Evaluation of the joint programme
"Hemayati: Promoting women and girls health and well-being"
(UNFPA, UNICEF and UN-Women)
1 September 2013 – 31 August 2018

Final Evaluation Report

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<th>Evaluation Country</th>
<th>Jordan</th>
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<td>November 2018 – March 2019</td>
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<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>AA</td>
<td>Administrative Agent</td>
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<tr>
<td>CEDAW</td>
<td>Convention on Elimination of All Forms of Discrimination Against Women</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DAC</td>
<td>Development Assistance Committee</td>
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<td>FPD</td>
<td>Family Protection Department</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GoJ</td>
<td>Government of Jordan</td>
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<td>IASC</td>
<td>Interagency Standing Committee</td>
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<td>IHF</td>
<td>King Hussein Foundation</td>
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<td>IMS</td>
<td>Information Management System</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>JONAP</td>
<td>Jordan National Action Plan for Women’s Peace and Security</td>
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<td>JRF</td>
<td>Jordan River Foundation</td>
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<td>JRP</td>
<td>Jordan Refugee Response Plan</td>
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<td>JWU</td>
<td>Jordanian Women Union</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOPIC</td>
<td>Ministry of Planning and International Cooperation MOPIC.</td>
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<td>MoSD</td>
<td>Ministry of Social Development</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NCE</td>
<td>No Cost Extension</td>
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<td>NCFA</td>
<td>National Council for Family Affairs</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>PMU</td>
<td>Programme Management Unit</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>S-GBV</td>
<td>Sexual - and Gender-Based Violence</td>
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<td>SIGI</td>
<td>Sisterhood is Global Institute</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SWG</td>
<td>Sub Working Group</td>
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<td>TL</td>
<td>Team Leader</td>
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<td>Training of Trainer</td>
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<td>UN</td>
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<td>UNEG</td>
<td>United Nations Evaluation Group</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<td>UNWOMEN</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<td>VAW</td>
<td>Violence Against Women</td>
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I. **Executive Summary**

**Programme Description**

« Hemayati », meaning “My Protection”, is an inter-agency joint programme between UNFPA, UN Women and UNICEF. The programme focuses on achieving the following joint outcome: Syrian refugees and vulnerable Jordanians, particularly S-GBV survivors, have increased access to comprehensive multi-sectoral services including sexual reproductive health (SRH), psycho-social support, access to shelters and legal services to address and combat S-GBV issues in Jordanian host communities. The programme was implemented over three phases. Phase I of the programme was implemented between 1 September 2013 and 30 November 2014; Phase II between 1 December 2014 and 31 December 2016; and Phase III between 15 June 2017 and 31 August 2018. The programme was implemented in the governorates of Amman, Irbid, Mafraq, Zarqa and Ma’an. The programme was implemented thanks to funds from the Royal Norwegian Embassy in the Kingdom of Jordan amounting to USD 1,353,577 during Phase I; USD 3,541,860 for Phase II; and USD 1,755,413 for Phase III.

**Evaluation Purpose and Objectives**

The purpose of this evaluation was to assess the extent to which the whole programme has resulted in progress towards intended results regarding strengthening S-GBV survivors’ access to comprehensive lifesaving protection and sexual reproductive health (SRH) services. Mainly, the evaluation aimed to assess the integrated approach towards Gender Based Violence, Sexual and Reproductive Health and Shelter. Moreover, this evaluation was undertaken to assess the cost effectiveness and efficiency of adopting the joint work approach compared to the individual (single) agency work approach. By answering this, the evaluation attempts to provide credible and useful assessed information on the added value of joint programmes in enhancing the achievement of results through improved UN system coherence and efficiency by using joint design, implementation and evaluation process.

**Evaluation Approach and Methodology**

The evaluation adopted standard UNICEF and OECD-DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability of the programme. In addition, the evaluation sought to document the key changes that were observed/documented because of programme intervention, as well as the unintended results of the programme. According to the ToR, coordination amongst the three UN agencies was an additional criterion of the evaluation. The evaluation team addressed “coordination” both independently, i.e. as a standalone criterion, as well as a cross-cutting theme in all OECD-DAC criteria. The evaluation used a wide range of information sources to triangulate data and to ensure validity and reliability. The evaluation was participatory to be able to get information from various stakeholders, including women and girls.

During the field work, through the interviews, different stakeholders and beneficiaries provided different types of information. Field data collection was conducted over two phases: the first phase was conducted between 15 and 20 December 2018, and the second phase between 28 January and 7 February. A total of 15 FGDs with beneficiaries and CBO staff members were held during data collection. In addition, 13 KIIs were held with other stakeholders including UN agencies. Table 5 presented in Annex 3 of the report, provides an overview of the number and characteristics of participants in FGDs and KIIs.

**Main Findings**

**Relevance**

The programme responds to the needs of the direct and indirect beneficiaries, including survivors of SGBV and vulnerable women and girls, civil society organisations and the government. The programme is built on a two-pronged approach. The first focuses on strengthening government systems and aligning them with international standards. The second approach consists of providing integrated...
holistic services to survivors of SGBV and vulnerable women and girls in Jordan (irrespective of nationality).

The main objectives of the programme are at the heart of the objectives of UNFPA and UN Women, namely women protection and empowerment through the provision of integrated holistic services. The introduction of SRH services through the programme is amongst UNFPA guiding principles and approaches. Providing protection and support to children (under 18) as well as ensuring their psychological and emotional needs are duly attended to is one of the mandate objectives of UNICEF. The programme responds to the objectives of the SGBV sub-working group for which UNFPA is a co-chair and UNICEF and UN Women are members. The programme’s approaches of strengthening the response through enhanced coordination, strengthening the referral mechanisms and aligning different stakeholders to the GBV IMS indicate the direct link between the programme and the objectives of the different UN agencies involved.

Effectiveness
Review of programme documents indicated that in all three phases of the programme, targets were achieved and at times over achieved in terms of the provision of integrated services to survivors of GBV in all shelters and safe spaces supported by the programme. Furthermore, the provision of SRH services has exceeded the anticipated targets. Discussions with beneficiaries during the evaluation indicate that the linkages between RH and protection services are very effective. Several women have explained during discussions that they approached the safe space in search for SRH service and were then offered psychosocial support which they gladly accepted.

The programme adopted a number of effective implementation strategies that has enabled the effective achievement of results and outputs. Integration of the SRH component in services available was very effective because more women (especially Syrians) could access free-of-charge services that otherwise would have been very expensive for them if at all available in their places of residence. The programme also advocated for the adoption and integration of a survivor-centred approach to case management inside MoSD shelters which led to a better understanding of SGBV and the context of women and girls.

The programme effectiveness was enhanced by the presence of several enabling factors that have rendered support to programme relevance and effectiveness. For starters, the programme built on the existence of JWU safe spaces and MoSD shelters prior to its commencement. This has helped strengthen and harmonize the services already offered by these centers. The presence of JWU’s wide network across Jordan enabled the programme to expand services to survivors and provide services to the most vulnerable in the different communities. JWU’s expertise and knowledge of the local context, trust between the safe spaces and the communities where they operate, also enabled the programme to build trust and support implementation.

The programme encountered a number of challenges that has hindered its effectiveness in general. One of the key impediments has been the lengthy process of receipt of government approvals. The delays in approvals affected all phases of the programme as well as the three UN agencies. Each UN agency applies independently for government approval for the same programme. A second key challenge is the type of funding available for the programme. The funding for the programme falls under the umbrella of emergency humanitarian funding which does not surpass 12 to 16 months at most. This created a challenge for the continuation of services and sometimes the halting of some services, especially RH and SRH services.

Efficiency
The management structure of the programme positively impacts efficiency but not necessarily effectiveness. The programme did not maintain a dedicated overall programme manager/director function (due to limited funds) and not one core M&E officer either. The programme was managed
through a steering committee and coordination between the three implementing UN agencies was optimal and helped reduce duplication of effort. However, the same cannot be said of the coordination between UN agencies and other stakeholders. For example, UNICEF was the only agency that directly interacted with MoSD and MOE. The strong relationship and trust developed between UNICEF and MoSD is built on years of collaboration and partnership. It would be unreasonable to expect a single project, such as Hemayati, to attain the same level of partnership during a short duration. Likewise, collaboration with NGOs and other relevant stakeholders cannot be said to have been inducive of efficiency and effectiveness. For example, both UNFPA and UN Women worked directly with JWU. The activities of both UN agencies within Hemayati programme were almost identical. Nonetheless, JWU dealt with each agency’s activity as a different programme resulting in double reporting of the same activity but for different locations (UNFPA and UN Women fund the same activities but each in a different location). There was minimal interaction between UNICEF and JWU for example as well as limited interaction between UNFPA and UN Women with MoSD.

**Impact**

The provision of services to GBV survivors through safe spaces has a positive impact on women and their families. The services provided have had an impact on the lives of the beneficiaries in terms of psychological well-being and empowerment. The programme led to improvement in terms of the management, processes and capacities of the implementing partners as organizations. The improvement in staff capacity has had a positive effect on the lives of the beneficiaries. For trained staff of the safe spaces, the trainings led to empowerment, more confidence and increased capacities. In the shelters, the trainings led to more commitment, acceptance and tolerance from the staff vis-à-vis the beneficiaries.

*At the organization level, capacity-building efforts have enabled implementing partners to improve their management, processes and capacities.* The programme led to improvement in terms of the management, processes and capacities of the implementing partners as organizations. Staff from the Al Anwar CBO mentioned that capacity-building efforts led to a new vision for Al Anwar as a CBO, with different objectives, tackling new topics and promoting new ideas (e.g. started working on entrepreneurship). This is the case in Rosayfa as well, where the staff emphasized the fact that they now have more clarity on the work to do, and can fulfil tasks really related to their job rather than doing everything, enabling them to have more quality time to dedicate to beneficiaries, to work more with their families, conduct better sessions, and overall provide better services.

*Capacity building increased and improved staff performance and commitment to women and girls’ protection.* Shelter staff, in Amman, Irbid and Rosayfa also mentioned increased skills and new tools, notably listening skills, understanding of body language, how to interview survivors, dealing with beneficiaries in a different and more professional way, understanding, dealing with and reporting family violence, mediating between survivors and their family, working better with partners in a participatory manner, understanding better the roles and responsibilities, being more creative and organized, or even report writing, design and evaluate case management plans.

**Sustainability**

Hemayati placed a high level of emphasis on strengthening existing systems and procedures through capacity building of staff. This has a long-term effect regardless of staff turnover. This was apparent during interviews with former MOSD shelter managers during this evaluation who both explained that they tried to implement the systems they have acquired through training within their new posts/positions when their managers were willing to accept the new approaches and when funds were available where their new positions.
The programme built on existing systems and processes within JWU and MoSD. The programme strengthened those systems. JWU owns the process and believes that psychosocial, legal and empowerment programmes will continue through funding from other sources as they represent a core function of JWU mandate, goals and objectives. However, it was noted that the RH and SRH services are costly and without adequate funding they are likely to be discontinued although there is a clear and evident need for these services as voiced by beneficiaries.

Hemayati is well positioned within the three UN agencies as its objectives respond to the mandates and strategic objectives of the organisations.

Coordination
The coordination and sharing of information and strategizing between the 3 UN agencies was seen as useful as gaps were regularly identified and attempts at filling them were discussed. Prior to the programme, JWU did not have RH services in their clinics based on the integrated approach. Now, there is a one-stop shop for the survivors and they can reach any sets of services. The joint programme served as a platform for the discussion of the whole set of the projects and services. Although these services existed without this joint programme, yet the programme created a platform for UN agencies to discuss how they could collaborate and build on the connections and expertise of each. For example, UNFPA did not have direct relations with the government shelters. Through the joint programme, and through exchange between the three UN agencies, UNFPA and UN Women acquired an understanding of the work of the government shelters. And likewise, UNICEF got a deeper knowledge of the work of the JWU safe spaces and shelter.

Coordination amongst UN agencies was high and consistent, but it did not go beyond a platform for information sharing and consultation. There is no evidence to suggest that these coordination and technical meetings affected the effectiveness of the programme. As this is one programme, it was rather unusual and inefficient that JWU had two different contracts with two different UN agencies to implement the same programme. The management structure of the programme supported the silos in implementation and approaches as each agency had a staff from within managing the programme. There seems to have lacked a common vision which could have only been achieved through the presence of a programme management unit focusing on building a body of knowledge and experiences from the three agencies and working on advocating lessons learned from all those involved.

Key Lessons Learned and Good Practices

Lessons Learned
- Women and girls’ empowerment and protection programmes require long funding cycles that go beyond the 12 and 24 months. They require concerted efforts and long-term engagement with stakeholders.
- Changing the mind-sets of service providers is very difficult especially when a girl has left her family house. Hemayati’s focus was on decreasing the acceptance of violence against children (girls) and women by the community, this requires comprehensive work on creating a culture of Zero-tolerance for violence in all settings.

Good Practices
- Irrespective of the role of each agency, the mutual understanding between the three UN agencies through the joint programme, communication and coordination and facilitation of the work was well planned and worked well.
- Projects and programmes that focus on strengthening existing systems and procedures have a higher rate of sustainability due to ongoing government’s interest and need.
Main Conclusions
The programme was designed and implemented in a participatory manner leading to enhanced engagement of stakeholders at the different levels. End beneficiaries (the women and girls themselves) were not consulted during any of the phases of the programme regarding new activities and/or new services that could have been offered by the programme.

Hemayati introduced the integrated holistic services approach to survivors of SGBV through the integration of RH and SRH to GBV services. This was an effective approach that has resulted in increased access and awareness about the linkages between the two. The provision of free SRH services enabled the programme to reach hard to identify SGBV survivors who would have otherwise not be aware of the availability of services. Building the capacity of staff on GBV and SGBV had a direct effect on improvement of the knowledge and wellbeing of survivors of SGBV as reported by beneficiaries.

Effectiveness of the programme was hindered by several challenges including the need for three different approvals from the government for the same programme; one for each UN agency. This has caused delays in implementation and has negatively affected the effectiveness of implementation in some programme implementation locations as the implementation was rushed. At times, the delays led to cessation of RH and SRH services thus negatively affecting beneficiaries.

The adoption of the case management system by MoSD, the engagement of shelter and MoSD staff in the design and testing of the protocol of care and the enhancement of JWU documentation centers will have a long-range impact on addressing SGBV in Jordan.

Capacity building of staff at the safe spaces and the shelters has resulted in noticeable change in staff attitudes and perceptions about women and girls as well as their understanding of protection concerns. The adoption of the case management system and survivor-centred approach by MoSD is also amongst the outcomes and results of the programme.

The objectives of Hemayati form the core of the mandate of the three implementing UN agencies. This will ensure sustainability of interventions and results as UN agencies, and another move to build on what has been achieved thus far.

Hemayati presented some useful lessons learned about the value added of joint projects and programmes. Hemayati enabled the development of working relationships between stakeholders that have not worked together in the past such as UNFPA and MoSD. The products of the joint programme such as the trends report developed by UN Women and JWU would be of high importance for continuing the work on SGBV in Jordan.

Main Recommendations
● It is recommended that the UN system and with GoJ develop new methods of acquiring approvals for joint projects implemented by UN agencies. This will ensure smooth and consistent implementation of interventions. It will also enable the programme to develop one memorandum of understanding or cooperation agreements with implementing partners, thus reducing duplication.
● It is recommended that an advocacy plan be developed for the integration of RH and SRH into GBV services at the national level as they served as a culturally-sensitive entry-point for safe disclosure of GBV cases and referrals, especially within vulnerable and marginalised populations.
● It is recommended to work with donors for extended funding cycles even within emergencies to ensure the continuation of services that are needed by beneficiaries.
- It is recommended that a clear and standard management structure for joint projects be developed. It ought to include core functions and dedicated staff. This would help strengthen the “jointness” and ensure the development of best practices regarding the implementation of joint programmes.
II. Programme Context

Following the Standard Joint Programme Document (the information below are directly taken from this document, and only slightly reorganised for the purpose of this programme description), the programme was implemented in the context of the Syrian emergency crisis, which led to a steady influx of Syrian refugees causing considerable strain on the already fragile infrastructure and economic situation of Jordan. Protection concerns were (and still are) prevalent in Syria and the risk of women and girls being exposed to SGBV was high. Women and girls were subject to fear of being subject to sexual violence in areas where fighting, attacks and raids took place. Children suffered from psychological distress while their caregivers faced difficulties to support them, due to their own high levels of distress. Pre-existing child protection and gender inequality issues had been exacerbated by the conflict, including child labour, early and forced marriage, often used as negative coping mechanisms by populations under hardship. In such emergencies, systems of protection are weakened and disrupted, and forced displacement and separation of families and communities place women and girls at increased risk of multiple forms of SGBV. In the early stages of humanitarian emergencies, sexual violence and intimate partner violence are often the most common forms of SGBV. Sexual violence is the most immediate and dangerous type of GBV (described as “an umbrella term of any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females”, according to the Interagency Standing Committee (IASC) guidelines on GBV Interventions in Humanitarian Setting (2005)) occurring in acute emergencies. In Syria, rapes have been perpetrated during house searches, at checkpoints, in detention facilities, and refugees reported that protection from sexual violence was one of the main factors motivating them to leave their country. Addressing SGBV in a context such as the Syrian crisis context, particularly sexual violence, was a basic and life-saving protection issue¹.

In Jordan, the affected populations had exhausted their resources and coping mechanisms as a result of increased poverty, multiple displacement and lack of adequate access to services in many parts of the country. Traditional community support mechanisms were failing due to displacement and distrust. This had had a significant impact on the psychosocial well-being of the population and may lead to increased protection risks, including violence and exploitation of women and girls. Improved protection of civilians, particularly of children, women, the wounded and other vulnerable groups such as persons with disabilities, unaccompanied/separated children, survivors of SGBV, and of torture had been identified as a priority within the humanitarian needs framework for Syria. Assessments carried out by the UN and NGO partners in Jordan had highlighted a number of risks and vulnerabilities that the Syrian population faced in Jordan as well. Those risks had been increasing as the situation inside Syria got worse and the number of people crossing the border into the neighbouring countries had been increasing by the day. While the root causes of such vulnerabilities required longer term programs, some of the underlying causes had to be addressed immediately through sustained service delivery. The risks and vulnerabilities to be addressed in this vulnerability setting were mainly:

- Most of the vulnerable Syrian refugees living in the community had no source of income leading to increased risks of violence, abuse and exploitation, including domestic violence, child marriage², child labour, labour exploitation, etc.;
- Adolescent girls and young women faced a heightened threat of early and coerced marriage as households sought to lessen their economic burden. Particularly, unaccompanied women and girls and women headed households were at high risk of exploitation, trafficking and sexual abuse;
- Women and particularly female headed households were isolated, stressed and found it difficult to adapt to life in Jordan. The breakdown of the social fabric had led to mistrust among refugees in communities which, combined with a lack of a support network, made it even more stressful. Domestic violence was the most reported violence from women and girls;

¹ Standard Joint Programme Document (Phase I).
² Beneficiaries interviewed during the Focus Group Discussions conducted as part of this evaluation used the term « early marriage ».
Most women were restricted in their movements and were not allowed to leave their dwellings. They were uncomfortable seeking support. In addition, the lack of sufficiently trained medical personnel to care for SGBV exposed their vulnerabilities even more.

The Government of Jordan has been putting efforts to address these risks and vulnerabilities and deal with GBV issues. In the Jordan Response Plan (JRP), the improvement of protection and provision of services for both Jordanians and Syrians (as well as other nationalities) were highlighted as priorities. Striving towards these objectives, the GoJ has thus been focusing on trying to improve health services for refugees and vulnerable Jordanians, including reproductive health and prenatal care services. The JRP has also been focusing on providing protection services, social cohesion, protection of mothers and girls, and improving the protective environment for children. Furthermore, in the Jordan National Action Plan for Women’s Peace and Security (JONAP 2018-2021), improving protection to those affected by war has been stated as a key pillar – an objective towards which the GoJ has been working through staff capacity building and the provision of services –, just like fulfilling women’s human rights. Indeed, in the face of the human rights violations the conflicts in the region have resulted in, impacting women and girls and including sexual violence, forced marriage and displacement, prevention of and response to these risks have become key priorities for the Government. The JONAP document further highlights the way women’s rights (to “fair and safe employment”, “livelihoods”, or “freedom of movement”, as well as their ability to participate in “political decision making that impacts their lives” or getting involved in “peace processes and peacebuilding initiatives”) are curtailed in this context; dynamics against which the Jordanian Government has been trying to work. The JONAP has been focusing on four pillars aiming to abolish the underlying causes of inequality and discrimination, namely participation, preventing violent extremism, relief and recovery in response to the refugee crisis, and capacity building and awareness raising of civil society and youth. In addition, in 2006, the GoJ revised Jordan’s Strategy for Women Empowerment, highlighting women’s participation in public life, legal amendments, human security and social protection, economic empowerment, information and communication. A Jordanian National Commission for Women has further been in charge of mainstreaming gender issues into Jordan’s Socio-Economic Development Plan for 1999-2003. Other strategies and initiatives have been taken by the Government to deal with GBV issue, such as the National Council for Family Affairs (NCFA) putting efforts to develop a tracking system for cases of violence.

UN Women, UNICEF and UNFPA had been partnering with active players in Jordan to build Syrian women, girls and boys and men refugees’ capacities in refugee camps and in host communities for effective participation in all decision-making processes concerning them and their community, including equitable service delivery mechanisms, increased participation and assessments of their own needs and vulnerabilities, etc. However, the Interagency Regional Response Plan highlighted the needs to continue to increase comprehensive services for SGBV survivors. Output 2 of the Protection Sector stated “Ensure Syrian protection needs are addressed through targeted protection interventions (including CP and SGBV), community mobilisation and capacity building”.

III. Programme Description

« Hemayati », meaning “my protection”, is an inter-agency joint programme between UNFPA, UN Women and UNICEF. The programme focuses on achieving the following joint outcome: Syrian refugees and vulnerable Jordanians, particularly S-GBV survivors, have increased access to comprehensive multi-sectoral services including sexual reproductive health (SRH), psycho-social support, access to shelters and legal services to address and combat S-GBV issues in Jordanian host communities.

