5. Informed consent procedure are implemented in all cases</td>
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<td><strong>Human Resources</strong></td>
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<td>6. Job descriptions and ToRs for relevant positions refers to the SOPs</td>
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<td>7. During interviews, candidates for related positions are asked questions about SOPs</td>
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<td>8. A SOP Focal Point exists to drive organization-wide commitment to and implementation to the SOPs, including orientations</td>
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<td>9. An SOP core trainer is present in your organization</td>
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<td>10. All relevant staff has received training on the SOPs</td>
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<td>11. SOPs soft copies are available and easily accessible for staff, including at least one per field location</td>
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<td>12. Orientations for all new staff includes SOPs</td>
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<td>13. Media, communications and advocacy personnel are briefed on relevant parts of the SOPs</td>
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<td><strong>Projects and Programmes</strong></td>
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<td>14. SOPs are included in CP and SGBV project design</td>
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<td>15. SOPs are integrated as appropriate in non-CP and SGBV project design</td>
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<td>16. Reference to SOPs are made in proposals to donors</td>
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<td>17. M&amp;E systems include reference to SOPs</td>
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<td>18. If relevant, your partner organizations are required to endorse the SOP to receive fund/support from you</td>
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### Optional questions on SOP related activities

1. **In 2014, what activities did your agency undertake for the roll out of the SOPs?**

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<thead>
<tr>
<th>Type of Activity</th>
<th>Number of times this activity took place</th>
<th>Levels where held (HQ, regional, national and/or subnational)</th>
<th>Estimated total number of people participating*</th>
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<td>Orientation sessions on the SOPs</td>
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<td>Training/workshop specifically on the SOPs (conducted by your agency)</td>
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<td>SOPs integrated into a related training</td>
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<td>Other (please describe):</td>
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*If unknown, please estimate to the best of your ability. Do not leave blank.

2. **Who was your target group for the CPMS activities? (check all that apply)**

- [ ] Internal staff – CP
- [ ] Internal staff – SGBV
- [ ] Internal staff – program, other sectors
- [ ] Internal senior management / directors
- [ ] NGO/CBO partners
- [ ] Government
- [ ] Other cluster members
- [ ] Donor government representatives
- [ ] Local academics in the humanitarian and protection sector
- [ ] Other (please describe):

3. **To which sector is your organization part of?**

- [ ] CP
- [ ] SGBV
- [ ] Protection
- [ ] MHPSS
- [ ] Education
- [ ] Health
- [ ] RH
- [ ] WASH
- [ ] Shelter
- [ ] Camp management
- [ ] NFI
- [ ] Food

4. **What were the main difficulties encountered with the roll out of the SOPs within your agency?**

5. **What support you will need in 2015 to continue rolling out the SOPs?**