3 Standard Joint Programme Document (Phase I).
4 Standard Joint Programme Document (Phase I).
The programme was designed based on the specific expertise of the three agencies and implemented through a consortium of relevant stakeholders including the Ministry of Social Development (MOSD) and the Jordanian Women Union (JWU). The three UN agencies along with their implementing partners worked closely to provide technical and operational support and engaging with civil society, strengthening linkages between governmental and nongovernmental entities to provide safe access to comprehensive lifesaving multi-sectoral services including sexual reproductive health, psychosocial support, legal services and access to shelters. Multisectoral services were provided in 9 safe spaces in Amman, Ramtha, Mafraq, Irbid, Ma’an, Zarqa, Hosson camp, Hitteen Camp and Ruseifeh and 3 shelters in Irbid, Ruseifeh and Amman. To ensure a comprehensive and non-stigmatizing approach to S-GBV programming, all activities were open to women, girls, men and boys from the Jordanian community and Syrian refugees with a specific focus on women and girls since evidence points out they are more at risk of GBV.

The programme response is aligned with the Government of Jordan’s development priorities; in particular those that emphasize on End Violence Against Women/Girls (EVAWG) as articulated in Government of Jordan’s strategic priorities outlined by its Vision 2020-2025; the Jordan Response Plan (JRP); the UN Assistance Framework 2013-2017; the Inter-Agency Protection Sector Strategy 2014 and the 2013 Commission on the Status of Women Agreed Conclusions (on the elimination and prevention of all forms of violence against women).

The joint interagency programme was implemented on three phases that began in September 2013. The first phase was implemented from 1 Sep. 2013 to 31 Aug. 2014, the second phase from 1 Sep. 2014 to 31 Aug. 2016), and the third phase from 15 June 2017 to 31 Aug. 2018.

a. Programme Overview

The joint programme outcome was therefore the following: SGBV survivors, including Syrian refugees, have increased access to comprehensive lifesaving protection services including health, psychosocial and legal services in three areas in Jordan (Mafraq, Irbid, Zarqa).

The programme also aimed at contributing to the achievement of the UNDAF outcomes for the years 2013-2017, especially to outcome 2 of ensuring social equality and ensuring that Jordan has improved social protection and poverty alleviation mechanisms for vulnerable people at national and sub national levels. The programme also aimed at ensuring that Jordan is provided equitable delivery of quality social services for all people.

The Phase I of the programme was implemented between 1 September 2013 and 30 November 2014, thanks to funds from the Royal Norwegian Embassy in the Kingdom of Jordan; Phase II was implemented between 1 December 2014 and 31 December 2016; and the Phase III was implemented between 15 June 2017 and 31 August 2018. The programme was implemented in the governorates of Amman, Irbid, Mafraq, Zarqa and Ma’an.

b. Programme Management

5 Standard Joint Programme Document (Phase I).
The joint programme was implemented by UNFPA, UNICEF and UN Women in partnership with the Ministry of Social Development (MoSD), the Jordanian Women Union (JWU). Other relevant stakeholders included, Nour Al Hussein Foundation/Institute for Family Health (IFH), the Ministry of Health (MoH), and the Family Protection Department (FPD). UNFPA acted as the administrative agency, and a Memorandum of Understanding (MoU) was signed by the three agencies, stipulating their respective responsibilities with regards to programme management and implementation.

A joint programme was chosen based on the specific expertise of the three agencies, and the added value they could bring to the programme. UNFPA contributed to the outputs 1 and 2 of the programme; UNFPA to output 3; and UN Women to outputs 1 and 3 (detailed in the table below section II).

A steering committee, composed by UNFPA, UNICEF, UN Women, the MoSD, and a representative of the Norwegian Embassy, was responsible for the overall supervision of the programme as well as for the provision of technical input. Regular coordination meetings were organised, involving all partners, to ensure a high level of collaboration as well as consistency throughout.

NGOs and other institutions, as implementing partners, were accountable to UNFPA, UNICEF and UN Women, in line with respective partnership agreements. They were responsible for implementation of the programme activities as described in the programme cooperation agreements and for achieving the results in line with the work plan and budget. The specific programme activities the different implementing partners have contributed to are described in Annex 2.

### c. Programme Logical Framework and Expected Results

Table 1 below provides an overview of the programme’s outcome, outputs and activities, across the three phrases. It is important to point out that the below logframe is quoted from programme documents, therefore the lack of hierarchy is attributable to the logframe existing in programme documents rather than to what the evaluation team developed.

<table>
<thead>
<tr>
<th>Table 1: Summary of Programme’s Outputs and Activities</th>
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<tbody>
<tr>
<td><strong>Joint Programme Outcome</strong></td>
</tr>
<tr>
<td>SGBV survivors, including Syrian refugees, have increased access to comprehensive lifesaving protection services including health, psychosocial and legal services in three areas in Jordan (Mafraq, Irbid, Zarqa)</td>
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<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 September 2013 - 30 November 2014</td>
<td>1 December 2014 – 31 December 2016</td>
<td>15 June 2017 – 31 August 2018</td>
</tr>
</tbody>
</table>

**Output 1:** SGBV survivors have safe and non-stigmatising psychosocial support, legal aid and case management services through a community-based approach

**Activity 1.1:** Establishment and/or strengthening of two safe spaces (e.g. women’s centres) in Mafraq and Zarqa for increased access of GBV survivors to adequate services, including case management, psychosocial

**Output 1:** Same as for Phase I.

**Activity 1.1:** Strengthening of 7 safe spaces. Same services as for Phase I with life-skills trainings in addition.

**Output 1:** Same as for Phase I.

**Activity 1.1:** Strengthening of 9 safe spaces. Same services as for Phase I and II.
support and legal assistance as and when required.

<table>
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<tr>
<th>Activity 1.2:</th>
<th>Activity 1.2:</th>
<th>Activity 1.2:</th>
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<tbody>
<tr>
<td>Enhancing capacities for an effective response to SGBV through documentation, reporting, and network building including capacity building for the documentation centre personnel.</td>
<td>Same as for Phase I.</td>
<td>Enhancing capacities for an effective response to SGBV and ensuring adequate and quality service provision.</td>
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<tr>
<th>Activity 1.3:</th>
<th>Activity 1.3:</th>
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<tbody>
<tr>
<td>Awareness raising, and outreach activities are conducted in collaboration with the refugee and host communities in a sensitive and culturally appropriate manner.</td>
<td>Same as for Phase I.</td>
<td>Strengthen the capacity of service providers to better collect and use data on VAW/GBV.</td>
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<tr>
<th>Activity 1.4:</th>
<th>Activity 1.4:</th>
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</thead>
<tbody>
<tr>
<td>Implementation of community-based activities for persons at risk of SGBV, as well as for SGBV survivors both as an entry point and psychosocial support methodology.</td>
<td>Same as for Phase I.</td>
<td>Implementing awareness-raising and community-based activities for women, girls, men and boys on GBV (such as awareness sessions, community theatre, radio shows, etc.).</td>
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<tr>
<th>Activity 1.5:</th>
<th>Activity 1.6:</th>
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<tr>
<td>Conduct consultative meetings/debates to understand the factors that contribute to the sexual and gender-based violence committed by men.</td>
<td>Initiate dialogue between women organizations, parliamentarians, private sectors and policy makers on issues related to VAW and discriminatory laws against women such as the penal code.</td>
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<tr>
<th>Output 2:</th>
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<th>Output 2:</th>
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<tbody>
<tr>
<td>SGBV survivors and vulnerable women and girls have increased access to quality health and RH services adapted to their age and gender.</td>
<td>Same as for Phase I.</td>
<td>Same as for Phase I.</td>
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<tr>
<th>Activity 2.1:</th>
<th>Activity 2.1:</th>
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<tr>
<td>Provide comprehensive RH services in the Women Centres and through the medical unit, including weekly visits to other institutions if necessary, as entry point in the identification, care and referral of SGBV survivors.</td>
<td>Provide comprehensive RH services in the Women’s Centres that will include providing regular antenatal care, post-natal care, family planning, Sexually Transmitted Infections (STIs) diagnosis, management and follow up, breast and cervical cancer screening, referral, reproductive health counselling and education.</td>
<td>Same as for Phase II.</td>
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<tr>
<th>Activity 2.2:</th>
<th>Activity 2.2:</th>
<th>Activity 2.2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening the capacity of public and non-governmental health structures to detect, care and refer SGBV</td>
<td>Same as for Phase I.</td>
<td>Same as for Phase I.</td>
</tr>
</tbody>
</table>
survivors including post-rape medical care.

**Activity 2.3**: Awareness raising campaigns to increase awareness on SGBV, RH and available services.

**Activity 2.3**: Same as for Phase I.

**Activity 2.3**: Same as for Phase I.

**Output 3**: Survivors of SGBV are protected from further harm and have safe and confidential access to shelters

**Output 3**: Same as for Phase I.

**Output 3**: Same as for Phase I.

**Activity 3.1**: Provide free and accessible shelter services including multi-sectoral assistance to survivors in Northern Jordan through the establishment of a safe shelter in Irbid.

**Activity 3.1**: Provide accessible shelter services including multi-sectoral assistance to survivors in Northern Jordan (*through Dar-El-Wifaq and Dar-El-Fatayat/Ruseifeh shelters*)

**Activity 3.1**: Develop and provide in-depth training on care of survivors in shelters to improve quality of care, adherence to the protocol of care, strengthen capacity of service providers and provide guidance on comprehensive response to GBV survivors.

**Activity 3.2**: Capacities of JWU shelter in Amman expanded to provide increased high-quality services for GBV survivors.

**Activity 3.2**: Same as for Phase I.

**Activity 3.2**: Introduce comprehensive protection and facilitate reintegration of child survivors of S-GBV in Dar El Fatyat.

**Activity 3.3**: Training for FPD, MoSD, and JWU shelters employees on comprehensive care for survivors of SGBV and survivor-centred approaches are provided.

**Activity 3.3**: Develop and provide in-depth training on the common protocol of care of survivors in shelters to improve quality of care, strengthen capacity of service providers and provide guidance on comprehensive response plans including plans for reintegration.

**Activity 3.3**: Strengthen the capacities of JWU shelter in Amman to provide increased high-quality services for S-GBV survivors.

**Activity 3.4**: Develop a common protocol of care of survivors in shelters to provide quality of care, strengthen capacity of service providers and provide guidance on comprehensive response plans including plans for reintegration.

**Activity 3.4**: Capacities of MoSD are strengthened to conduct outreach for vulnerable communities to raise awareness of and access to SGBV services.

**Activity 3.4**: Capacities of MoSD are strengthened to conduct outreach for vulnerable communities to raise awareness of and access to SGBV services.

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**IV. Evaluation Purpose & Objectives**

According to the ToRs, the purpose of this evaluation was to assess the extent to which the whole programme has resulted in progress towards intended results regarding strengthening S-GBV survivors’ access to comprehensive lifesaving protection and sexual reproductive health (SRH) services. Mainly, the evaluation aimed to assess the integrated approach towards Gender Based Violence, Sexual and Reproductive Health and Shelter. Moreover, this evaluation was undertaken to assess the cost effectiveness and efficiency of adopting the joint work approach compared to the individual (single) agency work approach. By answering this, the evaluation attempts to provide credible and useful assessed information on the added value of joint programmes in enhancing the achievement of
results through improved UN system coherence and efficiency by using joint design, implementation and evaluation process.

Additionally, the evaluation is intended to be forward looking, capturing lessons learnt that can inform the development of the next programme. This final evaluation was undertaken by UNFPA, UNICEF and UN Women to demonstrate results and accountability, provide credible and reliable evidence for decision making on future GBV prevention, response and coordination initiatives, and contribute with important lessons learned about normative, operational and coordination aspects into the upcoming planned interventions and response.

The target audiences for this evaluation are the key stakeholders including MoSD, JWU, participating UN agencies and the Government of Norway. While this evaluation was conducted at the end of the programme period, it is of summative nature.

V. Evaluation Design and Methodology

a. Overall Approach

The evaluation adopted the OECD-DAC criteria of relevance, effectiveness, efficiency, impact and sustainability of the programme. In addition, the evaluation sought to document the key changes that were observed/documented because of programme intervention, as well as the unintended results of the programme. According to the ToR, coordination amongst the three UN agencies was an additional criterion of the evaluation. The evaluation team addressed “coordination” both independently, i.e. as a standalone criterion, as well as a cross-cutting theme in all OECD-DAC criteria.

Building on the key evaluation questions listed in the ToRs, the team elaborated a set of sub-questions and additional specific questions that helped to specify the exact data that needed to be collected in the field. see the evaluation matrix in annex (Table 3) for an overview of evaluation questions, key sub-questions and additional questions formulated. In addition, the evaluation developed tools for each category of stakeholders interviewed.

The evaluation approach was transparent and participatory, involving and incorporating feedback from various stakeholders and partners. It put the emphasis on ensuring that the voices of women and girls are heard.

b. Evaluation Process and Work Plan

The evaluation was conducted by a team of experts. The Team Leader (TL) was responsible for overall management of the evaluation as well as managing communication and interaction with UNFPA, UN Women and UNICEF. The TL was also responsible for field data collection. The Evaluation expert was responsible for providing overall management support to the TL including desk review of documents, data analysis and synthesis, as well as report writing.

The evaluation was implemented in three phases. The first was the inception phase, which included document review and initial interviews with the Evaluation Reference Group, UNFPA officers, UN Women and UNICEF. The purpose of these meetings and consultations was to inform the Inception Report, get feedback on evaluation questions and tools, and organise and finalise field work plans. At the beginning of this phase, the evaluation team also produced a comprehensive stakeholders’ mapping, which was reviewed by UN agencies, used as a basis to start organizing data collection to be conducted. This phase also included the review by the board of ethics of the interview protocol and receiving the approval for field data collection.

The second phase of the evaluation focused on field data collection. It was decided that the data collection will be conducted in two stages. The first stage took place in December 2018 and focused
on meeting UN agencies and key implementing partners, namely JWU and MoSD. In addition, meetings also took place with other partners in Amman (please see Table 6 in Annex 3). The second stage of data collection took place during January-February 2019. During this stage, FGDs and KIs with programme participants and beneficiaries were conducted. The decision to delay meetings with beneficiaries was deemed appropriate to ensure that an approval of the tools is sought by the ethical review boards of the respective organisation, which would ensure credibility and validity of collected data and that ethical standards for interviewing survivors or GBV and children are well adhered to through all stages of the process. This approval was sought by presenting the Inception Report and the ERB form to UNICEF who then presented them to the board.

At the end of the second data collection stage, a preliminary presentation of findings was shared with the Evaluation Reference Group. The third and final phase of the evaluation focused on the data synthesis, analysis, and report writing. This draft report was prepared along with an executive summary in English and Arabic. Once consolidated feedback on the is received, the evaluation team will incorporate all required changes, modifications and/or changes and a final evaluation report along with an executive summary in English and Arabic will be produced.

C. Data Collection and Analysis Methods

The evaluation used a wide range of information sources to triangulate data and to ensure validity and reliability. The evaluation was participatory to be able to get information from various stakeholders, including women and girls.

In line with the requested forms of data collection listed in the ToRs, the evaluation used various data collection methods and processes including:

1) Review of relevant literature and programme monitoring data provided by UNFPA and others;
2) Review of collected literature during field work (brochures, specific reports, institutional brochures, etc.);
3) Interview protocols of Key Informant Interviews;
4) Focus Group Discussions during visits in Jordan, conducted by the evaluation team. These included programme beneficiaries, local programme stakeholders, UN agencies staff and staff of implementing partners as well as other stakeholders deemed necessary;
5) Administration of a self-assessment tool to staff receiving training and beneficiaries receiving services.

During the field work, through the interviews, different stakeholders and beneficiaries provided different types of information. Field data collection was conducted over two phases: the first phase was conducted between 15 and 20 December 2018, and the second phase between 28 January and 7 February. The field data collection was carried out following a mixed methodology:

1. **Key Informant Interviews** were conducted with each programme manager and country team members involved in the implementation of this programme, in order to collect information about activities and outputs, the number of beneficiaries, staff employed by the programme, cooperation with key institutions, a collection of monitoring data and reporting, as well as any implementation challenges.
2. **Focus Group Discussions** were conducted with trained staff. It provided another perspective about the activities and their effects. A sample of 6-8 trained staff members was selected in each location visited. The main selection criteria was staff having received training and a focus on the variety of functions of the staff.
3. **Focus Group Discussions** were conducted with mainly current beneficiaries. Request to meet past recipients was made and left to the discretion of the shelter/UN agencies to determine
whether possible and what means were in place to mitigate potential risks. Focus groups included 6-8 participants. FGD subjects were contacted by phone through the agencies’ staff who were familiar with their cases. No identifier data was collected by the evaluation team. The ages of girls under 18 ranged from 15 to 18 years of age.

4. **Self-Assessment Tool** at the end of each FGD and/or KII (when relevant). The evaluator asked each participant to rate on a scale of 1 to 10 where they believe they were before participating in the intervention. The answer was marked on a sheet of paper. Then, they were asked to rate how much the intervention helped improve their situation. Their answers were marked on a sheet of paper that was kept by the evaluation team. Using the same self-assessment tool, participants were asked to self-assess their practices at home before and after the sessions. The purpose of the self-assessment tool was to engage FGD participants and allow the space to reflect on the impact of the different interventions and whether it has resulted in a change in practices. For example, recipients of awareness raising activities or SRH were also asked to self-assess their level of knowledge and practices before and after the sessions.

A total of 15 FGDs with beneficiaries and CBO staff members were held during data collection. In addition, 13 KIIs were held with other stakeholders including UN agencies. (Please see Annex 3 for an overview of the number and characteristics of participants in FGDs and KIIs. And Annex 3 provides the number of other stakeholders interviewed broken down by organisation and gender.

**d. Sampling**
The evaluation TL visited six out of nine locations where the programme was implemented. The selection of the sites was done in close coordination with UN Agencies. In each location, the evaluator conducted KIIs with the staff in the centre/clinic, management, and women, girls and men who benefited from the programme interventions. The evaluation team recognised that some of the GBV survivors may be difficult to access and not willing or ready to discuss the change that had occurred in their lives as a result of programme interventions. This was particularly the case for programme beneficiaries from phase I and II. Hence, the evaluation adopted a simple purposeful sampling approach which included women, girls and men who had benefited from programme interventions and who were willing to participate in the FGDs and/or KIIs. JWU and MoSD run shelters were asked to identify the survivors in collaboration with the evaluator. It is recognised that this may lead to some biases based on the sample. However, the confidentiality and anonymity of the data of the survivors was prioritized.

**e. Ethical Considerations and Risk Mitigation**
Prior to the beginning of the data collection phase, UN partners ensured the appropriate consent of the authorities regarding the evaluation. Tools were reviewed by the Evaluation Reference Group and UN agencies engaged in the process for comments and feedback prior to implementation of the data collection phase.

The evaluation adhered to UN evaluation norms and standards and followed UNEG Ethical Guidelines. No direct questions about previous violent experience were asked. However, when the subject volunteered the information, the evaluator asked simple non-intrusive questions. In addition, a case manager or social worker familiar with the cases (especially for minors) was asked to be present during the interviews to make the interview subjects feel at ease.

While the research questions that were used in this study were not intended to present high levels of psychological risk or social risk, there was a possibility that questions about change that occurred as a result of the programme may uncover emotions, feelings and experiences that are difficult and uncomfortable. Furthermore, the sharing of this information in a group setting could result in social risk if members of the group stigmatize certain responses. Breach of confidentiality could occur if group
members share responses with others after the FDGs. In order to mitigate these risks, the evaluator began each session by establishing the group norms related to confidentiality, respect and trust. The evaluator also worked with the case managers and/or social workers in each programme implementation location to identify appropriate referral processes when one or more participants exhibit signs of psychological distress to offer them additional support services. A formal consent for participating in the FGD or KII was orally acquired using standard UN templates.

Subjects’ protection and confidentiality was also guaranteed. This was done by ensuring that survivors of SGBV and other beneficiaries’ personal data was not asked or stored. Each interview subject was assigned a code by the evaluator. A separate participant list was generated for each FDG and KII, which contains first name, gender, age, nationality and location where the FGD or KII took place, with a numerical code for each participant. This participant list is maintained in a password encrypted file, only accessible to the evaluation team. Notes from the FGDs and KIIs include the first names only and are electronically stored on a password encrypted file.

It was deemed necessary to interview survivors of SGBV during the course of the evaluation as they were the main beneficiaries of the interventions that aimed to improve their lives. FGDs with survivors were necessary and the desired outcome could not be achieved without gathering information in this way, the information was needed and not otherwise available, and information could not be obtained in a less invasive manner. Survivors were the only ones who could comment and provide feedback on how the programme has affected them whether positively or negatively. Ethical standards in interviewing survivors of GBV and children were strictly adhered to during FGDs and KIIs. Child Safeguarding policies were also observed7, and UNICEF procedures for Ethical Research Involving Children8 were followed as well. (Research Ethics Approval Letter can be found in Annex 7)

Main standards were followed, including ensuring the consent of the participants (or guardians of in the case of minors) for participating in the focus groups. This was done by reading a consent form to the participants at the beginning of the meetings and ensuring their approval to participate. Confidentiality and anonymity of the data was ensured. Participants were asked to state their first name, nationality and place of origin. No other personal information was collected during the evaluation study. Raw data was only made available and reviewed by the consultants and UN staff.

UN teams ensured that the selected setting for the focus group was safe, confidential and considered a neutral setting to reduce bias in data collection, such as the centres where recipients received services or the premises of the CBO running the centres. As much as possible, cultural sensitivity principles were applied (gender, age and nationality were taken into consideration in the set-up of the groups). There was no actual or potential conflict of interest between the programme and the evaluation team. The evaluation was carried out by two consultants who had never worked with this programme.

f. Limitations of the Evaluation

As with any research, there are certain limitations that have to be recognized:

- Availability of personnel for interviews, especially in the beneficiary community; the evaluation team remained flexible and encouraged the identification of staff and beneficiaries who are willing to be interviewed;
- Level/validity of information willingly shared; data was triangulated and checked for accuracy from different sources;

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8 https://www.unicef-irc.org/publications/706-ethical-research-involving-children.html
- The sample of women and girls interviewed is not representative of all the beneficiaries that were served by the project. Accordingly, the self-assessment tool is not a representative tool that is intended to provide a high accuracy measurement, as the sampling criteria was 1) purposeful and 2) based on the willingness to participate in the FGDs. Rather, it is intended to provide an overview of how beneficiaries feel about the activities that they were engaged in and their self-perception about how they have affected their lives;
- The administration of the self-assessment tool was not easy in all locations visited, either due to time constraints or to variations of activities implemented in each location;
- The assessment of efficiency does not include a cost-effectiveness break-down as the evaluation team only had access to the programme budget and not the programme expenditures to be able to assess costs.

VI. Evaluation Findings

a. Relevance

Finding 1: The programme is relevant to the needs and priorities of the direct and indirect beneficiaries and is appropriate for the context in which it was designed.

The programme responds to the needs of the direct and indirect beneficiaries as evidence will be further discussed presented in the following paragraphs, including survivors of SGBV and vulnerable women and girls, civil society organisations and the government. The programme is built on a two-pronged approach. The first focuses on strengthening government systems and aligning them with international standards. The second approach consists of providing integrated holistic services to survivors of SGBV and vulnerable women and girls in Jordan (irrespective of nationality).

According to interviewed stakeholders, particularly civil society organisations, the programme was relevant to the needs and priorities of the different CSOs. According to the management of the Jordanian Women Union (JWU), the programme is at the core of their work, as their main work focuses on gender equality and rights by working on changes in laws as well as the provision of protection to women in need. “This programme is really about providing protection to women. Maybe sexual reproductive health is not the key focus of JWU however, for Syrians it was an attractive starting point to engage them and provide them with both SRH and protection services”, explained JWU management representatives during this evaluation. Government officials interviewed concurred with the views expressed by CSOs. Staff at MoSD and shelter-based staff concluded that Hemayati was built on accurate and correct international standards and is aligned with international structures as well as the cultural requirements of Jordan. According to a former MoSD-run shelter manager, there is a need for protection for girls in Jordan as they are really a vulnerable group. “Those above 18 are a bit stronger whereas the under 18s are really vulnerable. The programme worked on empowering them and this strong support is needed by the girls”, explained the former shelter manager.
Other government officials interviewed explained that the programme is very important as it aims to bring a gender-sensitive lens to the work of the government. The former shelter manager interviewed explained that some of the staff, prior to the programme, would treat the girls or the women in the shelters as people who have committed crime or “something wrong”. However, after the trainings and the seminars there is a higher understanding of what these women have been subjected to and how best to work and deal with them and their problems and accept that they are survivors and not criminals. “This is an important programme for women and not all people are able to deal with the women”, explained a second former shelter manager.

The views of CSOs and government correspond to the views and perceptions of the staff of the CSOs. Graph 2 indicates that staff of CSOs and government alike have self-assessed their knowledge and practices before the programme as relatively low, whereas following the capacity building and interventions the knowledge and practices of staff have clearly improved.

In the different safe spaces, feedback expressed by staff on the trainings they have received was very positive. Staff assessed the trainings as relevant, good, useful and based on the needs. It was the case for 8/9 participants in the Zarqa safe space, 5/5 in Khaldiya Mafraq, 4/6 in Irbid, 3/4 when it comes to the Zakaria CBO team in Rosayfa, and 1/5 for the Al Anwar CBO because the remaining number of staff interviewed explained that they have not received training. Some trainings were specifically listed as very relevant because of their particular relevance to the daily work of the staff. Such enthusiasm was expressed for awareness about refugee rights, legal, psychological, medical and procedures aspects of protection, training on SGBV (to be able to provide first treatment to work with a survivor of GBV when the clinic is not present, and to better identify and support beneficiaries, knowing the issue better, knowing how to proceed, which service to use first, how to deal with rape cases, confidentiality, etc.), illegal marriage and family planning. Other trainings on report writing, Excel and information sharing, data entry, evaluation, case management and case referral depending on the needs, trafficking, feminism, secularism, communication and listening skills, changing terminologies and legal terms, or CEDAW trainings, were all said relevant, “the essence of (the) work”; “the capacity building (was) always related to some projects”, “it (was) based on the need”, “very relevant to the work and directly relevant”. Staff from the Zakaria CBO mentioned, in addition, that previous trainings they had received was only theoretical, whereas they could now have practical lessons which proved very useful.

Staff also highlighted the usefulness of experience and expertise sharing between the different organizations attending the trainings, and the creation of networks, which prove useful for referral as well (“we understand what others are doing”, said one of the staff from Zarqa).

Only one staff from the Al Anwar CBO expressed relatively negative feedback on the trainings, saying that he had received training in the first year only and that it was insufficient. He nevertheless described JWU as very nice, their treatment as very positive, the CBO’s staff work with JWU as always responding to the needs and concerns, with a good communication.

When it comes to the staff of the shelters, trainings were also judged relevant by four out of seven FGD participants in JWU Shelter in Amman. According to interviewed JWU staff in the shelter, trainings received included human trafficking, personal status law – about which staff needed lots of information to provide them to the beneficiaries –, SGBV, psychological support, case management inside and outside the shelter, family counselling, protection of women and cases of trauma, communication skills, negotiations, domestic labour, family loss, harassment, referral pathways, identification of cases of violence and rape and dealing with the needs of the different groups depending on their needs. One of the trained staff made the following statement: “All the work and the training we received were needed and relevant. All this work was up to date and kept us informed about the differences and keep up with the changing situations and ability to follow-up”. The exchange of experience and information enabled during the workshops was also praised by staff. However, in
Amman and Irbid, staff mentioned the impossibility for them to access second level trainings, as only the first level was provided, and that trainings tended to be redundant, not useful or too basic (one of the staff in Amman even said that the trainings are less good than their own experience).

For staff of the Irbid MoSD shelter however, capacity-building was assessed as insufficient by 3/5 staff, who specified that although the trainings are relevant there sometimes bear confusions, or the building is not well-suited, or some aspects of the trainings are missing for the staff to really be “well trained”. For staff of the Rosayfa MoSD shelter, trainings proved very relevant, based on the opinion of one of the two staff participating in the FGD, especially trainings on case management as a new participatory approach and working with partners, new survivor-based methodology, shelter management, quality assurance and protocols, policies and procedures and how to abide by them which enabled the shelter to come up with its own policies. For the other staff interviewed in Rosayfa, more trainings on procedures and medical aspects would be needed, beyond trainings on social and psychological aspects, to fill the gap when nurses are missing.

In terms of the end beneficiaries, there is also evidence that the programme was relevant to their needs. Beneficiaries interviewed, especially Syrians, explained that had this programme not existed, they would not have had access to SHR or GBV services. In addition, the need for RH and SRH is evident considering that 100% of the beneficiaries interviewed requested that these services continue to be offered. Beneficiaries interviewed put the emphasis on the services of the clinic and the need for them to continue, and for other activities (awareness sessions, etc.) to be expanded. Some FGD participants even asked that activities be open to a wider public, e.g. older women. Two FGD participants in Zarqa said: “sometimes they put an age limit for the health services, (not everything should go to the young), sometimes there needs to be something for older groups”, and “as older women we want awareness and we want to learn so give us an opportunity”. The request from the beneficiaries that the services offered by the programme be continued and expanded is evidence of their relevance to their needs. Feedback from the beneficiaries of the shelters as well, which is presented in more details under the Impact section to demonstrate the consequences having access to these shelter services had on the lives of the beneficiaries, also shows that the shelters and the services offered within them were relevant to the situation and needs of the target beneficiaries. Their testimonies, about how, without these shelters, they would still be in the street, or married with children, or in prison or juveniles, or enduring bad treatment in other places (further details can be found under the Impact section) clearly indicate the needs for these services.

The programme is well suited for the context in which it was perceived. The programme started implementation activities in the midst of the Syrian Crisis in 2013 when the influx of Syrian refugees was creating a strain on the services in Jordan. In addition, the state of refuge and trauma experienced by the Syrian population made it difficult for them to access protection services; especially women and girls were particularly vulnerable within their host community. The programme also takes into consideration the cultural dimensions of working with women and girls in Jordan. It builds on existing programmes at JWU (the hotline) to ensure the relevance of the intervention to the needs and priorities of the target population. It also worked on strengthening the protection systems implemented and managed by MoSD. The programme recognizes that children could also be affected and, hence, there were specialized activities targeting children inside and outside shelters.

Finding 2: The programme responds to the needs of UN Agencies, the government of Jordan and the objectives of the SGBV sub-working group.

The main objectives of the programme are at the heart of the objectives of UNFPA and UN Women, namely women protection and empowerment through the provision of integrated holistic services. The introduction of SRH services through the programme is amongst UNFPA guiding principles and approaches. Providing protection and support to children (under 18) as well as ensuring their psychological and emotional needs are duly attended to is one of the mandate objectives of UNICEF.
The programme responds to the objectives of the SGBV sub-working group for which UNFPA is a co-chair. The programme’s approaches of strengthening the response through enhanced coordination, strengthening the referral mechanisms and aligning different stakeholders to the GBV IMS indicate the direct link between the programme and the objectives of the different UN agencies involved. Nonetheless, it was noted during the evaluation that perhaps not all UN agencies who need to be aware of the programme are in fact well informed. For example, UNHCR representatives explained that their knowledge of this programme was rather limited. A UNHCR representative, interviewed during the evaluation as a co-chair of the sub-working group on SGBV, explained that although the sub-working group knows enough about Hemayati however, the sharing of further information especially about the situation in remote areas would make the programme more responsive to the needs of the sub-working group. It was also noted that the programme’s engagement with JWU and consistent efforts to engage JWU in the work of the sub-working group is directly relevant and needed. JWU’s approaches and focus on protection, confidentiality and anonymity are directly relevant to the approaches of the UN agencies and the sub-working group. The programme worked on strengthening the GBV IMS as well as the referral pathways, which is one of the key objectives of the SGBV Sub-working group. Finally, the main objective of the programme, namely the provision of integrated services to survivors, is also at the core of the work of the sub working group.

According to interviewed government officials, the programme supports the priorities of the Government of Jordan (GoJ) for improving the protection umbrella and standardizing quality assurance in the management of shelters. In addition, with a strong component of the programme focusing on capacity building, the programme focuses on strengthening the national capacity for the provision of integrated holistic services to survivors of SGBV and vulnerable women and girls. Hemayati focuses on improving the protection environment for vulnerable women and girls in Jordan. It is reviewed and approved by the Jordanian Ministry of Planning and International Cooperation (MOPIC). The programme was conceptualized based on an actual need and through the identification of gaps in the response to the Syrian refugee crisis. According to respondents during the evaluation, the Jordan Response Plan (JRP) is a large-scale consultative process where the identification of needs is based on the assessment done before the planning. The programme has also focused on building the capacity of government staff in different sectors, including the Family Protection Department (FPD) at the Ministry of Interior. The support rendered by Hemayati to the FPD through collaboration with UNICEF is considered useful and important to FPD. According to FPD staff interviewed, the support provided by UNICEF helps improve the image of FPD and encourages citizens to come forward with their complaints because FPD is able to provide them with appropriate and adequate services. FPD officials also noted that the support provided by Hemayati was relevant and timely; as they started to expand to the Northern parts of Jordan in response to the refugee crisis, the FPD needed support which was rendered through Hemayati and UNICEF.

The programme also aligned with the efforts exerted by the National Council for Family Affairs (NCFA) to develop a tracking system for cases of violence. According to FPD and NCFA officials interviewed, the tracking system is important because it does not reflect services offered from one agency or department, but rather from different areas and different stakeholders. The tracking system can help hold the stakeholders accountable for providing the services as well as a statistics source and provides better service to individuals.

Finding 3: The programme is aligned with relevant normative frameworks on gender equality and women’s empowerment strategies in Jordan such as JONAP as well as Jordan Refugee Response Plan

The programme is aligned with Jordan’s Strategy for Women Empowerment, which was revised in 2006 and adopted by GoJ. The revised strategy was developed by the government in 2006. It highlights women’s participation in public life, legal amendments, human security and social protection, economic empowerment, as well as information and communication. The Jordanian National Commission for Women has been responsible for mainstreaming gender issues into Jordan’s Socio-
Economic Development Plan for 1999-2003. Hemayati’s focus on the delivery of integrated services including legal and social protection makes it aligned with the key gender equality and women’s empowerment approaches of GoJ.

The programme works both with Jordanian and other nationalities (mainly Syrians) on improving protection and provision of services making it aligned with the priorities of the Jordan Response Plan (JRP). The JRP places substantial importance on improving health services available to refugees and vulnerable Jordanians. In this regard, the JRP particularly focuses on the provision of reproductive health services and on prenatal care. Hemayati’s approach with the integration of SRH with protection aligns the programme with the priorities of the JRP. Furthermore, the JRP prioritizes several social protection axes to which Hemayati directly responds. These include provision of protection services, social cohesion, protection of mothers and girls in Jordan, improving the protective environment for children among many other key priorities identified by the JRP.9 Hemayati works on many of the same axis through an integrated approach to service delivery encompassing legal, psychosocial, health, protection and vocational livelihoods interventions. It is evident that the programme is aligned with the JRP. The provision of training and capacity building to JWU staff and MoSD is aligned with the pillars of Jordan National Action Plan for Women’s Peace and Security (JONAP 2018-2021), namely “improving protection to those affected by war through capacity building of staff and provision of services.”

The JONAP in Jordan focuses on fulfilling women’s human rights. “The conflicts in the region have resulted in human rights violations impacting women and girls, such as sexual violence, forced marriage and displacement that require prevention and response. Specific rights, such as the right to fair and safe employment and livelihoods and to freedom of movement are curtailed in different ways across each context. Women’s ability to participate in decision-making relating to their everyday needs and rights, such as oversight of humanitarian services, to influence local and broader national political decision making that impacts their lives, and their involvement in peace processes and peacebuilding initiatives are hampered in different ways.”10 According to a study commissioned by UN Women reviewing the NAPs of Iraq, Jordan and Palestine, “The three NAPs-WPS assessed in this study all individually include action points that can be categorised as meeting women and girl’s practical and strategic needs and interests. The action plans include actions that are focused on meeting the strategic rights of women and girls. Iraq and Jordan’s plans contained roughly 40% of actions which focused on strategic needs, while Palestine’s plan contained 30% of actions focused on strategic needs. The action plans also include actions meeting the practical needs of women and girls. Two percent of the Iraq action plan, 3% of Jordan’s actions and 19% of Palestine’s plan addressed these kinds of needs.”11 The selected pillars for JONAP recognise and promote the abolition of the underlying causes of inequality and discrimination. For Jordan that meant a focus on four pillars namely:

- Participation Pillar,
- Preventing Violent Extremism Pillar,
- Relief and Recovery in Response to the refugee crisis Pillar,
- Capacity Building and awareness raising of civil society and youth Pillar.12

10 Swaine, A, (2018), Balancing Priorities: Lessons and Good Practices from Iraq, Jordan and Palestine for NAP-1325 Drafting Teams; UN Women
11 Ibid
Hemayati is directly aligned and supportive of the JONAP pillars especially concerning the relief and recovery to the refugee crisis as well as the capacity building and awareness raising of civil society.

Finding 4: The programme was conceptualized and designed in a collaborative manner taking into consideration the needs and priorities of stakeholders. Further attention could have been paid to ensure adequate participation by survivors of SGBV during the design phase of the programme.

Throughout the three phases of the programme, there was a special focus on engaging the stakeholders in the design and implementation of the different activities. In terms of JWU and MoSD as one type of beneficiaries receiving capacity building and strengthening, both organizations were engaged throughout the process at the central levels (management level).

End beneficiaries (survivors of GBV), whether in the shelters or outside, have not been fully engaged in design and monitoring. Some of the women were part of the implementation process through the presence of volunteers in JWU run safe spaces who raise awareness and recruit participants in programme activities. It could be argued that survivors of SGBV were part of the design because the programme was built on needs assessments conducted by other organizations. However, their involvement in the planning and design of each phase would have increased their ownership and trust in the different activities. It is important to point out that the needs of vulnerable women and girls in Jordan is massive, hence all interventions are deemed necessary and useful even if not a priority per se.

b. Effectiveness

Finding 5: The programme achieved its expected results to a large extent during the three phases of implementation.

The programme expected results remained relatively the same between the three phases of implementation. The achievement of results differed slightly between the different phases. Table 2 below provides an overview of the results achieved during each of the implementation phases.

It is worth pointing out that the main expected outcome of Hemayati is to increase “access” to services and not necessarily to change in behaviour.

Table 2: Programme Progress

<table>
<thead>
<tr>
<th>Joint Programme Outcome</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 September 2013 - 30 November 2014</td>
<td>1 December 2014 – 31 December 2016</td>
<td>15 June 2017 – 31 August 2018</td>
</tr>
<tr>
<td>Output 1: SGBV survivors have safe and non-stigmatising psychosocial support, legal aid and case management services through a community-based approach</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Output 2: SGBV survivors and vulnerable women and girls have increased access to quality health and RH services adapted to their age and gender.</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Output 1: Sexual and Gender Based Violence (SGBV) survivors have safe and confidential access to non-stigmatising response services through safe spaces and a community-based approach</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>Output 2: SGBV survivors and vulnerable women and girls have increased access to quality health and Reproductive Health (RH)</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
</tbody>
</table>
services adapted to their age and gender.

<table>
<thead>
<tr>
<th>Achieved</th>
<th>Achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 3:</strong> Survivors of SGBV are protected from further harm and have safe and confidential access to shelters</td>
<td><strong>Output 3:</strong> Survivors of SGBV are protected from further harm and have safe and confidential access to shelters</td>
<td><strong>Output 3:</strong> Survivors of SGBV are protected from further harm and have safe and confidential access to shelters</td>
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<tr>
<td>On Track</td>
<td>On Track</td>
<td>On Track</td>
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</tbody>
</table>

Review of programme documents indicated that in all three phases of the programme, targets were achieved and at times over achieved in terms of the provision of integrated services to survivors of GBV in all shelters and safe spaces supported by the programme. Furthermore, the provision of SRH services has exceeded the anticipated targets. This was discussed with UNFPA during the evaluation and they explained that JWU tend to be modest in estimating targets to ensure that they have the capacity and resources to meet them. It is evident with the overachievement of the SRH targets (with no increase in cost) that there is a vast need for these services within the areas of operation of the programme. Furthermore, discussions with beneficiaries during the evaluation indicate that the linkages between RH and protection services are very effective. Several women have explained during discussions that they approached the safe space in search for SRH service and were then offered psychosocial support which they gladly accepted.

Outputs 1 and 2 in all three stages of the programme have been largely achieved. However, output 3 remains on track only. The activities for output 3 have been delivered especially in terms of providing in-depth training on the common protocol of care of survivors in shelters to provide quality of care, strengthen capacity of service providers and provide guidance on comprehensive response plans including plans for reintegration. Nonetheless, limited work on the JWU shelter has taken place in terms of harmonization of approaches. It is also important to note that this output requires additional time to strengthen equally the system of protection and ensure adequate follow-up of all cases. In other words, the output is on track and not fully achieved not because of a fault in implementation but rather due to the difficult and lucid context in which the programme operates.

Graph 3: CBO Staff Self-Assessment

<table>
<thead>
<tr>
<th>Practices</th>
<th>Knowledge</th>
<th>Practices</th>
<th>Knowledge</th>
<th>Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Anwar</td>
<td>22</td>
<td>36</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>Khaldiya Mafraq</td>
<td>44</td>
<td>40</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>Zakaria</td>
<td>15</td>
<td>36</td>
<td>23</td>
<td>35</td>
</tr>
</tbody>
</table>

Graph 3: Overview of Change in CBO Staff Knowledge and Performance

It was also noted during the evaluation that the implementation of activities differed between locations. For example, in some CBO run safe spaces more activities were offered to vulnerable women and girls than others.
For instance, in Maan, Al-Anwar CBO only provided psychosocial services, legal aid and awareness raising activities whereas in Zarqa, the JWU safe spaces offered the entire breadth of activities offered by the programme including SRH services. In terms of shelter services, all shelter staff interviewed had received capacity building from the programme but not all residents (survivors of SGBV) have received empowerment trainings. In the JWU shelter in Amman, respondents explained that they received at most one or two crafts courses whereas in Dar El-Fatayat MoSD shelter in Rosayfa, the girls received a well-developed training programme that has positively affected them. Meanwhile, the girls residing in Irbid MoSD shelter have not received a well-developed empowerment/training programme.

This may explain for example the disparity between the feedback from beneficiaries in Rosayfa MoSD Shelter and the MoSD shelter in Irbid. It could also explain the difference in CBO staff opinions between Maan and Rosayfa. Graph 3 and Graph 4 provide an overview of staff self-assessment in terms of change in acquired knowledge (where Al-Anwar reported none) and the changes in practices (performance) as a result of capacity building activities. Graph 3 indicates that when activities are carried out in the shelter, the survivors of SGBV reported increased levels of well-being as can be seen in Amman JWU run shelter and Rosayfa MoSD run shelter, whereas, the women and girls in the Irbid shelter reported a decreased level of well-being by their presence in the shelter.

Finding 6: Hemayati adopted effective implementation strategies especially in term of the integration of SRH and the promotion of the survivor-centred approach to case management.

The programme adopted a number of effective implementation strategies that has enabled the effective achievement of results. Integration of the SRH component in services available was very effective because more women (especially Syrians) could access free-of-charge services that otherwise would have been very expensive for them if at all available in their places of residence. This resulted in an increasing number of women accessing SRH services. In Phase I of the programme 3,903 beneficiary accessed SRH services whereas this number increased to 8,001 in Phase 2 and reached 6,815 in Phase III of the programme. In addition, and according to programme progress reports, during phase II 4,229 beneficiaries were reached through awareness sessions on RH and SRH while this number reached 5,873 beneficiaries in Phase III.

The programme also advocated for the adoption and integration of a survivor-centred approach to case management inside MoSD shelters which led to a better understanding of SGBV and the context of women and girls. As previously presented in the relevance section of this report, trained staff

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13 Irbid Shelter is typically for women. However, two of the FGD participants during this evaluation were below 18 hence it was thought that the use of the term women and girls is appropriate in this context.
explained that the capacity building activities enabled them to better provide services to the survivors and highlighted the importance of understanding women and girls’ issues. This has led to improved services available to survivors of SGBV in MoSD or JWU centers. During Phase I the programme supported 137 survivors residing in JWU run shelter. In Phase II the programme supported 418 survivors in JWU-run shelter and 204 survivors in MoSD run shelters whereas 165 survivors in JWU-run shelter and 667 survivors in MoSD shelters were supported through better services in Phase III of the programme.

The programme also focused on increasing coordination and collaboration amongst different stakeholders such as between JWU and MoSD and between NCFA and FPD. The programme works on improving the protection systems in Jordan beyond the refugee crisis response is a second important strategy adopted by the programme. The programme worked with relevant stakeholders to build common understanding and perception about protection, tracking system, shelter management and other issues of direct relevance to protection of women and girls. The programme also engaged with the ministries of education and health to bring them on-board the discussions and interventions focusing on improving the work on protection systems and approaches.

In parallel, the programme worked on strengthening the GBV Information Management System (GBV IMS) which focuses mainly on refugee cases residing in Jordan. The programme focused on improving the documentation practices and reporting of cases in a confidential and anonymous manner within JWU documentation centers. During the last phase of the programme (Phase III), Hemayati was successful in bringing JWU on-board the sub-working group on GBV, which will support and enhance access of knowledge about trends of GBV in Jordan.

A third successful implementation strategy was the division of responsibilities between the three UN agencies implementing the programme. This division of labour in terms of interventions and in geographic locations ensured limited duplication of effort and of services to beneficiaries. This has positive direct effects on the efficiency of the programme.

**Finding 7: The programme effectiveness is positively affected by the enabling environment in which it operates.**

The programme effectiveness was enhanced by the presence of several enabling factors that have rendered support to programme relevance and effectiveness. For starters, the programme built on the existence of JWU and MoSD safe spaces/shelters prior to its commencement. This has helped strengthen and harmonize the services already offered by these centers. The presence of JWU’s wide network across Jordan enabled the programme to expand access to services for survivors and provide services to the most vulnerable in the different communities. JWU’s expertise and knowledge of the local context, trust between the safe spaces and the communities where they operate, also enabled the programme to build trust and support implementation.

The programme was implemented in an enabling environment where government’s support and interest facilitated programme interventions. This is attributed to the long-standing relationship between MOE and MoSD and UNICEF, which had started before the life of the programme and continued after, as well as the approach adopted by UNFPA and UN Women who approached engagement with the government and CSOs as a partnership that goes beyond the life of one programme. This enables UN agencies to build on previous engagement and creates understanding of needs and priorities and increases trust between partners. More importantly, the timing of the start of the programme (2013) corresponded to a need and priority of the GoJ that the programme was clearly responding to. It is also important to point out that the programme’s engagement with a wide variety of stakeholders such as NCF and FPD came at a time when the GoJ was engaged in a review of its protection system and was keen on receiving technical support to improve the situation in shelters and in the protection environment at large within the Kingdom. The commitment of various
stakeholders, including FPD and NCFA, in the form of consolidated guidelines and implementation supported by UNICEF, has been supportive of the programme’s interventions and enabled the implementation of activities inside shelters.

The programme also benefited from donor’s support and flexibility in terms of timings of implementation. As will be discussed in the coming paragraphs, the programme experienced a number of delays which resulted in delays in implementation. In this regard, the donor’s support and approval of no-cost extensions has been an enabling factor that allowed the programme to meet its outputs and results.

**Finding 8: The programme effectiveness is hindered by administrative and procedural constraints emanating from government and UN policies and procedures as well as social and cultural impediment present in the Jordanian society.**

The programme encountered a number of challenges that has hindered its effectiveness in general. One of the key impediments has been the lengthy process of receipt of government approvals. The delays in approvals affected all phases of the programme as well as the three UN agencies. Each UN agency applies independently for government approval for the same programme. According to UNFPA, the UN system does not have a modality that enables more than one agency to apply for approvals of joint programmes collectively or only once. This posed a challenge as programme activities did not start and end at the same time. Each UN agency started implementation when the approval was received from government. This lengthy process thus resulted in different starting dates for each agency in each phase.

A second key challenge is the type of funding available for the programme. The funding for the programme falls under the umbrella of emergency humanitarian funding which does not surpass 12 to 16 months at most. This created a challenge for the continuation of services and sometimes the halting of some services, especially GBV, RH, SRH services. The shortage of the funding cycle is a challenge also as it leads to the loss of competent and well-trained staff who seek other employment opportunities.

The sensitivity of SGBV in Jordan is also an important challenge that the programme implementation has faced. For example, during awareness-raising sessions focusing on child marriage, the programme faced challenges talking with men and boys and specifically on the issues such as harassment and child marriage. This sensitivity for example made it difficult for the programme to integrate SRH into GBV services inside the JWU shelters. Within MoSD shelters staff turnover and the absence of the adequate number of staff to implement the survivor-centred approach inside the MoSD shelters were also listed as some of the challenges experienced by the programme by shelter managers and staff.

The engagement of several stakeholders is effective in widening the discussion about protection and services at the national level. However, the presence of a wide range of stakeholders both at the policy and implementation levels could lead to absence of effectiveness. Creating linkages between NCFA and FPD is not always smooth as reported by stakeholders. Testing and implementing the SOPs for GBV, CP and Family Violence Tracking System and the MoSD protocol of care for GBV cases and provision of integrated services inside MoSD run shelters was also a challenge because it was difficult to ensure that everyone understands clearly their roles and responsibilities within the MoSD shelters.

In addition, trained staff interviewed also mentioned a number of challenges faced during programme implementation, which have hindered the programme effectiveness. Trained staff mentioned that some cases sometimes cannot be solved, due to the financial costs of the support needed. In cases of undocumented child and seasonal marriages, or undocumented births for instance, when there are no papers available, helping the beneficiaries is very difficult because of the cost of providing such support which the programme design did not foresee and hence it is not covered by Hemayati. Staff in Khaldiya
notably recalled stories of women in very desperate situations who they were not able to help because of this lack of documents or the costs of the legal support needed. Therefore, partners mentioned that they would need to have more funds available to be able to support these beneficiaries. In many cases as well, women could go to court for divorce despite their willingness to do so because of a lack of funds, which was an important frustration for the staff who worked on empowering these women. For JWU-run shelter staff similarly, funds proved to be missing to solve issues of domestic workers having to go home and buy flight tickets. Besides, to work with these domestic workers, sometimes the law itself proved to be a challenge, according to the staff interviewed. In addition, beneficiaries to be reached are sometimes in faraway areas, notably in informal settlements, and staff would need a mechanism to be able to reach them. Staff would need to receive more funds in terms of transportation allowance, to be able to go reach beneficiaries, especially Syrians, in faraway areas, without having to use money from their own pockets. Similarly, without such transportation allowance, the follow-up on the case is not possible due to transportation costs, which is also an issue in terms of sustainability. In a more general manner, staff tended to mention that funds are insufficient considering the number of beneficiaries served (e.g. for the pharmacy in Zarqa, staff sometimes paid from their pockets to cover costs because of the insufficient pharmacy budget; in Irbid, a staff mentioned that he sometimes had to ask patients to give back some of the medicine after they were done with their treatment because of the pharmacy’s small budget). This insufficient fund issue mostly concerns NGO-run centers, namely the JWU-run Zarqa center, the Khaldiya center, the JWU-run Irbid center, the Al Anwar CBO center, and the JWU shelter in Amman.

What is more, more follow-up would be needed, especially after awareness-raising, for it to be really effective, as highlighted by a staff from the Zarqa centre.

Customs and traditions, and the patriarchal society also sometimes represent a challenge for staff to achieve change, for instance when husbands prevent their wives from attending the services. Staff also mentioned that the culture of having a shelter is not widespread among Syrians, who rather tend to solve their problems internally, inside families, and that it may therefore be difficult to convince Syrian girls to stay in the shelter even though they may face danger outside. In terms of customs of traditions, girls often face violence or lack of support from women in their family or community themselves. As one of the staff in Amman put it, “sometimes women as the main nemesis of their own daughters and themselves.”

The lag period between the programmes, leading to service stopping for a period, has also been highlighted as a major difficulty by staff, especially when it comes to the clinics and emergency support for which people continue to call. Besides, some staff highlighted the fact that there tended to be a lack of consistency in the programmes, with objectives and approaches tending to change from one year to the other.

These different challenges recounted by NGO-run centers and safe spaces have contributed to hindering the effectiveness of the programme.

**Finding 9: The referral mechanism is not functioning well enough yet to ensure effectiveness and usefulness.**

There are several “referral” mechanisms in place that are not necessarily aligned with each other. For the refugee response there is referral pathways that agencies working on GBV issues are familiar with and use abundantly. There is an-interagency referral system between the different services provided to refugees by different organizations working in Jordan. At the central level and amongst different agencies, the referral pathway is known and used by many organizations including JWU at the Amman level. The same cannot be said of the different organizations interviewed at the local level (within governorates). This could be explained by the confusion amongst staff between the referral pathways
for GBV survivors and the interagency referrals that occur between JWU and UNHCR or between UNHCR and Handicap International for example.

Based on several staff testimonies, it seems that the inter-agency referral system in place lacks effectiveness. It is important to point out that JWU do not regularly participate in SGBV WG and so they are not well connected and aware with the referral pathway. While two staff from the JWU shelter in Amman and the JWU safe space in Irbid highlighted a good collaboration and communication between the different services and institutions involved in referral, more staff provided a negative feedback on the functioning of the referral system. This is perhaps due to the limited awareness of JWU staff about the referral pathways as previously mentioned. They mentioned the fact that sometimes, beneficiaries addressed to other services as referral cases do not get the services they were sent to get or are even sent back to the referring center. One of the staff in Zarqa precisely said: “We could refer to other organizations, for example to Handicap, and then they send them back to us. So, what can I do? Also, (sometimes we send people to other organizations for health care) and they don’t see the doctor”. A staff in Irbid similarly said, “there is a problem with other organizations, when we refer cases for court cases, there is a form we use when we send the cases (but when we want to find out about the cases) the organizations do not give us feedback”. Staff in Irbid also mentioned a lack of experience between and of the different (and some new) agencies involved in the referral system, and the fact that there is no follow-up nor credible feedback from the services beneficiaries are referred to. One of them said: “We never know whether they provide the services, and when we follow-up with the cases we find out that they are not credible. I refer a case, and sometimes it needs a psychiatrist, and the agency tells us that they do have a psychiatrist, and then in the end it is not available in the centre”. They also mentioned an insufficient capacity from the different agencies to manage the system, insufficient communication and information, a lack of mapping of (available and missing) services. A staff in Irbid said that “maybe the regulations and the guide for the organizations (...) are not clear amongst the different agencies and organizations, (and) it is important to do a mapping of what is available and what is missing”. One of the staff from Irbid mentioned: “We can’t judge their experience, but maybe they are unable to manage well” This staff added that in the past there used to be meetings and follow-up with UNHCR or Handicap International for referral, which are not available anymore and the different stakeholders do not know what everyone is doing anymore. According to staff interviewed, the system was put in place by SGBV and CP WGs at the beginning of the crisis, it is not working anymore, no new model has been developed and many organizations stopped their support. A staff in Irbid concluded that “there is no clear system for referrals between the different organizations”. As stated above, these comments clearly indicate a lack of awareness about the referral pathways and indicate limited contribution of JWU in the meetings and development of the referral pathways.

Within shelters, case management as a concept is well known and understood and used whenever possible. It was pointed out that there the system requires the presence of certain functions/positions such as a case coordinator, case manager and others required by the newly developed and implemented survivor-centred approach. However, according to shelter management and staff, not all required functions are available in all shelters which sometimes makes it necessary for one person to fill in more than one function. The referral system within shelters is referred to as the “tracking-system” which is based on a survivor-centred model.

According to discussions with NCFA, FPD and MOE, it appears that the Family Violence Tracking System (FVTS) is relatively new and requires additional resources for implementation and training. Interviewed informants explained that they remain vague about how the system will be used and implemented across different areas of Jordan. NCFA informants continued by saying that there is a need to upgrade the present paper-based tracking system to a national electronic system that moves beyond a refugee protection support system.
The referral pathway is effective and functional according to responses from different stakeholders whereas other systems are moving forward as planned. The interagency SOPs for GBV and CP were developed in 2014 which gave enough time for agencies to use and give feedback on. The National SOPs which were developed recently to ensure SOPs for GBV and CP at the country level for all cases irrespective of nationality, and an automated national tracking system (Family Violence Tracking System -FVTS) was piloted in 2018 and is being rolled out in Amman, Zarqa and Irbid during 2019. The plan is in three years the FVTS will be rolled out in all governorates. There is minimal collaboration between the referral pathway and the FVT systems at the moment perhaps due to the fact that the FVTS has not been fully rolled out yet.

Finding 10: The integrated RH and GBV approach has been successful in increasing access to information and use of both RH and GBV services.

Women benefited from having access to free SRH services, from general clinic services to pregnancy follow-up and baby delivery. Beneficiaries in Zarqa (3 out of 19) and in Irbid (3 out of 7) particularly highlighted the usefulness of these services. One of the women interviewed explained that “some women do not have enough money (to cover for health problems) and prefer to pay for food and rent”, testifying to the need for and usefulness of free medical services. The impact of the free medical services was not only noticeable on women, but also on their families. Indeed, beneficiaries mentioned bringing their husbands or children to the clinic for treatment as well. Staff interviewed during the FGDs, in Zarqa and Irbid for instance, also mentioned the relevance of this health service, being necessary as often no other service sources are available and reducing the financial burden of the beneficiaries by being free of charge. It is worth mentioning that a very positive feedback on the medical staff was expressed by the beneficiaries. This was notably the case in Irbid, where the attention paid to and the follow-up made on the patients, as well as the staff’s hospitality (“they don’t make us feel that we are foreigners”, said one of the beneficiaries) were particularly appreciated. Positive feedback on the SRH services was expressed in Zarqa, Khaldiya Mafraq and Irbid (where 3 out of the 7 beneficiaries interviewed highlighted it).

Evidence from FGDs conducted suggest that the integrated SRH and GBV approach has been successful. Several FGD participants have explained that they were referred to one of the services through the other. Safe spaces’ staff explained that they were trained on receiving GBV cases and have conducted several internal referrals. Many of the women who attended the FGDs have benefited from both SRH and GBV services.

C. Efficiency

Finding 11: The management structure of the programme affects both efficiency and effectiveness of the programme not always in a positive manner.

The management structure of the programme is well geared towards an efficient use of resources. Each UN Agency managed its own component/objective and worked towards the realization of its own expected results as agreed upon between the 3 agencies. The programme did not maintain a dedicated overall programme manager/director function and not one core M&E officer either. At the beginning of phase I of the programme, there was a full-time interagency programme manager. However, this function was discontinued. UNFPA was in charge of donor communication which was an efficient way of managing resources. However, in terms of effectiveness, coordination and management, it would have been more effective to have a Programme Management Unit (PMU) with staff dedicated to the programme only. Both UNFPA and UN Women conducted capacity building for JWU staff however, it is not clear if this led to duplication or no. According to JWU management, the joint programme was not seen by them as such mainly because they had two distinct contracts, one with each UN agency. As such, the main implementing partner believed that they were dealing with two separate programmes and not one and the same.
Finding 12: Available funds were allocated by output and activities and geared towards optimization of each output.

The programme had three funding cycles, the first amounting to USD 1,353,577; the second to USD 3,541,86; and the third to USD 1,755,413. The available budgets of the first two phases of the programme indicate that the programme costs were larger than indirect costs which were calculated at 8% during the first phase and 10.6% during the second phase.

The programme’s budget during the third phase is better developed and indicates that indirect costs were calculated at around 7% of the total. It is also evident that human resource costs were kept at a minimal, at a rate of 7% of the total budget. The biggest portion of the budget of phase III of the programme was geared towards grants and transfers to counterparts for implementation of activities amounting to USD 1,408,158 or 80% of the total budget. The remaining 13% of the budget covered indirect costs, equipment and operational costs of the three UN agencies. This budget analysis suggests that the funds were geared towards optimization of outputs and results.

Finding 13: Level of coordination varied between UN agencies and IPs and amongst UN Agencies indicating a level of inefficiency.

The programme was managed through a steering committee and coordination between the three implementing UN agencies was optimal and helped reduce duplication of effort. However, the same cannot be said of the coordination between UN agencies and other stakeholders. Although a division of labour existed between the three UN agencies, yet the effectiveness of this division of labour and coordination effort was not apparent. For example, UNICEF was the only agency that directly interacted with MoSD and MOE. The strong relationship and trust developed between UNICEF and MoSD is built on years of collaboration and partnership. It would be unreasonable to expect a single project, such as Hemayati, to attain the same level of partnership during a short duration. Likewise, collaboration with NGOs and other relevant stakeholders cannot be said to have been inducive of efficiency and effectiveness. For example, both UNFPA and UN Women worked directly with JWU. The activities of both UN agencies within Hemayati programme were almost identical. Nonetheless, JWU dealt with each agency’s activity as a different programme resulting in double reporting of the same activity but for different locations (UNFPA and UN Women fund the same activities but each in a different location). There was minimal interaction between UNICEF and JWU for example as well as limited interaction between UNFPA, UN Women and MoSD.

Finding 14: Funds were managed by UNFPA under the guidance of the programme’s steering committee.

The pass-through fund management option was used whereby the donor contributions were channelled through UNFPA acting in the capacity of Administrative Agent (AA). In its AA capacity, UNFPA received the funds from the donor and, upon instruction by the programme’s Steering Committee, pass them to UNICEF and UN Women to support activities in their unified work plans. UNFPA, as AA, signed a "Standard Administrative Arrangement" with the Donor and a Standard Memorandum of Understanding with the other Participating UN Organizations: UNICEF and UNWOMEN. UNFPA, UNICEF and UN Women transferred cash to its IPs in accordance to its applicable procedures and policies. Direct cash transfer was used to transfer funds to MOPIC in the case of UNICEF on a quarterly basis. IPs were reporting their expenditures on advances received by the UN agency on a quarterly basis. The frequency of expenditures reporting/releasing advances could also depend on the urgency of IPs to receive funds since this joint programme fell under 'Emergency’ except for UNICEF who explained that their release of funds was based on a clear workplan and time frame.

The fund management was efficient although the requirement of receiving three distinct approvals from the GoJ to work on the same programme (one for each UN agency) delayed the implementation of some activities. Also, the length of the programme varied between agencies. According to JWU management team, UNFPA funded activities were short and sometimes they were only going on for 6
months, UNFPA explained that this was not accurate. JWU also explained that the funding from UN Women was more consistent and was usually up to 12 months. It was also noted by the IP that funding gaps were sometimes long, up to 9 months, which led to cessation of activities, most notably the SRH services.

**d. Impact**

*Finding 15: The provision of services to GBV survivors through safe spaces has a positive impact on women and their families.*

The main intended outcome of Hemayati was to provide increase access to services and activities to survivors of SGBV. Several activities such as women economic empowerment have resulted in additional outcomes as reported by the beneficiaries. It is worth pointing out that Hemayati did not develop a theory of change and that the logical framework of the project is simple and focus on access only.

Beneficiaries interviewed as part of the Focus Group Discussions (FGDs) conducted in the Zarqa, Khaldiya Mafraq, Maan, Irbid and Zakaria CBO (in Rosayfa) safe spaces received services including awareness-raising (about cancer, health, GBV, child rearing, child marriage, violence, etc.), RH and other medical services, vocational trainings (in beauty, soap making, sewing, knitting computer, etc.), education classes (literacy), life-skills sessions and empowerment classes, legal support, psychological support (including through the hotline) and counselling, and activities for children.

Based on the FGDs, it appears that the services and activities provided to the beneficiaries have had a positive impact on the beneficiaries and their families. Feedback provided by the beneficiaries of the safe spaces was positive. In Zakaria, 10 out of the 10 beneficiaries interviewed expressed an overall positive feedback on the services they received. The different aspects of this positive impact are described below.

*The impact of the programme in terms of psychological well-being and empowerment*

The services provided have had an impact on the lives of the beneficiaries in terms of psychological well-being and empowerment. For 16 of the beneficiaries met in the different locations, the programme led to a change in terms of psychological well-being of themselves and their children. For some of them, it resulted in empowerment and emancipation, and in even greater changes in their lives. In the different safe centers, the following benefits were highlighted by the beneficiaries: the possibility to speak, the ability to control and face fears, getting stronger, less scared and feeling more alive, happier, more optimistic and hopeful, increased self-confidence, new faith in life and the future, one of the beneficiaries said: “We have a new life and we feel it”. Trained staff interviewed also provided a positive feedback on the impact of the psychological support provided, of the hotline for instance, highlighting the usefulness of such a service in a “rural community”, “strongly male-dominated”, in which “women do not talk” and are “embarrassed to talk especially if there is physical or sexual violence”. For another staff of the Khaldiya safe space – where 4 out of the 5 staff interviewed assessed the success of this service as very high –, the hotline was the most useful programme as women, who face lots of problems, have nowhere else to talk.

Graph 5 presents an overview of how Syrian and Jordanian women have assessed the change in their sense of well-being as a result of the programme interventions. It indicates that the engagement with the programme has resulted in an increased sense of well-being for Jordanian and Syrian women and
girls. The rate of improvement for both nationalities is almost equal, suggesting that the interventions of the programme are directly relevant to the target population irrespective of nationality.

In addition, this led, for some of them, to empowerment and emancipation. A testimony made by one of the beneficiaries is telling in terms of the success of the programme in this matter: “I was able to work and divorce my husband and I was able to not depend on anyone except myself and I am stable now, I was a housewife, I didn’t go anywhere and if I needed anything from any place it was my husband who got things, now I am able to take care of myself, I was scared and unable to do anything, now I have confidence, I can go anywhere. They listen to you and you listen, and this helps us psychologically and we are able to deal with our problems in a better way”. Other beneficiaries mentioned their daughters’ acquiring freedom of choice, themselves starting to take better care of and paying more attention to themselves, their “rights as a citizen and human”, having gotten divorced, about their “courage and strength” “and power”, or their capacity to answer back. One said she got more “self-confidence, now (she knows) her rights and her husband cannot threaten (her)” anymore, while another again said: “it gave us psychological well-being when I had a problem I could not face, they told me I can have my rights even from a man who might be stronger”.

When it comes to the impact of the programme on their children’s psychological well-being, one of the beneficiaries in Zarqa made the following testimony: “One time my son wanted to get a mask so no one would see him. Now he doesn’t care about how he looks and is comfortable and he is not ashamed of his skin disease” anymore. More generally, the beneficiaries interviewed mentioned that their children became happier and more talkative, less upset, finally having “a normal life”. Besides, when it comes to improvement in children’s lives, one of the beneficiaries in Irbid highlighted the importance of the provision of education services to children and said that without the programme, their children would not have been able to catch up in school, as, coming from Syria, they had lost a few years of education and as their parents would not have been able to give them private lessons to catch up.

Improved psychological well-being, empowerment and emancipation, was highlighted as the most significant change brought by the programme by 7/19 FGD participants in Zarqa, 6/11 in Khaldiya Mafraq, 5/7 in Irbid, 6/10 in the Zakaria CBO center. If these services had not been available, beneficiaries agreed on the fact that their situation would have been really bad, and that they would not have been supported by anyone and would have remained scared and unable to face their problems.

**A change in dealing with parenting and family relationships**

The programme had a positive impact on beneficiaries’ dealing with parenting and family relationships. This was highlighted by 7/19 beneficiaries in Zarqa, 4/7 in Irbid, 2/13 in Maan, 5/10 in the Zakaria CBO
safe space in Rosayfa, as a major change. The programme impacted the beneficiaries’ capacities to manage problems and deal with family issues.

Women noticed an improvement in their children’s behaviour, children “feeling safer”, less “angry”, and hence becoming less “difficult”, and therefore in their relationship with them. Several women mentioned that they used to scream and beat their children and can now “deal with them” in a better way and solve family violence issues, especially with teenagers. One of the beneficiaries explained, in her own words, that she does not beat her child anymore, that when he was 9 he used to say that he was “the man” and prevented her from going out, he did not see any other children and was very “macho” and kept telling her bad things; after the social workers talked to him and gave him sessions, and the woman had sessions on how to deal with him, it got better: “we feel better and we deal better with our husbands” and children.

Women also mentioned an improvement in their way of dealing with their relationships with their husbands, which the programme helped smoothen through guidance and advice to deal with them. Other beneficiaries said that their husbands saw that the safe spaces were making them happier and encouraged them to continue coming, and that they could deal better with other family members as well. This highlighted the impact of the programme on their whole families. One of the beneficiaries in the Irbid safe space, in which all beneficiaries (7/7) said that if the programme’s services had not been available that would have affected them negatively, said that without the programme her problems would have gotten worse, would have affected her house and maybe led to divorce. The staff interviewed during the FGDs mentioned their pride when succeeding in family reconciliations by being able to support women in solving their difficulties with their husbands and families and conducting mediation and reconciliation sessions.

The impact of vocational training and the benefits of economic empowerment
The programme had a positive impact on the beneficiaries and their families in terms of the new skills it enabled women to acquire and the economic empowerment which resulted from the vocational trainings. Following vocational trainings in sewing or soap making, besides building beneficiaries’ skills, enabled some of them to start working, either from home or by creating small businesses, sell their products to neighbours or outside, and make some money to support their families (or use the products, e.g. soaps, directly for their family). Trainings in English, Arabic or computer were also welcomed by the beneficiaries, who saw their training as an achievement. This opportunity to learn represented a positive opportunity for many women who, otherwise, as a beneficiary interviewed in Khaldiya Mafraq explained, would have seen their life continue as “routine” with no opportunity to learn once studies completed. More importantly, in Irbid, one of the beneficiaries talked about her economic empowerment and said that without the programme her family “would not have been able to eat at all”. The interviewed beneficiaries provided a very positive feedback on the vocational trainings and their subsequent economic empowerment. Nonetheless, the extent of the impact of this activity beyond a psychological activity and to what extent the livelihood options developed are financially viable and sustainable could not be established by the evaluation team, perhaps because this was not the intended result of the activity.

The effects of awareness and women empowerment
Another impact of the programme to be mentioned is the awareness it enabled to raise among the beneficiaries, and its consequences in terms of empowerment. Awareness-raising on child-marriage – including through the play about the detrimental effects of this practice – and family planning proved particularly important. A beneficiary in Zakaria mentioned that she could save “(her) daughter from marrying someone she didn’t want”. The staff interviewed during the FGDs also emphasized the positive impact of awareness-raising on child marriage, and the change in opinions they could witness among the beneficiaries following the sessions. Besides, one of the staff mentioned that to go even further and encourage people to abide by the prohibition of child marriage, when people want to get
marriage respecting the legal age the wedding can be celebrated at the center (Zarqa). For 3 out of the 9 participants of the FGD conducted with the staff in Zarqa, awareness-raising is what worked best (while 3 others voted for the economic empowerment programme). Awareness-raising on rights and responsibilities, especially marital rights (divorce and alimony), also proved important. In Irbid, 3 out of the 7 beneficiaries interviewed highlighted the extent to which these awareness-sessions proved useful for them to get to know and be able to demand their rights. One of the beneficiaries interviewed said the following: “Before I used to stay quiet and work with small amounts of money. Now we don’t accept this and we learned our rights and we are protected to ask for our rights”. This led to empowerment for these women. Besides, awareness-raising on violence overall sometimes had an impact on whole families, as the following story related by one of the beneficiaries shows: “My husband stopped my son from going to school and (the trainers) intervened and helped us without telling my husband that it was me who told them”. Women also appreciated sessions on “how to function within the Jordanian community” and deal with pressure in difficult economic and social conditions.

Awareness-raising provided to children was also appreciated by beneficiaries, especially on the linkages between the Internet and terrorism, other Internet-related issues, as well as education on proper behaviour, “positive norms” and violence, especially for teenagers. Several women expressed their gratitude for these services. It is worth mentioning that the “style” and skills of the trainers were particularly emphasized, notably in Zarqa.

Awareness raising was also provided to some male beneficiaries, in Mafraq. The interviewed beneficiaries said that awareness-raising through the theatre play made them realize the detrimental effects of child marriage, and that they found the discussion on this topic very useful. One of the beneficiaries made the following statement: “I used to agree with child marriage but after I realized that it is wrong. The discussion was very good and useful (...). I realized that (the girl) is not educated and also will have health problems if she has a child early on. Also, she would not be fully aware of her role. (Girls) who were there, it was real life stories. There were 5 or 6 girls telling their stories and they were married before their age. Some were very painful (...). Some were really trafficked such as the Syrians who were married young and these (stories) were very effective. We learned that child marriage is not good and the (girl) is still a child and maybe she is running away from violence and cannot have a good life. Also, she would be divorced quickly”.

**The improvement of children’s well-being through activities and safe spaces**

Activities focused on children and safe spaces for children were also mentioned by the interviewed beneficiaries as a benefit from the programme. One of the beneficiaries in Zarqa emphasized the positive impact of the safe space on children and their happiness, as well as on their education when being provided “private lessons to be better at school” as expressed in Khaldiya Mafraq.

**Beyond the services provided, the safe spaces have enabled important social relations and represented a “way out” and “place to feel at home” for beneficiary women**

An interesting fact was also highlighted by a high number of beneficiaries of the programme, namely the social aspect enabled by the programme, the possibility for the beneficiaries to meet new people and make new friends, who made the beneficiaries feel even better about the programme. It seems that many beneficiaries found, through the programme, a way of getting out of their houses, meeting new people, and even establishing strong ties and relationships, with other women, getting to know each other, collaborating together, improving their moods, visiting each other. This was particularly mentioned by the beneficiaries from the Zarqa, Maan, and Irbid safe spaces.

From the beneficiaries’ perspectives, a success of the programme resided in its capacity to make women get out of their houses and develop more social relations. One of the beneficiaries in Zarqa highlighted it as the most significant change she had noticed: “to be able to get out of the house for
something that is useful for me, for my character, because I never did this, and for my future, this is the most significant change”. A beneficiary in Irbid said: “I have no family here and I hardly go out except when there is a session, and I get oxygen when I know that I am getting out”. Without these services, women would have remained isolated, “depressed”, without any psychological improvement, and would not have found “a way out”, whereas at the center they could get support and find a “new family”. It seems that the center represented above all a safe and social place for these women, where they could come to without worrying their husbands and risking deteriorating their relationships. A beneficiary at the Irbid safe space said that without this programme, she would not have been able to “change her mood” and “meet some sisters” and would not have had “distractions”.

Beneficiaries seemed to have found in the safe spaces a place they feel at home. This was directly mentioned by beneficiaries from the Zarqa safe space, where they said that they did not feel like they were coming to an organization, but they felt like coming home.

This was probably facilitated by the good, nice and equal treatment from the staff that beneficiaries reported (particularly in Zarqa, Khaldiya, Irbid and the Zakaria CBO). Beneficiaries talked about a good treatment, an equal treatment respective of age or nationality, and strong follow-up. The fact that the confidentiality was well guaranteed was also appreciated by the beneficiaries, and the credibility, or “seriousness” of the center was also praised, by one beneficiary in Maan (“they were honest and when they say there is a lawyer or there is awareness this is true”).

Staff from the different locations mentioned the positive impact and success of the services provided. They often expressed their pride to have gained the trust of the beneficiaries and provided them with a safe space where they feel good and supported. A staff from the Al Anwar CBO in Maan said through “these projects, we build trust, and (the beneficiaries) feel this is a safe space irrespective of what services we are providing”. The high number of beneficiaries reached was also highlighted by them as an evidence of the positive reputation of their services, as is the fact that some women used to refuse to come, being visited through home visits only, and finally ended coming of their own to the center. When asked about what worked best and what was a success, 3 out of the 5 staff interviewed in the Al Anwar CBO mentioned the achievement of this trust and safe space.

Finding 16: Services provided to beneficiaries through the shelters have had a positive impact on their lives, but negative feedback was expressed by some beneficiaries of the close MoSD shelters

As part of the evaluation work, Focus Group Discussions were conducted with female beneficiaries from the JWU shelter in Amman (two FGDs, one with domestic workers survivors of violence (6 women), and another with 5 women; all of these women were above 18); one in Rosayfa (Dar El Fatayat shelter) (7 women, 18 or under); and a MoSD shelter in Irbid (8 domestic violence survivors). In total, 26 women participated in the FGDs.

Services these beneficiaries benefited from included vocational training (accessories, sweets making, photography, mobile maintenance, cooking, sewing), psychological support, and awareness-raising (women-focused hygiene awareness), entertainment activities, various social support (clothes provision, financial support), legal support, education services, and health services.

Overall impact of the shelter services in Amman and Rosayfa

The existence of the shelters and the services they provided have had an impact on the beneficiaries’ lives. For some of them, including 5 out of the 11 beneficiaries interviewed in the shelter in Amman, they proved quasi life-saving. Beneficiaries explained that without the shelter they would have ended up in jail, or in the streets, one said that we should otherwise have been forced to stay outside where in the past she used to be very cold and almost raped by a man, another one said that if she had stayed home her family would have killed her and because she had to leave she ended up in the street and in prison, and a last one said that without the shelter she would have been married and probably have
children or been sent to the juveniles or endured bad treatment in other places. Two other beneficiaries provided overall positive feedback on the shelter as well, compared to other situations they could have been in (violent employer, prison). The above speaks both about the impact of shelter services as well as their effectiveness.

In the Amman shelter, the programme also had an impact in terms of improved well-being, new faith and hope in life, as the beneficiaries expressed it (5/11, while 5 others did not answer the question). They emphasized the freedom they felt, meeting people who were nice to them and getting faith in other human beings again (especially “Arabs”, for workers coming from foreign countries), feeling able to start a new life and have a future, feeling supported and psychologically at peace. The feeling of safety, not being beaten nor harassed anymore, good treatment from and kindness of the staff, were also part of the positive feedback, just like the easy access to food and social relations they permitted. The overall improvement of their situation, e.g. feeling safe, cared for, free, having access to food and water, being treated better and being safe from violence, was mentioned by beneficiaries of the two Amman shelters as the most significant change brought by the programme.

While feedback on the Amman shelter was overall positive, and sometimes even very enthusiastic, it was noted that there seemed to be a defect in the legal support in the JWU Amman shelter hosting domestic workers survivors of violence: two of the beneficiaries had legal cases and none of them had talked to the lawyer (only to the social workers). Some beneficiaries expressed negative feedback concerning the need to wait for legal support. One of the beneficiaries said that she had not been receiving any information about her case, although she had been in a shelter for 8 months and had only be told to wait and be patient. In addition, some very negative feedback was expressed by 3/6 beneficiaries about the shelter staff specifically. Words expressed included: “supervisors are not nice, and they comment you; because I need help I stay quiet (...) some are given preferential treatment, like they are allowed to go outside. They also threaten us sometimes”, or they “shout (at you like you are) a baby”, “some are really not good or kind”. As previously discussed under the effectiveness section, this is directly related to the availability of funds available for legal support by the JWU-run shelter.

Beneficiaries from the Rosayfa MoSD shelter also assessed the shelter as very useful (6 out of the 7 beneficiaries interviewed). Beneficiaries mentioned being better aware, having learnt new things in different areas, and noticed a psychological improvement in terms of dealing with emotions, establishing goals and objectives for the future, self-confidence, thinking more positively and desiring to live. 6 out of the 7 participants mentioned this improved psychological well-being, empowerment or new faith in life, or several of these elements together. In addition, beneficiaries benefited from the vocational trainings and learning new skills (cooking, repair, sewing, accessories and sweets making, photography, house management); for 5 out of the 7 beneficiaries in the Rosayfa shelter, these activities is what proved most useful. One of the “success stories” was told by one of the beneficiaries, who said: “When I was in the 5th grade, I wanted to be a chief and I learned cooking here”. In the Rosayfa shelter, all of the beneficiaries (7 out of 7) said that without the shelter, they would not have seen any improvement in their lives, especially psychologically, in terms of skills and of social relations. They said that without the shelter, they would have felt “in prison” and isolated, undergone self-harm or violence, been bored, or felt ignorant. One of them expressed her feelings in the following terms: “We would feel that we are in prison. We are proud that we learned new things and achieved something, that our life was not wasted but that we used it positively”.

**Feedback on the Irbid MoSD shelter**

In the Irbid MoSD shelter, feedback from the beneficiaries concerning the impact of the services they received was mixed. While the shelter proved useful for 3 out of 8 beneficiaries, some of them particularly emphasizing the psychological support provided when being in need, 3 out of 8 beneficiaries expressed mixed feelings. Benefits gained by the beneficiaries who were satisfied by the shelter included enjoying a space for themselves and a calm environment, as well as shelter staff trying
to help them find solutions to solve their problems. Two of the beneficiaries while recognizing the value added of the shelter, they expressed concern that that situation remained stagnate “Nothing was solved for me, my problem is increasing and it has been going on for 4 years in and out, FPD brings us here and they forget about us”, “every time I go back to my father I am still a GBV and then I return here”. The beneficiaries who had a mixed feeling about the service said that the shelter proved very useful as she used to be beaten by her father, a situation for which the shelter staff tried to provide their support and promote reconciliation, but that one of the limits of the shelter is that “after four months either you go to another place or, if they don’t find a solution, they put you in a juvenile place”.

In addition, in the Irbid MoSD shelter, beneficiaries, except one who was positive about the treatment and kindness of the staff, expressed feeling “pressured and monitored” and did not “like anything”, while another mentioned that the supervisors tended to not know enough about their roles, intervene too much in the beneficiaries’ lives and take sides. Feedback on legal support was also mixed: a beneficiary mentioned that a lawyer is available, another one that he is slow but at least he is there, and a third one that she never saw him and has no information about what is going on with her case.

The abuse of the shelter system by some and the negative perception of the shelter by some members of the communities

Information received from staff from the shelters in Irbid and Rosayfa show that the presence of the shelters has led to some small unintended negative effects. First, staff raised the issue of some persons abusing the system and coming to benefit from the shelters whereas they would not need to do so. It seems that some girls even “stole crimes” from others to be able to benefit from the shelter, whereas some others would be in real need (life-saving issues, family abuses) to benefit from it.

Second, some staff mentioned the negative perception of providing protection to the girls within the communities because of the perceived impact of the shelter (Irbid) on the family structure. Indeed, “some people feel that these shelters have ruined the family structure and encouraged girls to find protection”.

Finding 17: At the organization level, capacity-building efforts have enabled implementing partners to improve their management, processes and capacities.

The programme led to improvement in terms of the management, processes and capacities of the implementing partners as organizations. Staff from the Al Anwar CBO mentioned that capacity-building efforts led to a new vision for Al Anwar as a CBO, with different objectives, tackling new topics and promoting new ideas (e.g. started working on entrepreneurship). In the Rosayfa shelter, a better work with partners could be observed, in a more participatory manner. Staff also mentioned a better planning phase and better approaches and systems to the case management. In the JWU center in Amman, moving from individual to group work was also an observable change. Staff explained that through management and coordination of the case and working in group, they learned that working as a group allows to solve the problem better whereas individual work is not enough; they therefore now work with colleagues together and agree on the steps to take. According to them, it affects the beneficiaries positively, as all the responses can be provided to them at once thanks to the group working on the case, and this also enables a higher level of confidence between the women residents and the staff. In the Irbid MoSD shelter, capacity-building led to more specialization of the staff, each staff member knowing better what to do (although in this case a manager and coordinator would be needed and are missing). This is the case in Rosayfa as well, where the staff emphasized the fact that they now have more clarity on the work to do, and can fulfil tasks really related to their job rather than doing everything, enabling them to have more quality time to dedicate to beneficiaries, to work more with their families, conduct better sessions, and overall provide better services. In addition, as a result of the capacity-building received, in Irbid the staff said that they started to use more paperwork and templates as a result of the adoption of the new case management system, in a more systematic way,
and develop better procedures, which are more consistent and enable any of the staff to continue working on a case.

**Finding 18: Capacity building increased and improved staff performance and commitment to women and girls’ protection.**

The improvement in staff capacity has had a positive effect on the lives of the beneficiaries. For trained staff of the safe spaces, the trainings led to empowerment, more confidence and increased capacities. In Khaldiya, Irbid and for the Zakaria CBO team, this led to a change in the way of dealing with staff and local community, but above all with beneficiaries: better ability to identify cases of violence, better clarity on how to deal with cases and especially with GBV cases at risk, including understanding body language, better understanding of legal aspects, of how to refer cases as well, better ability to prioritize the provision of services, increased capacity to deal with the emotional difficulty of receiving GBV cases without being impacted, such being able to provide better guidance, increased awareness.

For staff of the Al Anwar NGO, the same improvement in terms of skills and dealing with women was observed. In the Khaldiya safe space, 4 out of the 5 staff interviewed mentioned the same improvement in the way they deal with women: they do not ask them direct questions anymore, such as their name and who beat them, but rather provide them with confidentiality, time to establish trust, they now know which questions to ask, how to tackle the issue, how to let the woman speak rather than asking her directly about the issue, etc. In Irbid, nurses and lawyers also acquired a better understanding of how to deal with GBV cases, e.g. identifying cases through the hotline or understanding the different types of violence, such as trafficking and not only domestic violence. One of the nurses said that this proved very important for her who only had nursing experience. For all of these staff members, this change proved very important. Some staff also mentioned a change in their perceptions and convictions, which benefits the beneficiaries. Graph 6 indicates that the improvement in staff practices led to a positive outcome on the beneficiaries’ knowledge and overall well-being as reported through the self-assessment tool and triangulated during analysis.

In the shelters, the trainings led to more commitment, acceptance and tolerance from the staff vis-à-vis the beneficiaries. In Amman, 3 out of the 7 staff interviewed mentioned their higher acceptance of the cases and situations beyond “a superficial look”, stopping labelling cases, judging, or “thinking that they are all liars”, a greater commitment to women’s issues, truly believing in their rights and not seeing their tasks as just a job, becoming more flexible and accepting different opinions. One of the FGD participants said: “Before the training, we used to have judgment or have a view about the case in the first session. This changed”. Staff also recalled that “university education does not include fieldwork”, and that therefore such trainings were highly necessary. Shelter staff, in Amman, Irbid and
Rosayfa also mentioned increased skills and new tools, notably listening skills, understanding of body language, how to interview survivors, dealing with beneficiaries in a different and more professional way, understanding, dealing with and reporting family violence, mediating between survivors and their family, working better with partners in a participatory manner, understanding better the roles and responsibilities, being more creative and organized, or even report writing, design and evaluate case management plans. One of the beneficiaries in the Irbid MoSD said that the quality of the staff’s work and the quality of the services improved and concluded: “Now I do my work better”. Finally, trainings enabled a better organization, methodology and clarity. For instance, in Rosayfa, staff emphasized the fact that they now have more clarity on the work to do and can actually fulfil tasks that are really related to their job rather than doing everything, that they are able to do more and better sessions, have more time to dedicate to the beneficiaries, can work more with their families and obtain positive outcomes, which improved the quality of the service. In Irbid, similarly, staff felt that some level of specialization has been achieved and that each staff now know what to do. A change in the staff’s conceptions also took place following the trainings. In Amman, FGD participants expressed it saying: “my view changed, it is evident”, “I used to have a superficial view about women issues, with time and training I dig deeper into the analysis”, or even “I understand justice in a different way, I see the whole aspect of a case when getting a client”.

e. Sustainability

Finding 19: The benefits of the joint programme in terms of increased staff capacity and beneficiaries’ wellbeing is likely to continue beyond the life of the programme.

Hemayati placed a high level of emphasis on strengthening existing systems and procedures through capacity building of MoSD and JWU staff. This has a long-term effect regardless of staff turnover. This was apparent during interviews with former shelter managers during this evaluation who both explained that they tried to implement the systems they have acquired through training within their new posts/positions (funds and policies permitting). Furthermore, the strengthening of the documentation centers which was supported by the programme is likely to yield a more accurate and clearer picture of GBV trends in Jordan. The integration of JWU within the GBV IMS is also likely to continue, which will ultimately lead to better programmes based on empirical evidence and solid understanding of the GBV phenomena in Jordan.

The programme objectives are aligned with the needs and priorities of the GoJ regarding improving the protection environment for women and girls’ survivors of SGBV and the enactment of a family violence tracking system that would serve as a national system serving Jordanian and none-Jordanians residing in Jordan. This interest in the improvement of services was promoted by the programme, however, the desire to continue and improve is driven by the government. This indicates that the programme is locally owned by the national stakeholders.

Finding 20: Interventions supported by Hemayati build on existing programmes and systems within JWU and MoSD making it national and sub-nationally owned and driven.

The programme built on existing systems and processes within JWU and MoSD. The programme strengthened those systems. JWU owns the process and believes that psychosocial, legal and empowerment programmes will continue through funding from other sources as they represent a core function of JWU mandate, goals and objectives. However, it was noted that the RH and SRH services are costly and without adequate funding they are likely to be discontinued although there is a clear and evident need for these services as voiced by beneficiaries.

For their part and through the efforts of the programme, MoSD has adopted the survivor centred approach to case management. NCFA is leading and coordinating efforts to establish quality of care in shelters and support the adoption of the guidelines on quality of care and of a national tracking system that would bring together all national stakeholders. According to NCFA, this is one of their priorities.
that they will continue to work on. NCFA and FPD explained that should funding be discontinued for these programmes from UN agencies, it is likely that they can mobilise other resources to continue the work that was started.

**Finding 21: The programme does not have an exit strategy per se, but it is geared towards sustainability because it builds on existing systems and structures and is well placed within the mandate of the three UN agencies.**

Evidence suggests that some activities indeed were stopped after cessation of funding. This include RH and SRH services. However, JWU never stop for GBV services whether they have funding or no. They may reduce the scope and reach but they will continue to provide GBV services (even if not integrated). The work of the documentation center will continue. JWU are passionate committed towards their work and have been working since 1940s. There is commitment from the government to maintain the shelters and provide support and they have allocated budget for this. They still depend on the fund from donors however, they can sustain themselves. UNICEF provides funds to Dar El-Fatayat in Rosayfa (in 2018 and 2019). (Although UNICEF provides funds for this location only, they arranged with MoSD that staff from Dal El- Wefaaq Amman and Irbid be included in all UNICEF-MoSD planned activities, and UNICEF has a commitment from MoSD that anything done in Dar El-Fatayat shall also be implemented by MoSD in other shelters).

Hemayati is well positioned within the three UN agencies as its objectives respond to the mandates and strategic objectives of the organisations. For example, UN women has two strategic objectives focusing on violence against women. Hemayati was the only programme under this strategic objective. UN Women has VAW as a cross cutting theme with their three main outcomes, namely economic empowerment; Women Peace and Security; and humanitarian action and normative support (working on the instruments). UN Women has several projects through which the support for the documentation centers will continue as they are required to report on SGBV trends.

Likewise, Hemayati is well placed within the work of UNICEF in Jordan. UNICEF has been working on the following: 1) Shifting towards strengthening national protection system, through a) Supporting the development of child-focused laws and their enforcement, i.e. Childhood & Juvenile Laws, b) Strengthening national prevention, response and support services to protection issues affecting through: Supporting the government in the development of National SOPs for GBV and CP; Internal SOPs for GBV and CP for MOH, MOE, and FPD; Development of and roll out of automated national violence tracking system which is needed to streamline delivery, tracking and monitoring of case management to beneficiaries. It is all based on actual data, it is anticipate that this stronger approach in evidence-based programming will help UNICEF in its prevention programming, c) Enhancing capacities of parents and children to protect; 2) Creating a culture of Zero-tolerance for violence in all settings, through a) Supporting the implementation of a C4D multi-sectoral national plan to end physical violence against children in all settings endorsed by MOSD, MOH, MOE, Public Security Department (PSD), and Ministry of Awqaf, and b) Strengthening the accountability system for perpetrators of violence. UNICEF supported the development and implementation of an automated case management Child Protection Information Management System (CPIMS) which UNICEF’s partners already uses in the response for refugee crisis.. These activities were not directly part of Hemayati, yet they show the breadth of work that UNICEF is engaged in at the National level. Hemayati supported UNICEF’s national agenda by developing a protocol of care and link it to the case management system. Hemayati worked to build the institutional capacity of the shelters and the MoSD and to provide better services. Hence, the conclusion of the programme does not signal a cessation of activities between UNICEF and government counterparts. The programme fits under strengthening capacity and national protection system strengthening, which is a core objective of UNICEF.

**f. Coordination**

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Finding 22: The joint programme served as an important platform allowing for an on-going conversation between peers and served as an important collaboration mechanism to engage stakeholders and widen the relationships between UN agencies and government ministries.

The coordination and sharing of information and strategizing between the 3 UN agencies was seen as useful as gaps were regularly identified and attempts at filling them were discussed. Prior to the programme, JWU did not have RH services in their clinics based on the integrated approach. Now, there is a one-stop shop for the survivors and they can reach any sets of services.

The joint programme served as a platform for the discussion of the whole set of the projects and services. Although these services existed without this joint programme, yet the programme created a platform for UN agencies to discuss how they could collaborate and build on the connections and expertise of each. For example, UNFPA did not have direct relations with the government shelters. Through the joint programme they have a glimpse and do provide some insights into what and how things can be done differently.

A second strong outcome of the joint programme is the enhancement of the GBV Information Management System. JWU used to have a huge opposition to being part of this system. They were not comfortable documenting the cases as an NGO within the national system. By collaboratively working with JWU, the UN agencies were pushing in the same direction and finally they agreed to be part of the GBV IMS. This will help fill an important gap at the national level. This is relevant and important for the UN system and will help improve policy and programming interventions.

The coordination at the UN agencies level also paved the way for more coordination at the local levels. For example, as NCFA and UNICEF moves forward towards a national tracking system for family violence, with its own steering committee formed of UNICEF, NCFA, UNHCR and key ministries whereas JWU is part of the national team for protection under NCFA (a team which consists of different national bodies and provides guidance and support to all protection work in Jordan, and specifically NCFA workplans). As of today, there is no GBV documented data at the national level, therefore the national tracking system for family violence will be an achievement. The system will serve as an efficient accountability tool. It is a system which aims to streamline delivery, tracking and monitoring of case management to beneficiaries on the national level, based on actual data. It is anticipated that this stronger approach in evidence-based programming will help Jordan and UNICEF in its prevention and response programming.

Finding 23: The joint programme reduced the duplication of efforts and interventions between the three UN agencies. However, there is minimal evidence to suggest that the “jointness” contributed to results.

The programme was implemented over three phases, the first 2013-2014, the second 2014-2016 and the third 2017-2018. The programme outputs and results remained largely the same during the three phases of implementation, however the division of labour between the three implementing agencies changed based on review of each phase. The change between the first and second phases concerned only the responsibilities of UN women. A review of the first phase indicated that the agencies were working in silos and that UN Women and UNFPA were both providing GBV services and that there was some duplication. Accordingly, during the second phase there was a discussion about both UNFPA and UN Women to provide GBV services. Both agencies implemented output 1 jointly by dividing the locations of implementation between them. The main difference between phase 2 and 3 was the integration of dialogue between CSOs and government through engagement of JWU and MoSD.

The joint programme was implemented by UNFPA, UNICEF and UN Women in partnership with MOSD, UPP, JWU, and NCFA. UNFPA was the administrative agency. A memorandum of understanding (MOU) was signed by the three agencies involved stipulating the responsibilities of each party with regard to programme management and implementation. A steering committee composed by UNFPA, UNICEF,
UN Women, MOSD and a representative of the Norwegian Embassy, was responsible for the overall strategic oversight of the programme as well as the provision of technical input. Furthermore, regular technical coordination meetings were organized involving all partners to ensure a high level of collaboration as well as consistency throughout. NGOs and other institutions, as implementing partner(s) were accountable to UNFPA, UNICEF or UN Women in line with respective partnership agreements. The implementing partner(s) were responsible for implementation of the programme activities as described in the programme cooperation agreement(s) and for achieving the results in line with the work plan and budget. JWU management explained: “we submit a progress report to UN Women and a second progress report to UNFPA. Each has their own formats, indicators and targets.”

Coordination amongst UN agencies was high and consistent, but it did not go beyond a platform for information sharing and consultation. There is no evidence to suggest that these coordination and technical meetings affected the effectiveness of the programme. As this is one programme, it was rather unusual and inefficient that JWU had two different contracts with two different UN agencies to implement the same programme.

The presence of the steering committee and the technical coordination meetings supported efforts to reduce the duplication of efforts and services. The division of labour and roles and responsibilities between the three UN agencies allowed each to focus on its main area of expertise and promote its own mandate. However, there is no evidence to suggest that this coordination resulted in more robust and sound achievements. Hemayati, as a programme, did not introduce new methods or approaches that solely contributed to the programme. There were no joint publications focusing on systems and procedures. The coordination could have supported advocacy efforts to bring together JWU and MoSD however, it did not involve joint activities with tangible results which could have included exchange visits, staff trainings, improved coordination at the sub-national levels, just to name a few examples. According to JWU management “they are two separate projects. We even have one coordinator for UNFPA and one coordinator for UN Women activities.”

The one voice of the implementation strategy was not the result of coordination but more a result of the similarity in mandates, especially between UN Women and UNFPA, particularly in what concerns ending violence against women and girls as well as the promotion of women protection and empowerment. Despite this closeness in mandates and approaches, each agency moved forward with its own agenda and mandate (as required and expected), yet there is no evidence of cross-learning amongst UN agencies that could spill over to the national context to promote the idea of “delivering as one” and the “One UN”.

The management structure of the programme supported the silos in implementation and approaches as each agency had a staff from within managing the programme. There seems to have lacked a common vision which could have only been achieved through the presence of a programme management unit focusing on building a body of knowledge and experiences from the three agencies and working on advocating lessons learned from all those involved.

There is also no evidence to suggest that the “Jointness” has contributed to accelerated government approvals. On the contrary, it had no impact as each UN agency had to wait for government approval leading to delays and disparity in implementation schedules and durations between the three agencies.

The main result of the “jointness” of Hemayati could be observed through the work with the different partners at the national level which allowed the programme to improve the services inside the shelters. This result was due to the programme’s advocacy work with NCFA to create linkages and conduct bilateral agreements.
VII. Lessons Learned & Good Practices

Lessons Learned

● Women and girls’ empowerment and protection programmes require long funding cycles that go beyond the 12 and 24 months. They require concerted efforts and long-term engagement with stakeholders.

● Monitoring and Evaluation is a core function of any project. The presence of a dedicated officer focusing on this function enables the regular management and adjustment of project interventions leading to more effective implementation strategies and approaches. Using times of change (cost and no cost extensions) as an opportunity to revise logical frameworks and results framework would allow projects to better present outcomes and achievements. Sound development practices suggest the importance of the development of a robust M&E system that focuses both on qualitative and quantitative data.

● Girls are very vulnerable and stigmatized, and no one protects them. The family is stigmatized, and which make interventions such as Hemayati very relevant and helps reduce stigma against women and girls.

● Changing the mind-sets of service providers is very difficult especially when a girl has left her family house. Hemayati’s focus was on decreasing the acceptance of violence against children (girls) and women by the community, this requires comprehensive work on creating a culture of Zero-tolerance for violence in all settings.

● Increasing coordination between service providers and the different agencies at the international level and the national level will reduce duplication of efforts and ensure the equitable distribution of services especially those offered by NGOs.

● Strengthening the role of NGOs within the protection system will reduce the pressure on government services. here was only one under-18 shelter in Jordan placing too much pressure on this shelter.

Good Practices

● Irrespective of the role of each agency, the mutual understanding between the three UN agencies through the joint programme, communication and coordination and facilitation of the work was well planned and worked well.

● The work with the different partners at the national level allowed the programme to improve the services inside the shelters. This is something that the programme advocated with NCFA. The work done on protection on the national level with UN agencies support, helped to ensure the linkages and strengthen of the role of NCFA as national umbrella for protection.

● The involvement of the staff in the shelters in the development of the protocol of care and the training package is a good practice that ensured national ownership and buy in by the implementors themselves.

● Projects and programmes that focus on strengthening existing systems and procedures have a higher rate of sustainability due to ongoing government’s interest and need.

VIII. Conclusions

Relevance

Hemayati is a relevant and timely programme that responded to the needs and priorities of UN agencies, the Government of Jordan and the priorities of other stakeholders. The programme was aligned to the objectives and normative strategies guiding the work on women empowerment and gender equality in Jordan and it also responds to the priorities of the Jordan Refuges Response Plan. The programme was designed and implemented in a participatory manner leading to enhanced engagement of stakeholders at the different levels. End beneficiaries (the women and girls themselves)
were not consulted during any of the phases of the programme regarding new activities and/or new services that could have been offered by the programme.

**Effectiveness**
The programme achieved outputs 1 and 2 while output 3 is on-track. The programme adopted sound implementation strategies that focused on capacity building of staff of different stakeholders and implementing partners. The programme also benefited from an enabling environment that has supported the implementation of the different activities and interventions.

Some gaps and discrepancies in implementation were noted between different implementation sites. Due to funding, SRH was not provided in all locations and not all staff working on the programme through implementing partners received the same level or number of trainings. Services available in the shelters were also not consistent. Some shelters received well-developed life-skills programmes whereas others received limited vocational training activities. This affected the effectiveness of the programme as well as its impact.

Hemayati introduced the integrated holistic services approach to survivors of SGBV through the integration of RH and SRH to GBV services. This was an effective approach that has resulted in increased access and awareness about the linkages between the two. The provision of free SRH services enabled the programme to reach hard to identify SGBV survivors who would have otherwise not be aware of the availability of services. Building the capacity of staff on GBV and SGBV had a direct effect on improvement of the knowledge and wellbeing of survivors of SGBV as reported by beneficiaries.

Effectiveness of the programme was hindered by several challenges including the need for three different approvals from the government for the same programme; one for each UN agency. This has caused delays in implementation and has negatively affected the effectiveness of implementation in some programme implementation locations as the implementation was rushed. At times the delays led to cessation of RH and SRH services, thus negatively affecting beneficiaries.

The effectiveness of the programme was also affected by the weakness in the link between the GBV referral pathway managed by the SGBV sub-working group and the inter-agency referral system and the national family violence tracking system. The effectiveness of each of these systems is hard to assess due to confidentiality and inability of IPs and UN agencies to find out the outcome of each referral.

**Efficiency**
Hemayati human and resource management models are efficient and focus on maximization of results and outputs. However, the absence of a dedicated programme management unit (PMU) solely focused on the work of the programme, while efficient in terms of financial resources, reduces the effectiveness of the programme. The programme had an inter-agency officer function at the beginning of its life and this function was removed due to financial shortages. However, a dedicated programme manager coordinating the work of the three UN agencies as well as specific core functions such as monitoring, and evaluation and capacity building coordinator are lacking. This has led in some instances to double the effort on the part of the IPs where they had to manage the same programme, the same activities, but for two different UN agencies as two separate programmes. This has affected the efficiency and effectiveness of the programme as IPs assigned two different staff members to follow up on two different programmes whereas it is one programme “Hemayati”.

**Impact**
The programme had a wide-ranging impact and positively affected people’s lives. The programme helped provide beneficiaries with RH and SRH services as well as integrated services that were needed and helpful. The programme interventions helped deliver a sense of normalcy to the lives of beneficiaries and their families. Despite the fact that beneficiaries provided an overall positive feedback on the vocational trainings and economic empowerment aspect of the programme, yet this positive feedback was predominantly focused on increased improvement in psychological wellbeing and not necessarily to improved economic well-being. It is important to rethink the economic empowerment component to ensure that it goes beyond a psychosocial activity to enable women to develop livelihoods options that can be financially regarding and sustainable.

Because it focuses on Syrian and vulnerable Jordanians as survivors of GBV and through this programme, there has been increased access to multisectoral integrated services. The strengthening of the JWU documentation center is also deemed as one of the key impacts of the programme. The programme provided funding for infrastructure work on the main HQ of the JWU and improved the services.

Capacity building of staff at the safe spaces and the shelters has resulted in noticeable change in staff attitudes and perceptions about women and girls as well as their understanding of protection concerns. The adoption of the case management system and survivor-centred approach by MoSD is also amongst the outcomes and results of the programme.

**Sustainability**

Many of the results and outcomes achieved by the programme are likely to continue after the end of funding. This is mainly in relation to the provision of services to GBV survivors through the JWU safe spaces, the JWU shelter, and the MoSD shelters. This is due to the fact that the programme worked on strengthening existing systems and procedures so that national organisations and ministries are able to improve the delivery of services.

It is unlikely for the RH and SRH to continue after the end of funding due to the high costs associated with the provision of medical care. It is also important to note that even if organisations can solicit the work of volunteers to provide some medical support, NGOs will not be able to bear the cost of medication alone.

The objectives of Hemayati form the core of the mandate of the three implementing UN agencies. This will ensure sustainability of interventions and results as UN agencies, and another move to build on what has been achieved thus far.

**Coordination**

Hemayati presented some useful lessons learned about the value added of joint projects and programmes. Hemayati enabled the development of working relationships between stakeholders that have no worked together in the past such as UNFPA and MoSD or UNICEF and JWU. The products of the joint programme such as the trends report developed by UN Women and JWU would be of high importance for continuing the work on SGBV in Jordan.

Coordination and jointness was hindered by the unsupported management structure of the programme which made the UN agencies involved function in silos except for the ongoing conversation and the sharing of information.
IX. Recommendations

This summative evaluation focused on understanding the achievements of the Hemayati programme and considered the lessons learned and good practices that could be adopted by future similar projects. In developing the following recommendations, the evaluation team used both the evidence generated from the evaluation process as well as the views and opinions of the different stakeholders.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Addressed To: (constituents, stakeholder, institutions...etc.)</th>
<th>Priority Level:</th>
<th>Resource Implications (high, medium or low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation 1: It is recommended that future projects ensure the voices of beneficiaries are heard within the design of the programme by conducting needs assessments and community consultation into the design and implementation modality.</td>
<td>UNICEF, UNFPA, UN Women</td>
<td>Immediate</td>
<td>Medium</td>
</tr>
<tr>
<td>Recommendation 2: It is recommended that implementation plans be developed in a consistent manner between the different locations.</td>
<td>UNICEF, UNFPA, UN Women, JWU, MoSD</td>
<td>Medium term</td>
<td>Low</td>
</tr>
<tr>
<td>Recommendation 3: It is recommended that programmes develop standard staff training package as well as standard activities for beneficiaries inside and outside shelters especially concerning life skills and psychosocial activities. Economic empowerment activities can continue to be based on demand.</td>
<td>UNICEF, UNFPA, UN Women</td>
<td>Medium term</td>
<td>Low</td>
</tr>
<tr>
<td>Recommendation 4: It is recommended that the UN system and with GoJ develop new methods of acquiring approvals for joint projects implemented by UN agencies. This will ensure smooth and consistent implementation of interventions. It will also enable the programme to develop one memorandum of understanding or cooperation agreements with implementing partners, thus reducing duplication.</td>
<td>UN System, Government</td>
<td>Immediate</td>
<td>Low</td>
</tr>
<tr>
<td>Recommendation 5: It is recommended that an advocacy plan be developed for the integration of RH and SRH into GBV services at the national level as they served as a culturally-sensitive entry-point for safe disclosure of GBV cases and</td>
<td>UNFPA, UN Women</td>
<td>Medium to long term</td>
<td>Low to medium</td>
</tr>
</tbody>
</table>

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14 The evaluation team recognizes that this is a final summative evaluation, hence priority level may not be always relevant for each recommendation.
Referrals, especially within vulnerable and marginalised populations.

**Recommendation 6:**
It is recommended to work with donors for extended funding cycles even within emergencies to ensure the continuation of services that are needed by beneficiaries.

| UN System and Donor agencies and institutions | Medium to long term | Low to medium |

**Recommendation 7:**
It is recommended that economic empowerment component of the programme be designed in a manner that ensures economic validity and goes beyond an elaborate psychosocial activity for women. In this area, humanitarian interventions can make use of the lessons learned from poverty eradication projects in development settings. These can include a wide range of training-for-employment, promotion of literacy including electronic literacy, and other available models.

| UNFPA, UN Women, JWU | Medium to long term | Low to medium |

**Recommendation 8:**
It is recommended that a clear and standard management structure for joint projects be developed. It ought to include core functions and dedicated staff. This would help strengthen the “jointness” and ensure the development of best practices regarding the implementation of joint programmes.

| UN System, UN Women, UNFPA, UNICEF | Medium to long term | Low to medium |
X. Annexes

a. Annex 1: Evaluation Matrix

The evaluation matrix presented in the table below aims to provide the basis for the evaluation assessment. The table includes some of the additional questions that will be asked in order to answer the evaluation questions. It also presents the indicators that will be used by the evaluators to assess the validity of the answers. Data sources (stakeholders) and method of data collection is also presented. The evaluation matrix serves as the framework for the evaluation.

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Specific Questions</th>
<th>Indicators</th>
<th>Data Sources</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance - the extent to which the objectives of the intervention are consistent with beneficiaries' requirements, country needs, global priorities, partners' and donors' policies.</td>
<td>How was the programme designed? Were needs assessment conducted prior to the implementation? How were the needs and priorities of the direct and indirect beneficiaries identified?</td>
<td>Alignment with national priorities Reflection of needs of beneficiaries</td>
<td>MoSD, JWU, Ministry of health, ministry of education, UN agencies</td>
<td>KII</td>
</tr>
<tr>
<td>To what extent is the intervention relevant to the needs and priorities of the direct and indirect beneficiaries, as well as the ones defined by programme planners and beneficiaries?</td>
<td>What available data exists about the conditions of RH, SGBV prevention and response in the Jordan prior to the implementation? How were cultural, political, social and economic considerations taken in consideration during the design phase? What consultations took place?</td>
<td>Inclusivity of the formulation process Level of engagement of CSOs and other partners</td>
<td>UN agencies Government partners</td>
<td>Desk review – in-depth interviews</td>
</tr>
<tr>
<td>Is the programme design appropriate for the context in which it was perceived?</td>
<td>How were needs determined? How were priorities determined? Why was this programme relevant at the time of its inception? Is it still relevant? Why?</td>
<td>Interventions addressing gaps in GoJ response Interventions addressing gaps of partners Alignment with UN Strategic Objectives</td>
<td>Programme team Government Partners</td>
<td>Desk review – in-depth interviews</td>
</tr>
<tr>
<td>How does the programme respond to the needs and priorities of the three implementing agencies, the GoJ and other stakeholders?</td>
<td>What are the key objectives of the SGBV SWG? How does this programme support the strategies and objectives of the SGBV SWG?</td>
<td>Ledger of joint activities</td>
<td>UNFPA - UNHCR</td>
<td>Desk review – in depth interviews</td>
</tr>
<tr>
<td>Group: 3RP and other relevant strategies (JONAP)?</td>
<td>What coordination mechanisms are in place? How do you ensure absence of duplication?</td>
<td>Feedback from other projects</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------------------</td>
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<tr>
<td>To what extent was the joint programme conceptualized and designed collaboratively, with a shared vision among UN partner agencies, and in response to national priorities and the Syria response plan? Were beneficiaries’ participation ensured throughout programme design, implementation or monitoring?</td>
<td>How were needs determined? How were priorities determined? Why was this programme relevant at the time of its inception? Is it still relevant? Why?</td>
<td>Inclusivity of the formulation process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent was the joint programme conceptualized and designed collaboratively, with a shared vision among UN partner agencies, and in response to national priorities and the Syria response plan? Were beneficiaries’ participation ensured throughout programme design, implementation or monitoring?</td>
<td>What are the guiding frameworks for this programme? How are international standards reflected in the design and implementation? What interventions contribute to women’s empowerment and human rights?</td>
<td>Extent of programme’s alignment with national plan and regional plans</td>
<td></td>
<td></td>
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<tr>
<td>To what extent is the intervention aligned with relevant normative frameworks for gender equality and women’s empowerment in Jordan?</td>
<td>To what extent is the intervention aligned with relevant normative frameworks for gender equality and women’s empowerment in Jordan?</td>
<td>Extent of alignment with international frameworks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness - Effectiveness - the extent to which the intervention’s objectives were achieved, taking into account their relative importance and impact.</td>
<td>Effectiveness - the extent to which the intervention’s objectives were achieved, taking into account their relative importance and impact.</td>
<td>Extent of alignment with international frameworks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent were the expected results achieved?</td>
<td>Taking in consideration the programme’s logical frameworks, were the expected targets achieved?</td>
<td>Progress against indicators Evidence of contribution to outcomes as outlined in the programme plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What were the enabling factors that contributed to the achievement of results and what actions need to be taken to overcome any barriers that limit the progress?</td>
<td>What were the challenges encountered by the programme? How were they overcome? What were the facilitating factors? How has the programme structure changed, if any, due to events in Syria/Jordan? Have there been changes in programme partners, focal points</td>
<td>Presence of MoUs (enabling) Documented delays (Challenges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What were the key strategies implemented by the programme and were they effective?</td>
<td>What type of capacity building activities did the programme undertake? Were they useful? What other coordination and communication procedures were in place? Were they effective? Can they be improved?</td>
<td>Evidence of effective consultation with key partners (did partners feel heard, their suggestions integrated, their approaches reflected in the final product)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Programme team Partner teams JWU MoSD Shelter and clinics teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Desk review – in depth interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Table Details</td>
<td>Methodology</td>
<td>Stakeholders</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>How effective is the referral mechanism? Does it enable partners to collaborate/communicate effectively? How can it be improved?</td>
<td>What are the different components of the referral mechanism? What are the challenges in its implementation? How are referrals followed up on? What constitutes a “resolved” case? What needs to be improved? Are there government plans to continue this system? What is needed? How many organisations are engaged in this referral system? Is there a database? Who is in charge of this database? Is it useful? In what ways?</td>
<td>JWU MoSD Staff at shelters and local CBOs</td>
<td>Desk review – in depth interviews</td>
<td></td>
</tr>
<tr>
<td>In comparison to single agency programmes, is there evidence that the joint programme added value in contributing to the achievement of results? How has “jointness” contributed to results?</td>
<td>How effective was the partnership between UN agencies? How has this partnership contributed to achieving the expected results? Where did it succeed? How were challenges identified? How were they resolved? How has the one UN helped improve relations with partners and GoJ?</td>
<td>Feedback of stakeholders (all) regarding the value added of the “joint” programme</td>
<td>UNFPA UNICEF UN Women JWU MoSD Desk review – in depth interviews</td>
<td></td>
</tr>
<tr>
<td>To what extent the integrated RH and GBV approach has been successful for increasing access to information and use of both RH and GBV services?</td>
<td>How was RH and GBV activities and services integrated? How were they monitored? Is there evidence of increased use of RH and GBV services? What is this evidence?</td>
<td>Numbers of cases accessing services Numbers of cases benefiting from multiple services Change (as reported by centers, clinics and shelters) related to access to information</td>
<td>Programme team Government Partner teams JWU - MoSD Desk review – in depth interviews</td>
<td></td>
</tr>
</tbody>
</table>

Efficiency - a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted into results.
<table>
<thead>
<tr>
<th>To what extent did the management structure of the intervention support efficiency for programme implementation?</th>
<th>What is the management structure of the programme? The location of the implementing staff/team, training facilities, locality of beneficiaries? How does the program and programme management communicate? What is internal programme communication like? How does the implementing team communicate with stakeholders? What is the frequency of meetings, discussions etc? What is the usual approach to identification and problem solving?</th>
<th>Programme organigram and staffing model Programme financial management system (how the funds are managed, speed of disbursement, speed of payment, did it lead to delays)</th>
<th>UNFPA UNICEF UN Women JWU management MoSD Management CBOs</th>
<th>KIs - FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent were funds used in a cost-efficient manner in order to optimize Programme outcomes for each of the intervention areas?</td>
<td>How is the budget allocated? What is the % of programme administrative costs vs. programmatic interventions? what is the programme’s burn rate?</td>
<td>Analysis of programme budget Programme burn rates across the different phases of the programme</td>
<td>Programme Finance staff</td>
<td>KIs - FGDs</td>
</tr>
<tr>
<td>How effective and efficient were the coordination mechanisms (i.e. coordination with Government, including Ministry of Social development, JWU, and other stakeholders (other UN agencies, NGOs, donors, etc.))? If noticeable gaps are evident, how can they be addressed?</td>
<td>What coordination mechanisms were in place between the different stakeholders? Were they useful? What are some of the challenges encountered in coordination? What effects did these challenges have? How were they addressed? How can coordination be enhanced?</td>
<td>Leveraging of in-house expertise and resources Complementarity with other UN projects</td>
<td>UNFPA UNICEF UN Women JWU management MoSD Management CBOs</td>
<td>KIs - FGDs</td>
</tr>
</tbody>
</table>

Impact - positive and negative, primary and secondary long-term effects produced by the intervention, directly or indirectly, intended or unintended.
**What were the unintended effects, positive or negative - if any, of the each of the intervention areas? In which ways did they affect the different stakeholders?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Collection Method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do beneficiaries feel about the programme?</td>
<td>Positive change reported by beneficiaries</td>
<td>Staff in shelters, clinics, safe spaces, Syrian and Jordanian women, girls and men, local CBOs staff</td>
</tr>
<tr>
<td>What real or perceived benefits have they gained?</td>
<td>Results of Self-assessment tool</td>
<td>KIIs - FGDs</td>
</tr>
<tr>
<td>What real or perceived negative effects do they feel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent have individual case management plans created change positive or negative in the lives of beneficiaries? What evidence exists of such change?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What are the outcomes and change that occurred in the management, processes and capacities of main implementing partners and local CBOs?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Collection Method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of action plans and capacity building efforts and the to what extent have partners felt that the programme has enhanced their capacities? in what ways? Are there certain capacities that stakeholders feel they need, to help them better work on RH and protection issues? what are JWU and MoSD doing differently as a result of the programme? What outcomes can be observed?)</td>
<td>Presence of new forms or templates Institutionalisation of standard operating procedures</td>
<td>Staff in shelters, clinics, safe spaces, Syrian and Jordanian women, girls and men, local CBOs staff</td>
</tr>
</tbody>
</table>

**What are the major achievements contributable to and lessons learned from the programme; which strategies have yielded good results?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Collection Method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the main successes? What should be replicated? What can be scaled up? What should be avoided? If the programme is repeated what should be done differently?</td>
<td>As reported by stakeholder</td>
<td>All stakeholders</td>
</tr>
<tr>
<td>Should this programme be continued or not, or down-scaled or expanded? Did the programme shift towards more nationalization after several years of Emergency situation? Why is this relevant for Jordan?)</td>
<td>As reported by stakeholder</td>
<td>All stakeholders</td>
</tr>
</tbody>
</table>

**What are the key successes achieved of the Programme?**

Sustainability - the continuation of benefits from the intervention after major development assistance has been completed; or the probability of continued long-term benefits; the resilience to risk of the net benefit flows over time.; assessing administrative, institutional, technical and financial sustainability, and exploring possible opportunities for expansion of the programme activities.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are the benefits of the joint programme likely to continue? To what extent was capacity developed in order to ensure sustainability of efforts and benefits?</td>
<td>Has there been an institutionalization of the programme in the partner institutions? In what ways? What types of policies are in place/are needed to ensure continuation of programme interventions? Have sources of funding been identified to cover activities under this programme?)</td>
<td>JWU, MoSD, Local CBOs, KII - FGDs</td>
</tr>
<tr>
<td>To what extent does this joint programme have exit strategy that is geared toward sustainable phase-out of activities?</td>
<td>Was the joint programme implemented in a manner that gives room for continuity of interventions when funding from current sources ceases? In what ways is this evident? Did the programme support the government in leveraging resources? How?</td>
<td>KII - FGDs</td>
</tr>
<tr>
<td>To what extent MOSD and JWU were engaged and own the Hemayati programme at the national and sub-national levels? What further support is needed? (What is likely to continue after the programme? What will stop?)</td>
<td>What systems and policies are in place for monitoring and evaluation by JWU and MoSD? What collaboration mechanisms are in place between them? How does JWU and MoSD believe that the programme will continue? What is still needed?</td>
<td>JWU, MoSD, Local CBOs, KII - FGDs</td>
</tr>
<tr>
<td>What is the likelihood that the benefits from the programme will be maintained for a reasonably long period of time if the programme were to cease? Why and why not?</td>
<td>What are the key benefits of the programme at the individual (staff capacities) and institutional levels? Are there any plans to transform knowledge vertically and horizontally? What is likely to continue after the life of the programme? What is likely to stop?</td>
<td>JWU, MoSD, Local CBOs, KII - FGDs</td>
</tr>
</tbody>
</table>

Coordination - the effectiveness and impact of the joint work and coordination among and between the three agencies and assessing the coordination with their respective IP and Follow up mechanism
<table>
<thead>
<tr>
<th>To what extent this coordination and joint efforts of work between three UN agencies resulted with more robust and sound results and achievements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent the coordination mechanism led to have one voice during the implementation of the programme interventions and activities. what extent such coordination mechanism enhanced the work with MoSD, NGOs and other stakeholders including the donor of the programme. To what extent this coordination mechanism enhanced the process of no duplication of efforts and works as well as no redundancy. To what extent that this coordination yield to have more cost efficiency.</td>
</tr>
<tr>
<td>UN teams Government Donor Partners JWU</td>
</tr>
<tr>
<td>KII</td>
</tr>
</tbody>
</table>
### Annex 2: List of Stakeholders

**Table 6: List of stakeholders**

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Who they are</th>
<th>What (their role in the intervention)</th>
<th>How (informational, data collection, etc.)</th>
<th>When (in what stage of evaluation)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UN Agencies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>Duty bearers who have decision-making authority over the intervention</td>
<td>Management of the programme, implementation of some programme activities (Supporting the implementing partners, contributing to outputs 1 and 2) and coordination activities between the 3 UN agencies. Co-Chair of the Sub-Working group on SGBV</td>
<td>Documentation review, KII’s during Data collection</td>
<td>Inception, Field work phases</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Duty bearers who have decision-making authority over the intervention</td>
<td>Supporting the implementing partners, contributing to output 3</td>
<td>Documentation review, KII’s during Data collection</td>
<td>Inception, Field work phases</td>
</tr>
<tr>
<td>UN Women</td>
<td>Duty bearers who have decision-making authority over the intervention</td>
<td>Supporting the implementing partners, contributing to outputs 1 and 3</td>
<td>Documentation review, KII’s during Data collection</td>
<td>Inception, Field work phases</td>
</tr>
<tr>
<td>SGBV Sub-Working Group, UNFPA – UNHCR</td>
<td>Duty bearers who have decision-making authority over the intervention</td>
<td>Focusing on addressing SGBV issues facing Syrian women, girls, boys and men, including early and forced marriage, domestic violence (SGBV-related), survival sex and sexual violence, through enhanced prevention, response and coordination efforts.</td>
<td>Data Collection</td>
<td>Field Data Collection (KII’s – meetings)</td>
</tr>
<tr>
<td>Embassy of Norway</td>
<td>Duty bearers who have decision-making authority over the intervention</td>
<td>Intervention Donor</td>
<td>Data Collection</td>
<td>Field Data Collection (KII’s – meetings)</td>
</tr>
</tbody>
</table>
### Key Implementing Partners

<p>| <strong>Jordanian Women’s Union (JWU)</strong> (Independent NGO) | Stakeholder in the delivery of the services, implementing programme activities | Founder and in charge of the safe spaces/women’s centres for increased access of GBV survivors to adequate services, strengthening of GBV protection team’s capacities, conducting awareness raising, etc. | Documentation review, Data collection | Inception, Field work phases |
| <strong>Ministry of Social Solidarity</strong> | Stakeholder in the delivery of the services, implementing programme activities | Owner of the three safe shelters/GBV centres. MOSD ensures women and girls survivors of GBV are protected from further harm and have safe and confidential access to shelters through providing proper case management, quality comprehensive multi-sectoral services including empowerment and reintegration services. | Documentation review, Data collection | Inception, Field work phases |
| <strong>Family Protection Department (FPD)</strong> | Stakeholder in the delivery of the services, implementing programme activities | To ensure all women and girls survivors of GBV and SGBV including refugee women and girls have access to the shelter and other services available to refugees. | Data collection, Interviews | Field work phase |
| <strong>NHF/IFH</strong> | Stakeholder in the delivery of the services, who has some responsibility for the intervention (program managers); | Technical support for PSS and community awareness activities on GBV issues. | Data collection, interviews | Field work phase |
| <strong>National Council for Family Affairs</strong> | Stakeholder in the delivery of the services, who has some responsibility for the intervention (program managers); | Participating in consultations with MoSD (together with national actors, FPD, concerned NGOs) to ensure alignment of drafted internal policies and procedures manual for multi-sectoral-multidisciplinary services with national standards. | Data collection, interviews | Field work phase |</p>
<table>
<thead>
<tr>
<th>Ministry of Health</th>
<th>Stakeholder in the delivery of the services, who has decision-making authority over the intervention</th>
<th>Provision of medical care</th>
<th>Interviews</th>
<th>Inception/ field work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Education</td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention, (program managers);</td>
<td>Involved, following agreement with the MoSD, in projects and home-schooling option in the safe shelters</td>
<td>Data collection, interviews</td>
<td>Field work phase</td>
</tr>
</tbody>
</table>

**Programme Participants and End Beneficiaries**

| Trained/strengthened staff members | Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention; | Strengthened for increased access of survivors to adequate services. Staff members strengthened as well: social workers, psychologists, lawyers, doctors (in Irbid, Zarqa and Amman), case managers, and Syrian volunteers. Workers of both the hotline services and documentation centre. (Women’s centres’ (hotline services and documentation centre) staff members, GBV protection teams, health professionals from JWU health structures (midwives, doctors and nurses), shelters’ staff members, medical staff FPD) | Data collection | Field work phase |
| Staff of JWU safe spaces/women’s centres: Irbid, Hitteen, Hoson Camp, Rusaila, Maan, Amman, Zarqa, Khaledyeh, Ramtha. | --- | --- | --- | --- |

<p>| Trained/strengthened staff members | Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention; | Providing high quality integrated SRH services in host communities (Women’s centres’ (hotline services and documentation centre) staff members, GBV protection teams, health professionals from JWU health structures (midwives, doctors and nurses), shelters’ staff members, medical staff FPD) | Data collection | Field work phase |
| Staff of JWU clinics/health facilities in Amman, Zarqa, Irbid. | --- | --- | --- | --- |</p>
<table>
<thead>
<tr>
<th>Trained/strengthened staff members</th>
<th>Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff of JWU shelter in Amman</strong></td>
<td>Providing shelter and a safe space to stay, psychosocial and legal support, healthcare, providing vocational training programme as part of the rehabilitation process of the residents of shelter. Women’s centres’ (hotline services and documentation centre) staff members, GBV protection teams, health professionals from JWU health structures (midwives, doctors and nurses), shelters’ staff members, medical staff FPD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trained/strengthened staff members</th>
<th>Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff of MoSD shelters/GBV centres: Dar El Fatayat, Dar El Wifaq-Amman, Dar El Wifaq-Irbid</strong></td>
<td>Providing quality multi-sectoral comprehensive and case management services for GBV survivors based on a survivor-centred approach including temporary shelter, PSS, case management and referrals as per the survivors’ needs.</td>
</tr>
<tr>
<td></td>
<td>Providing girls with educational activities including literacy projects and home schooling following the national school curricula (Dar El Fatayat).</td>
</tr>
<tr>
<td></td>
<td>Providing vocational training information and vocational trainings for girls in cooperation with FPD and other concerned institutions as per the national SOPs for GBV and CP.</td>
</tr>
<tr>
<td></td>
<td>(MoSD staff, whose capacities were strengthened/who received trainings (by consultants and experts).</td>
</tr>
<tr>
<td><strong>Syrian Volunteers involved in outreach activities</strong></td>
<td>Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention;</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Syrian refugees and vulnerable Jordanians, including survivors of GBV</strong></td>
<td>Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention;</td>
</tr>
<tr>
<td><strong>Men and Families</strong></td>
<td>Rights holders (individually or through their institutions) who are the intended and unintended beneficiaries of the intervention;</td>
</tr>
<tr>
<td><strong>Local CBOs, NGOs and foundations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sanabil</strong></td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
<tr>
<td><strong>Anwar CBO</strong></td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
<tr>
<td><strong>Family Development Association</strong></td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Role</td>
</tr>
<tr>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>Society for Protecting Family Violence Victims</td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
<tr>
<td>Jordan River Foundation (JRF)</td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
<tr>
<td>Institute for Family Health (IFH)/King Hussein Foundation</td>
<td>Stakeholder in the delivery of the services, who has direct responsibility for the intervention</td>
</tr>
</tbody>
</table>
### Annexe 3: Overview of Field Data Collection

#### Table 5: Overview of Field Data Collection

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Location</th>
<th>Service/Activity</th>
<th>Category</th>
<th># of part</th>
<th>Syrian</th>
<th>Jordanian</th>
<th>Other</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FGD</td>
<td>Amman</td>
<td>JWU Shelter</td>
<td>Beneficiary</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>2. FGD</td>
<td>Amman</td>
<td>JWU Shelter</td>
<td>Beneficiary</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>3. FGD</td>
<td>Amman</td>
<td>JWU Shelter</td>
<td>Staff</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>4. FGD</td>
<td>Irbid</td>
<td>MoSD Shelter</td>
<td>Beneficiary</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>5. FGD</td>
<td>Irbid</td>
<td>JWU Safe Space</td>
<td>Staff</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6. FGD</td>
<td>Irbid</td>
<td>JWU Safe Space</td>
<td>Beneficiary</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>7. FGD</td>
<td>Mafraq</td>
<td>Khaldiya Safe Space</td>
<td>Staff</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>8. FGD</td>
<td>Mafraq</td>
<td>Khaldiya Safe Space</td>
<td>Beneficiary</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>9. FGD</td>
<td>Zarqa</td>
<td>JWU Safe Space</td>
<td>Staff</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>10. FGD</td>
<td>Zarqa</td>
<td>JWU Safe Space</td>
<td>Beneficiary</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>11. FGD</td>
<td>Zarqa</td>
<td>JWU Safe Space</td>
<td>Beneficiary</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>12. FGD</td>
<td>Maan</td>
<td>Al-Anwar Safe Space</td>
<td>Staff</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>13. FGD</td>
<td>Maan</td>
<td>Al-Anwar Safe Space</td>
<td>Beneficiary</td>
<td>13</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>14. FGD</td>
<td>Rosayfa</td>
<td>MoSD Shelter</td>
<td>Beneficiary</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>15. FGD</td>
<td>Rosayfa</td>
<td>Zakaria Safe Space</td>
<td>Beneficiary</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>16. KII</td>
<td>Rosayfa</td>
<td>Zakaria Safe Space</td>
<td>Staff</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>17. KII</td>
<td>Rosayfa</td>
<td>MoSD Shelter</td>
<td>Staff</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>18. KII</td>
<td>Rosayfa</td>
<td>MoSD Shelter</td>
<td>Shelter Manager</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<td>MoSD Shelter</td>
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<td>Khaldiya Safe Space</td>
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#### Table 6: Key Informant Interviews with other Stakeholders and UN Agencies

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<th>Stakeholder</th>
<th>Attendees</th>
<th>Number of participants</th>
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<th>Male</th>
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<td>UN Women</td>
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<td>UNFPA</td>
<td>Dr. Fayza</td>
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<td>Organization</td>
<td>Participants</td>
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<td>Female</td>
<td>Total</td>
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<td>-------</td>
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<tr>
<td><strong>UNICEF</strong></td>
<td>Suzan Kasht&lt;br&gt;Shiraz Al-Mukhaimer&lt;br&gt;Manal Tahtamouny&lt;br&gt;Maha</td>
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<td><strong>JWU</strong></td>
<td>Nadia Shamroukh&lt;br&gt;Aseel El Banadoura&lt;br&gt;Wajd El-Shamayla&lt;br&gt;Maysaa Faraj</td>
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<td><strong>Ministry of Social Development (MoSD)</strong></td>
<td>Mr. Mohamed&lt;br&gt;Sohad Ahmed Mobeideen&lt;br&gt;Raghda Al-Aza</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
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<td><strong>UNFPA and UNHCR Co-chairs of the SGBVSWG</strong></td>
<td>Pamela&lt;br&gt;UNHCR</td>
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<td>0</td>
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<td><strong>Ministry of Education</strong></td>
<td>Rodaina Halassah&lt;br&gt;Ahmed Hassan&lt;br&gt;Bassam Wahby&lt;br&gt;Nabeela Haraka</td>
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<td><strong>Family Protection Department</strong></td>
<td>Fakhry Al-Katarna&lt;br&gt;Ahmed El Nasser</td>
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<td><strong>National Council for Family Affairs</strong></td>
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4.1. Beneficiaries (Syrian and Jordanian women above 18)

Thank you for talking with us today. We are conducting a Final Evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities, and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- There is nothing you can tell me positively or negatively that can affect now or in the future any service you may receive from (name of the organisation/location where the meeting is taking place).
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

Can you tell us about yourself?
- Where are you from?
- What is your age?
- What is your education Level?
- (For refugees): How long have you been in Jordan? How long have you been living in this area? How often do you come to this centre?

Effectiveness
1. What? What services have you received? Can you describe the activities or services you been involved in under this center/clinic (Probe: counselling, support, prevention of violence, training, legal awareness)?
2. Can you explain how you learn about this activity? / How did you engage with this initiative?
3. What did you like most about your engagement with this programme/services you received?

Relevance
1. Tell me how these services were useful/not useful to you?
2. What can be done differently to better meet your needs?

Impact
1. What changed in your life as a result of this service/activity?
2. If the activities/services were not available or you could not participate, in what way would your life be affected?
3. To what extent do you think these activities/services affected your life and benefitted you (if at all)? (Probe: Real and Perceived Benefits)

Looking Forward
1. Do you have any recommendations for improving or adding to the activities/initiatives/trainings you were engaged in?
2. With regard to future projects/initiatives, are there any additional areas the program should focus on?
3. If we repeat the programme, what would you do differently? What would you keep the same? Why?
4. Is there anything else you would like to tell us?

**Administer self-assessment tool**

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being very bad and 10 being great or amazing. Before receiving this service or participating in this activity how well did you feel?

1 ____________________________ 10

**How about after receiving the service, how well do you feel?**

1 ____________________________ 10

Can you tell me what is the most significant change that has occurred in your life as a result of this service/activity?

Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.
4.2 Beneficiary Men (Syrian and Jordanian Men above 18)

Thank you for talking with us today. We are conducting a Final Evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities, and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- There is nothing you can tell me positively or negatively that can affect now or in the future any service you may receive from (name of the organisation/location where the meeting is taking place).
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully.
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future.

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

Can you tell us about yourself?
- Where are you from?
- What is your age?
- What is your education Level?
- (For refugees): How long have you been in Jordan? How long have you been living in this area? How often do you come to this centre?

Effectiveness
1. Tell me about this centre? How did you find out about it? What encouraged you to come?
2. Can you tell me about the theatre play you attended? What was it about? What did it discuss? Tell me about the discussion that happened after the session?
3. What is your opinion regarding this discussion? (Probe...Did you like it? Felt uncomfortable? Agreed/disagreed with it?)

Impact
1. How did this discussion affect your life and that of your family?
2. Did you learn anything new during this discussion that you implemented in your life? What changed? Why?

Looking Forward
5. Do you have any recommendations for improving or adding to the activities/initiatives/trainings you were engaged in?
6. With regard to future projects/initiatives, are there any additional areas the program should focus on?
7. If we repeat the programme, what would you do differently? What would you keep the same? Why?
8. Is there anything else you would like to tell us?

Administer self-assessment tool

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being very bad and 10 being great or amazing. Before receiving this service or participating in this activity how well did you feel?
How about after receiving the service, how well do you feel?

Can you tell me what is the most significant change that has occurred in your life as a result of this service/activity?

Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.
4.3 Beneficiaries (Syrian and Jordanian women below 18)

Thank you for talking with us today. We are conducting a Final Evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities, and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question, you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- There is nothing you can tell me positively or negatively that can affect now or in the future any service you may receive from (name of the organisation/location where the meeting is taking place)
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

Can you tell us about yourself?
- Where are you from?
- What is your age?
- What is your education Level?
- (For refugees): How long have you been in Jordan? How long have you been living in this shelter?

Relevance
3. Tell me how these services were useful/not useful to you?
4. What can be done differently to better meet your needs?

Impact
4. What changed in your life as a result of this service/activity?
5. If the activities/services were not available or you could not participate, in what way would your life be affected?
6. To what extent do you think these activities/services affected your life and benefitted you (if at all)? (Probe: Real and Perceived Benefits)

Administer self-assessment tool

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being very bad and 10 being great or amazing. Before receiving this service or participating in this activity how well did you feel?

1                                                                                           10

How about after receiving the service, how well do you feel?

1                                                                                           10

Can you tell me what is the most significant change that has occurred in your life as a result of this service/activity?
Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.
4.4 CSO/Partners Tool (MoSD – JWU – Local CBOs)

Thank you for talking with us today. We are conducting a final evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- There is nothing you can tell me positively or negatively that can affect now or in the future any service you may receive from (name of the organisation/location where the meeting is taking place)
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

1. How did you first learn about this programme?
2. How long have you participated in the programme?

Effectiveness
1. What activities was your organization implementing/engaged in for this programme?
2. Approximately, how many beneficiaries did you reach through these initiatives (directly and indirectly)?
3. What do you think worked best or was a success?
4. Were there any challenges in implementing any of the activities? If so, how did you overcome them? (Probe: means, medium)
5. How were the programme implementation sites selected? (Probe: Needs assessment, baseline research)
6. Would you consider the process of engagement with UN agencies as being inclusive and participatory?
7. Would you say your organization/initiative has been successful in achieving the outcomes outlined at the outset?

Relevance
1. How relevant is this programme for your organization in terms of areas of focus?
2. How were the needs of women addressed in the activities implemented? Is there any evidence to support this?

Efficiency
1. How well are activities monitored? Is monitoring used to take corrective action? If yes, can you describe the process?
2. What do you think needs to be improved or changed?
3. If you were to repeat these activities, what would you do the same, what differently?
4. Are there certain skills or capacities that are lacking that could help your organization in implementing this programme?
5. Are there areas where you feel there is still a gap with regard to the technical support from the UN agencies programme?
6. Is there anything new that you are doing/introduced as a result of engagement with the
programme?

**Impact**
1. How would you describe this programme’s impact on the intended beneficiaries?
2. What else do you know about the programme’s impact on others in the community?
3. Did any of the activities undertaken have any unintended consequences or negative results? Are there any unexpected positive effects on the target group which have occurred or are likely to occur?
4. What has changed in the way your organisations works as a result of this programme?
5. On a professional and personal level, how did this programme affect you (positively or negatively)?

**Looking Forward**
1. Would you participate in/engage with another UN joint programme? Why or why not?
2. What programme activities will continue after the programme? What is likely to be discontinued? Why?
3. Any best practices, innovative techniques or lessons learned from this experience?
4. What would you recommend that UN agencies should change during the next phase? (Probe: location, activity focus, beneficiaries, implementing partner)
5. If we repeat the programme, what would you do differently? What would you keep the same? Why?
6. Is there anything else you would like to mention?

Thank you for taking the time to speak with us.
Thank you for talking with us today. We are conducting a final evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally. I would like to draw your attention to several important points:

- There is nothing you can tell me positively or negatively that can affect now or in the future any service you may receive from (name of the organisation/location where the meeting is taking place)
- I have no authority over the future of the programme. However, what I can promise is to convey your opinions and views honestly and truthfully
- If you feel uncomfortable at any moment and would like to leave, you are free to do so and this will have no impact on the services you may receive now or in the future

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

a. Your name and position
b. How long have you worked in this position within this CBO/NGO

**Relevance**
1. How relevant were the capacity building activities to your work?
2. What do you think was good in the training? What should be avoided?
3. What activities/services is this clinic/shelter/space providing?

**Effectiveness**
1. Approximately, how many beneficiaries did you reach through these initiatives (directly and indirectly)?
2. What do you think worked best or was a success?
3. Were there any challenges in implementing any of the activities? If so, how did you overcome them? (Probe: means, medium)
4. Would you say your organization/initiative has been successful in achieving the outcomes outlined at the outset?

**Impact**
1. What changed as a result of the capacity building efforts and to what extent have partners felt that the programme has enhanced their capacities? In what ways?
2. Are there certain capacities that you feel you need, to help you better work on RH and protection issues?
3. Is there anything in your job that you are now doing differently as a result of the capacity building activities? How is this change affecting the women and girls?
4. What else do you know about the programme’s impact on others in the community?
5. Did any of the activities undertaken have any unintended consequences or negative results? Are there any unexpected positive effects on the target group which have occurred or are likely to occur?

**Looking Forward**
1. Do you have any recommendations for improving or adding to the activities/initiatives/trainings you were engaged in?
2. With regard to future projects/initiatives, are there any additional areas the program should focus on?

3. If we repeat the programme, what would you do differently? What would you keep the same? Why?

4. Is there anything else you would like to tell us?

Administer self-assessment tool

Now I would like to ask you a simple question. On a scale from 1 to 10, 1 being very bad and 10 being great or amazing. Before receiving this training how confident did you feel about your ability to do your job?

1 __________________________ __________________________ 10

How about after receiving the training, how confident do you feel about your ability to do your job?

1 __________________________ __________________________ 10

Can you tell me what is the most significant change that has occurred in your life as a result of this service/activity?

Is there anything else you would like to tell me? Do you have any questions for me?

Thank you.
4.6 UN staff members of the three agencies

Thank you for talking with us today. We are conducting a final evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally.

1. How long have you worked with this programme?
2. Can you tell me a bit about your role and responsibilities?

Effectiveness
1. What do you think are the key achievements of this programme?
2. What do you think were the challenges and how did you address them?
3. How were you involved in the formulation of the programme?
4. How were work plans developed? Were you always able to implement the work plan on time? Why/why not?
5. Have all activities in the work plan been carried out as committed or did you have to change course on anything? If so, why?
6. What do you think are the strengths and weaknesses of the local partners you are working with?
7. How did you engage with the Government- ministries and organizations?
8. How do you see this programme affecting people’s lives?
9. Did the programme or its stakeholders conduct any research studies or assessments? Can you list them? Were these disseminated on any platform in the country or regionally?
10. Would you say this programme has been successful in achieving the outcomes outlined at the outset?

Efficiency
1. What are the reporting mechanisms between partners and UN agencies? Are they effective? Do they correctly reflect the work taking place? What would be some recommendations to improve reporting?
2. Has the programme budget been adequate? How was the system of reimbursements and financial arrangements? Did it support or hinder programme implementation?
3. Were funds spent in line with the implementation of activities? If not, why?
4. How well were activities monitored? Was monitoring used to take corrective action?
5. Have human resources been sufficient? What could be improved?
6. Management structure – what kind of support did the country offices receive from other country projects? Was it sufficient? How can it be improved?
7. What are the reporting mechanisms between your organizations? Are they effective? Do they reflect the work taking place? What would be some recommendations to improve reporting?

Relevance
1. How is this programme relevant to the country? How is it relevant to UN agencies?
2. How is it situated with other UN agencies projects in the country office?
3. We are going to switch gears now and talk about coordination with other international stakeholders. Are there other international organizations that support the same agenda? Can you comment on the coordination between this programme and them?
   • Who are the organizations?
   • What are the lines of communication?
   • Is there clarity on who is doing what?
**Sustainability**

1. Does the programme have a phase out plan integrated in the design and has the implementation been managed accordingly? (This is the last quarter of the programme).
2. What types of partnerships has the programme established with local stakeholders? Will these continue in some form after the programme ends?
3. What activities are likely to continue after this programme ends in December? What is needed to ensure continuity?
4. Which activities do you think will not continue or were not so successful and can be closed when this programme ends?
5. Do you think implementation in this programme is demand-driven or is there simply passive buy-in from target groups?
6. Is there any evidence of further commitment from the relevant stakeholders?
7. How would you assess the support from the government for this programme? Are there any activities that might be taken over by the government?
8. Overall, would you say there is national ownership of the agenda and goals of this programme?

**Looking Forward**

1. What are positive lessons that should/could be replicated? Why?
2. If you were to repeat your program activities, what would you do the same, what differently? Why?
3. Do you think future engagement with partners should be carried out the same way or differently and why?
4. Based on lessons learned in this programme, what would you do differently in the next phase of this programme?
5. Do you have any recommendations for future programming? (Probe: technical or managerial recommendations)

Is there anything else you would like to tell us?

Thank you for taking the time to speak with us.
4.7 Government Officials/Bodies

Thank you for talking with us today. We are conducting a final evaluation of Hemayati. We are very interested in your opinion. We will be asking you questions about your experience of engagement with this programme, the activities and any changes you think could make them more effective/better. Your answers will be kept confidential and if you do not feel comfortable answering any question you do not need to answer. If quotations from the interview will be used in the report, they will not be attributed to you personally.

Do you agree to participate? (Obtain verbal consent from each participant)

If yes, we will start.

1. Which ministry/organization are you working in?
2. How long have you been engaged with the Hemayati Programme?
3. Can you tell me a bit about your role and responsibilities?

Effectiveness
1. What do you think are the key achievements of this programme?
2. What do you think did not work so well? And why?
3. Who are the partners you are working with under this programme?
4. What do you think are the strengths and weaknesses of the partners you are working with? (International and local partners)
5. How did you first engage with Hemayati?
6. How were the work plans developed?

Efficiency
1. Are there any accountability mechanisms in place or currently in use between your ministry and Hemayati?
2. Could you tell us your annual budget for the activities you are engaged in with Hemayati?

Relevance
1. How is this programme relevant to the country?
2. Why and in what way is this programme relevant to your ministry/organization in terms of strategic objectives?
3. Does the political sensitivity affect the implementation of the programme? If yes, how?

Sustainability
1. What type of partnership has been established with UN agencies? Will this continue in some form after the programme ends?
2. Are there any activities undertaken with the support of UN agencies that might be taken over by the government?
3. Overall would you say there is national ownership of the agenda and goals of this programme?
4. Have any efforts been made to institutionalize the programme objectives in the local ministries?
5. Can you please elaborate on additional needs for technical assistance beyond those already provided to enhance the country’s capacity to continue to provide protection to women?

Looking Forward
1. What are the positive lessons that could be replicated? Why?
2. Do you have any recommendations for future programming? (Probe: technical or managerial recommendations)
3. If we repeat the programme, what would you do differently? What would you keep the same? Why?
e. Annex 5: List of documenters Reviewed

Programme documentation received and reviewed as of 4 January 2019:

- Phase I:
  - Standard Joint Programme Document
  - Final Joint Donor Report, and its ten annexes
- Phase II:
  - Joint Programme Document / Norway Proposal
  - Interim Report
  - Final Report
- Phase III:
  - Hemayati Joint Programme – Programme Proposal
  - Interim Report
  - Final Report and its two annexes
f. Annex 6: Evaluation Team Biographies

**Nahla Hassan is the Team Leader for the evaluation.** She has extensive experience designing and leading evaluations focused on gender and development in the MENA region. She was the team leader for several ILO evaluations focusing on women and work, as well as humanitarian evaluations with special focus on the Syrian crisis. She has vast sectoral experience working on gender issues in Jordan. During the last three years, she served as a capacity building advisor for USAID Takamol gender programme focusing on improving gender, inclusion and equity in the work of many USAID funded projects in Jordan.

Nahla is currently leading a regional evaluation on behalf of UN Women Regional Office for the Arab States "Women Peace and Security in the Arab States Regional Programme." The programme is implemented in Tunisia, Jordan and Iraq with linkages to the League of Arab States in Egypt and support to UN Woman country office in Lebanon.

Nahla was a team member of the UN Women EU-Funded regional evaluation Spring Forward for Women. The evaluation, which included visits to Egypt, Tunisia, Jordan and Palestine focused on assessing the programme implementation against the OECD-DAC criteria. The programme focus was on economic and political empowerment of women in the post-2011 revolutions. During the fieldwork phase, meetings and interviews were conducted with the officials at the League of Arab States, the Jordanian National Commission for Women as well as women parliamentarians in both Tunisia and Jordan. Most recently, Nahla concluded a research study on behalf of UNDP regional hub in Amman focusing on the impact of women economic empowerment and gender equality on reducing incidences of gender-based violence and sexual gender-based violence in the context of displacement. The research study included field data collection in Jordan, Lebanon and Iraq. The research entailed conducting an assessment of existing humanitarian projects focusing on women economic empowerment and protection. The field work included meetings and interviews with refugees and internally-displaced populations especially in Iraq, where evidence of engaging women in peace building activities including labor-intensive scheme was examined as one of the models that could increase safety and security of women in post conflict areas.

Nahla has solid experience interviewing human subjects including vulnerable populations, survivors of GBV and SGBV and children.

**Anouchka Baldin is supporting Nahla Hassan for the evaluation as Evaluation Expert.** Anouchka has worked for the past years on facilitating evaluation processes and supporting the work of Senior Evaluation Experts in terms of logistics, administration, coordination of documents, when working for Conflict Management Consulting (CMC), and was herself involved as a consultant, either as Junior Expert in peace and conflict management or as Evaluation Expert. She produced context and conflict analyses on Mali, Egypt and Iraq (together with Nahla Hassan) for the GIZ, and was involved as Programme Manager as well as Evaluation Expert for evaluation projects such as: the Midterm Review of the Palestinian Negotiations Support Programme » for NORAD, the « Third Party monitoring of the Assistance Measure in the Health Care Sector » in Iraq for the GIZ, or the Final Evaluation of the “Humanitarian Assistance for Those Affected by the Syrian Conflict in Syria, Lebanon and Jordan” for the IRC, together with Nahla Hassan who was leading the evaluation. Anouchka has specialized overtime in the Middle East, and has particular knowledge of refugees and religious minorities-related issues in the region, as well as of conflict dynamics and conflict transformation. While pursuing home-based consultancies, she has since November 2017 been working simultaneously as Institutional Funding Officer (based in Paris) for a French humanitarian INGO implementing humanitarian and development projects in the sectors of child protection and well-being and education, food security, WASH and shelter, in the Middle East (Jordan, Lebanon, Syria, Iraq, the Gaza Strip, the West Bank) as
well as in Africa (Mali, Senegal, Chad, Kenya, Somalia, Madagascar), Asia (Pakistan and Bangladesh), and Haiti, which further strengthened her knowledge of and experience with humanitarian projects. She previously worked as Analyst in the Peace and Security Section of the Brussels-based Global Governance Institute. Anouchka has a B.A. Political Science and a M.A. International Relations from Sciences Po (Institute of Political Studies) Aix-en-Provence, France, as well as a M.Phil. International Peace Studies from Trinity College Dublin. She is fluent in French (mother tongue), English and German.
g. Annex 7: Terms of Reference (ToRs)

Considering that Terms of Reference were provided to the Evaluation Team as a PDF document, they could not be inserted inside this Word document and will be enclosed and submitted separately.
h. Annex 8: Consent Form for FGD Participants

**Consent Form: FGD Participants**

My name is Nahla Hassan. I am a consultant conducting evaluation on behalf of UN Agencies of their Hemayati programme. The evaluation aims to assess progress towards intended results regarding strengthening S-GBV survivors’ access to comprehensive lifesaving protection and sexual reproductive health (SRH) services. This will help UN Agencies to improve their programmes and others. Before we start we would like to stress a few points:

- Everything you tell us will remain anonymous and confidential. I.e. when we report back we do not use names of individuals.
- This session will is expected to take 45-60 minutes and will include a series of open-ended questions.
- Your participation in this session is voluntary, refusal to participate or answer any question has no impact on benefits you may receive.
- There is nothing you can tell us or not tell us that will affect opportunities that may be offered by UN agencies or others.
- I can only convey your views and recommendations back to them but I have no real authority to enforce recommendations, but I am sure that they will consider your views seriously otherwise they would not have asked me to meet you.
- Discussion about the services that you have received and or changes that occurred may trigger memories and trauma. I have experience working with survivors of violence and with minors. In addition, should signs of discomfort become visible I can provide a list of services available at this center or partner agencies where you can receive more support.
- If you have any questions about this evaluation, you can contact me or the (Name of staff member identified by UNFPA) you with slips of paper with our contact information. (provide cards or slips of paper with staff member contacts and Nahla’s contacts).
- All of the conversations that we have today should be kept confidential, so we ask that you do not share with others outside this group what individuals have shared.

Do you agree to be present as a research subject?

**Consent Form: Staff**

My name is Nahla Hassan. I am a consultant conducting evaluation on behalf of UN Agencies of their Hemayati programme. The evaluation aims to assess progress towards intended results regarding strengthening S-GBV survivors’ access to comprehensive lifesaving protection and sexual reproductive health (SRH) services. This will help UN Agencies to improve their programmes and others. Before we start we would like to stress a few points:

- Everything you tell us will remain anonymous and confidential. I.e. when we report back we do not use names of individuals.
• This session will is expected to take 45-60 minutes and will include a series of open-ended questions
• Your participation in this session is voluntary, refusal to participate or answer any question has no impact on future relations or communication with UN agencies or the organization you work for.
• There is nothing you can tell us or not tell us that will affect cooperation and coordination opportunities that may be offered by a UN agency or others.
• I can only convey your views and recommendations back to them but I have no real authority to enforce recommendations, but I are sure that they will consider your views seriously otherwise they would not have asked me to meet you.
• If you have any questions about this evaluation, you can contact me or xxxx (to be determined by UNFPA) and I will provide you with slips of paper with our contact information. (provide cards or slips of paper with the requested names and information)
• All of the conversations that we have today should be kept confidential, so we ask that you do not share with others outside this group what individuals have shared.
• I am meeting you in your official capacity as (a staff member who benefited from this programme and subsequently worked on the programme) but I am also interested in understanding your views from your experience and work
• No statements will be quoted or referenced to you without prior written approval from yourself/your organization if applicable/necessary.

Do you agree to be present as a research subject?
i. Annex 9: ERB Approval Letter